

## News and Updates

### Hospital Inpatient Quality Reporting Program

#### Coming in 2013: Healthcare Personnel Influenza Vaccination Reporting Requirements

Beginning January 1, 2013, for the fiscal year 2015 payment update, hospitals participating in the Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting Program will be required to submit summary data on influenza vaccination of healthcare personnel via the National Healthcare Safety Network's (NHSN's) revised Influenza Vaccination Module of the Healthcare Personnel Safety (HPS) Component.

The NHSN module for reporting these data is being developed and will be available in August 2012. The former HPS influenza vaccination summary reporting option was disabled in October 2011.

The HPS individual-level influenza vaccination reporting option can still be used until the new summary reporting module is released. At that time, updated training materials, protocol, forms, and instructions will be available on the NHSN website.

#### CMS Pilots Voluntary Surgical Quality Reporting for Hospital Compare

Beginning in October 2012, [Hospital Compare](#) will include three surgical outcome measures using data voluntarily submitted by hospitals participating in the American College of Surgeon's National Surgical Quality Improvement Program database (ACS NSQIP®).

For the first time, ACS NSQIP hospitals will be able to voluntarily publicly report through Hospital Compare one or more of the following three measures: elderly surgery outcomes, colectomy outcomes, and lower-extremity bypass outcomes.

CMS considers reporting results of hospital-level surgical outcomes based on accurate clinical, risk- and case mix-adjusted data as an important step in the delivery of efficient patient-centered, high-quality care.

Hospitals currently participating in ACS NSQIP should contact the ACS directly to indicate their interest in voluntarily reporting surgical outcomes by May 1, 2012. Hospitals not currently participating in ACS NSQIP can join the pilot if they indicate their interest directly to ACS by March 1, 2012. Projected initial public release of the surgical measures is October 2012. Subsequent releases are projected for April 2013 and October 2013.

*continued on next page*

February 2012

### Reminders

**Please complete the NHSN annual facility 2011 survey.** If the survey is not complete, your facility will not be able to enter the required monthly plan.

**The Medicare Spending Per Beneficiary (MSPB) Hospital-Specific Reports** have been uploaded to My QualityNet at [www.qualitynet.org](http://www.qualitynet.org). The preview period for the reports is February 1, 2012, to March 1, 2012. The Centers for Medicare & Medicaid Services (CMS) will report the measure performance data on Hospital Compare in April 2012.

#### The following have a deadline of February 15, 2012:

- Q3 2011 CLABSI NHSN submission
- Q3 2011 Inpatient data submission



# Hospital Inpatient Quality Reporting Program

*continued from previous page*

Hospitals are encouraged to review the ACS NSQIP Hospital Compare Pilot Program guidelines and technical requirements listed on the ACS website at <http://www.facs.org/hospitalcompare/>.

To indicate your hospital's interest in participating in the pilot, or if you have questions, please contact:

- Karen Richards at 1-312-202-5285, or at [krichards@facs.org](mailto:krichards@facs.org)
- Amy Hart at 1-312-202-5233, or at [ahart@facs.org](mailto:ahart@facs.org)

## Inpatient Hospital Reporting

The Centers for Medicare & Medicaid Services (CMS) has released the new Quality Improvement Organization (QIO) and Inpatient Hospital Reporting (HR) Question and Answer System. The new tool is available on [QualityNet](#). Users must complete a simple registration process before submitting questions (existing QualityNet credentials will not work for the Q&A tool). To register for an account:

1. Select the Ask a Question link from the Contact Us box in the right column.
2. On the Log In screen, select the Create a New Account button.
3. Complete all fields with an asterisk (\*). **Note:** Your user name cannot contain spaces, and the system does not require a password.

Training for the new tool is posted to the [QualityNet home page](#) under Training. Please notify your internal point of contact if you have any questions. He or she may contact the QualityNet Help Desk if additional information and/or assistance are needed.

If you already have an account in the Outpatient Q&A tool, it will work for HR and QIO. If your Outpatient Q&A account does not work, then you will need to register on the Ask a Question page before you can submit questions. No changes were made to the Outpatient Hospital Reporting Question and Answer system. All questions and answers entered in Quest for HR have been migrated to the new tool.

## Patient Safety Update

The Agency for Healthcare Research and Quality (AHRQ) released a tool kit designed to help hospitals use the AHRQ Inpatient Quality Indicators and Patient Safety Indicators to improve care. The tool kit, available at <http://www.ahrq.gov/qual/qitoolkit>, includes an "Introduction and Roadmap" to help users identify the most appropriate resources for their specific needs. It is organized into seven sections:

1. Determining Readiness to Change
2. Applying QIs to the Hospital Data
3. Identifying Priorities for Quality Improvement
4. Implementing Improvements
5. Monitoring Progress for Sustainable Improvements
6. Analyzing Return on Investment
7. Using Other Resources



# Hospital Outpatient Quality Reporting Program

## Clarification of the Hospital Outpatient Quality Reporting Specifications Manual

The following clarifications are considered effective with January 1, 2012 encounters and should be used in the abstraction of the *Hospital Outpatient Quality Reporting Specifications Manual*, Version 5.0a, effective with January 1, 2012, through June 30, 2012 encounters:

- *OP-19: Transition Record With Specified Elements Received by Discharged Patients.* Cases submitted with a Discharge Status of value 50 Hospice-Home will result in a system error and the case will not be used for submission. Facilities should select an alternate sample case for submission
- *OP-22: Left Without Being Seen.* A patient seen by an institutionally credentialed provider, acting under the direct supervision of a physician for health care services in the emergency department (e.g. an obstetric nurse providing assessment of an obstetric patient) is to be considered as seen by a physician/APN/PA
- *Provider Contact Date and Provider Contact Time Data Element.* These data elements used in OP-20: *Door to Diagnostic Evaluation by a Qualified Medical Personnel* include clarification that provider contact is defined as the first direct, personal exchange between an ambulatory patient and a physician or institutionally credentialed provider to initiate the medical screening examination in the emergency department. This first direct, personal exchange excludes contact with the triage nurse
- For facilities utilizing an institutionally credentialed provider other than the physician/APN/PA, documentation that the provider (such as the obstetric nurse) has been credentialed for the medical screening examination would need to be **included** in the record if the case is selected for validation

The *Hospital Outpatient Quality Reporting Specifications Manual*, Version 5.1, effective with July 1, 2012 through December 31, 2012 encounters, contains clarification for *OP-22: Left Without Being Seen* and the data elements, *Provider Contact Date* and *Provider Contact Time*.

## Save the Date



### February 28, 2012: CMS call on quality measures, Value-Based Purchasing

The Centers for Medicare & Medicaid Services (CMS) will hold a National Provider Call on February 28, 2012 from 1:30-3:00 p.m. ET to discuss dry-run data for some of the new quality measures that will be posted to Hospital Compare in 2012, and to talk about Value-Based Purchasing. To register for the event, please visit <http://www.eventsvc.com/blhtechnologies/>.

### Data Abstraction Changes Conference Call/WebEx

On April 18, 2012, HQSI will host a Conference Call/WebEx to provide you with information and clarification about changes to the latest National Specifications Manual for Hospital Quality Measures. A Save-the-Date flyer will be sent in March.