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Important Dates

April 4

- Recommended Day by Which to Initiate NHSN Enrollment Process to Report Influenza Vaccination Coverage Among HCP for 2016 – 2017 Flu Season

April 5

- 4Q 2016 HCAHPS Survey Data Due for IQR-Eligible Hospitals and PCHs

May 1

- 4Q 2016 Population and Sampling Due for IQR-Eligible Hospitals

May 15

- 4Q 2016 Clinical, PC-01 Data Due for IQR-Eligible Hospitals
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- 3Q 2016 Colon Cancer, Breast Cancer Data Due for PCHs
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- 4Q 2016 – 1Q 2017 HCP Data Due for IQR-Eligible Hospitals, PCHs, and IPFs

Everything You Need to Know About CY 2016 Inpatient Quality Reporting (IQR) Structural Measures

What Are Structural Measures?

Structural measures reflect the environment in which providers care for patients. They also assess characteristics linked to the capacity of the provider to deliver quality health care. CMS believes requesting structural measures information encourages facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Hospitals are required to complete the structural measure questions on an annual basis. The submission period for the structural measures is April 1 through May 15, with respect to January 1 through December 31 of the preceding year. As such, for the CY 2016 reporting period, the submission deadline for the structural measures is May 15, 2017. Data can be entered through the *QualityNet Secure Portal* from April 1, 2017 through May 15, 2017. Meeting this submission deadline impacts your hospital's FY 2018 payment determination.

These measures ask about, but do not require, hospital participation in a checklist, registry, or survey. Hospitals participating in the IQR Program must simply answer the questions annually during the CMS-specified time period, in order to meet program requirements.

What Are the CY 2016 (FY 2018) Structural Measures for IQR?

The following images are taken from the *QualityNet Secure Portal* and display the questions providers must answer in order to complete the structural measures for the CY 2016 reporting period (FY 2018 payment determination).

1. Hospital Survey on Patient Safety Culture – NEW

Hospital Survey on Patient Safety Culture

* Does your facility administer a detailed assessment of patient safety culture using a standardized collection protocol and structured instrument?

- Yes
- No

* What is the name of the survey that is administered?

* How frequently is the survey administered?

* Does your facility report survey results to a centralized location?

- Yes
- No, do not report the data outside the facility

* During the most recent assessment, how many staff members were requested to complete the survey?

* During the most recent assessment, how many completed surveys were received?

2. Registry for Nursing Sensitive Care

Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care

* Does/Did your hospital participate¹ in a systematic qualified² clinical registry or registries measuring Nursing Sensitive Care?

- Yes
- No

* Which registry or registries?

- American Nursing Association's National Database of Nursing Quality Indicators
- Other (Please specify)

3. Registry for General Surgery

Participation in a Systematic Clinical Database Registry for General Surgery

* Does/Did your hospital [participate](#)¹ in a systematic [qualified](#)² clinical registry measuring General Surgery?

- Yes
- No

* Which registry or registries?

- American College of Surgeons National Surgical Quality Improvement Program Registry
- Other Registry (Please specify)

4. Safe Surgery Checklist

Safe Surgery Checklist Use

* Does your facility use a Safe Surgery Checklist?

- Yes
- No

The Ins and Outs of the FY 2018 IQR DACA

What Is the DACA?

The Data Accuracy and Completeness Acknowledgement (DACA) is one of the Hospital IQR Program requirements. It is an annually signed statement whereby providers attest that, to the best of their knowledge, at the time of submission, all data or information was collected in accordance with all applicable requirements. Providers also acknowledge they understand that this information is used as the basis for public reporting of quality care and patient assessment of care. This acknowledgement covers all Hospital IQR Program information reported by the hospital and any data or survey vendors submitting data on behalf of the hospital to CMS for a specific calendar year/payment year.

The DACA is signed electronically in the *QualityNet Secure Portal*. CMS recommends a hospital CEO, who is ultimately responsible, or an authorized representative with the proper role, complete this requirement. For the FY 2018 payment determination, the DACA can be completed through the *QualityNet Secure Portal* from April 1, 2017 through May 15, 2017. The deadline for signing the DACA is May 15, 2017.

Following is a representation of the language contained in the Hospital IQR Program DACA that is for reference purposes only. The actual DACA form that must be signed is located in the *QualityNet Secure Portal*.

Data Accuracy and Completeness Acknowledgement (DACA) Text

Please Note: A collection tool available on the QualityNet Secure Portal allows hospitals to complete and submit their DACA. This document is a representation of the text contained in the DACA and is for reference purposes only.

To the best of my knowledge, at the time of submission, all of the information reported for this hospital for the Hospital Inpatient Quality Reporting (IQR) Program, as required for the annual Payment Year (PY) 2018 Hospital IQR Program requirements, is accurate and complete. This information includes the following:

- Chart-Abstracted Measure sets
- Initial patient population and sample counts
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- Structural Measures
- Healthcare-Associated Infection (HAI) Measures reported using the National Healthcare Safety Network (NHSN)
- Influenza Vaccination Among Healthcare Personnel (HCP) Measure reported using NHSN
- Web-Based Measure (PC-01)
- Electronic Clinical Quality Measures (eCQMs)
- Current Notice of Participation
- QualityNet Security Administrator

I understand this acknowledgement covers all Hospital IQR information reported by this hospital (and any data or survey information reported by vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors for the PY 2018 payment update.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care and patient assessment of care data.

I understand that this acknowledgement is required for the purpose of meeting any PY 2018 Hospital IQR Program requirements.

Yes, I Acknowledge.

Name _____

Position _____

Date _____

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1022**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1650. Expiration Date: 01-31-2020

PLEASE NOTE: The DACA is also a requirement for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) programs. The deadline for the IPFQR Program is August 15, 2017, and for the PCHQR Program is August 31, 2017.

New Tools for Quality Reporting

4Q 2016 Hospital IQR Program Checklist

The [4Q 2016 Hospital IQR Checklist](#) is now available. This popular tool can be used to double-check that your Hospital IQR Program quality measures data have been correctly submitted. A step-by-step process for entering your population and sampling is also included.

4Q 2016 Hospital IQR Program PC-01 Quick Start Guide

What else is new? With the *QualityNet Secure Portal* opening April 1, 2017, for 4Q 2016 PC-01 submissions, make sure to check out the [Hospital IQR Program Quick Start Guide: Entering PC-01 Data into the QualityNet Secure Portal](#). This handy tool has everything you need to enter your PC-01 data, including screenshots of the questions to be answered.

FY 2018 IPFQR Program NHSN Enrollment and HCP Measure Data Submission Checklist

The IPFQR Program has just released a new tool. The [FY 2018 NHSN Enrollment and Influenza Vaccination Among HCP Measure Data Submission Checklist](#) offers guidance for IPFs in their NHSN enrollment process and subsequent submission of the Influenza Vaccination Among HCP measure data.

Acronyms

CDC	Centers for Disease Control and Prevention	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CEO	Chief Executive Officer	IQR	Inpatient Quality Reporting
CMS	Centers for Medicare & Medicaid Services	NHSN	National Healthcare Safety Network
CY	Calendar Year	PC	Perinatal Care
DACA	Data Accuracy and Completeness Acknowledgement	PCH	PPS-Exempt Cancer Hospitals
FY	Fiscal Year	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
HAI	Healthcare-Associated Infection	PPS	Prospective Payment System
HCP	Healthcare Personnel	PY	Payment Year
IPF	Inpatient Psychiatric Facilities	Q	Quarter