Michigan Critical Access Hospital Quality Network

Strategy Group #2

Data Management and Analysis

February 19, 2021

As a premier system of quality, the Michigan Critical Access Hospital Quality Network (MICAH QN) will be a model in developing processes that demonstrate the high quality service provided by CAHs. MICAH QN will identify opportunities for change that lead to continued improvement in the health status of the population we serve.

MBQIP OP-22

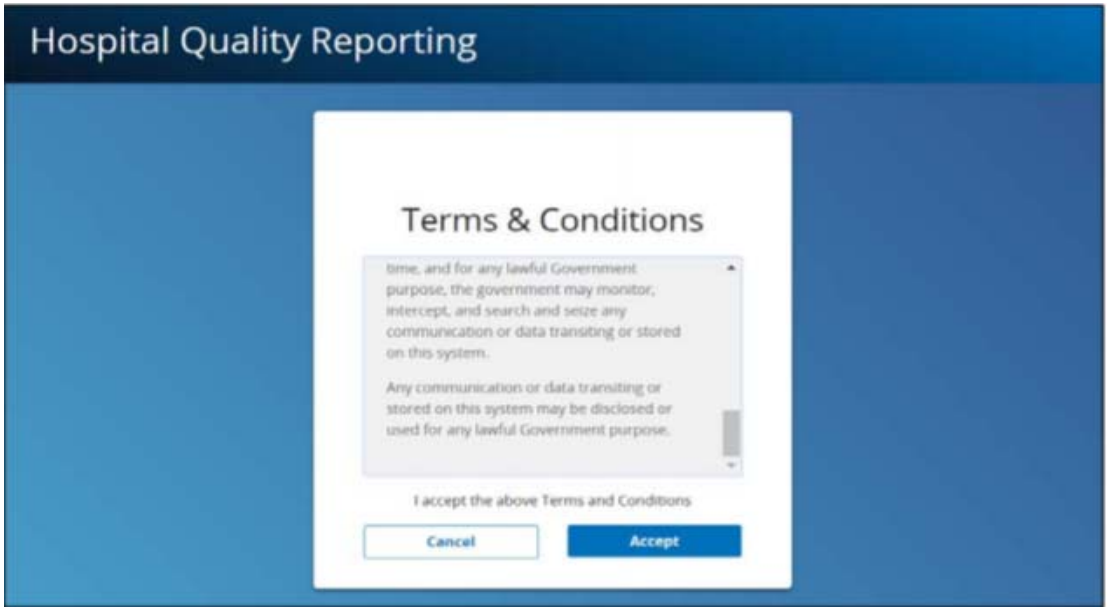
Submit to HARP

hqr.cms.gov

Annually - Due May 15th

Note: You are entering for the Payment Year (PY) two years ahead (i.e. entering 2020 data for PY 2022)

AS A PREMIER SYSTEM OF QUALITY, THE MICHIGAN CRITICAL ACCESS HOSPITAL QUALITY NETWORK (MICAH QN) WILL BE A MODEL IN DEVELOPING PROCESSES THAT DEMONSTRATE THE HIGH QUALITY SERVICE PROVIDED BY CAHS. MICAH QN WILL IDENTIFY OPPORTUNITIES FOR CHANGE THAT LEAD TO CONTINUED IMPROVEMENT IN THE HEALTH STATUS OF THE POPULATION WE



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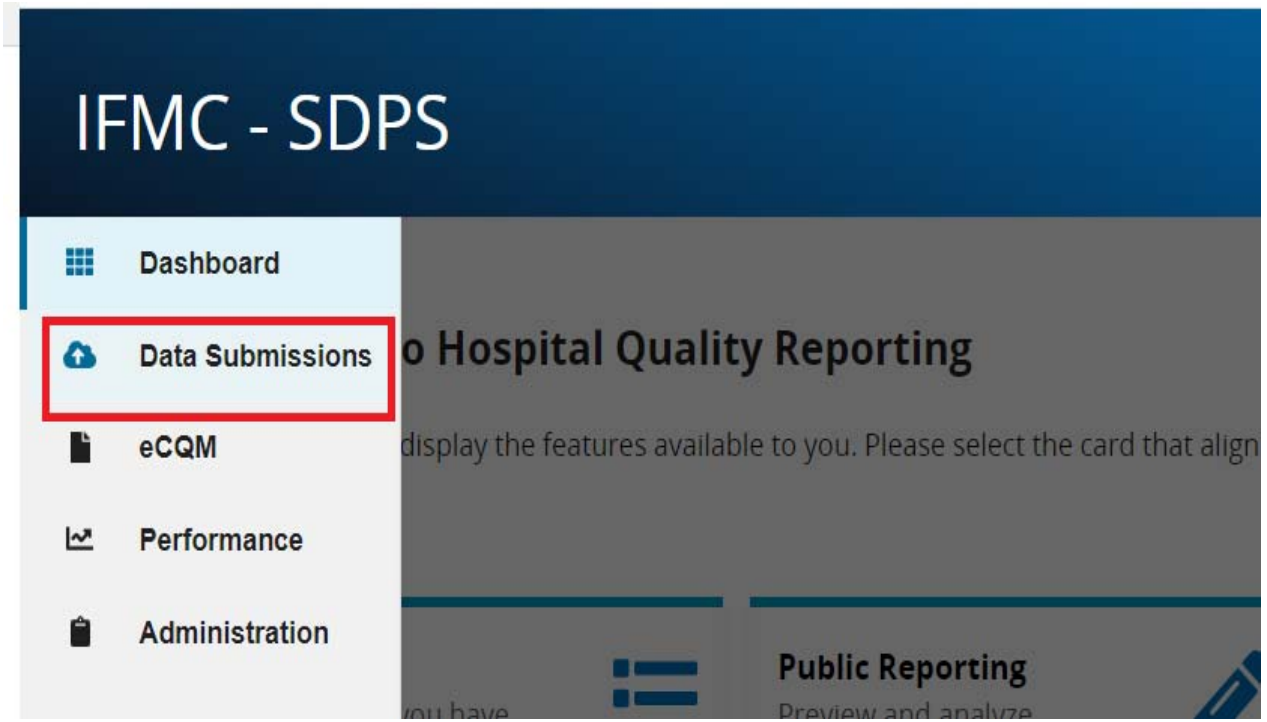

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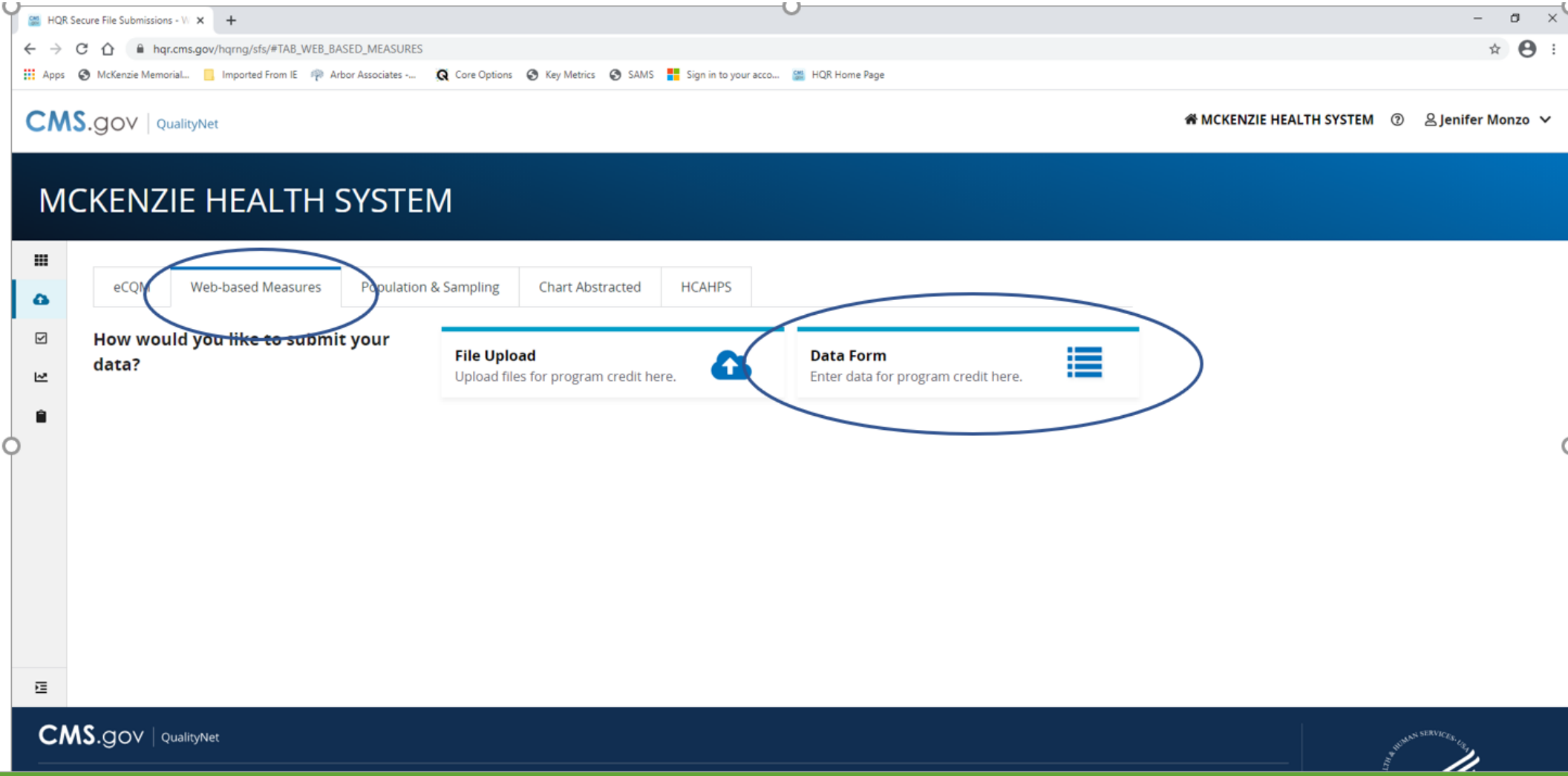

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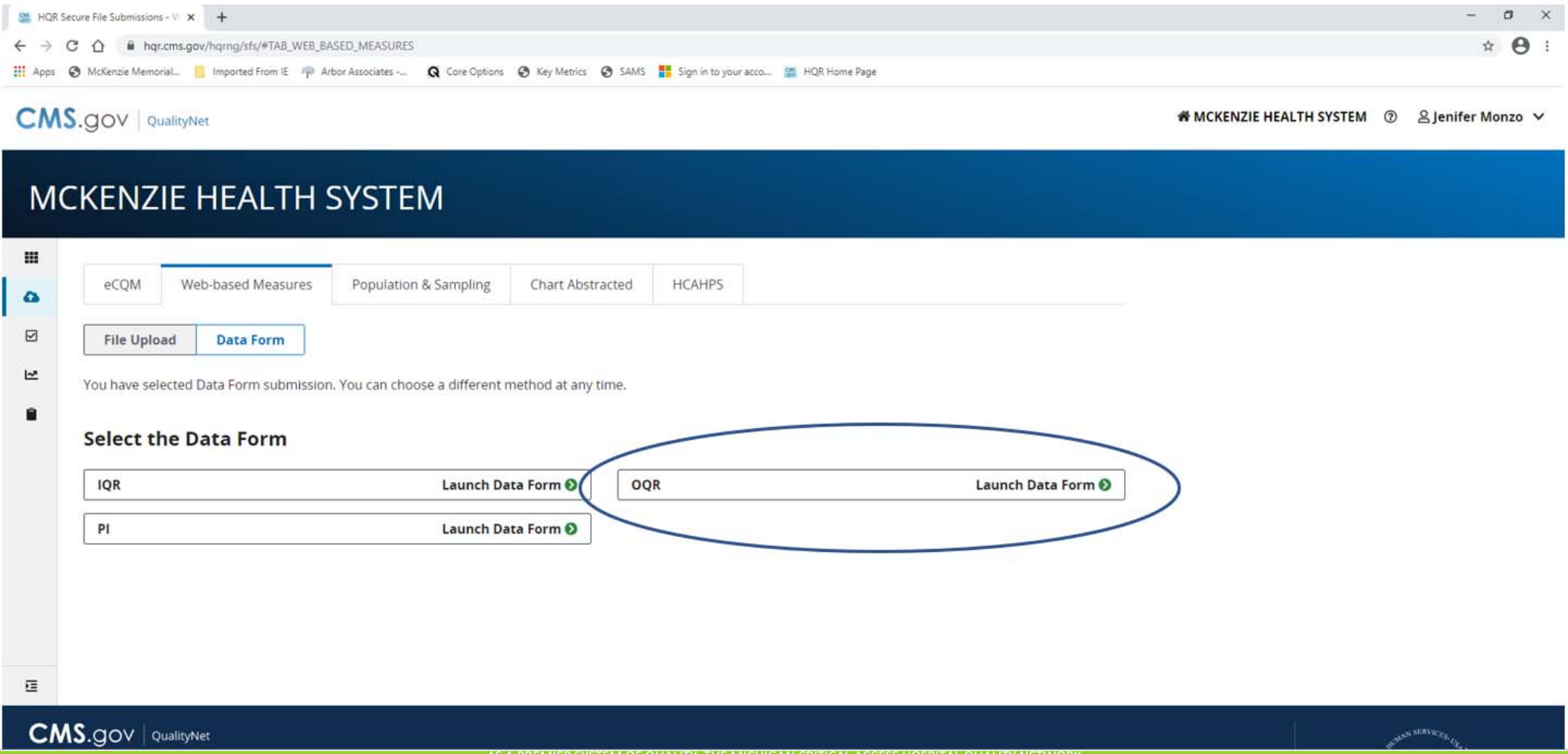

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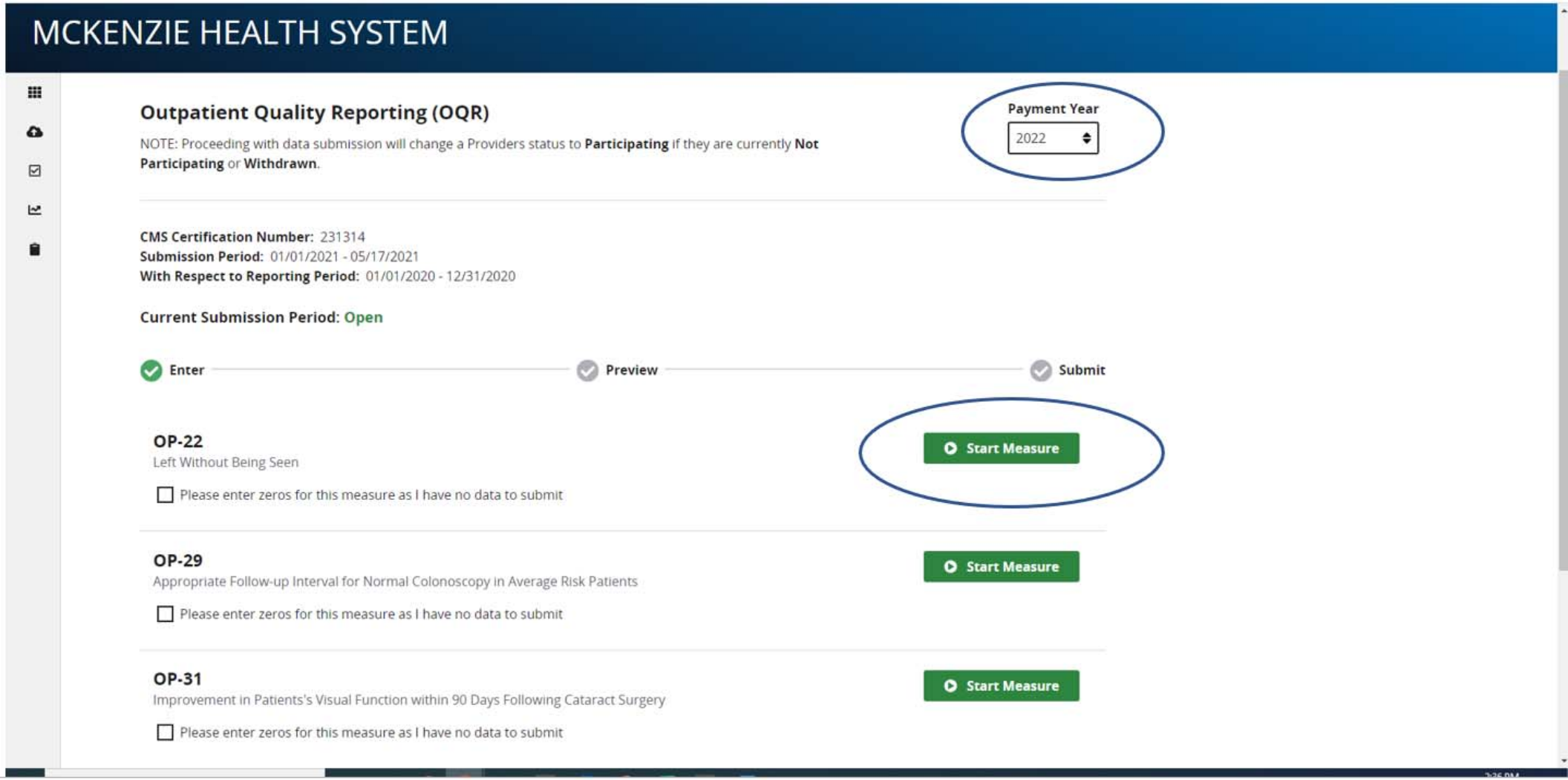

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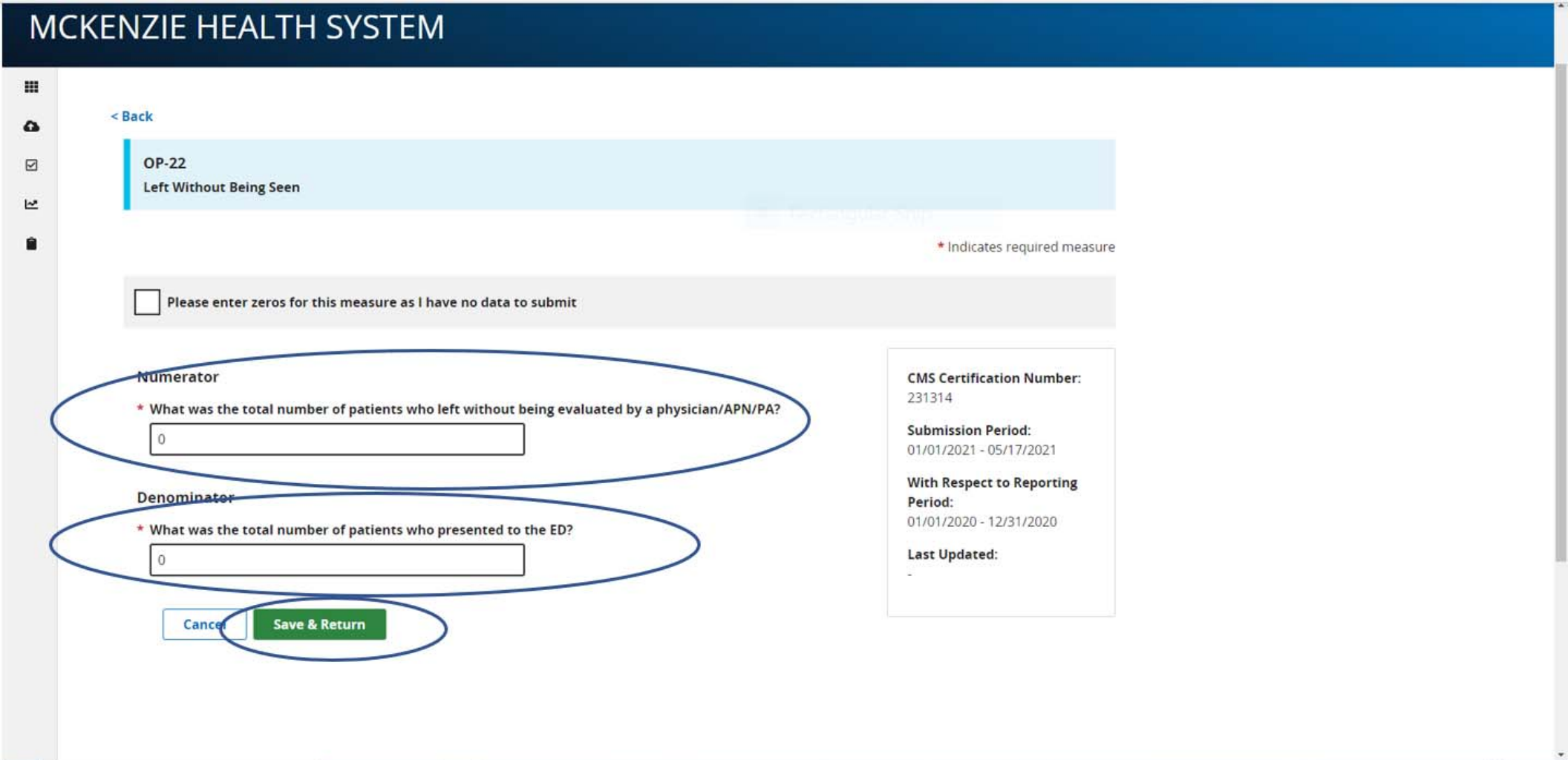

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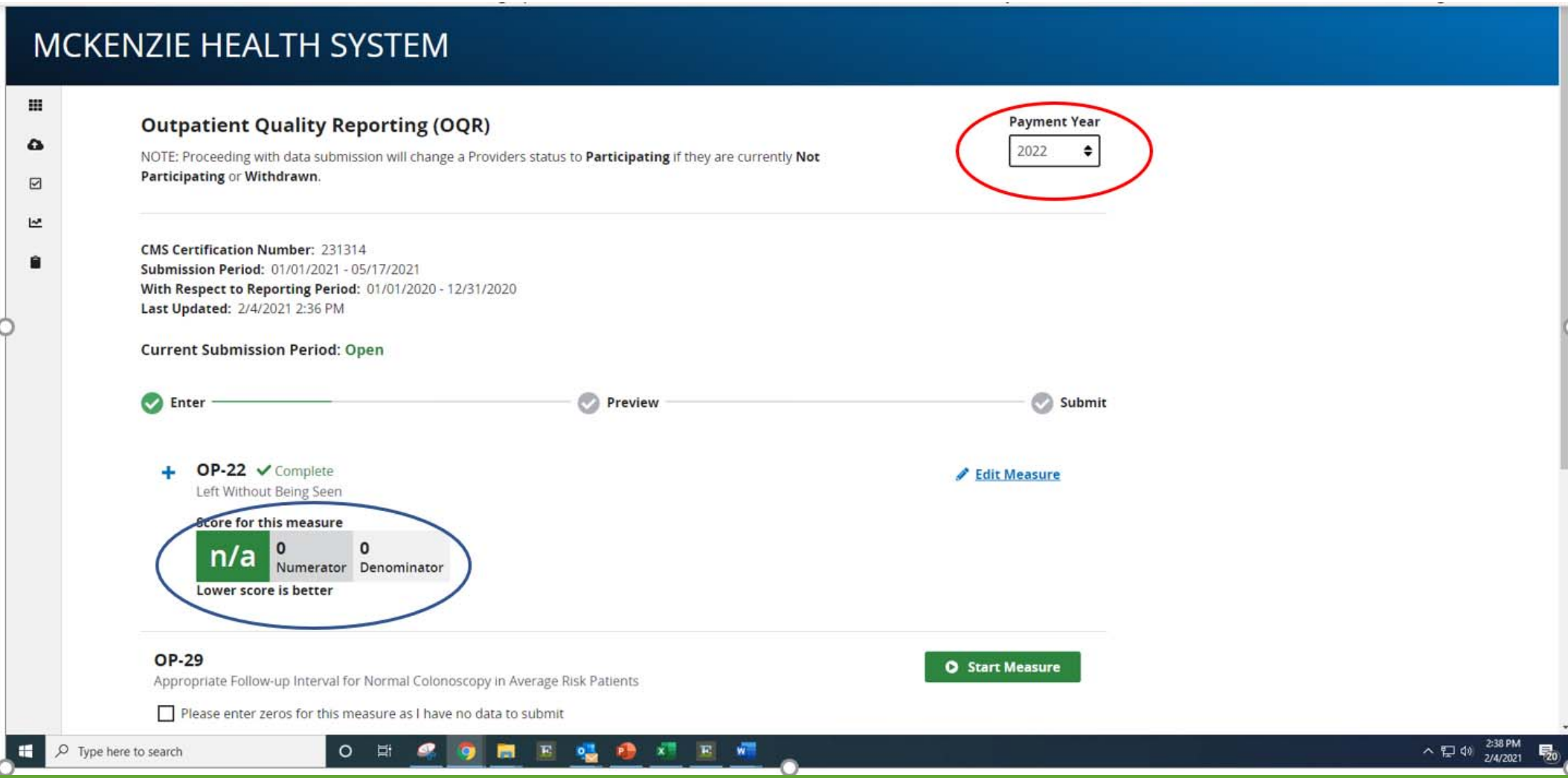

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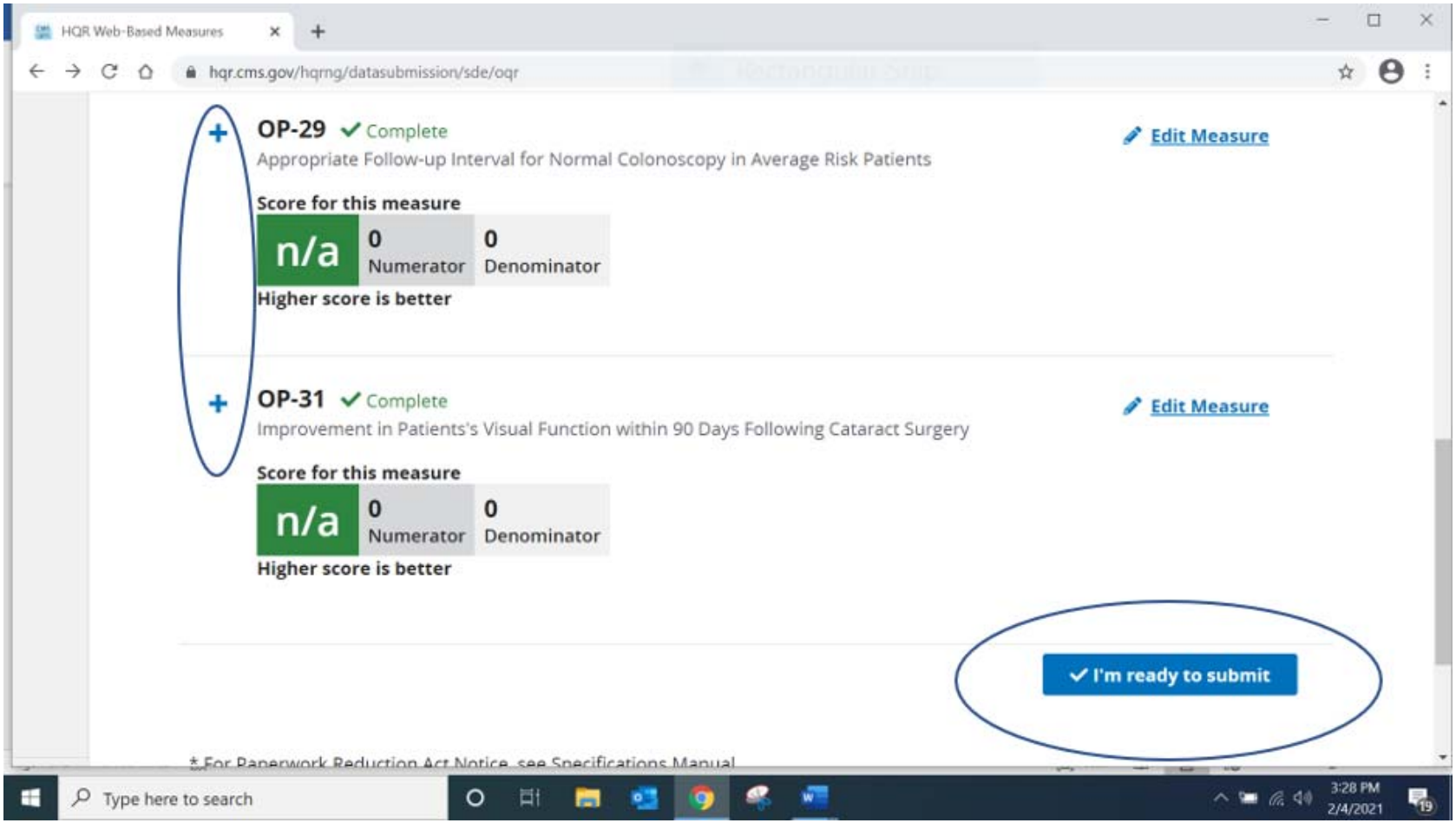
HQR Web-Based Measures
hqr.cms.gov/hqrng/datasubmission/sde/oqr
OP-29 Complete
Edit Measure
Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
Score for this measure
n/a
0
Numerator
0
Denominator
Higher score is better
OP-31 Complete
Edit Measure
Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery
Score for this measure
n/a
0
Numerator
0
Denominator
Higher score is better
I'm ready to submit
* For Paperwork Reduction Act Notice, see Specifications Manual
Type here to search
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2/4/2021

Medicare Beneficiary Quality Improvement Program (MBQIP) Resources

Current MBQIP Measures

- Click here for a current list of MBQIP measures.
- MBQIP Data Submission Guidelines – This grid notes each measure, where it is reported to, and the deadlines for submission.

Additional Resources regarding the current phase of MBQIP

- MBQIP Quick Reference Resource List -This list was compiled as a quick one page reference list of the most used and important resources which can be kept in one easy to find location.
- MBQIP Measures Fact Sheets
- MBQIP Reporting Guide
- National Reporting Crosswalk for CAHs
- Online MBQIP Data Abstraction Training Series
- Analyzing MBQIP Data - Resources to support hospitals interpret MBQIP reports and make use of their data.
- CMS QualityNet Reporting Resources - Resources to suppor abstracting, submitting, and confirming data submission to the Centers for Medicare and Medicaid Services (CMS) QualityNet Warehouse, including the CMS Abstraction and Reporting Tool (CART) and reporting specifications manuals.
- MBQIP Measure Matrix - Measures summary information in an Excel format.
- Antibiotic Stewardship Resources:
  - CDC Website
  - Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals - Guidebook
  - Implementation of Antibiotic Stewardship at Rural and CAH Hospitals

programs/CAH/MBQIP-Measures-Fact-Sheets-Jan-2019.pdf

Medicare Beneficiary Quality Improvement Project (MBQIP)
Data Submission Deadlines [1]

December 2020: Updated to reflect extensions to Q3 and Q4 submission deadlines.[5] Extended deadlines are highlighted below

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period and Due Date			
				Q3 / 2020 Jul 1 - Sep 30	Q4 / 2020 Oct 1 - Dec 31	Q1 / 2021 Jan 1 - Mar 31	Q2 / 2021 Apr 1 - Jun 30
Population & Sampling	Population & Sampling Submission (inpatient and outpatient)	Inpatient and Outpatient	QualityNet via Secure Log In	March 1, 2021	May 1, 2021	August 1, 2021	Anticipated November 1, 2021
HCP/IMM-3[2] (formerly OP-27)	Influenza vaccination coverage among health care personnel	Patient Safety/ Inpatient	National Healthcare Safety Network (NHSN)	Anticipated May 15, 2021 (Q4 2020/Q1 2021 aggregate)	N/A	N/A	Anticipated May 15, 2022 (Q4 2021/Q1 2022 aggregate)
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety/ Inpatient	National Healthcare Safety Network (NHSN)	March 1, 2021[4] (Calendar year 2020 data)		March 1, 2022[4] (Calendar year 2021 data)	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Engagement	QualityNet via Vendor	February 8, 2021	April 7, 2021	Anticipated Early July 2021	Anticipated Early October 2021
EDTC[3]	Emergency Department Transfer Communication	Care Transitions	As directed by state Flex program	October 31, 2020	February 28, 2021	April 30, 2021	July 31, 2021
OP-2	Fibrinolytic therapy received within 30 minutes	Outpatient	QualityNet via Outpatient CART/Vendor	March 1, 2021	May 1, 2021	August 1, 2021	Anticipated November 1, 2021
OP-3	Median time to transfer to another facility for acute coronary intervention	Outpatient	QualityNet via Outpatient CART/Vendor	March 1, 2021	May 1, 2021	August 1, 2021	Anticipated November 1, 2021
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Outpatient	QualityNet via Outpatient CART/Vendor	March 1, 2021	May 1, 2021	August 1, 2021	Anticipated November 1, 2021
OP-22	Patient left without being seen	Outpatient	QualityNet via Secure Log In	May 15, 2021 (Calendar year 2020 aggregate)		Anticipated May 15, 2022 (Calendar year 2021 aggregate)	

1. Based on currently available information. Submissions dates are subject to change.
2. The encounter period for HCP/IMM-3 (formerly OP-27) is limited to Q4 and Q1.
3. State Flex Programs must submit data to FORHP by the 10th day of the month following the hospital deadline (e.g. Q1 2019 data due to FORHP by May 10, 2019).
4. Hospitals are strongly encouraged to complete the NHSN Annual Facility Survey by March 1 of each year, but may submit or update survey responses throughout the year.
5. Extensions to Q3 2020 Data Submission deadlines were announced in mid-December 2020 to provide additional flexibility for hospitals due to the COVID-19 pandemic.

For additional information about measure submission see the MBQIP Quality Reporting Guide.

NHSN Annual Facility Survey – March 1st, 2021

https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/add-edit-psc-survey-508.pdf

Instructions to Follow NHSN Patient Safety Component and Add/Find Annual Surveys

NHSN users that do not have access to the most recent Patient Safety Annual Survey will need to begin by following the Patient Saefty Component (PSC). Please follow these insturctions to successfully add the PSC to your already enrolled facility.

*Note if you are not currently enrolled in NHSN for any component, please visit our enrollment page: https://www.cdc.gov/nhsn/enrollment/index.html

Adding Patient Safety Component

1. NHSN Facility Adminstrator login to their facility page
2. Using the left navigation bar select Facility > Add/Edit Component

3. Scroll to the "Components Followed" section of the page to select the Patient Safety Component

Emergency Department Transfer Communication Measure Set

Quarter	Deadline
Q4 2020	*February 28, 2021
Q1 2021	April 30, 2021
Q2 2021	July 31, 2021

Note: The EDTC data is due to Crystal Barter (barthcry@msu.edu) by the last day of the month following the close out of the quarter. This then gets compiled and one report is submitted to FORHP for all MI CAHs by the 10th of the following month.

MICAH QN Benchmarking Data – Reports Schedule		
Q1	August 15	August 31
Q2	November 15	November 30
Q3	February 15	February 28
Q4	May 15	May 31

Note: The MICAH QN Benchmarking Data refers to the quarterly report sent to each MI CAH by Jeff Nagy, MCRH. MCRH automatically receives data from Quantros for those facilities using Quantros as a vendor. If your facility is using a different vendor, MCRH can work with that vendor to receive reports, or you can manually submit data to MCRH.

CMS.gov

Fact sheet

Interoperability and Patient Access Fact Sheet

Mar 09, 2020 | Data, eHealth, Initiatives, Medicaid & CHIP, Medicare Parts A & B

ADT Notification

Condition of Participation

https://www.cms.gov/newsroom/fact-sheets/interoperability-and-patient-access-fact-sheet

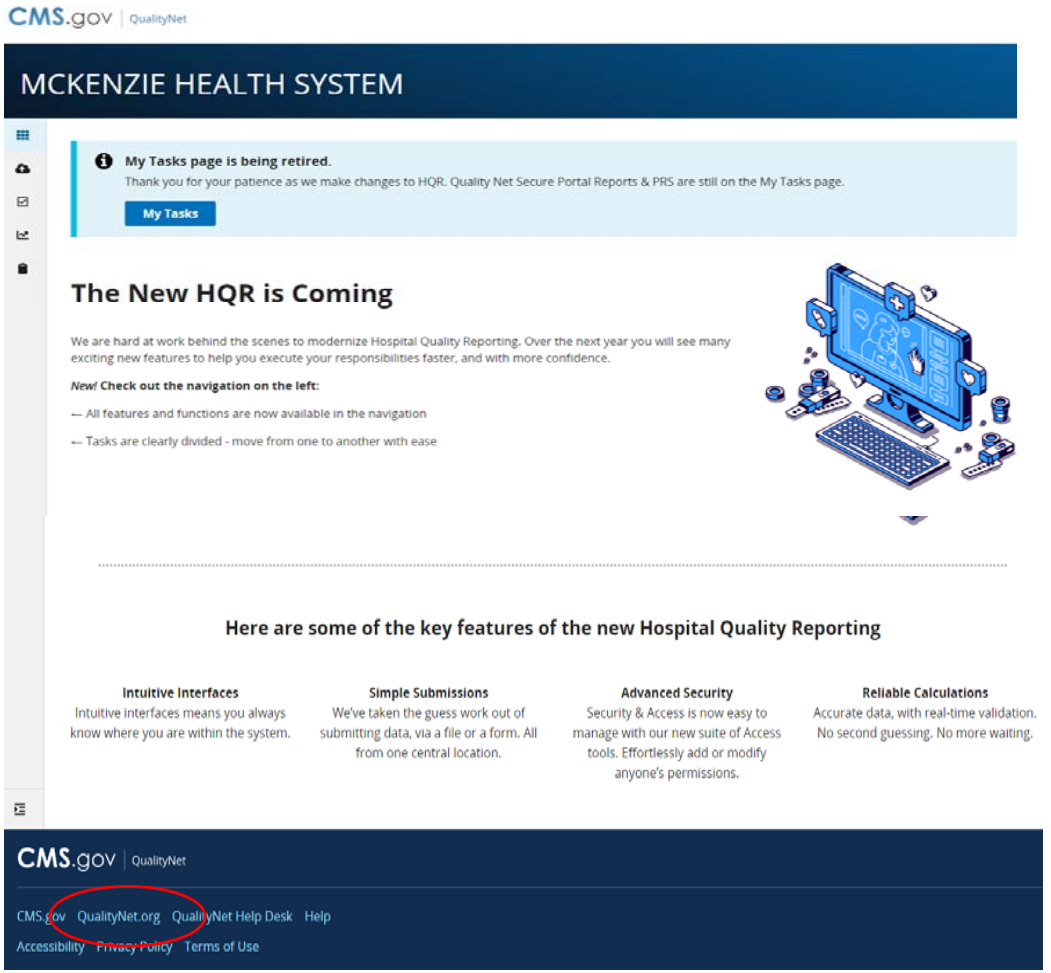
Admission, Discharge, and Transfer Event Notifications: CMS is modifying Conditions of Participation (CoPs) to require hospitals, including psychiatric hospitals and CAHs, to send electronic patient event notifications of a patient's admission, discharge, and/or transfer to another healthcare facility or to another community provider or practitioner. This will improve care coordination by allowing a receiving provider, facility, or practitioner to reach out to the patient and deliver appropriate follow-up care in a timely manner. This policy will be applicable 12 months after publication of this rule.

To view the CMS Interoperability and Patient Access final rule, visit https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index.

Path to your Star Rating data

Log in to HARP:

hqr.cms.gov



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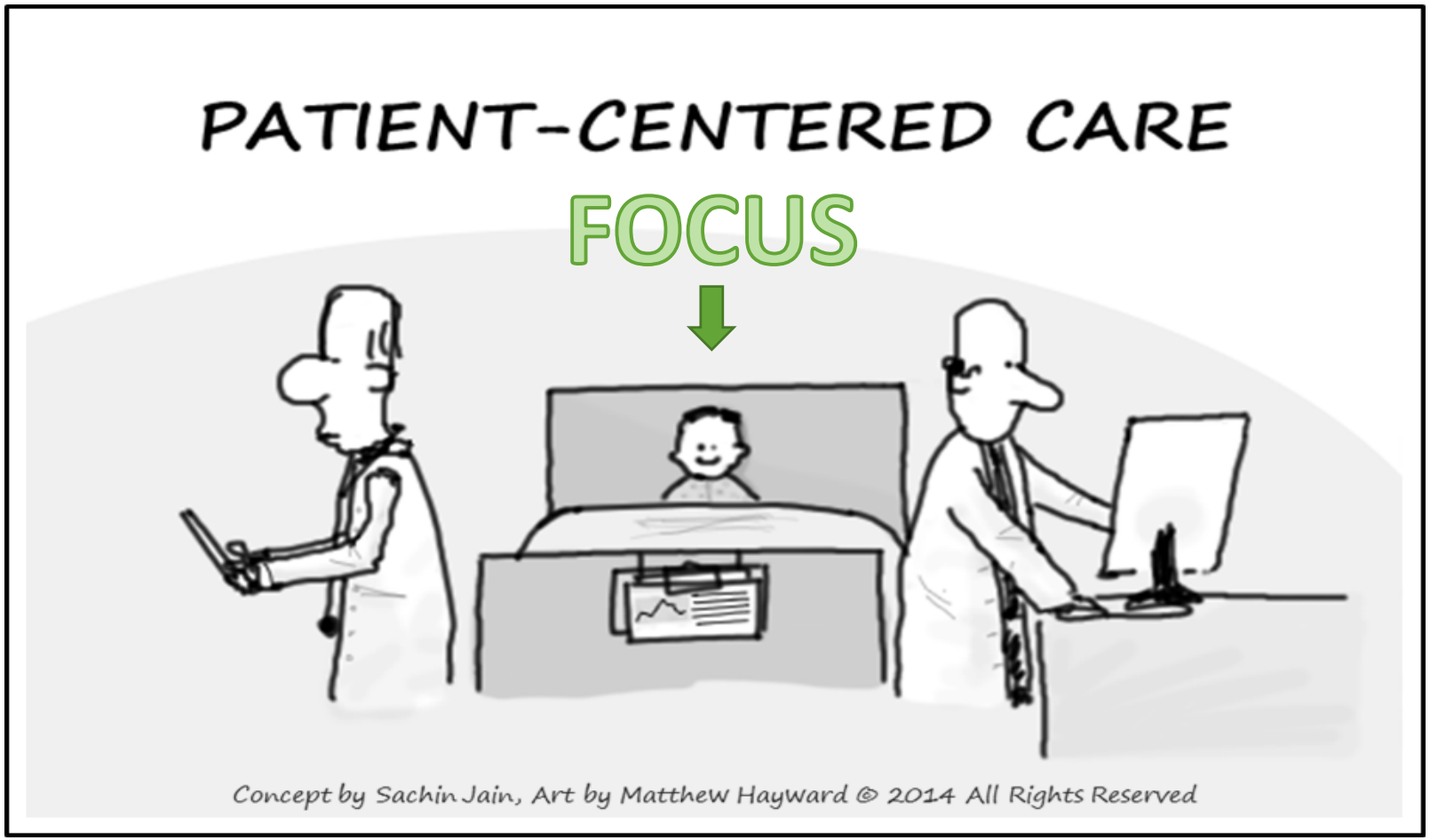
Path to your Star Rating data (cont.)

- STAR Rating data is available

  (Reminder -Webex recording available on demand on the MCRH webpage, under SG #2)

April 2021 HSR Resources

File Name	File Type	File Size	
April 2021 Overall Hospital Quality Star Rating Mock HSR (02/01/2021) An example of the HSR sent to hospitals, as part of the preview period for the April 2021 public reporting of the Overall Hospital Quality Star Ratings. The mock HSR provides information on how measure results are presented for facilities and can be used as a reference by facilities that did not receive a star rating. For more information, refer to the HSR User Guide, below, which contains a detailed description of the Overall Hospital Quality Star Ratings HSR.	XLSX	43 KB	Download
April 2021 Overall Star Rating HSR User Guide (HUG) (02/01/2021) A description of the HSR and instructions for interpreting a hospital's results.	PDF	377 KB	Download


PATIENT-CENTERED CARE
FOCUS
Concept by Sachin Jain, Art by Matthew Hayward © 2014 All Rights Reserved