

# 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](https://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 SERVE.

### Hospital Quality Reporting

#### HARP Sign In

Enter your user ID and password to login.

 If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <http://www.qualitynet.org> to create one.

User ID

Password

Login

### Hospital Quality Reporting

#### Two-Factor Authentication

Select a device to verify your account

 SMS Text for number ending in 3551 

 Email

Cancel Next

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

## Hospital Quality Reporting

### Terms & Conditions

time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

I accept the above Terms and Conditions


Cancel

Accept

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

# IFMC - SDPS

 Dashboard

 Data Submissions

 eCQM

 Performance

 Administration

## o Hospital Quality Reporting

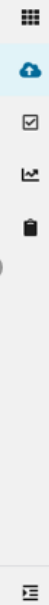
display the features available to you. Please select the card that align

### Public Reporting

Preview and analyze

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

# MCKENZIE HEALTH SYSTEM



- eQIM
- Web-based Measures
- Population & Sampling
- Chart Abstracted
- HCAHPS

How would you like to submit your data?

**File Upload**  
Upload files for program credit here.

**Data Form**  
Enter data for program credit here.



# MCKENZIE HEALTH SYSTEM

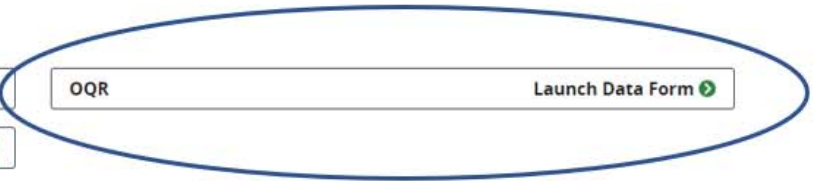
eCQM | **Web-based Measures** | Population & Sampling | Chart Abstracted | HCAHPS

File Upload | **Data Form**

You have selected Data Form submission. You can choose a different method at any time.

## Select the Data Form

IQR	Launch Data Form	OQR	Launch Data Form
PI	Launch Data Form		



## Outpatient Quality Reporting (OQR)

NOTE: Proceeding with data submission will change a Providers status to **Participating** if they are currently **Not Participating** or **Withdrawn**.

Payment Year

2022

CMS Certification Number: 231314

Submission Period: 01/01/2021 - 05/17/2021

With Respect to Reporting Period: 01/01/2020 - 12/31/2020

Current Submission Period: **Open**

✓ Enter

✓ Preview

✓ Submit

### OP-22

Left Without Being Seen

Please enter zeros for this measure as I have no data to submit

Start Measure

### OP-29

Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Please enter zeros for this measure as I have no data to submit

Start Measure

### OP-31

Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

Please enter zeros for this measure as I have no data to submit

Start Measure



< Back

OP-22  
Left Without Being Seen

OP-22 - Left without being seen

\* Indicates required measure

Please enter zeros for this measure as I have no data to submit

### Numerator

\* What was the total number of patients who left without being evaluated by a physician/APN/PA?

0

### Denominator

\* What was the total number of patients who presented to the ED?

0

Cancel

Save & Return

CMS Certification Number:

231314

Submission Period:

01/01/2021 - 05/17/2021

With Respect to Reporting

Period:

01/01/2020 - 12/31/2020

Last Updated:

-

## Outpatient Quality Reporting (OQR)

NOTE: Proceeding with data submission will change a Providers status to **Participating** if they are currently **Not Participating** or **Withdrawn**.

Payment Year

2022

CMS Certification Number: 231314

Submission Period: 01/01/2021 - 05/17/2021

With Respect to Reporting Period: 01/01/2020 - 12/31/2020

Last Updated: 2/4/2021 2:36 PM

Current Submission Period: **Open**

Enter Preview Submit

+ OP-22 ✓ Complete  
Left Without Being Seen

[Edit Measure](#)

Score for this measure

n/a	0	0
	Numerator	Denominator

Lower score is better

OP-29

Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

[Start Measure](#)

Please enter zeros for this measure as I have no data to submit

HQR Web-Based Measures x +

hqr.cms.gov/hqrmg/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	0
	Numerator	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	0
	Numerator	Denominator

Higher score is better

[✓ I'm ready to submit](#)

\* For Paperwork Reduction Act Notice, see Specifications Manual

Type here to search

3:28 PM 2/4/2021

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# 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 support 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

[programs/CAH/MBQIP-Measures-Fact-Sheets-Jan-2019.pdf](#)

[Antibiotic Stewardship at Rural and CAH Hospitals](#)

Medicare Beneficiary Quality Improvement Project (MBQIP)  
Data Submission Deadlines \*

December 2020: Updated to reflect extensions to Q3 and Q4 submission deadlines. \*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 <sup>2</sup> (formerly OP-27)	Influenza vaccination coverage among health care personnel	Patient Safety/ Inpatient	National Healthcare Safety Network (NHSN)	Anticipated May 15, 2021 <small>(Q4 2020/Q1 2021 aggregate)</small>	N/A	N/A	Anticipated May 15, 2022 <small>(Q4 2021/Q1 2022 aggregate)</small>
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety/ Inpatient	National Healthcare Safety Network (NHSN)	March 1, 2021 <sup>4</sup> <small>(Calendar year 2020 data)</small>		March 1, 2022 <sup>4</sup> <small>(Calendar year 2021 data)</small>	
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 <sup>3</sup>	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 <small>(Calendar year 2020 aggregate)</small>		Anticipated May 15, 2022 <small>(Calendar year 2021 aggregate)</small>	

1. Based on currently available information. Submission 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 20th 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 1<sup>st</sup>, 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 Safety Component (PSC). Please follow these instructions 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 Administrator 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

Components Followed						
Follow/ Followed	Component	Activated	Deactivated	Agreement Accepted	View Agreement	
<input checked="" type="checkbox"/>	Rinveillance	04/09/2009		N		

## 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](mailto: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 10<sup>th</sup> 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.



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>.

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Path to your Star  
Rating data  
Log in to HARP:  
[hqr.cms.gov](http://hqr.cms.gov)

## MCKENZIE HEALTH SYSTEM

### **i** My Tasks page is being retired.

Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports & PRS are still on the My Tasks page.

[My Tasks](#)

## The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

### New! Check out the navigation on the left:

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease



### Here are some of the key features of the new Hospital Quality Reporting

#### Intuitive Interfaces

Intuitive interfaces means you always know where you are within the system.

#### Simple Submissions

We've taken the guess work out of submitting data, via a file or a form. All from one central location.

#### Advanced Security

Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.

#### Reliable Calculations

Accurate data, with real-time validation. No second guessing. No more waiting.

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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)



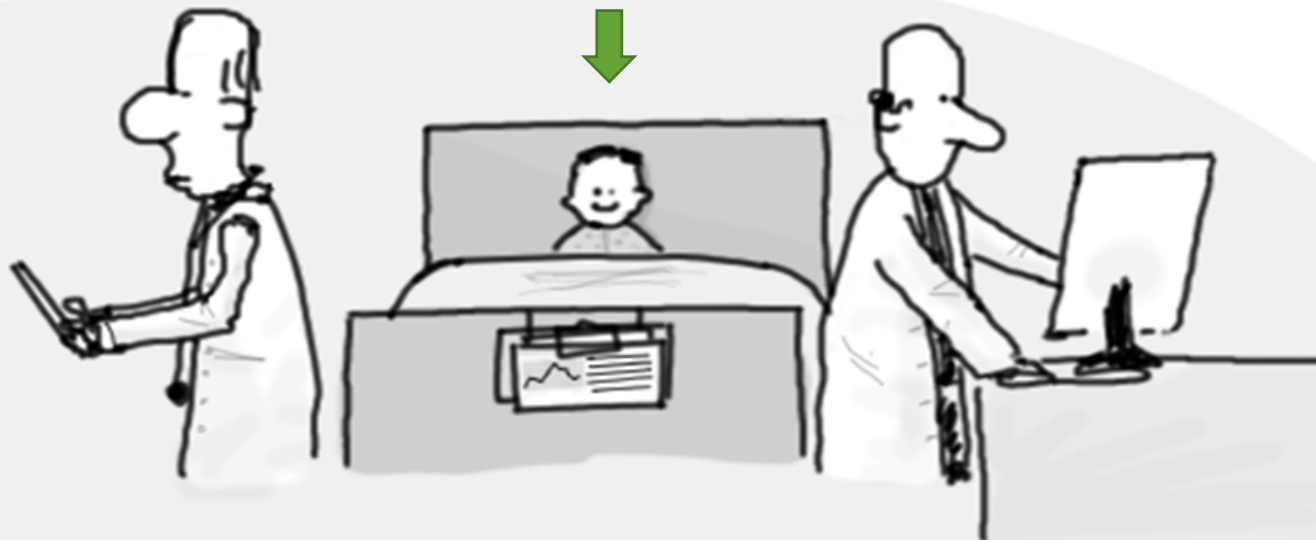
### April 2021 HSR Resources

File Name	File Type	File Size	
April 2021 Overall Hospital Quality Star Rating Mock HSR (02/01/2021)	XLSX	43 KB	<a href="#">Download</a>
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.			
April 2021 Overall Star Rating HSR User Guide (HUG) (02/01/2021)	PDF	377 KB	<a href="#">Download</a>
A description of the HSR and instructions for interpreting a hospital's results.			



# PATIENT-CENTERED CARE

## FOCUS



*Concept by Sachin Jain, Art by Matthew Hayward © 2014 All Rights Reserved*