

Hospital Inpatient Quality Reporting (IQR) Program

Program Changes for Fiscal Year (FY) 2013

Hospital IQR Program Reporting Quarters for FY 2013

- [Discharge Quarters](#) for FY 2013 are located on QualityNet, under the **[Hospitals – Inpatient]** tab (top left), by selecting “Hospital Inpatient Quality Reporting Program” from the drop-down list.

Acute Myocardial Infarction (AMI) Measure Added

- AMI-10 - Statin Prescribed at Discharge
- Data collection begins January 1, 2011

Healthcare Associated Infections (HAI) Measure Added

- Central Line Associated Blood Stream Infection (CLABSI)
- Collected by CDC via National Healthcare Safety Network (NHSN) tool
- Data collection begins January 1, 2011

Structural Measures and DACA Data Collection Period Change

- The data collection period for hospitals to annually submit the required registry participation information is between April 1, 2012 and May 15, 2012 with respect to the time period of January 1, 2011 through December 31, 2011.
- Submission deadline for the Data Accuracy and Completeness Acknowledgement is May 15, 2012 with respect to the time period of January 1, 2011 through December 31, 2011.

HCAHPS Deadline Change

- Beginning with discharges of third quarter 2011, the HCAHPS data submission deadline will move forward one week to allow for a review and correction period. Hospitals will have approximately 13 weeks after calendar quarter ends to submit HCAHPS data for that quarter to the QIO Clinical Warehouse.

Validation

- Continue to select 800 participating hospitals
- Beginning with 3Q 2011 discharges, the time period for submission of medical records by hospitals to the CDAC contractor will decrease from 45 calendar days to 30 calendar days.
- Refine the random sample approach through targeting criteria as follows:
 - Discontinue the 100 case minimum thresholds.
 - All hospitals submitting at least one Hospital IQR Program case for the third quarter of the year, two years prior to the year to which the validation applies, would be eligible for selection.
 - All hospitals failing the previous year’s Hospital IQR Program validation will be validated.

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Procedural Requirements for Notice of Participation

Medicare Accept Date on or after October 15, 2009

- Hospitals with a new CCN and a new Medicare Accept Date of October 15, 2009 or after, wishing to participate in the Hospital IQR program for FY 2013 must complete the Notice of Participation no later than 180 days from the hospital's new Medicare Accept Date.
- The hospital must begin submitting data on the first day of the quarter following the date that the hospital submits a completed Notice of Participation.

Medicare Accept Date prior to March 31, 2009 and no participation in FY 2011 or FY 2012

- Hospitals with an open date before March 31, 2009 not participating in the Hospital IQR Program for FY 2011 or FY 2012 but wishing to participate in the Hospital IQR Program for the FY 2013 payment determination must submit a completed Notice of Participation to CMS on or before December 31, 2011.
- The hospital must begin submitting data on the first day of the quarter following the date that the hospital submits a completed Notice of Participation.

Withdrawal from the Hospital IQR Program:

- Hospitals may withdraw from the Hospital IQR program for FY 2013 from October 1, 2011 until August 15, 2012, by submitting a withdrawal through the online tool.

Disaster Waivers

- Upon request by a hospital, CMS may grant an extension or waiver of one or more data submission deadlines in the event of extraordinary circumstances beyond the control of the hospital.
- Request forms must be submitted within 30 days of the date the extraordinary circumstance occurred.

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Program Changes for Fiscal Year 2014

Clinical Process Measures

Beginning January 1, 2012 discharges, hospitals will not be required to submit data for eight measures.

Retired Measures:

- AMI-4 - Adult Smoking Cessation Advice/Counseling
- HF-4 - Adult Smoking Cessation Advice/Counseling
- PN-4 - Adult Smoking Cessation Advice/Counseling
- PN-5c - Timing of Receipt of Initial Antibiotic Following Hospital Arrival

Suspended Measures (Data collection voluntary):

- AMI-1 - Aspirin at Arrival
- AMI-3 - ACEI/ARB for Left Ventricular Systolic Dysfunction
- AMI-5 - Beta-blocker Prescribed at Discharge
- SCIP Inf-6 - Appropriate Hair Removal

Beginning January 1, 2012 discharges, two immunization measures retire and data collection begins for two new Global Immunization Measures.

Retired two Pneumonia-Specific Immunization Measures:

- PN-2 - Pneumococcal Vaccination Status
- PN-7 - Influenza Vaccination Status

Added two Global Immunization Measures:

- IMM-1 - Influenza Immunization
- IMM-2 - Pneumococcal Immunization

Added two Emergency Department (ED) Throughput Measures:

- Data collection begins with January 1, 2012 discharges
- ED-1 - Median Time from Admit Decision Time to Time of Departure from the Emergency Department for Emergency Department Patients Admitted to Inpatient Status
- ED-2 - Median Time from Emergency Department Arrival to Time of Departure from the Emergency Room for Patients Admitted to the Facility from the Emergency Department

HAI Measures

Two new measures added for data collection beginning with January 2012 events:

- Surgical Site Infection (SSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Collected by CDC via National Healthcare Safety Network (NHSN) tool

Structural Measures

One measure added:

- Participation in a Systematic Clinical Database Registry for General Surgery
- Data entry will be between April 1, 2013 and May 15, 2013
- With respect to time period January 1, 2012 through June 30, 2012

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Claims-Based Measures

One measure added:

- Medicare Spending per Beneficiary Measure added.
- Based on claims data for hospital discharges May 15, 2012 through February 14, 2013.

Validation

- Add potential CLABSI records to validation sample.
- Quarterly sample increased to include ED Throughput and Immunization records.

Program Changes for Fiscal Year 2015

Clinical Process Measures

Beginning with January 1, 2013 discharges:

Stroke Measures

Eight measures will be added:

- STK-1 - Venous Thromboembolism (VTE) Prophylaxis
- STK-2 - Discharged on Antithrombotic Therapy
- STK-3 - Anticoagulation Therapy for Atrial Fibrillation/Flutter
- STK-4 - Thrombolytic Therapy
- STK-5 - Antithrombotic Therapy by End of Hospital Day 2
- STK-6 - Discharged on Statin Medication
- STK-8 - Stroke Education
- STK-10 - Assessed for Rehabilitation

VTE Measures

Six measures will be added:

- VTE-1 - Venous Thromboembolism Prophylaxis
- VTE-2 - Intensive Care Unit Venous Thromboembolism Prophylaxis
- VTE-3 - Venous Thromboembolism Patients with Anticoagulation Overlap Therapy
- VTE-4 - Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol
- VTE-5 - Venous Thromboembolism Discharge Instructions
- VTE-6 - Incidence of Potentially-Preventable Venous Thromboembolism

HAI Measures

Three new measures will be added:

- Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteremia
- Clostridium difficile (C.difficile)
- Healthcare Provider Influenza Vaccination

Validation

- All hospitals open under their current CCN's in FY 2012 and not selected for validation in the three previous annual Hospital IQR Program validation samples will be validated.