MBQIP REPORTING GUIDE

FOR ENCOUNTERS BEGINNING 1Q 2020

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MONTANA MBQIP GUIDE

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Record Your Quality Reporting Contacts

It's important to keep track of who in your organization has roles in the reporting process. If you have staff changes, this list can be a helpful record of which personnel have access to reporting sites, tools, and vendors.

Reporting Tools and Contacts

Quality Net Administrators (Recommend two from each facility.)	

NHSN Facility Administrator:	
NHSN Users:	

CMS Chart Abstracted Inpatient and Outpatient Measures

Who is responsible for collecting the data:	
Who is responsible for submitting the data:	

If using the CMS CART tool:

CART Administrators (recommend at least two from each facility)	

If using a vendor tool:

Vendor:	
Staff with Access:	
Contact information for vendor tool:	

Emergency Department Transfer Communication

What data collection tool is used?	
Staff with access to the tool:	
Who is responsible for collecting the data:	
Who is responsible for submitting the data:	
Process for submission of EDTC data?	Email to Jennifer.wagner@mtha.org

HCAHPS

HCAHPS vendor:	
Staff responsible for working with vendor:	

Other Quality Reporting Tools or Contacts (ie HIIN)	

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MBQIP OVERVIEW

Information Provided by Stratis Health Rural Quality Improvement Technical Assistance

The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity under the Federal Office of Rural Health Policy's (FORHP) Medicare Rural Hospital Flexibility (Flex) grant program. Implemented in 2011, the goal of MBQIP is to improve the quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting by CAHs and then driving quality improvement activities based on the data.

CAHs have historically been exempt from national quality improvement reporting programs due to challenges related to measuring improvement in low volume settings and limited resources. It is clear, however, that some CAHs are not only participating in national quality improvement reporting programs, but are excelling across multiple rural relevant topic areas. For example, small rural hospitals that participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey often outperform prospective payment system (PPS) hospitals on survey scores. MBQIP provides an opportunity for individual hospitals to look at their own data, compare their results against other CAHs and partner with other hospitals around quality improvement initiatives to improve outcomes and provide the highest quality care to each and every one of their patients.

As the U.S. moves rapidly toward a health care system that pays for value versus volume of care provided, it is crucial for CAHs to participate in federal, public quality reporting programs to demonstrate the quality of the care they are providing. Low numbers are not a valid reason for CAHs to not report quality data. It is important to provide evidence-based care for every patient, 100 percent of the time. MBQIP takes a proactive approach to ensure CAHs are well-prepared to meet future quality requirements.

Current MBQIP Measures

This guide focuses on measures reported for MBQIP as part of the Flex grant program. Recognizing the evolving nature of health care quality measures, this guide will be updated on a routine basis to align with changes made to MBQIP. A current list of MBQIP measures can be found here.

Purpose of This Guide

This guide is a combination of the *MBQIP Quality Reporting Guide March 2019* published by Stratis Health Rural Quality Improvement Technical Assistance (www.stratishealth.org), as well as lessons learned and resources compiled by the MT Flex Program. This guide is intended to help CAH staff understand the measure reporting process for the MBQIP program. You will find detailed information on measures and their reporting channels.

National MBQIP Resources

National Rural Health Resource Center

This site includes a MBQIP Resource List, frequently asked questions, and an overview of the MBQIP Program.

Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals

Offers strategies and resources to help CAH staff organize and support efforts to implement best practices for quality improvement.

Toolkit includes:

- A quality improvement implementation model for small, rural hospital settings

- A 10-step guide to leading quality improvement efforts
- Summaries of key national quality initiatives that align with MBQIP priorities
- Best practices for improvement for current MBQIP measures
- Simple, Excel-based tool to assist CAHs with tracking and displaying real-time data to MBQIP and other quality and patient safety measures to support internal improvement effort

Links

MBQIP Measure List: Overview of current MBQIP measures

CMS QualityNet Home Page: Specifications Manuals and CMS Abstraction and Reporting Tools (CART) for both inpatient and outpatient measures.

CMS Quality Reporting Center: This site contains inpatient and outpatient educational materials/resources developed by CMS. The instructional material can be very helpful, just remember that it is based on requirements for the CMS Inpatient and Outpatient Reporting Programs, and MBQIP Program requirements may differ.

National Healthcare Safety Network (NHSN): The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network is a healthcare-associated infection tracking system.

ED Transfer Communication Resources: Links to the Emergency Department Transfer Communication (EDTC) Specifications Manual and a free Excel data entry tool.

Online MBQIP Data Abstraction Training Series: Recorded sessions on YouTube on how to locate the CMS Specification Manuals, CART tool and the process to identify each MBQIP measure population and abstract the required data elements. *NOTE: Please disregard references to measures OP-5, OP-20, ED-1 and ED-2. These have been retired from CMS.*

Acronyms

AMI	Acute myocardial infarction
APN	Advanced Practice Nurse
APRN	Advanced Practice Registered Nurse
CAH	Critical Access Hospital
CART	CMS Abstraction and Reporting Tool
CAUTI	Catheter-Associated Urinary Tract Infection
CCN	CMS Certification Number
C.Diff/CDI	Clostridium difficile
CMS	Centers for Medicare and Medicaid Services
ECG	Electrocardiogram
ED	Emergency Department
EDTC	Emergency department transfer communication
EDTP	Emergency department throughput
E/M Code	Evaluation and management code
Flex	Medicare Rural Hospital Flexibility Program
FORHP	Federal Office of Rural Health Policy
HAI	Hospital Acquired Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Health Care Personnel
ICD	International Classification of Diseases
IP	Inpatient
IQR	Inpatient Quality Reporting
IVR	Interactive Voice Response
LOS	Length of stay
LWOBS	Left without being seen
MBQIP	Medicare Beneficiary Quality Improvement Project
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus aureus
NHSN	National Healthcare Safety Network
NoP	Notice of Participation
OP	Outpatient
OQR	Outpatient Quality Reporting Program
PC	Perinatal Care
PPS	Prospective Payment System
SA	System Administrator
STEMI	ST Segment Elevation Myocardial Infarction
STK	Stroke

Data Submission Deadlines

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period				
			Q4-19 Oct 1- Dec 31	Q1-20 Jan 1 - Mar 31	Q2-20 Apr 1 - Jun 30	Q3-20 July 1-Sep 30	Q4-20 Oct 1 - Dec 31
Zero Cases	Population & Sampling	QualityNet via Secure Log In	May 1, 2020	August 1, 2020	November 1, 2020	February 1, 2021	May 1, 2021
OP-2	Fibrinolytic therapy received within 30 minutes	QualityNet via Outpatient CART/Vendor	May 1, 2020	August 1, 2020	November 1, 2020	February 1, 2021	May 1, 2021
OP-3	Median time to transfer to another facility for acute coronary intervention	QualityNet via Outpatient CART/Vendor	May 1, 2020	August 1, 2020	November 1, 2020	February 1, 2021	May 1, 2021
OP-18	Median time from ED arrival to ED departure for discharged ED patients	QualityNet via Outpatient CART/Vendor	May 1, 2020	August 1, 2020	November 1, 2020	February 1, 2021	May 1, 2021
OP-22	Patient left without being seen	QualityNet via Secure Log In	May 15, 2020 Aggregate based on full calendar year 2019	May 15, 2021 Aggregate based on full calendar year 2020			
HCP (previously OP-27	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network	May 15, 2020 (Q4 2019-Q1 2020)		N/A		May 15, 2021 4Q 2020-1Q 2021
ED-2	Admit decision time to ED departure time for admitted patients	QualityNet via Inpatient CART/Vendor	May 15, 2020	RETIRED			
EDTC****	Emergency Department Transfer Communication	State Flex Program	February 1, 2020	May 1, 2020	August 1, 2020	November 1, 2020	February 1, 2021
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	QualityNet via Vendor	April 1, 2020	July 3, 2020	October 2, 2020	January 2, 2021	April 1, 2021

Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

	Patient Safety/Inpatient	*Patient Engagement*	*Care Transitions*	*Outpatient*
Core MBQIP Measures	**HCP (formerly OP-27):** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) **Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey **Inpatient ED Measures:** • **ED-2:** Admit Decision Time to ED Departure Time for *Admitted* Patients*	**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** *The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:* • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Pain† • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care *The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.*	**Emergency Department Transfer Communication (EDTC)** *7 sub-measures; 27 data elements; 1 composite* • EDTC-1: Administrative Communication (2 data elements) • EDTC-2: Patient Information (6 data elements) • EDTC-3: Vital Signs (6 data elements) • EDTC-4: Medication Information (3 data elements) • EDTC-5: Physician or Practitioner Generated Information (2 data elements) • EDTC-6: Nurse Generated Information (6 data elements) • EDTC-7: Procedures and Tests (2 data elements) • **All-EDTC:** Composite of All 27 data elements	**AMI:** • **OP-2:** Fibrinolytic Therapy Received within 30 minutes • **OP-3:** Median Time to Transfer to another Facility for Acute Coronary Intervention **ED Throughput** • **OP-18:** Median Time from ED Arrival to ED Departure for *Discharged* ED Patients • **OP-22:** Patient Left Without Being Seen

*ED-2 is being removed by the Centers for Medicare & Medicaid Services (CMS) following submission of Quarter 4 2019 data.

†HCAHPS questions related to *Communication about Pain* are being removed by CMS beginning with Quarter 4 2019 surveys.

Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

	Patient Safety/Inpatient	*Patient Engagement*	*Care Transitions*	*Outpatient*
Additional MBQIP Measures	**Healthcare Acquired Infections (HAI)** • **CLABSI:** Central Line-Associated Bloodstream Infection • **CAUTI:** Catheter-Associated Urinary Tract Infection • **CDI:** *Clostridioides difficile* (*C. diff*) Infection • **MRSA:** Methicillin-resistant *Staphylococcus aureus* • **SSIs:** Surgical Site Infections Colon or Hysterectomy **Perinatal Care** • **PC-01:** Elective Delivery **Falls§** Potential measurement around: • Falls with Injury • Patient Fall Rate • Screening for Future Fall Risk **Adverse Drug Events (ADE) §** Potential measurement around: • Falls with Injury • Opioids • Glycemic Control • Anticoagulant Therapy **Patient Safety Culture Survey** **Inpatient Influenza Vaccination § (formerly IMM-2)**	**Emergency Department Patient Experience Survey§**	**Discharge Planning§** **Medication Reconciliation§** **Swing Bed Care§** **Claims-Based Measures** *Measures are automatically calculated for hospitals using Medicare Administrative Claims Data* • **Reducing Readmissions** • **Complications** • **Hospital Return Days**	**Chest Pain/AMI** • **Aspirin at Arrival§** (formerly OP-4) • **Median Time to ECG §** (formerly OP-5) **ED Throughput** • **Door to Diagnostic Evaluation by a Qualified Medical Professional§** (formerly OP-20)

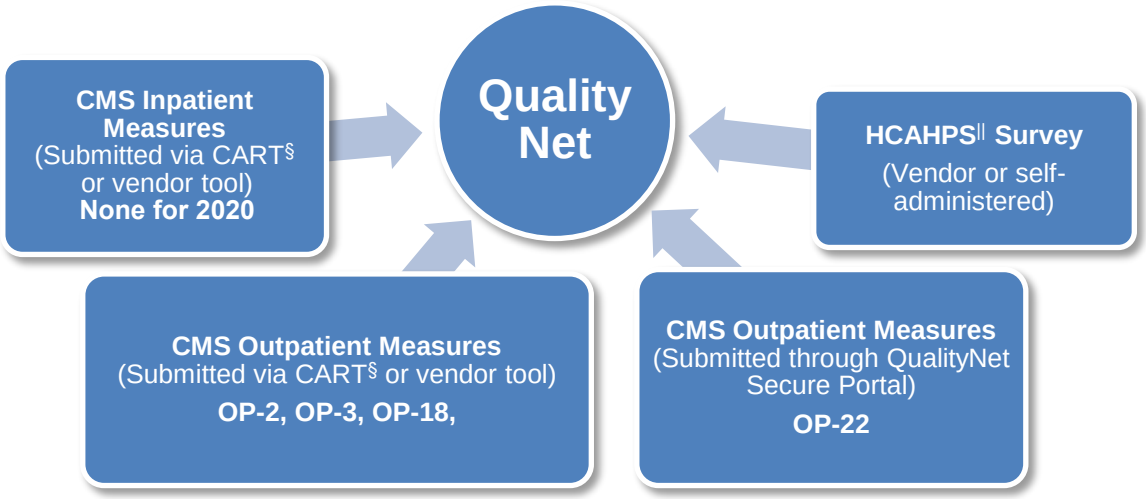
§No nationally standardized or standardly reported measure currently available, however, Flex programs can propose work on these measures if there is a data collection mechanism in place.

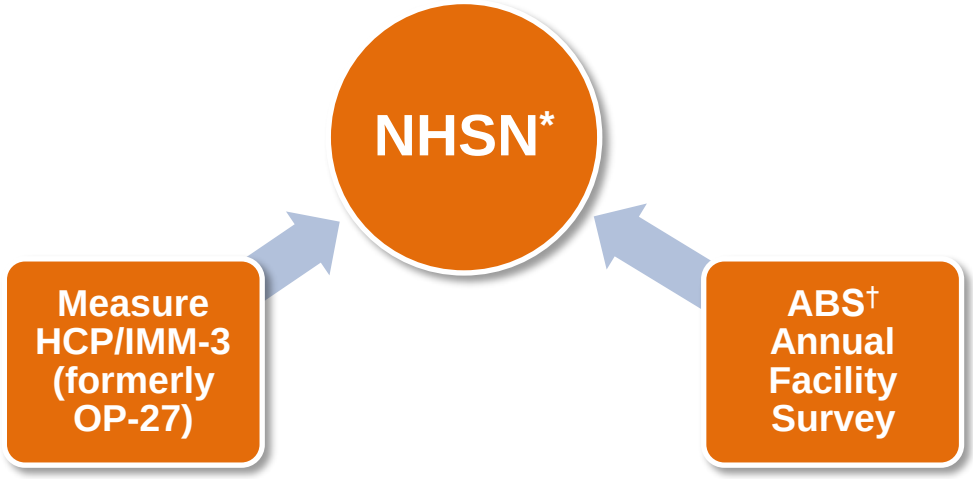
QUALITY REPORTING PROGRAMS

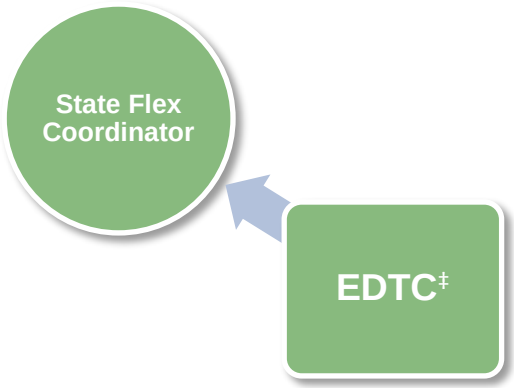
CART/QualityNet/HARP
NHSN

UPDATED NOVEMBER 2020

Quality Data Reporting Channels for MBQIP Required Measures







§CMS Abstraction and Reporting Tool ‖Hospital Consumer Assessment of Healthcare Providers and Systems
*National Healthcare Safety Network †Antibiotic Stewardship ‡Emergency Department Transfer Communication

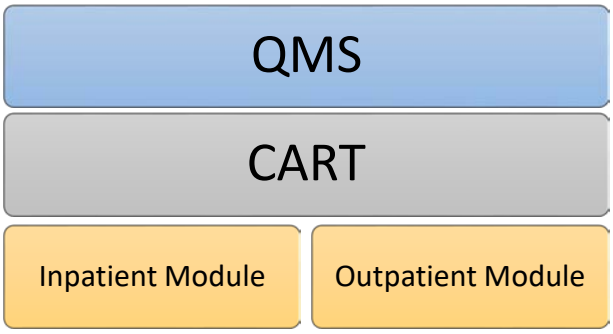
CART & QualityNet

Overview

CART (CMS Abstraction & Reporting Tool) is a software application, installed on the user's hard drive or server, for the collection and analysis of quality improvement data. Data entered into CART is extracted and uploaded into QualityNet for Outpatient Quality Reporting (OQR) and Inpatient Quality Reporting (IQR) measures. The Medicare Beneficiary Quality Improvement Program (MBQIP) uses CART for reporting of certain OQR and IQR measures.

Initial installation of CART requires the installation and setup of Quality Management System (QMS) as the foundation for the CART software. CART has separate inpatient and outpatient modules. These are downloaded separately and will have separate updates. This guide will refer to each module as IP CART (Inpatient CART) and OP CART (Outpatient CART).

Screen shots may appear visually different due to varying computer operating systems and web browsers, but will contain the same information.



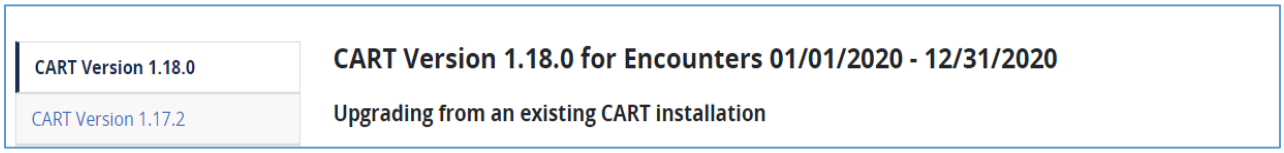
Quality Management System (QMS) Initial Installation

1. **Install Quality Management System (QMS)** by accessing CART downloads.

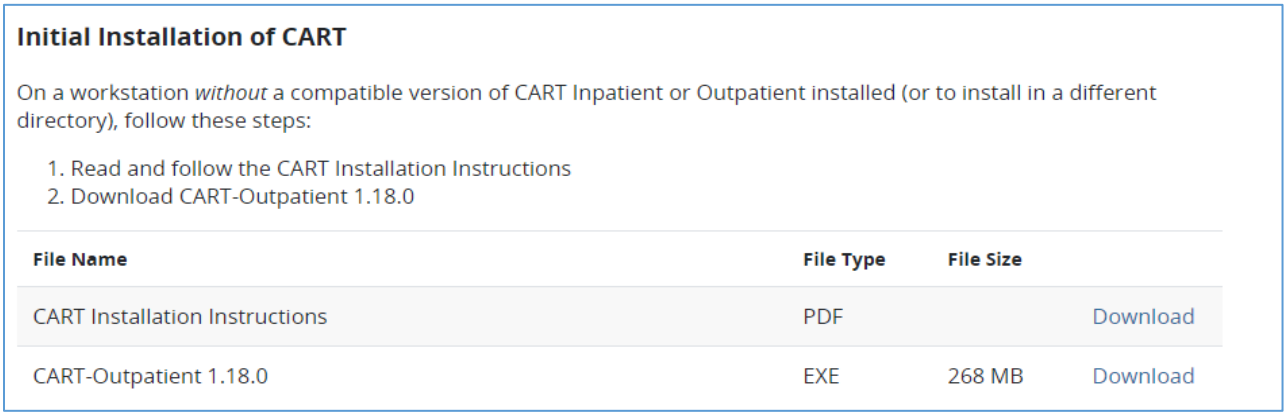
MBQIP Training Video: Data Abstraction Video Session 2 – Locating CART.
This video provides assistance on how to locate CART. (9-minute video)

CMS Training Video: CART Basics.
This video reviews the basic steps needed to use CART, including how to download the application, log in, create a provider and user set up and navigate through the application (30-minute video).

a. Go to https://www.qualitynet.org/outpatient/data-management/cart.
b. Click on View all versions of CART.
c. By clicking on the version lists on the left, choose the version for the discharge time frame you will be entering cases for.



d. Scroll down to **Initial Installation of CART**. Click on the **Download link** next to the CART version listing.

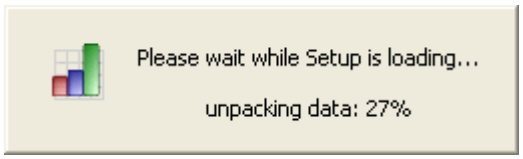


e. A note may appear saying that CART Outpatient will begin downloading shortly. Click **Save** to continue the installation process. If an additional security widow appears with the choice to Run or Don't Run click **Run** to continue the installation process.

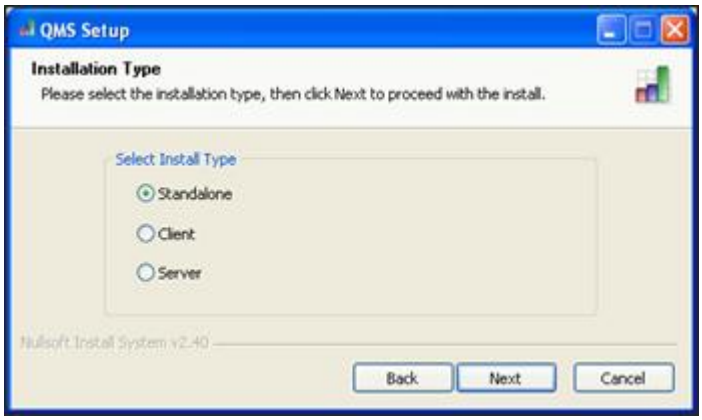
f. The WinZip Self-Extractor box will appear with a **Browse** option to select the download location of your

choice, then click **Unzip**. A progress bar will appear and when complete an additional window will appear advising the files were unzipped successfully. Choose **OK** and close the WinZip Self Extractor box. Write down the download location of this file to access later.

g. Go to the computer download location of the file. Double click on **QMSInstall** file (This will be an .exe file extension). A setup loading window will appear. After the Setup is loaded, the *Welcome to QMS30 Set Up Wizard* window appears. Click **Next**.



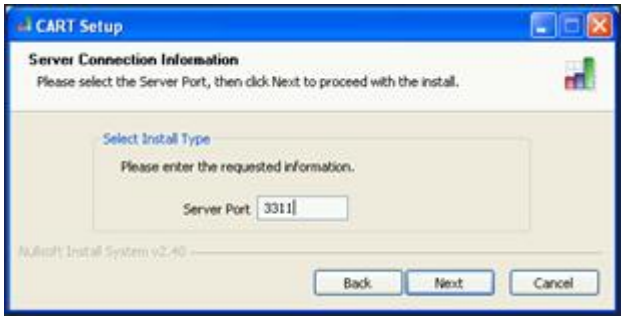
h. Select the installation type (Standalone, Client or Server) that you will be using, then click **Next**. Standalone is the default selection and that means that it will be on your computer's hard drive and only accessed on your computer. Discuss with your IT department your individual needs and get their recommendation on what installation type to use.



Standalone: Select **Standalone** then click **Next**.

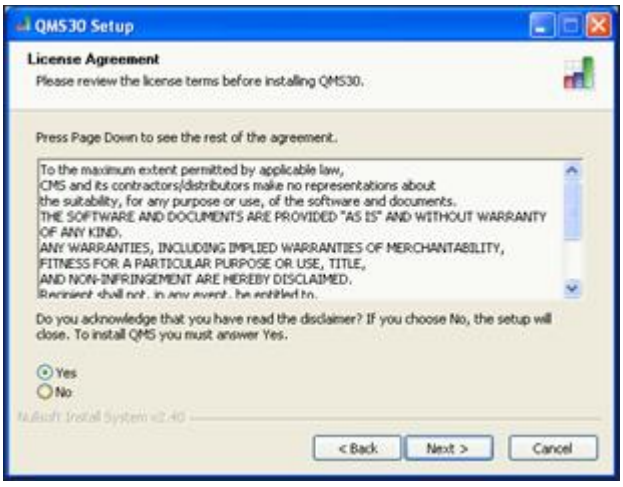
Client: Select **Client** then click **Next**. If client is chosen there are specialty instructions for the initial login to CART.

Server: Select **Server** and click **Next**. Enter your Server Port number. The recommended port number is **3311**. Click **Next**.

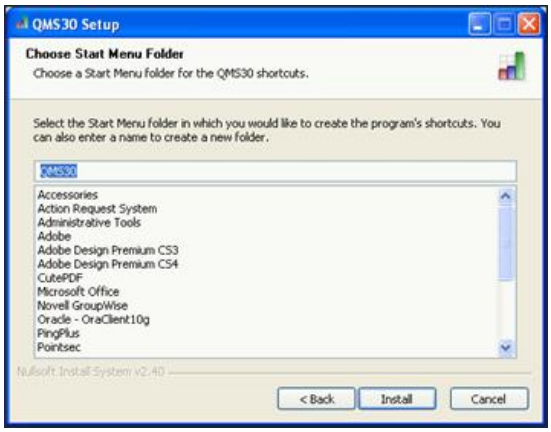


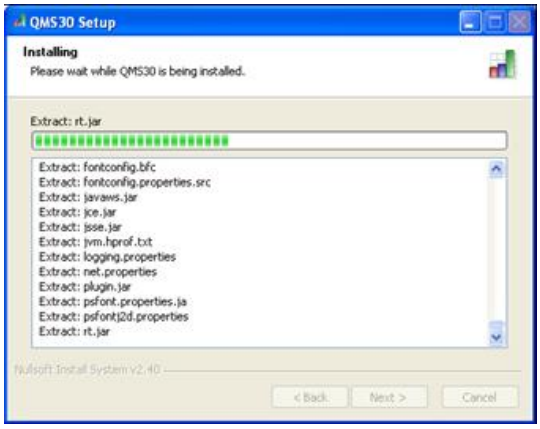
i. The Installation Directory window will appear. By default, the destination folder contains C:\QMS30. *You must change the destination folder from C:\QMS30 to one of your choosing (ex: C:\OUTPTQMS30)*. If you do not have rights to install to C:\OUTPTQMS30, choose a different location that you have access to or contact your IT support.

j. Click **Next**. If you choose a directory that already has an existing QMS installation you will receive an error message. Click **OK** and choose a different directory. Once a correct directory is chosen, a License Agreement Window appears. Choose **Yes** and click **Next**.

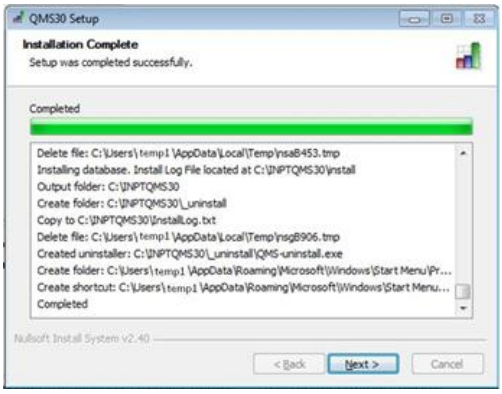


k. Click **Install**. Leave the folder to the default QMS30. An Installation window will show the progress of the installation.





l. When the installation is complete. Click **Next** to close the window. Click **Finish** to close the QMS30 Setup Wizard window.



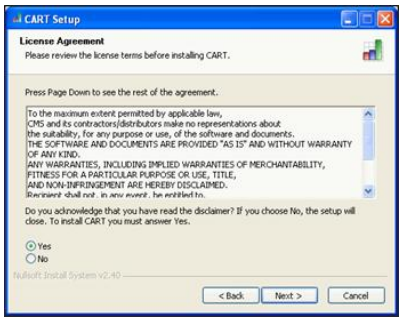
CART Inpatient & Outpatient Modules Initial Installation

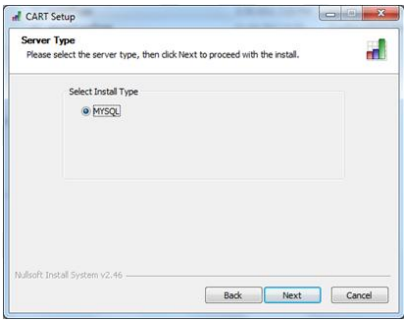
2. Install CART Inpatient and Outpatient Modules

a. Navigate to the drive and directory where the installation file(s) were unzipped and saved earlier (ex: C:\OUTPTQMS30).

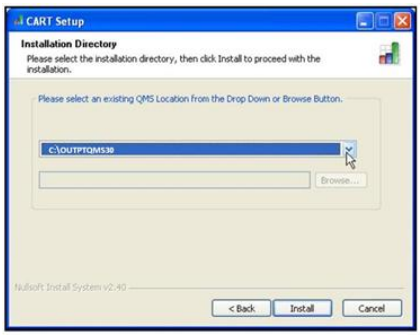
b. Double-click the CART installation filename to begin setup. It will be in one of the following formats depending on the installation type: **CART[…].exe** or **OPPS[…].exe**. A status window will appear. *Welcome to the CART Setup* window appears. Click **Next**.

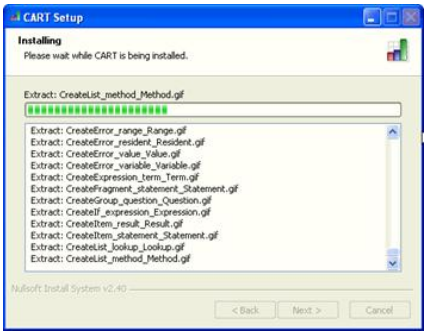
c. A *License Agreement* window appears. Choose **Yes** and click **Next**. For Initial Installation and Upgrade Installations, a *Server Type* window appears. For patch installations see CART Upgrade and Patch Installations on **page X.**



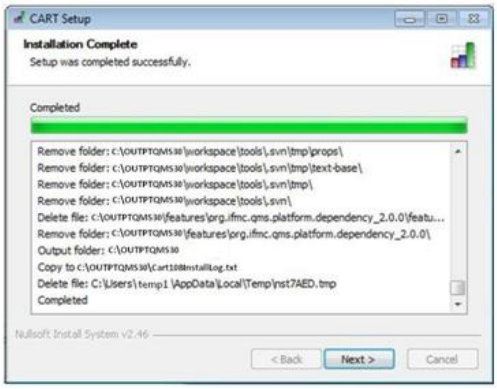


d. An *Installation Directory* window appears. Existing QMS installation locations are listed. Select a QMS30 location from the list or click **Browse** to search. Click **Install** to continue. QMS must be installed prior to installing CART. For initial installation and upgrade installations, if you choose a directory that already has the current CART installation, you will receive the following message. Click **OK** and choose a different location. An installation progress window will appear. For patch installations, if you choose a directory that does not have the CART installation being patched, you will receive a warning message and the installation will end.





e. Click **Next** to close the *Installation Complete* window. Click **Finish** to close the *CART Setup Wizard* window. Typically, a QMS30 icon is placed on the Desktop.



3. Verify the CART Installation Version

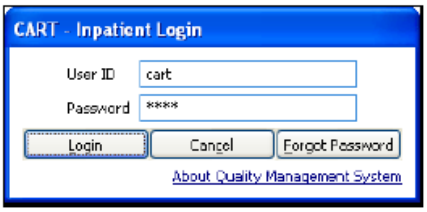
a. Open CART using the QMS30 shortcut icon. You can log in via either module
b. Click About Quality Management System, located on the CART Login screen.
c. Verify that the versions you just installed are displayed.
d. Exit QMS.

CART Initial Log In Process – User and Provider Set Up

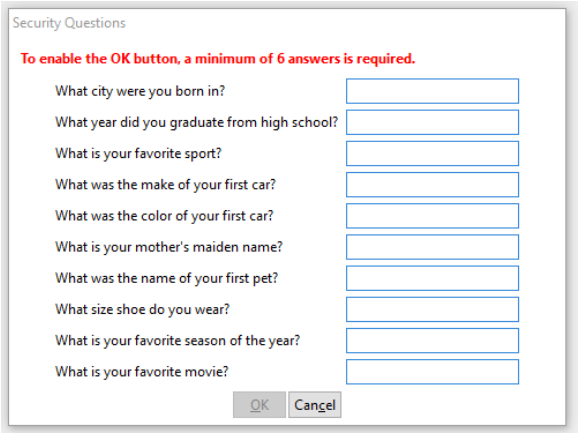
FOR STAND ALONE INSTALLATIONS OF CART

1. **Set up username and password to log into CART's inpatient module.**
   a. Click on **QMS 30** on your desk top and choose the **CART- Inpatient** module.
   b. At the CART-Inpatient login screen, type **cart** (all lower case) for the User ID.
   c. In the Password field, type **p@ssw0rd** (that's a zero) and click Login. You will be prompted to change your password to one of your choice and will need to enter it twice. *Write this down! Most users will not go into CART frequently and it is easy to forget. Users will need to update their password every **three** months.*

      Password Rules: Must be 8-19 characters, at least one upper case, one numeric, and one special character such as: % # * + - , : = ?,. Passwords cannot contain dictionary words. Passwords are case-sensitive. Do not use User ID, first Name, last Name or more than three consecutive like characters. Wait a minimum of six password changes to reuse a password. Do not change the password more than once in a 24 hour period.



   d. After the password is set, you will be prompted provide answers to *Security Questions*. Answer any 6 of the 10 questions, then tab out of the last field. *Take a screen shot or record your answers and save with your password before you click OK!*



2. **Set up Provider (Hospital) information in CART's Inpatient Module.**
   This has to be done before completing your account.
   a. While logged into CART, go to the top of the page and click on **Administration > Provider**.

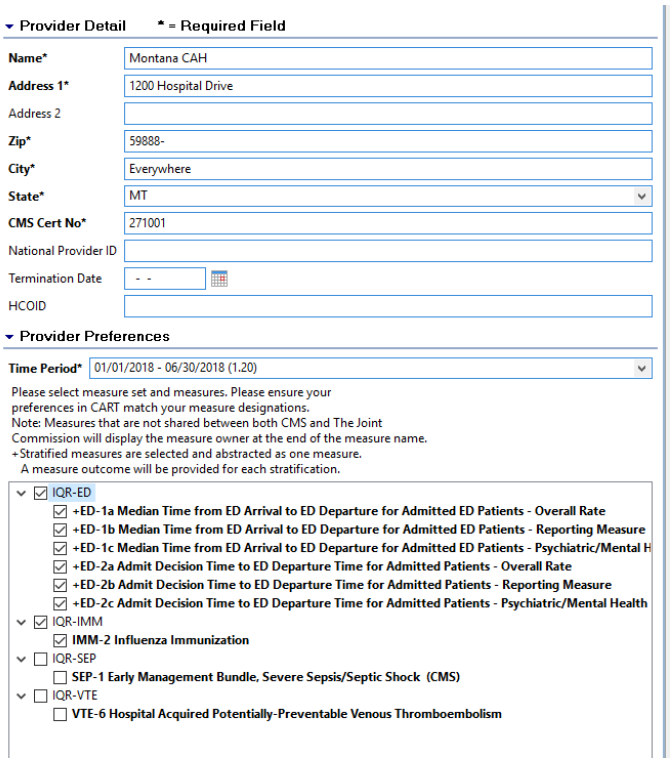
   b. A *Provider Detail* box will appear on the right. Enter all the bolded fields, the time frame, and measure

preferences. Choose other measures only if they are by your hospital or a requirement of another program.

Inpatient: ED

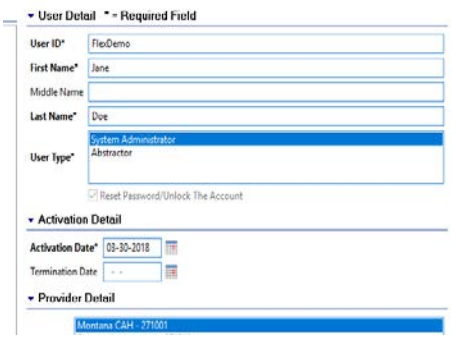
Outpatient: AMI, Chest Pain, Pain Management, ED Throughput

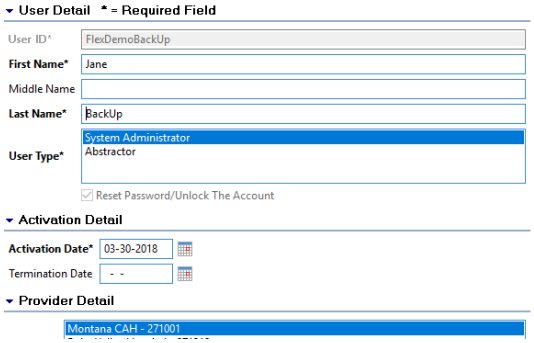
c. If you do not know your CMS Certification number, please contact the Flex Grant and we can provide that to you. It will be a 6 digit number starting with 2713_ _. Save this information by clicking on the **Save** icon in the upper left menu bar.



3. Create the User Accounts.

a. Choose **Administration > User** and complete the **User Detail** form on the right. Choose **"System Administrator**" as the User Type. When complete, **SAVE** and repeat the process for a backup account. (image 2). *Set up 2 user accounts so you have a backup account in case you get locked out. Naming examples are below.*





b. Exit out of CART then reopen and choose **CART-Inpatient**.

c. Enter User ID for main account and type in the CART default password of **p@ssw0rd** (that's a zero). Click **Login**.

d. CART will prompt to change the password. Enter the password you created and answer your security questions again. When complete it will go to a blank screen. To make sure the User ID and password work logout and log back in using the User ID and Password you created.

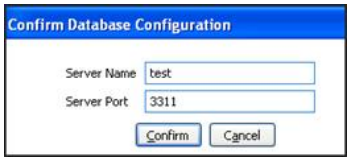
e. Repeat steps 9 and 10 for the backup account. Use the backup account User ID and the same security questions as before.

4. Set up CART's Outpatient Module

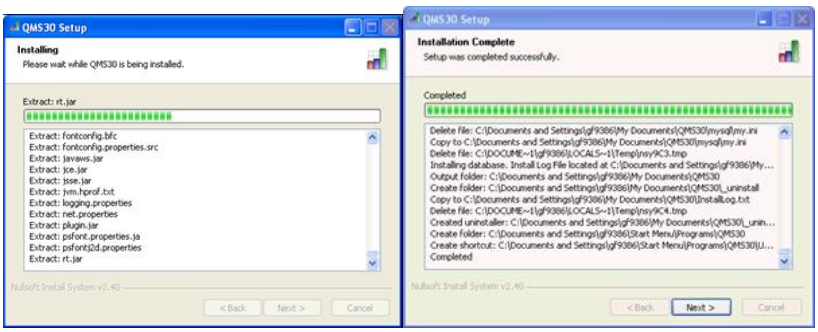
a. Follow the steps 1-3 for Outpatient CART with the differences below.
b. Login to CART-Outpatient Initial User ID is **opps** and password is the same - **p@ssw0rd** (that's a zero).

CLIENT-BASED INITIAL LOG-IN INSTRUCTIONS: Refer to QMS Installation #8 on page 3.

1. Upon initial login to CART on a Client, you will be prompted to confirm the **Database Configuration**:
   a. Enter your **server's IP address or name**.
   b. Enter the **port number** used with the server installation. The recommended port number is **3311**. This must only be entered once.
   c. Click **Confirm.**



2. If the server has a QMS version prior to QMS 3.0.0 installed but does not have a QMS 3.0.0 Server Installation, an "Incompatible Database Found" message displays during the first attempt to login to the client workstation.
3. If you did not receive an error message, stop here. Otherwise, click **OK** to close the message window and continue.
4. Perform the QMS 3.0.0 Client installation and perform a compatible CART installation.
5. Enter the correct **IP Address and Port Number** and proceed to **Login**. An *Installing* window shows the progress of the installation. Click **Next** to close the *Installation Complete* window.



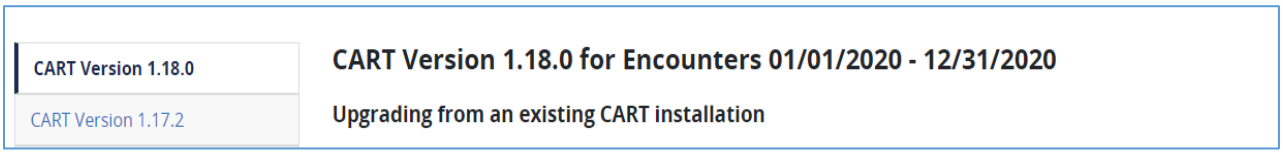
6. Click **Finish** to close the *QMS30 Setup Wizard* window and follow initial log in instructions above.

CART Modules Update & Patches Installation

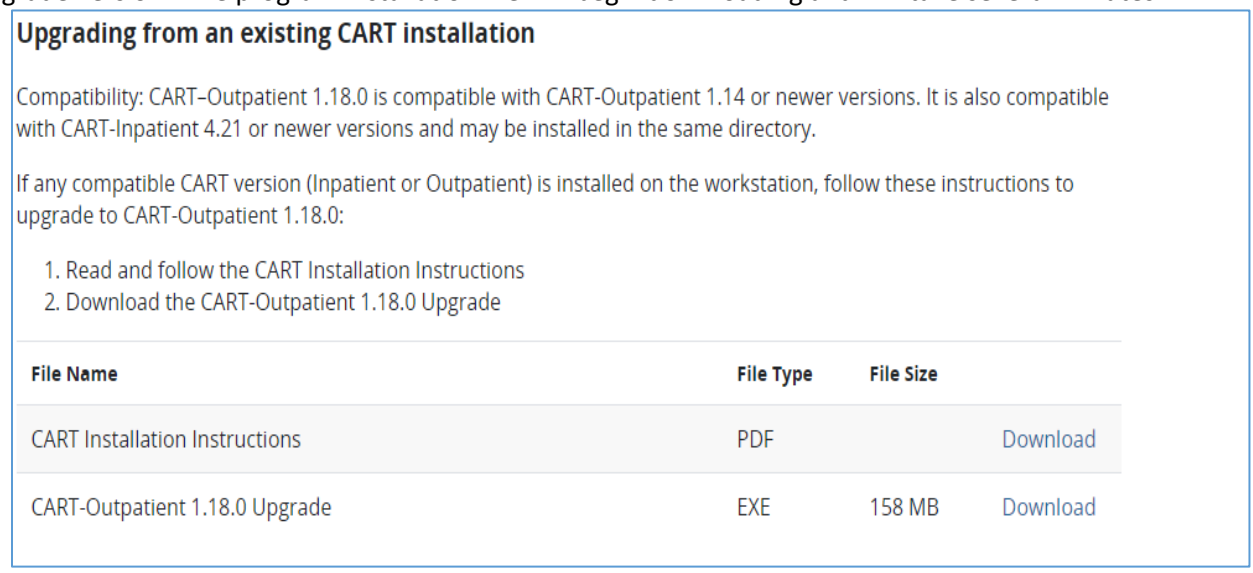
CART will have updates depending on a change in calendar year, coding, etc. MT Flex will notify when an update or patch is pending and for what period of discharges. This will need to be repeated for both Inpatient and Outpatient. See CART Initial Installation #10 on page 8 for instructions to find your current CART IP and OP versions.

Pay attention to version numbers! This is where keeping record of what version of CART you've downloaded most recently is helpful. For example, if you have version 1.15.1, you will want the patch to get to version 1.15.2. If you have version 1.14 you will want to upgrade to 1.15. Communication from MT Flex Grant will indicate if CART is an upgrade or a patch. Most often it will be an ***upgrade****.*

1. Go to https://www.qualitynet.org/outpatient/data-management/cart.
2. Click on View all versions of CART.
3. By clicking on the version lists on the left, choose the version for the discharge time frame you will be entering cases for.

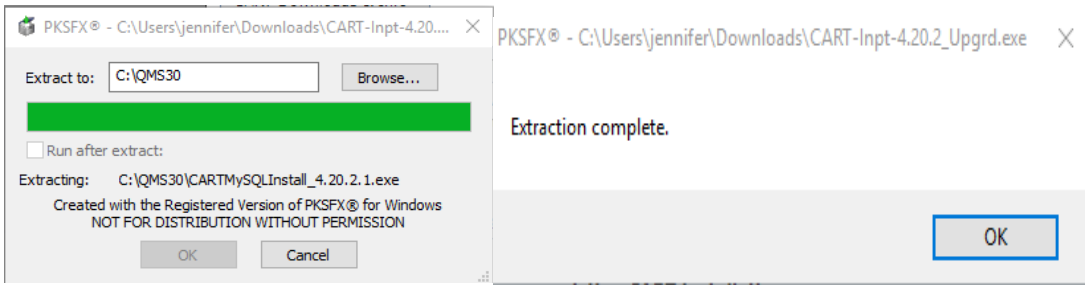


4. From the top section, titled "*Upgrading from an existing CART installation*", click on **the Download link** next to the upgrade version. The program installation file will begin downloading and will take several minutes.

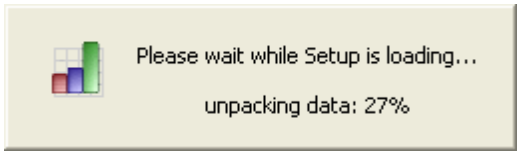


5. A *security warning window* will appear. Click **Save** to continue the installation process. Depending on web browser settings an additional security widow may appear with the choice to **Run** or Don't Run. Click **Run** to continue the installation process.

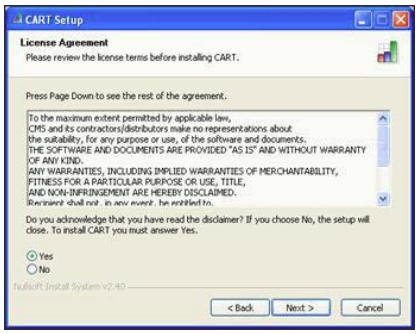
6. A zip file extractor will appear with a **Browse** option to select the download location. Use previous QMS folders for simplicity. A progress bar will appear and when complete an additional window will appear advising the files were unzipped successfully. Choose **OK** and close the *WinZip Self Extractor* box.



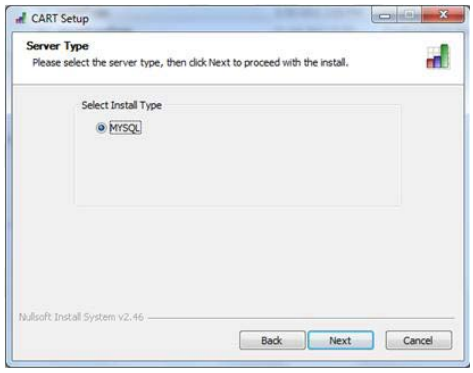
7. Go to the computer download location of the file. And click on **CARTMYSQLINSTALL*version*.**



8. The *CART Setup Wizard* will open. **Click Next.** A *License Agreement* window appears. Choose **Yes** and click **Next.**

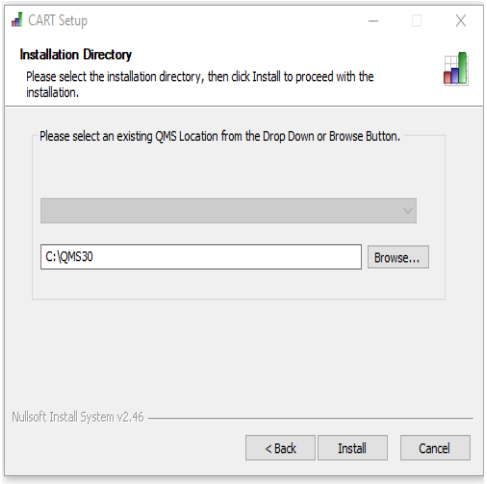


9. A *Server Type* window will open. Choose **MYSQL** and click **Next.**



10. An Installation Directory window appears. Existing QMS installation locations are listed. Select a QMS30 location from the list or click **Browse** to search. Click **Install** to continue.

11. A progress bar will appear with a message when the download has been completed.



Log in and set time frame measures The time period drop down is typically organized by module versions and updates. If you do an update to CART, you will need to select the new time period and choose measures for that. In the example screen shot below, if I still needed to enter 4Q 2017 cases, I would choose **Time Period 01/01/2017 – 12/31/2017 (1.19)** and check IQR-ED and IQR-IMM for that time period as. If you do not have measures selected for the time period you are entering, you will not be able to enter data.

12. Repeat for IP Cart module

CART Access Maintenance

See the "cheat sheet" image below for an example to organize your access information. Save a document or print hard copy and put in a CART file folder. It doesn't have to be fancy; mine is handwritten! Just remember to update when CART prompts your password to be updated (every three months).

OUTPATIENT

User ID
Password

Main: JDoe
Aqwder#1

Backup: JaneBackUp
Aqwder#1

System: opps
p@ssw0rd

INPATIENT

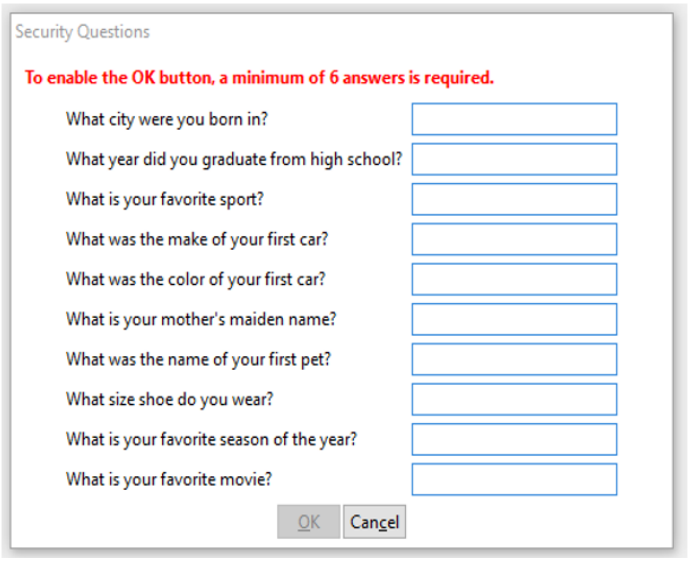
User ID
Password

Main: JDoe
Aqwder#1

Backup: JaneBackUp
Aqwder#1

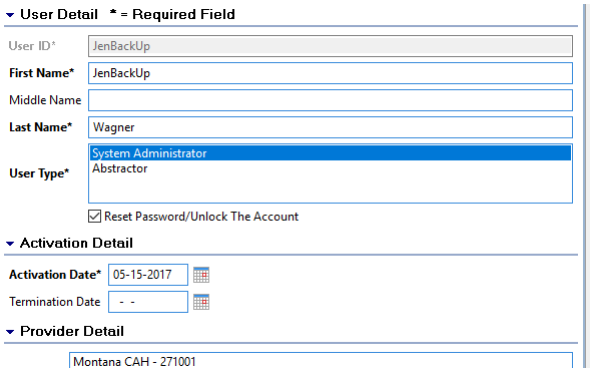
System: cart
p@ssw0rd

Use same security question answers for main and backup logins:



LOCKED OUT OF CART?

1. Select the CART login screen for the module you are locked out of (Inpatient or Outpatient)
2. Login with your back up account.
3. Go to **Administration > User** and select the User ID that is locked out. Under User Type, check the box that says **Reset Password/Unlock the Account** and **save**. Exit out of CART.



4. Log back into CART and enter the User ID that was locked out and **p@ssw0rd** for the password. The system will prompt for a new password. When a blank screen appears it is complete.
5. Log out and back in to test new password.

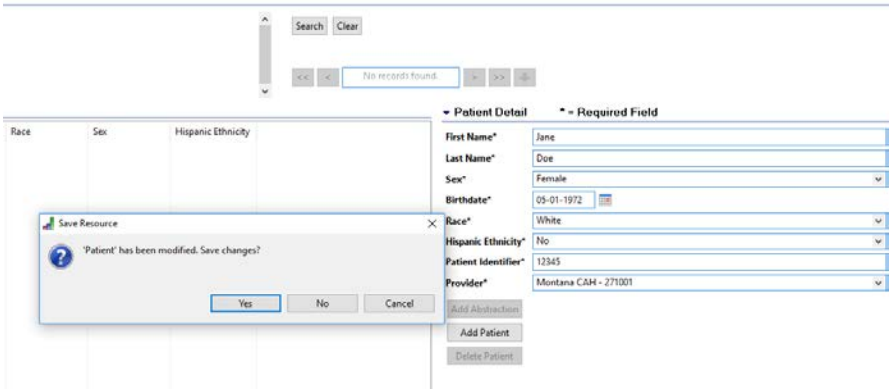
CART Entering Data & Exporting Abstractions

Tips & Tricks – Actual abstraction of data will differ for each hospital.

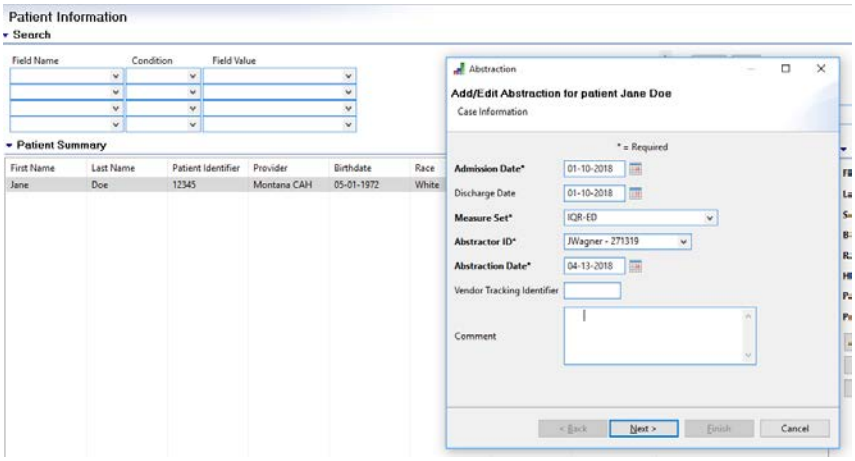
- Use two monitors and abstract directly from your EMR.
- Abstract and enter data on paper tools, then enter into CART. Paper tools can be found on the QualityNet website at the links below. Select the correct discharge period.

  Inpatient Outpatient
- Depending on report capabilities of each EMR, hospitals may be able to directly import and export data to CART or QualityNet. However, due to the difference in EMRs those steps are not included in this guide and MT Flex is working on education modules to support this process.

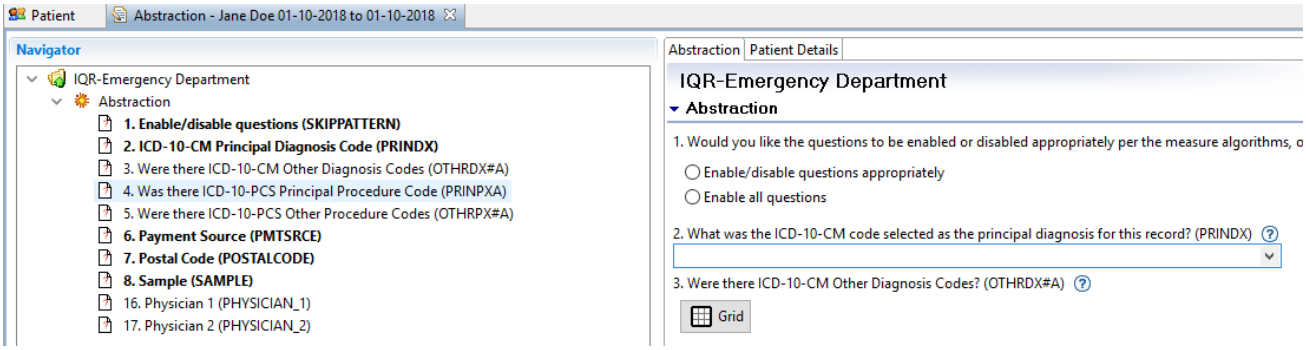
1. **Log in to the appropriate CART module.** (Example uses Inpatient ED Throughput)
2. **Enter patient details into CART.**
   a. Click on **Administration** > **Patient**
   b. Enter required patient data and click **Add Patient** and **Yes** on the pop up.



3. **Enter abstraction details for the encounter.**
   a. Double click on the Patient in the **Patient Summary** area on the left. Complete the pop up, tabbing through the fields and click **Finish**.

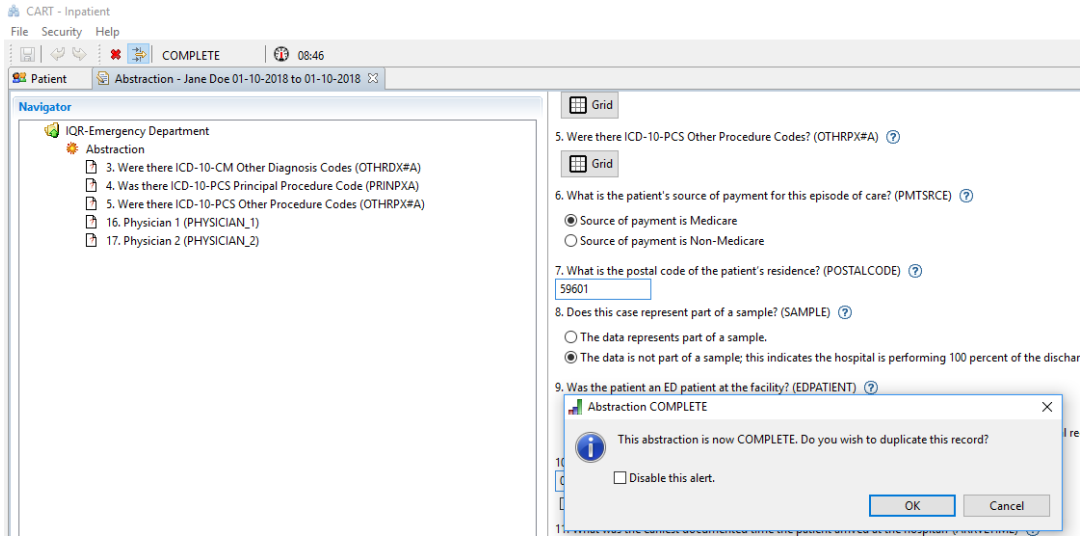


   b. Enter information for **bolded** questions. (Bolded questions are required)



- Question 1: Always choose to "**Enable/disable questions appropriately"** so you don't waste time entering unneeded data.
- ICD-10 Code: Start typing in the code and the list will begin to populate.
- Chest pain measures are the only measures that use secondary diagnosis codes. They are not required for other measures.
- Pay close attention to dates for arrival, admit, and discharge; especially if it's over midnight as this could result in an outlier if entered wrong.
- Physician Identifiers are not required. Save time and effort and only enter if being used by the facility.

c. When all required data is entered, the bolded questions on the left will disappear. Click the **Save** icon in the upper left. A pop up will appear asking if you wish to duplicate. Choose **OK** if the patient falls into another measure set. Choose **Cancel** if you are done with the patient. Close *Abstraction* window**.**

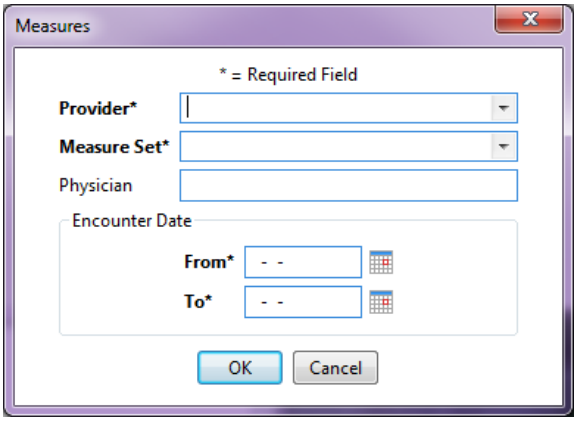


d. Repeat this process for each case.

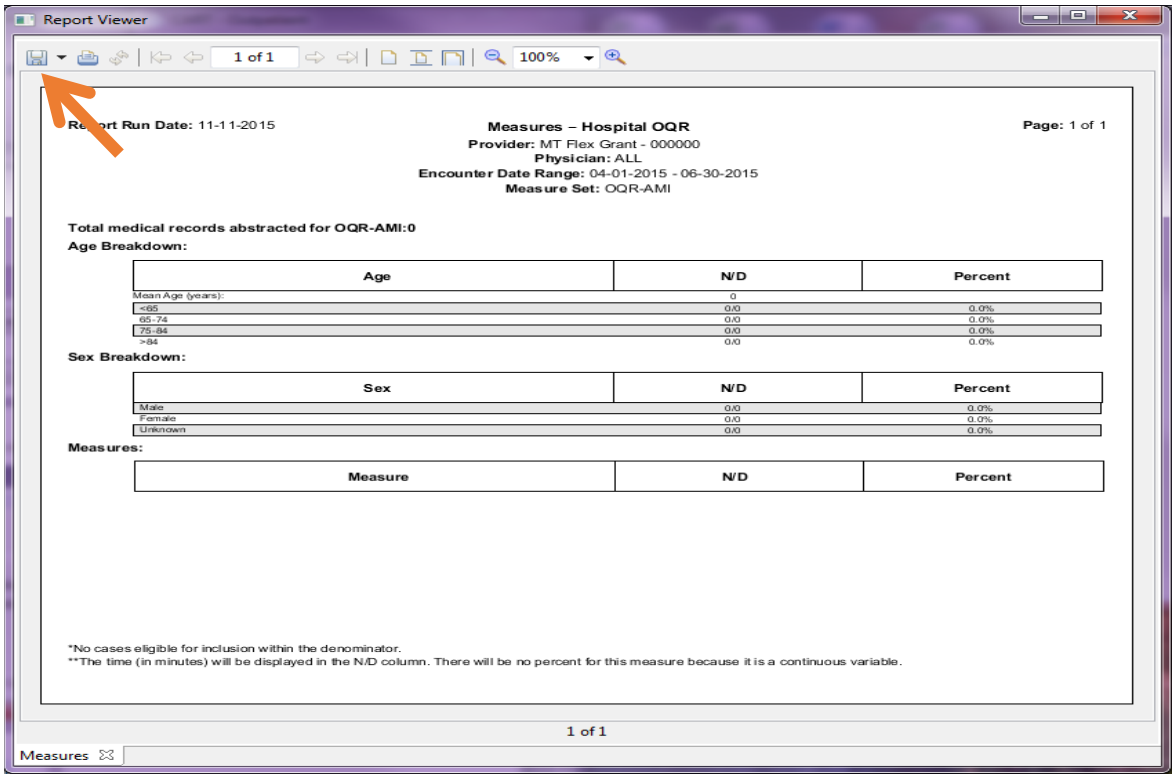
Run Reports in CART

Run summary reports in CART before uploading into QualityNet for submission. Doing this will help you identify possible errors before submission, making it easier to fix.

1. Log into the appropriate CART Module.
2. Click on Reports and choose Measures from the drop down.
3. Complete the Measures dialogue box with the following:
   Provider: Your Hospital
   Measure Set: OQR-AMI, OQR-CP, OQR-ED
   Physician: leave blank
   Encounter Date: Date range for the month or quarter data is requested.

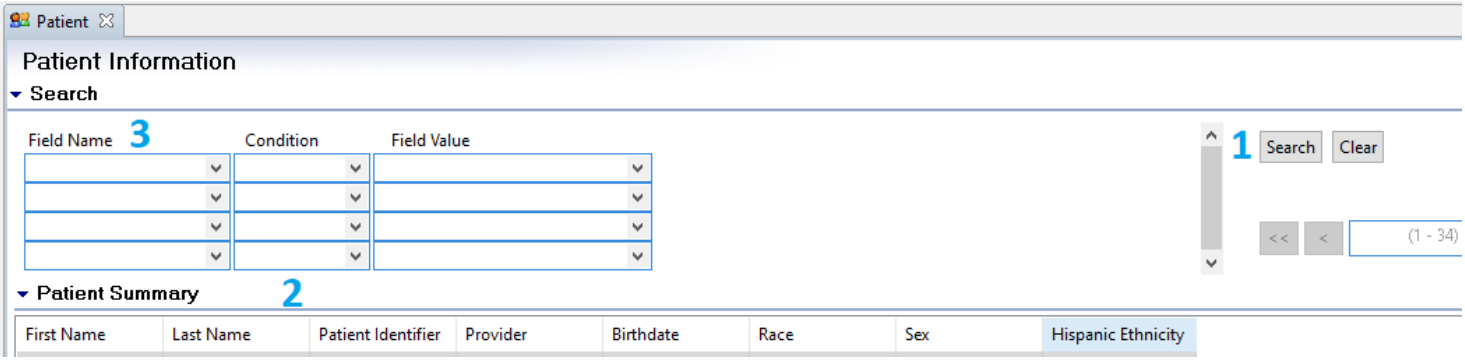


4. Click OK and the Report Viewer screen will appear with the report for the requested measure. The example screen shot is blank so to keep hospital data confidential.
5. Click on the save icon indicated by the arrow and choose Export as PDF.



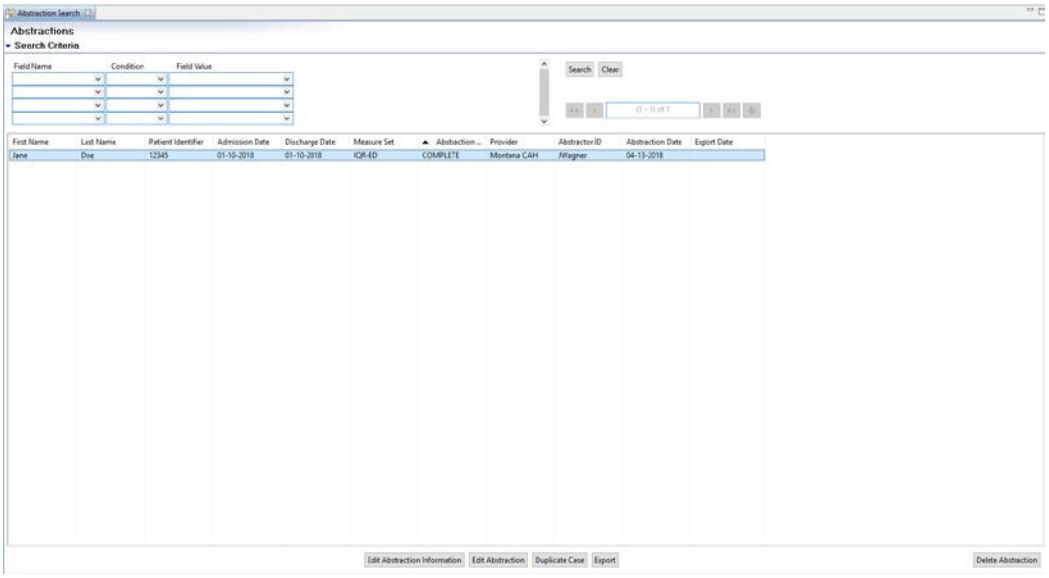
Edit & Access Patient and Abstraction Data

1. **Search By Abstraction**
    a. By just clicking **Search** at the top, all current abstractions will come up.
    b. Click on the field heading in **Patient Summary** to sort abstractions.
    c. You can also enter specific data to search for.
    d. Double click on the patient/abstraction to edit.



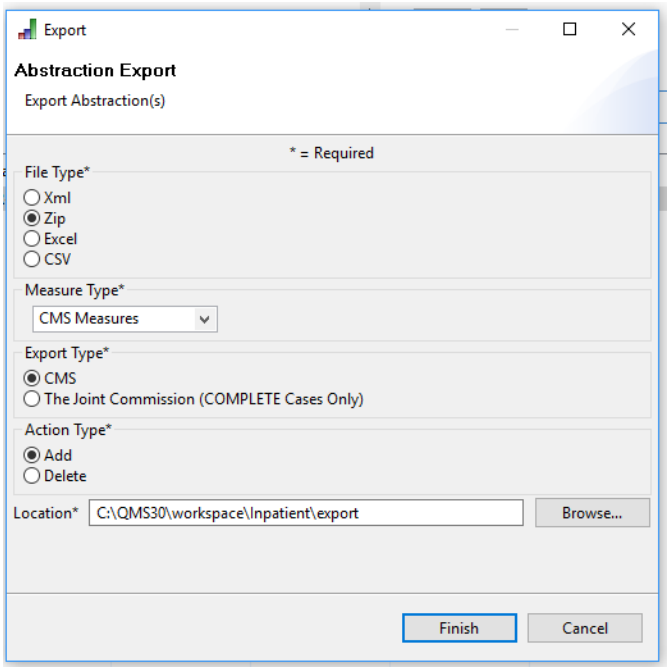
Export Abstractions

1. **Search for abstractions.**
    a. Click on **Abstraction** drop down, then **Search**. Then click on the **Search** button. All abstractions will appear.
    b. Highlight abstractions to export. Click on column headers to sort if needed.

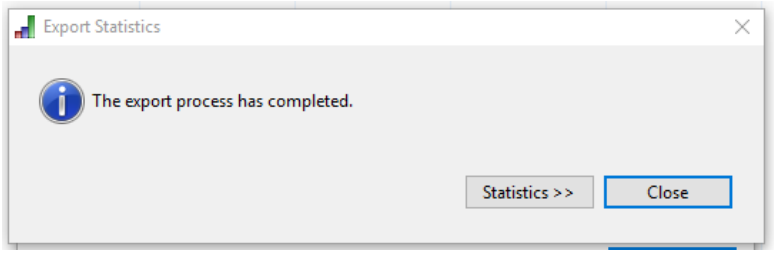


2. **Export Abstractions**
    a. Click on Export and an Export pop up will appear.
    b. Choose **Zip** as file type and Browse to the appropriate location on your own computer system. Everything else will stay the same. Make note of the file path to access the export when you upload into

QualityNet.



c. A pop up indicating "*The export process has completed"* will appear, click **close**. Some users may get an additional pop up asking if you would like files to be uploaded to the data warehouse now. You can choose yes or no; choosing **Yes** will open the **QualityNet website.**



Getting Started in QualityNet

As of Summer, 2020 users can access file upload in QualityNet through the HARP sign in; previously the QualityNet Secure Portal.

1. **Create HARP Sign In**
   a. HCQIS Access Roles and Profile page at https://harp.qualitynet.org/.
   b. Log into HARP Sign In at https://hqr.cms.gov/hqrng/login with your HARP user name and password.
   c. Set up at least one QualityNet Security Administrator (SA). It is highly recommended that hospitals designate at least two QualityNet SAs – one to serve as the primary QualityNet SA and the other to serve as backup.
   d. Go to **My Profile** (Under your User Name in the upper right).
   e. From this page, you can **Request** access, and **View Current Access**.
   f. Select **Basic User** or **Security Administrator/Official** when prompted to select a user type.
   g. Select your required permissions and click **submit an access request**.
   h. You will be notified by email when your request has been approved.

2. **Access the HARP Sign In (formerly QualityNet Secure Portal)**
   For access to the complete the Enrollment Process. As part of the process, you'll be asked to change your password and answer a set of security questions

3. **Maintain an Active QualityNet Security Administrator (SA)**
   Hospitals are required to maintain an active QualityNet SA. To maintain an active account it is recommended that QualityNet SAs log into their account at least once per month. If an account is not logged into for 120 days it will be disabled. Once an account is disabled, the user will need to contact the QualityNet Help Desk to have their account reset.

4. **Complete a Notice of Participation (NoP)**
   In order for a hospital to have their inpatient data publicly reported, a NoP must be completed. The inpatient NoP is not required for participation in the Medicare Beneficiary Quality Improvement Project (MBQIP), but must be completed for data submitted to QualityNet to appear on Hospital Compare. To verify if your hospital has completed a NoP, or needs to complete a NoP for the first time:
      a. Log into the HARP Sign In
      b. On the left navigaction pane select **Administration,** then **Notice of Participation**
      c. From here, you can view the NOP Status for your programs, choose to participate, not participate, or request withdrawal. You can also change the contact information for your facility NOP. Once your hospital's NoP is accepted, it remains active unless your hospital changes its pledge status.

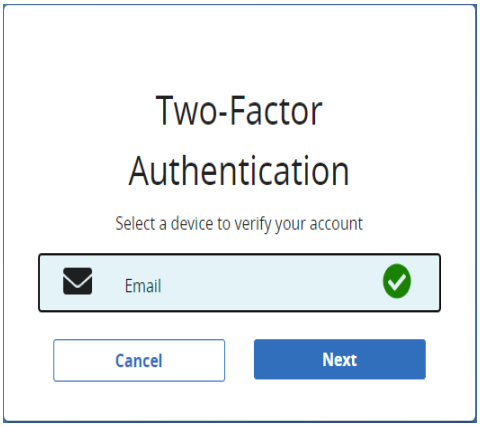
   Note – A NoP is no longer required for outpatient data. Such data will automatically be made publicly available unless it meets data suppression requirements set forth by Hospital Compare.

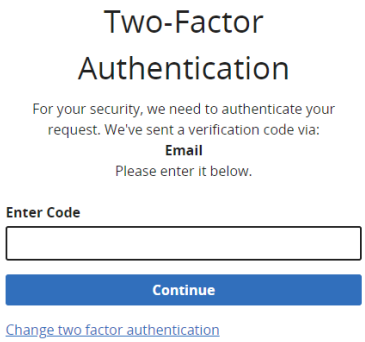
Submitting Data to QualityNet (aka the CMS Warehouse)

1. **Submit Data to the CMS Warehouse (QualityNet)**
   Clinical data submission is accomplished in one of two ways: uploading from Outpatient CART or by a third party vendor. Third party vendors must be able to meet the Measurement Specifications for data transmission via the HARP Sign In (formerly QualityNet Secure Portal) to the CMS Clinical Warehouse. Data Submissions must be timely. Refer to each domain/measure for timeframes.

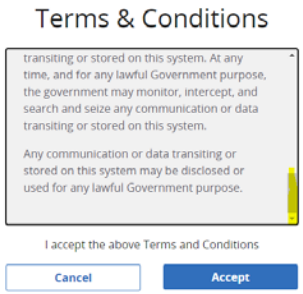
   a. Go to the HARP Sign In (https://hqr.cms.gov/hqrng/login), enter your credentials and click on **Login.**

   b. Verify 2-factor authentication



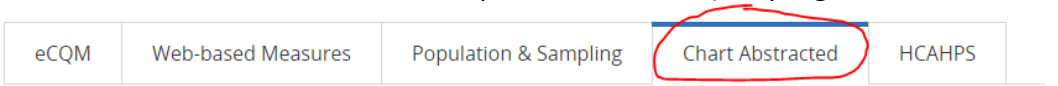


c. Scroll to the bottom of **Terms and Conditions** and click **Accept**.



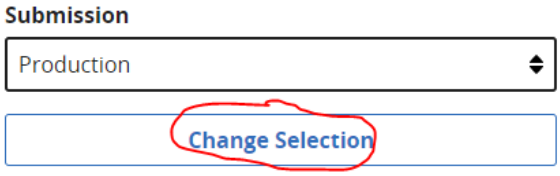
d. Click on in the left side navigation panel for **Data Submission.**

e. Choose **Chart Abstracted** from the top tabbed menu. (the program defaults to eCQM)



\

f. Change "**Submission"** from Test to **Production** in the drop down and click **Change Selection** to save this submission type.



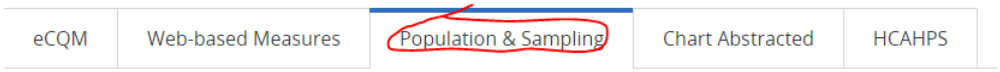
g. Click on and follow the prompts to upload files.

h. When the upload process is complete, you will get an email that indicates **Accepted/Rejected** status and the status in the portal will show as .

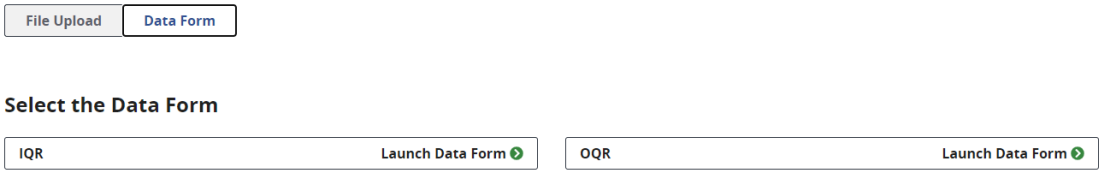
2. Population & Sampling Submission (aka Zero Cases)

a. Reporting population data for measure sets with no cases is important to the story of rural relevant measures AND to meeting MBQIP participation requirements.

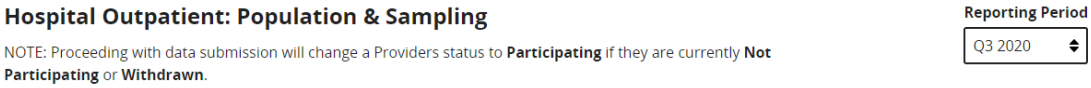
b. While in the **HARP Sign In**, choose **Population & Sampling** from the top tabbed menu.



c. Click on **Data Form**, then **Launch Data Form** for **OQR.**



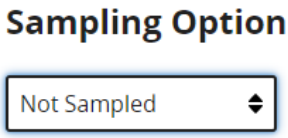
d. Select the appropriate **Reporting Period** from the drop down in the upper right.



e. Click on

to the right of the measure set you are reporting on. Specifically for MBQIP we are only looking at reporting if there are zero encounters for the metric. CAHs are not required to submit all population data. We would expect that OQR-AMI would be the only set that this information will be submitted for. All CAHs should have ED populations for OQR-ED Throughput, and OQR-Stroke is voluntary and not part of the measure set.

f. Under **Sampling Option,** choose **Not Sampled or N/A submission not required.**



g. Put **0** in all Population and Sampling Fields

Population

All fields must be filled in. If you have no data for a particular item, you must put in '0'.

	July	August	September	Total
Medicare				0
Non-Medicare				0
Total	0	0	0	**0**

Sampling

All fields must be filled in. If you have no data for a particular item, you must put in '0'.

	July	August	September	Total
Medicare				0
Non-Medicare				0
Total	0	0	0	**0**

h. Click

. If successful it will show as

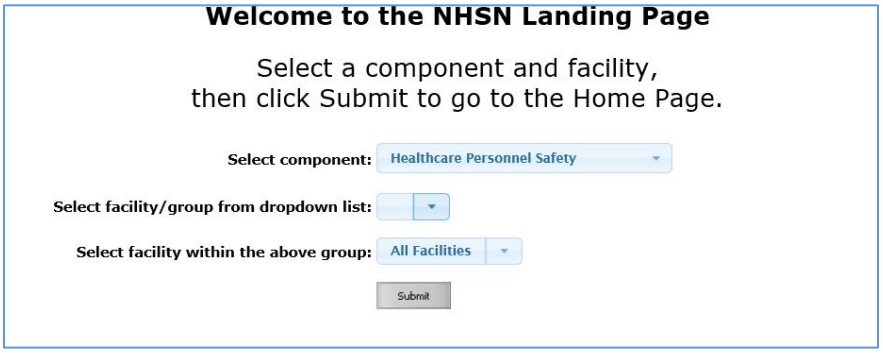
National Health Safety Network (NHSN)

1. **Enroll in NHSN**

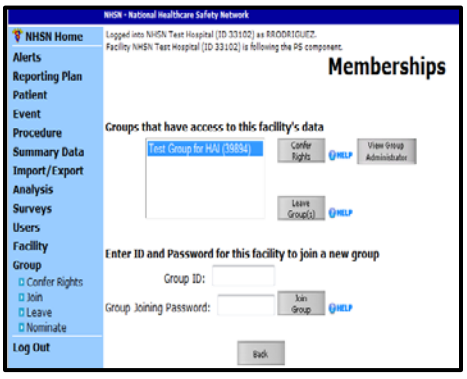
2. **Follow NHSN Components**
   a. Log into: **https://nhsn2.cdc.gov/nhsn.** This will take you to the NHSN Landing Page
   b. Select any Component.
   c. On the left blue side bar choose Facility, then Add/Edit Component.
   d. Check Patient Safety and Healthcare Personnel Safety. You may be prompted to enter a contact for each component. You can enter an existing user or add a user by:
      - Click on Users on left blue side bar and then "Add".
      - Complete User ID (created by the facility), First Name, Last Name, Email.
      - Save user and "Edit User Rights" screen will appear. Confer appropriate rights.

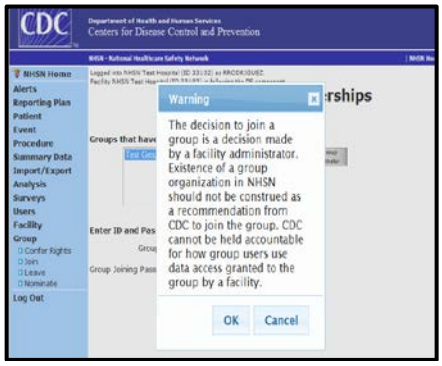
3. **Join MHA User Groups (Flex and HIIN Data)**
   These steps must be performed by a facility's NHSN administrator. Contact nhsn@cdc.gov if you do not know your facility's NHSN administrator or if you have technical issues with NHSN. You will need to complete the process for **each** the Healthcare Worker Immunization Component and Patient Safety Component

4. Joining the MT Flex/HIIN Group in NHSN – Healthcare Personnel Safety Component
   a. Log into NHSN and select the Healthcare Personnel Safety (MT Flex/MBQIP)



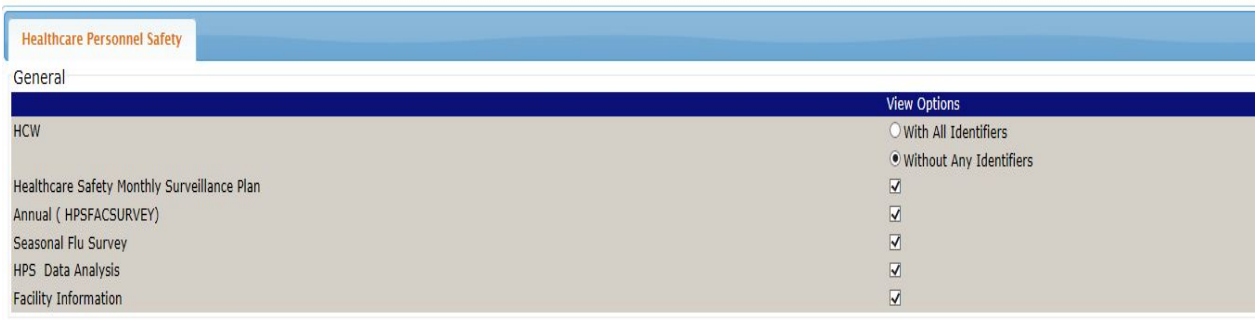
   b. In the left column, click on Group, then Join. This will take you to the Memberships screen. Enter the Group ID 44933 and Group Joining Password flexhen. Click Join Group. A pop-up warning message will appear. Click ok. You have now joined the group.



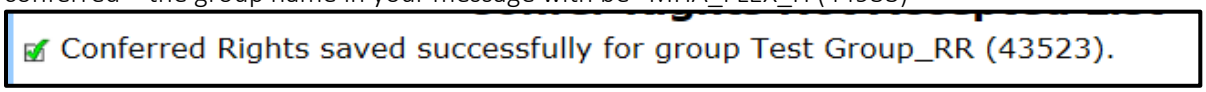


c. MT Flex Group Data Template: On the next screen, (Confer Rights-Patient Safety), you will be able to review the data to which the MT Flex group will have access. Scroll down the screen to review the confer rights template.

d. Under the section titled "General," the template shows the MT Flex group will have access to: Patient data with NO identifiers, Healthcare Safety Monthly Surveillance Plan, Annual (HPSFACSURVEY), Seasonal Flu Survey, HPS Data Analysis, Facility Information

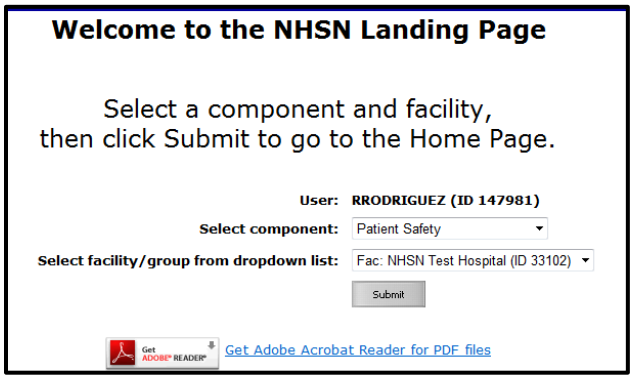


e. To accept the reporting template and confer rights to your data to the MT HEN 2.0 group, please press "Accept" at the bottom of the page. You will receive a message saying your rights have successfully been conferred – the group name in your message with be "MHA_FLEX_H (44933)"

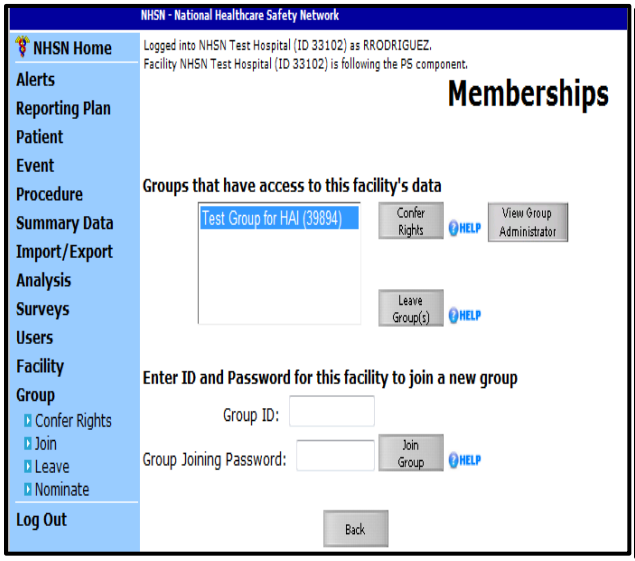


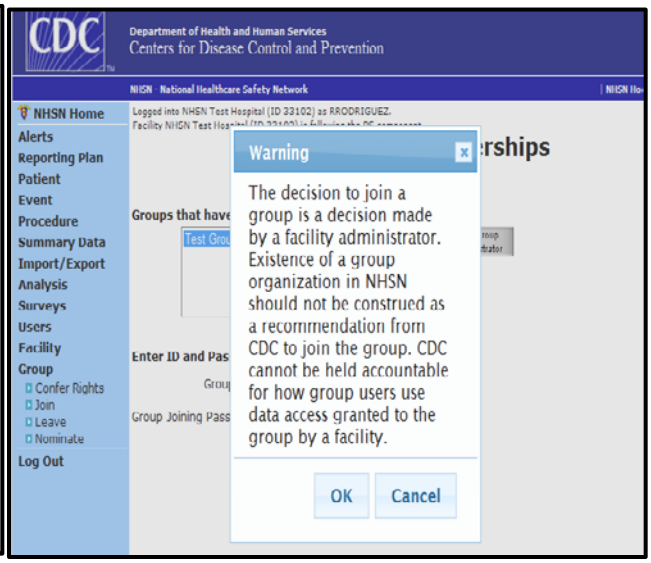
5. Joining the MT Flex/HIIN Group in NHSN – Patient Safety Component

a. Log into NHSN and select the Patient Safety Component (HIIN)



b. In the left column, click on Group, then Join. This will take you to the Memberships screen. Enter the **Group ID 44933** and Group Joining Password **flexhen.** Click Join Group. A pop-up warning message will appear. Click ok. You have now joined the group.





c. Patient Safety Group Data Template

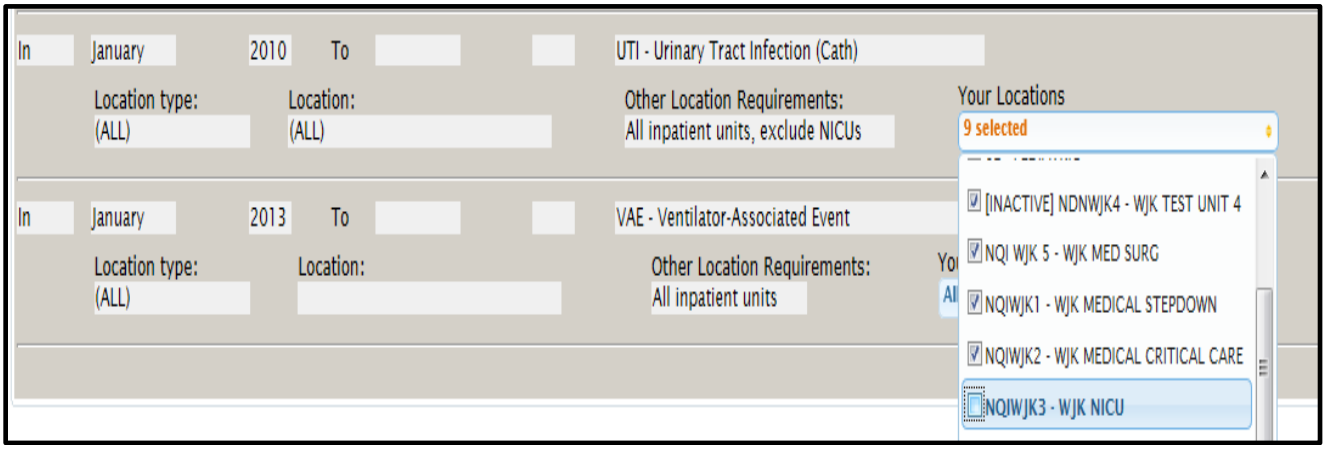
d. On the next screen, (Confer Rights-Patient Safety), you will be able to review the data to which the MHA will have access. Scroll down the screen to review the confer rights template. Under the section titled "General," the template shows the MHA will have access to: Patient data with NO identifiers, Monthly Reporting Plans, Rights to analyze your data, Facility Information, Hospital survey data

e. 3) For "Infections and Other Events" the MHA will have access to:

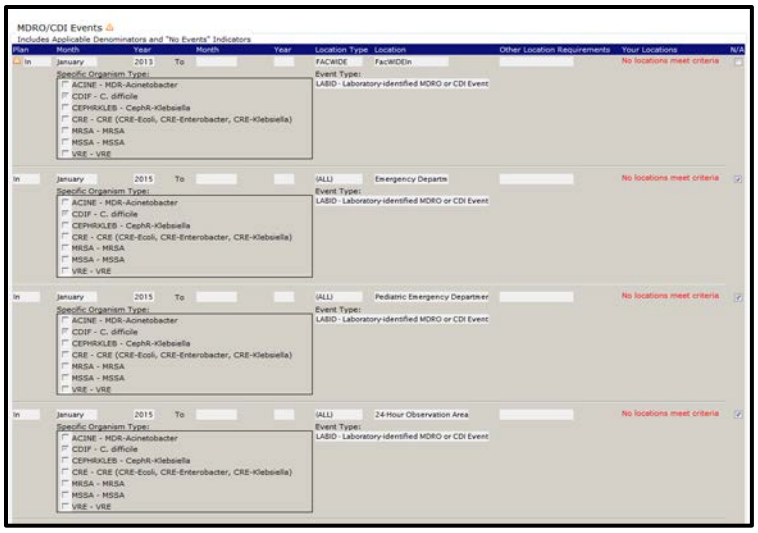
Infection / Event	From where?	Time frame	Note
A. Central-line associated bloodstream infection (CLABSI)	All inpatient locations	2010 through the end of HIIN	
B. Surgical Site Infection (SSI)	All inpatient locations	2010 through the end of HIIN	The MT HIIN will have access to data on all inpatient procedures that you have entered into NHSN. At a minimum you must report data on colon surgeries (COLO), abdominal hysterectomies (HYST), total hip replacements (HPRO) and total knee replacements (KPRO).
C. Catheter-associated urinary tract infection (CAUTI)	All inpatient locations except NICUs	2010 through the end of HIIN	
D. Ventilator-associated event (VAE)	All inpatient locations	2013 through the end of HIIN	

- MT HIIN expects data from all inpatient locations. For CAUTI, if you are a facility with NICUs, please exclude these locations from the CAUTI section (section c above).

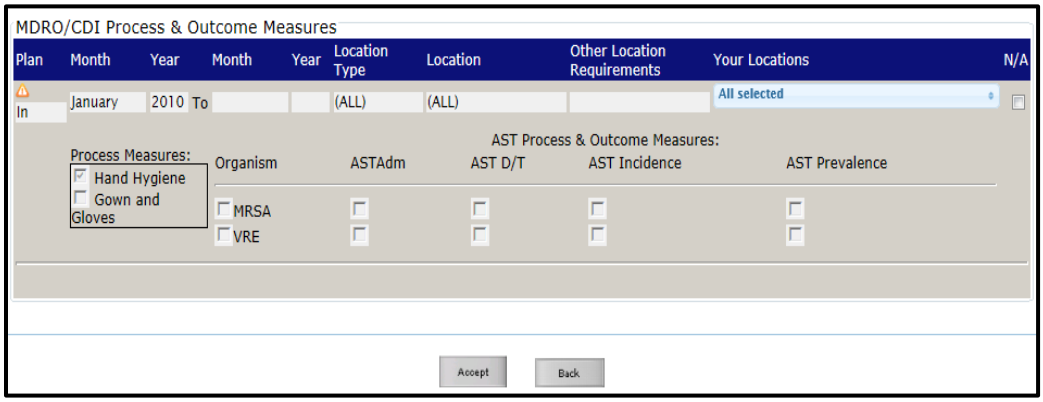
- To exclude locations, click the arrow in the "Your locations" box and de-select that location. In the example below, location NQIWJK3 – WJK NICU has been de-selected for CAUTI and the MT HIIN will not have access to CAUTI data from that location.



- Under MDRO/CDI events MT HIIN is asking for C. difficile laboratory ID events for the FACWIDEIN location from 2013 until the end of the project. FACWIDEIN refers to all of the facility's inpatient units. Note: if you get an error message under "Your Locations" that says "No locations meet criteria," please ignore it.



- Under MDRO/CDI Process & Outcome Measures, MT HIIN is asking for the Hand Hygiene process measure from all locations from 2010 until the end of the project.



f. To accept the reporting template and confer rights to your data to the MHA, please press "Accept" at the bottom of the page. You will receive a message saying your rights have successfully been conferred – the group name in your message with be "MHA_FLEX_HEN (44933)"

PIN
Montana Flex
PERFORMANCE IMPROVEMENT NETWORK
A PROGRAM OF MHA

CARE TRANSITIONS

Emergency Department Transfer Communications

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Emergency Department Transfer Communication (EDTC)

Required
1: Home Medications
2: Allergies and/or Reactions
3: Medications Administered in the ED
4: ED Provider Note
5: Mental Status/Orientation Assessment
6: Reason for Transfer and/or Plan of Care
7: Tests and/or Procedures Performed
8: Tests and/or Procedure Results
All-EDTC: Composite of all8 data elements

1. **Identify Measure Population**
   Hospitals need to identify which Emergency Department cases fit in the measure population for reporting. The information on how to determine the patient population for the measure is found on the Population and Sampling page of the EDTC Data Specifications Manual available here.

MBQIP Training Audio: EDTC Data Specifications Overview
A guided overview of how to abstract the EDTC measure using the Data Specifications Manual. We recommend having the manual open to follow along. (28-minute video)

2. **Abstract the EDTC Measure Data**
   Hospitals must chart abstract the EDTC data elements to determine the numerator and denominator for the MBQIP program submission on a quarterly basis. Data can be collected via a tool from a vendor or by the use of an Excel-based data collection tool. MT Flex provides three data abstraction tool options, along with instructions, that can be found here. The preferred method is Option 1 EDTC Excel Tool available at the link.

3. **Submit the EDTC Data**
   Numerator and denominator data is submitted via email to the MT Flex Program (email: jennifer.wagner@mtha.org). You may submit the entire data file or a PDF of the quarterly report.

Data Submissions Must Be Timely!

ED Transfer Communications	Q1	Q2	Q3	Q4
Submit All Data to the MT Flex	May 1	August 1	November 1	February 1

QUICK LINKS
EDTC Tool Instructions .....Guide: Page 41
EDTC Population ..... Appendix A-1
EDTC Data Specifications Manual [2019; Stratis Health] ..... Appendix B-1
EDTC Paper (Individual Case) Tool .....Appendix C-1
EDTC on the MT PIN Website
ED Transfer Communication Best Practices Toolkit [2018; Cynosure Health]

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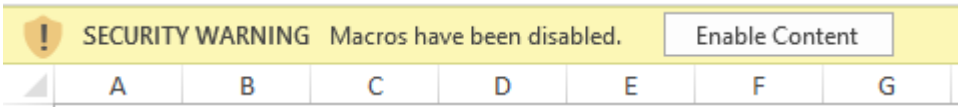
EDTC Data Collection Tool Instructions

MT Flex has made subtle changes to the tool provided by Stratis Health in order to meet desires of Montana CAHs. MT Flex would like to give full credit to Stratis Health for development of the tool and the instruction manual. Original documents can be found here.

1. Access the tool on the PIN Website EDTC page. ***You will only need one tool for each calendar year.***
   - Right click on the file.
   - Select "Save As"
   - Choose the location it will be easiest for you to find the tool; click save.
   - The tools requires the use of Macros to run. When you open the file for the first time click on the "Enable Content" button to enable Macros.

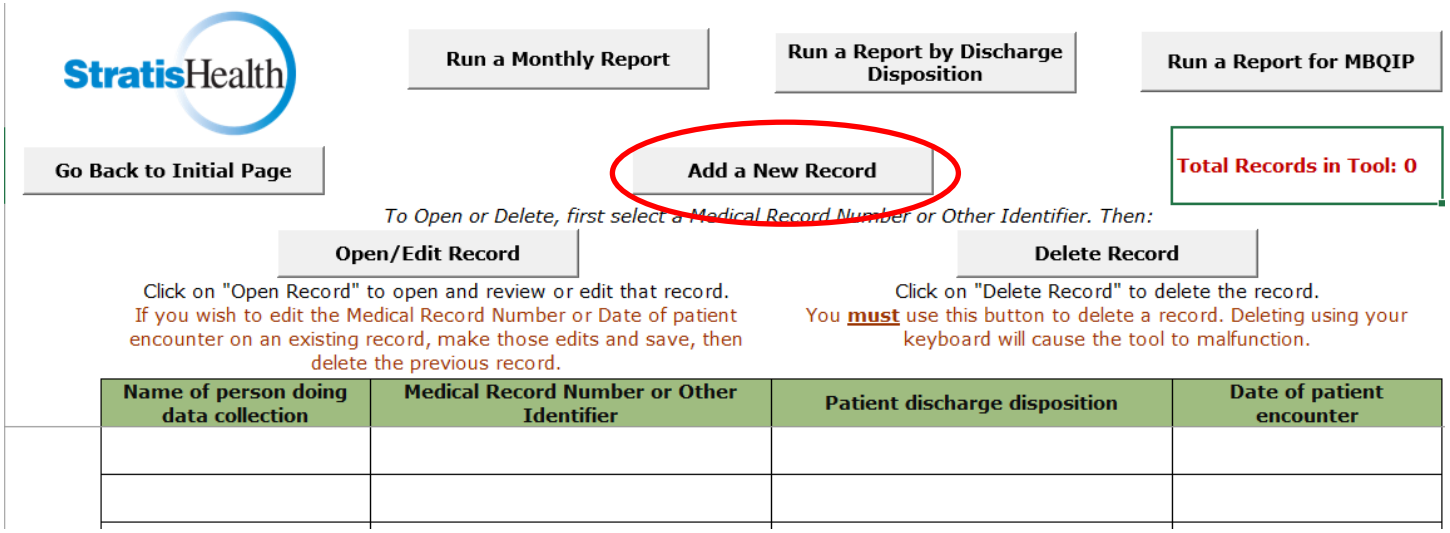


2. Once Macros are enabled you will see this screen

3. Enter the CAH Name and **Click here to start data collection.**

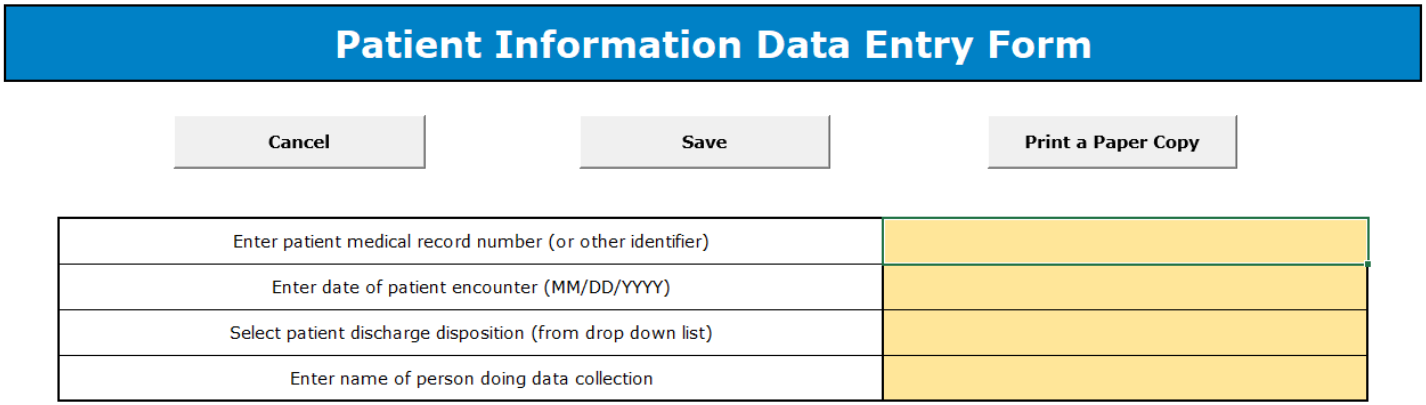
Adding a new record

You will be taken to the **Patient List** page. Click on **Add a New Record Button.**

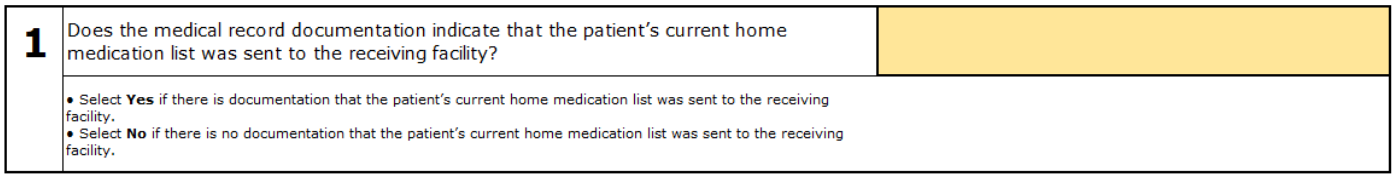


This will bring you to the **Patient Information Data Entry Form**. There are two sections to the Patient Information Data Entry Form.
In the top section (see next screenshot):

- **Cancel button**: Use this if you wish to cancel data entry. The tool will ask, “Are you sure you want to cancel without saving?” in case you hit this button accidentally.
- **Save button**: Use this to save data entry.
- **Print a Paper Copy button**: Use this to open a print preview of the entire data entry form that you can then send to a printer.
- **Enter patient medical record number (or other identifier) [REQUIRED]:** This is also for your own reference to use in tracking which transfers have been entered.
- **Enter date of patient encounter (MM/DD/YYYY) [REQUIRED]:** Enter the date for the patient transfer encounter in this yellow box.
- **Select patient discharge disposition (from drop-down list) [OPTIONA]:** Click on the yellow box next to this item for a list of the drop-down options. Use the scroll bar in the drop-down list to see all options (per screenshot below).
- **Enter name of person doing data collection [OPTIONAL]:** This is for your own reference in case multiple people are abstracting or entering data.



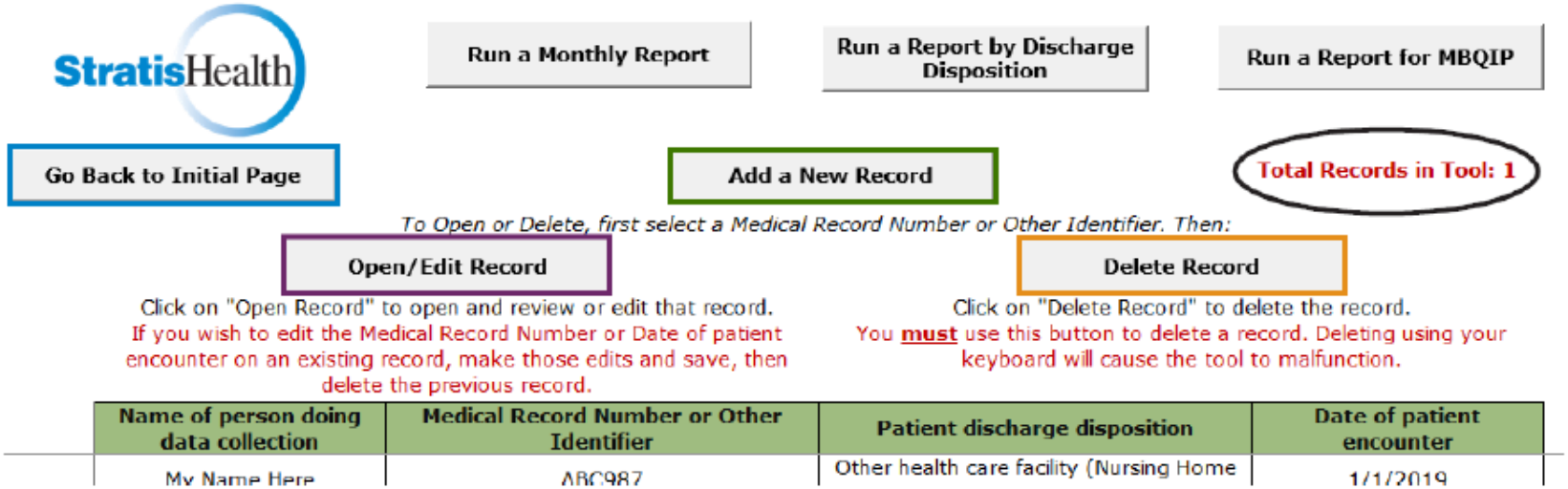
In the next section (see next screenshot), each of the eight yellow boxes has the options Yes, No, and (where pertinent) Not Applicable. Make sure you are utilizing the latest version of the specifications manual to answer each of the eight abstraction questions.



Once each required box is completed on the **Patient Information Data Entry Form,** click Save and choose to add to Database. If a required field has been missed a pop-up will appear. If you inadvertently enter a record that already exists, you will receive a notification message.

PATIENT LIST PAGE

A summary of the entered data will appear on the **Patient List Page. To make changes use the Open/Edit Record or Delete Record buttons described below.**



Go Back to Initial Page

Clicking this will take you back to the Initial Page. You shouldn't need to do this unless you need to update the name of your Critical Access Hospital or CCN (unlikely).

Add a New Record

Whenever you wish to add a new record, click here.

Open/Edit Record

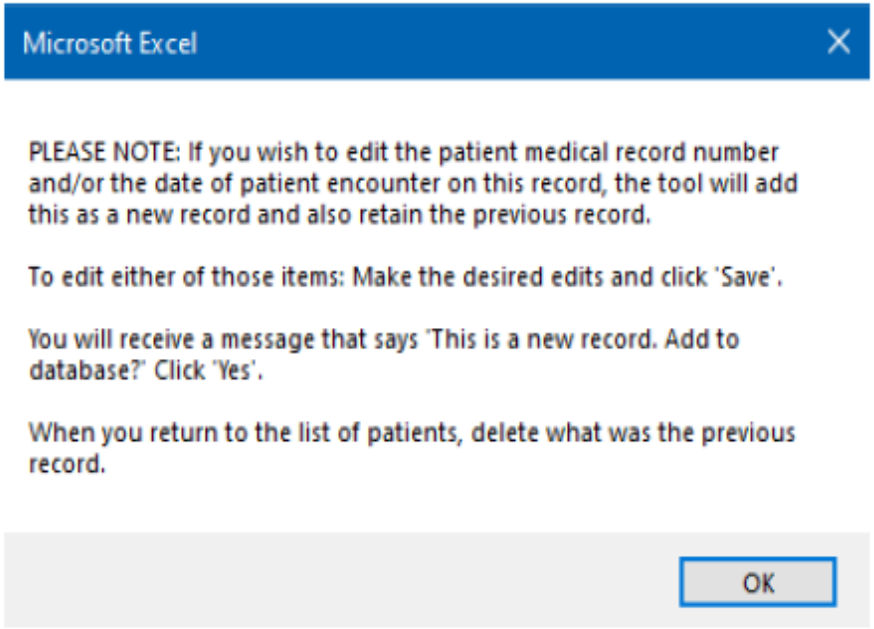
*Once you have entered a record, click on a medical record number in the record list and then click "Open/Edit Record" if you need to revisit or edit that record.

Delete Record

Click on a medical record in the record list and then click "Delete Record" if you wish to delete it. Use this button, NOT your keyboard, to delete the record.

*Important Open/Edit Record details

If you click "Open/Edit Record," you will receive the following message:

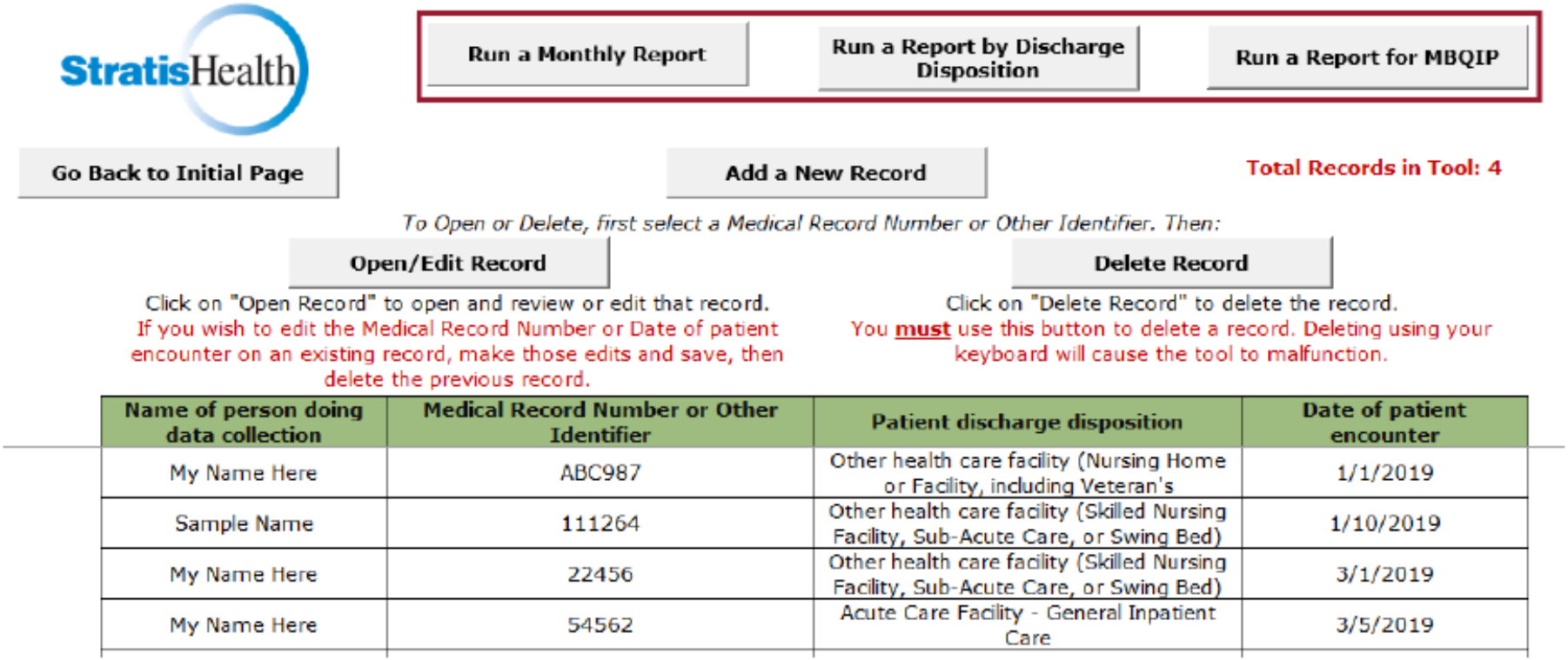


To edit anything except the Medical Record Number (or other identifier) and/or Date of patient encounter, simply make the edits desired and then click "Save." The tool will prompt you to verify that you wish to save since saving will overwrite the existing record. Click "Yes" to retain the edits or "No" to cancel out of the edits.

If you edit the Medical Record Number (or other identifier) and/or Date of patient encounter when you click "Save," the tool will consider the record a new record. This is working correctly! When you return to the **Patient List page**, just make sure to delete what was the previous record.

Running Reports

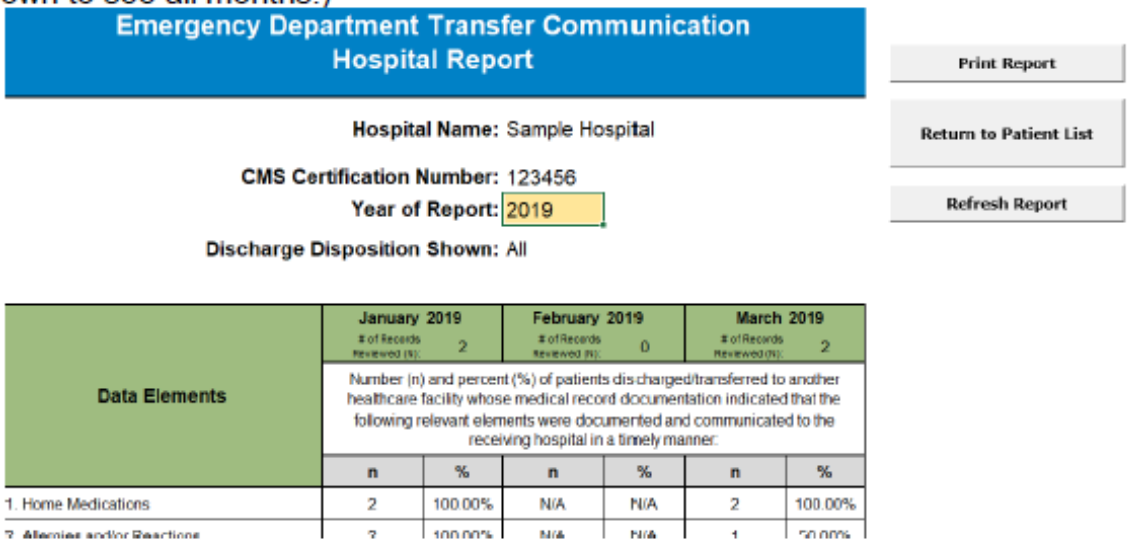
At any time, you can run one of three reports from the **Patient List page**:



Name of person doing data collection	Medical Record Number or Other Identifier	Patient discharge disposition	Date of patient encounter
My Name Here	ABC987	Other health care facility (Nursing Home or Facility, including Veteran's	1/1/2019
Sample Name	111264	Other health care facility (Skilled Nursing Facility, Sub-Acute Care, or Swing Bed)	1/10/2019
My Name Here	22456	Other health care facility (Skilled Nursing Facility, Sub-Acute Care, or Swing Bed)	3/1/2019
My Name Here	54562	Acute Care Facility - General Inpatient Care	3/5/2019

Monthly Report

This report provides a monthly snapshot of performance using all data entered to-date, for a calendar year of your choice. (After running the report, scroll down to see all months.)



Emergency Department Transfer Communication Hospital Report

Print Report | Return to Patient List | Refresh Report

Hospital Name: Sample Hospital

CMS Certification Number: 123456

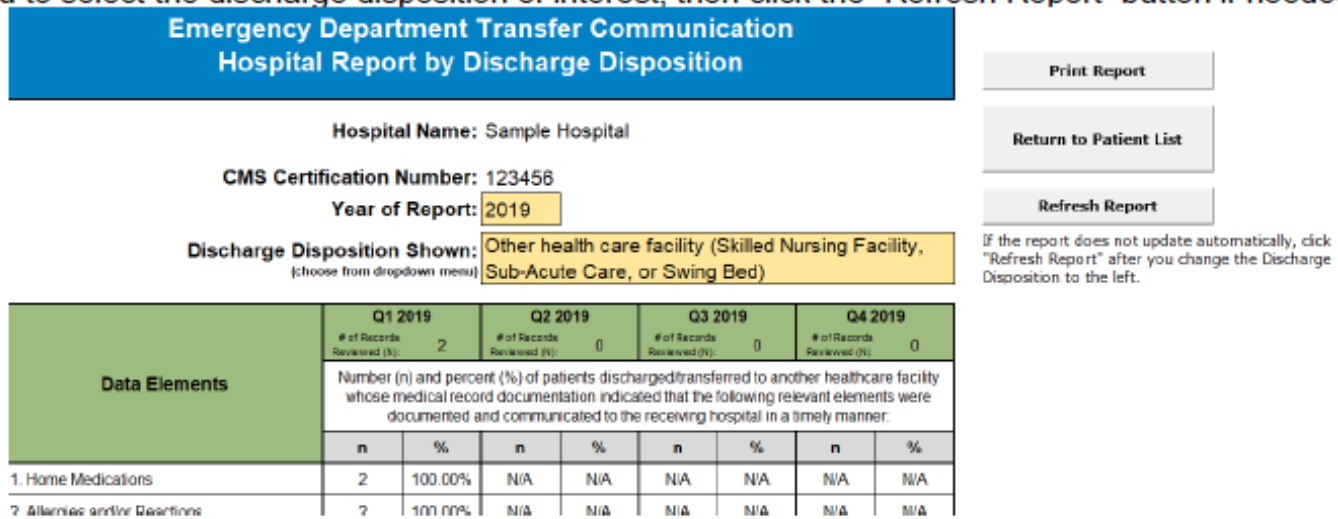
Year of Report: 2019

Discharge Disposition Shown: All

Data Elements	January 2019 # of Records Reviewed (N): 2		February 2019 # of Records Reviewed (N): 0		March 2019 # of Records Reviewed (N): 2	
	Number (n) and percent (%) of patients discharged/transferred to another healthcare facility whose medical record documentation indicated that the following relevant elements were documented and communicated to the receiving hospital in a timely manner:					
	n	%	n	%	n	%
1. Home Medications	2	100.00%	N/A	N/A	2	100.00%
2. Allergies and/or Reactions	2	100.00%	N/A	N/A	1	50.00%

Report by Discharge Disposition

This report provides a quarterly snapshot of performance using data limited to one discharge disposition (e.g., 'Hospice – healthcare facility,' or 'Other health care facility (Skilled Nursing Facility, Sub-Acute Care, or Swing Bed'), for a calendar year of your choice. Use the dropdown menu to select the discharge disposition of interest, then click the "Refresh Report" button if needed.



Emergency Department Transfer Communication Hospital Report by Discharge Disposition

Print Report | Return to Patient List | Refresh Report

If the report does not update automatically, click "Refresh Report" after you change the Discharge Disposition to the left.

Hospital Name: Sample Hospital

CMS Certification Number: 123456

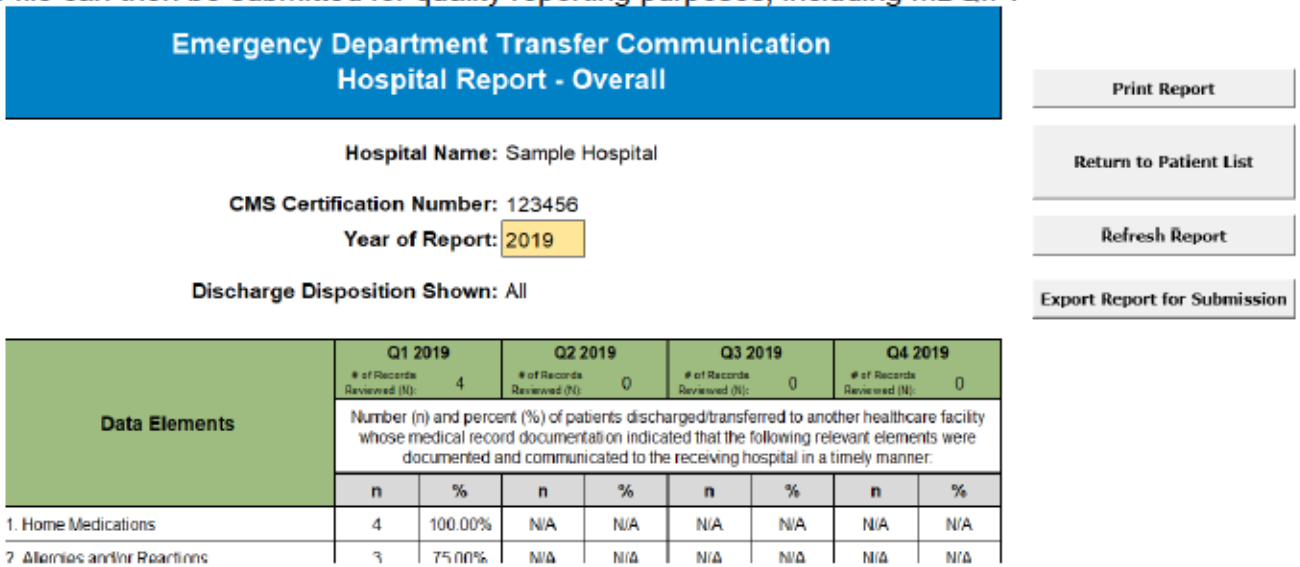
Year of Report: 2019

Discharge Disposition Shown: (choose from dropdown menu) Other health care facility (Skilled Nursing Facility, Sub-Acute Care, or Swing Bed)

Data Elements	Q1 2019 # of Records Reviewed (N): 2		Q2 2019 # of Records Reviewed (N): 0		Q3 2019 # of Records Reviewed (N): 0		Q4 2019 # of Records Reviewed (N): 0	
	Number (n) and percent (%) of patients discharged/transferred to another healthcare facility whose medical record documentation indicated that the following relevant elements were documented and communicated to the receiving hospital in a timely manner:							
	n	%	n	%	n	%	n	%
1. Home Medications	2	100.00%	N/A	N/A	N/A	N/A	N/A	N/A
2. Allergies and/or Reactions	2	100.00%	N/A	N/A	N/A	N/A	N/A	N/A

Report for MBQIP

This report provides a quarterly snapshot of performance using all data entered to-date, for a calendar year of your choice. This report page also includes an option to export the report into a basic, unformatted Excel file stripped of all unnecessary details and potential PHI. The file can then be submitted for quality reporting purposes, including MBQIP.



Emergency Department Transfer Communication
Hospital Report - Overall

Print Report | Return to Patient List | Refresh Report | Export Report for Submission

Hospital Name: Sample Hospital

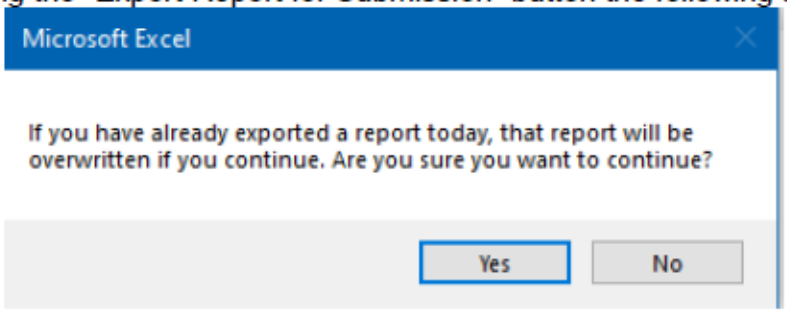
CMS Certification Number: 123456

Year of Report: 2019

Discharge Disposition Shown: All

Data Elements	Q1 2019 # of Records Reviewed (N): 4		Q2 2019 # of Records Reviewed (N): 0		Q3 2019 # of Records Reviewed (N): 0		Q4 2019 # of Records Reviewed (N): 0	
	Number (n) and percent (%) of patients discharged/transferred to another healthcare facility whose medical record documentation indicated that the following relevant elements were documented and communicated to the receiving hospital in a timely manner:							
	n	%	n	%	n	%	n	%
1. Home Medications	4	100.00%	N/A	N/A	N/A	N/A	N/A	N/A
2. Allergies and/or Reactions	3	75.00%	N/A	N/A	N/A	N/A	N/A	N/A

Use the "Export Report for Submission" button to export the report as a basic, unformatted Excel file stripped of all unnecessary details and potential PHI. Upon clicking the "Export Report for Submission" button the following message will appear:



If you click "Yes," the report will be exported to the same file location as where your tool is stored. If you click "No," no report will be exported.

The report exported from the "Export Report for Submission" button will be named with the naming convention:

> **Flex Report – *Your 6-digit CCN here* – *DDMonYYYY*** (date report was run, where DD is the day, Mon is the 3-letter abbreviation for the month, and YYYY is the year)
>
> For example: **Flex Report – 123456 – 21Oct2019**

For Critical Access Hospitals participating in MBQIP, this report can be submitted to your state Flex coordinator for EDTC reporting requirements.

Using the reports

All three reports work similarly. Any boxes shaded yellow can be updated. Enter the year of interest in the yellow box next to "Year Report" to run a report for that year. Click the "Refresh Report" button on the right if the report does not automatically update. Note that it may take a moment for the tool to re-run calculations when you change the year of interest.

Buttons common to all three reports:

- **Print Report button**: Use this to open a print preview of the entire report, which you can then send to a printer.
- **Return to Patient List button**: Use this to return to the **Patient List page.**
- **Refresh Report button**: This will refresh the report.

Other items to be aware of

- The tool can be used in OneDrive, SharePoint, and as a desktop application. For those with Office 365, note that the tool does not function as intended in Excel Online – make sure to open it via an Excel desktop application rather than in Excel Online.
- The tool is only meant to hold data for a single hospital. If you update the hospital name or CCN on the **Initial Page** this doe not reset the **Patient List page,** or any other details already entered – it simply updates the hospital name in the reports. If you need to enter data for another hospital, download a separate tool for that hospital.
- Be patient when running reports – the tool takes a bit of time to run its calculations.
- The tool will hold a MAXIMUM of 2,000 records. We suggest downloading a new tool for each calendar year to minimize performance issues, but if you choose to continue using it for multiple years, make sure to monitor the number of records.

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OUTPATIENT MEASURES

ED Throughput

AMI

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Outpatient Measures

Required
OP-2: Fibrinolytic Therapy Received within 30 minutes
OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention
OP-18: Median Time from ED Arrival to ED Departure for **discharged** ED patients
OP-22: Patient Left Without Being Seen (Yearly)

Additional
This measure is not worked on by Montana.

OP-23: ED: Head CT of MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Receive Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival.

1. **Identify Measure Population**
   Hospitals need to identify which outpatient cases fit in the measure population for reporting. The information on how to determine the initial patient population for each measure is found in the related Measurement Information section of the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet. Align the encounter period with the correct manual version. The manual for MBQIP required outpatient measures for calendar year 2020 (ver. 13.0a) is included in the Montana MBQIP Guide.

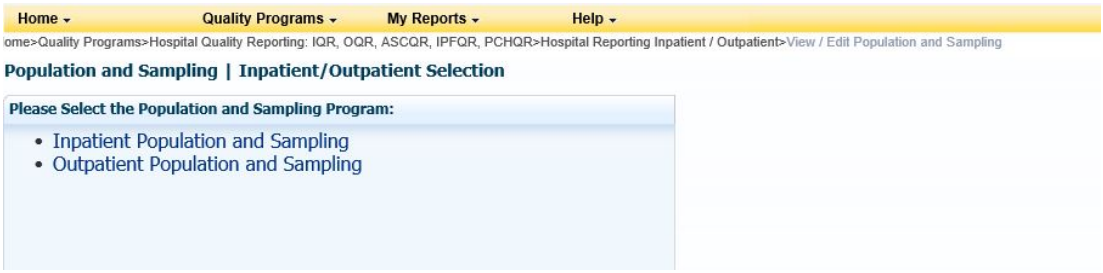
   MBQIP Training Video: Data Abstraction Training Video Session 1 – Locating CMS Specification Manuals. Since this video, QNet has updated their website, but education of use of the manuals is still accurate. (13-minute video).

2. ***IMPORTANT! Enter Outpatient Population and Sampling Counts (ZERO POPULATION SUBMISSION)**
   Hospitals are encouraged to submit aggregate population and sample size counts for Medicare and non-Medicare discharges for each chart abstracted required measure quarterly via the QualityNet Secure Portal. At the very least, measures with zero population must be entered to count for participation and data submission. Information on how to determine the clinical measure population and sampling requirements are found in the Measurement Information sections and the Population and Sampling Specification section of the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet.

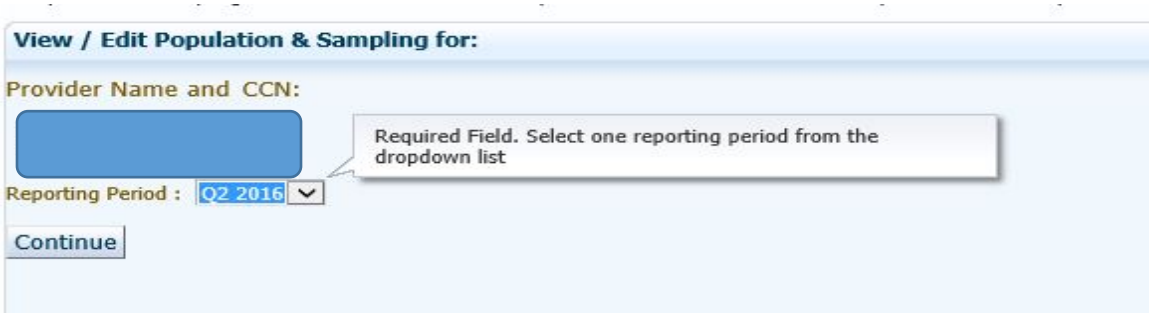
   Be sure to reference the manual for the discharge time period you are currently abstracting.

3. Population and Sample size counts are submitted via the QualityNet Secure Portal in the Hospital Outpatient Population and Sampling application, located under Quality Programs, then under My Tasks.
   a. Log into the QualityNet Secure Portal
   b. In the "Select Your QualityNet Destination" drop down, select **Hospital Quality Reporting** and **Let's Go**. Log in with your information then this will bring up the My Tasks page.
   c. Look for Hospital Reporting Inpatient/Outpatient; select View/Edit Population & Sampling.

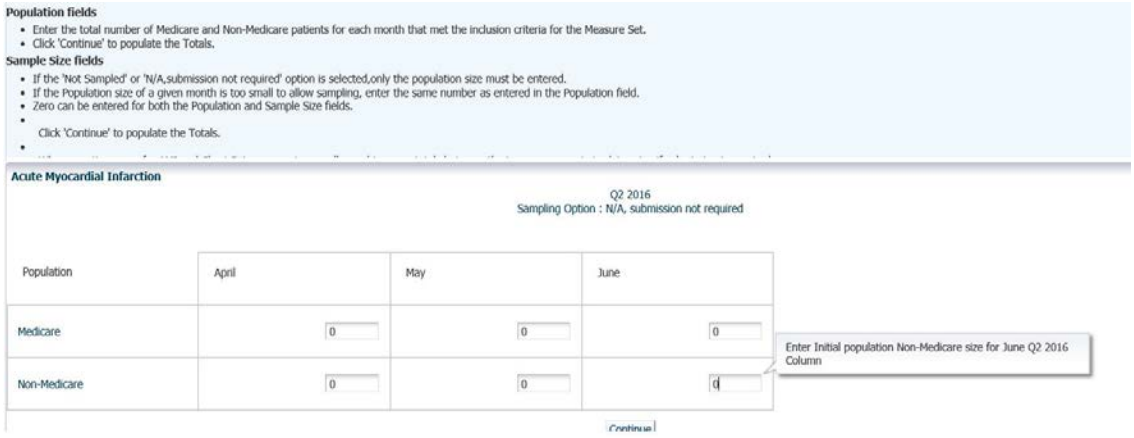
a. Select Outpatient Population & Sampling.



b. Enter your facility's CCN; click Continue.
c. Select the reporting period for which you are submitting data; click Continue.



d. Enter the number of cases in the grids <u>for each measure set</u>. Enter zero if no cases.



e. Review the summary screen and click Continue.
f. Choose to Save, or if there are errors Edit.
g. When it is complete there will be a pop up that says "Update Successful". Click Okay.

3. Abstract CMS Outpatient Measure Data using CART or a vendor tool.

Hospitals must chart abstract and submit complete data quarterly for the required clinical process measure sets ***AMI/Chest Pain (OP-2, OP-3) and ED-Throughput (OP-18).*** For further information on how to collect this data, reference the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet

Be sure you reference the manual for the discharge time period you are currently abstracting.

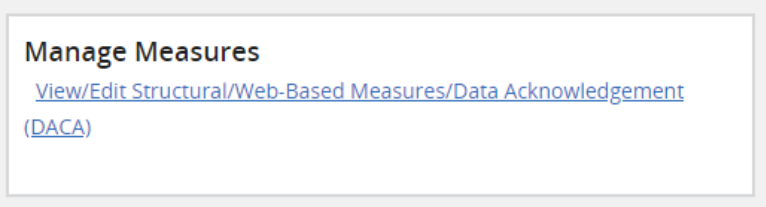
The Outpatient CART application is available at no charge. Instructions on CART downloading and information can be found page 11 of this guide. Be sure to use the version that includes the data submission discharge time frame.

CMS Training Video: CART Outpatient Quality Reporting (OQR): Knowing the Basics.
This video reviews the steps required for entering abstractions into CART. This presentation will also demonstrate how to export your abstractions and submit your data into the QualityNet Secure File Transfer. (43-minute video)

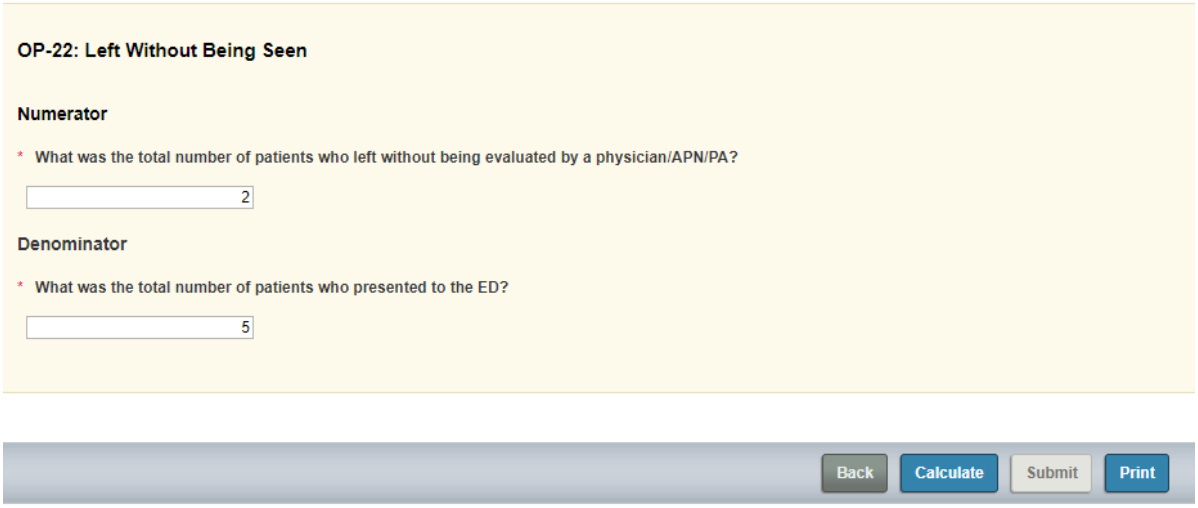
4. Submit CMS Outpatient Web-Based Measures (Yearly, May)

ED Throughput measure OP-22 is collected using administrative data to determine the measures' denominator population; there is no individual chart abstraction. Data is collected on a yearly, not quarterly basis. Data is submitted the year following the encounter period, through the QualityNet Secure Portal's Web-based data collection tool. For further information on how to collect this data, reference the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet.

a. Log into the QualityNet Secure Portal
b. In the "Select Your QualityNet Destination" drop down, select **Hospital Quality Reporting** and **Let's Go**. Log in with your information then this will bring up the My Tasks page.
c. Click on the link in the **Manage Measures** box.



a. Click on Outpatient Web-Based Measures link.
b. Choose Payment Year (two years after the year of data submitted. Example - 2019 Data, Payment Yr 2021
c. Click on OP-22
d. Enter Numerator and Denominator, hit TAB key.



e. Click on Calculate Percentage
f. Choose Submit (can print if you want for your records)

5. Submit Data to the CMS Warehouse (QualityNet)

Clinical data submission is accomplished in one of two ways: uploading from Outpatient CART or by a third party vendor. Third party vendors must be able to meet the Measurement Specifications for data transmission via the QualityNet Secure Portal to the CMS Clinical Warehouse. To authorize a vendor to submit data on the hospital's behalf, the online authorization process can be found through the QualityNet Secure Portal.

Data Submissions Must Be Timely!

	Q1	Q2	Q3	Q4
AMI & Chest Pain Measures	**CMS**	**CMS**	**CMS**	**CMS**
OP-2	August 1	November 1	February 1	May 1
OP-3	August 1	November 1	February 1	May 1
ED Throughput Measures				
OP-18	August 1	November 1	February 1	May 1
OP-22	*Previous calendar year (Jan-Dec) due May 15*			

6. Check Submitted Cases

After your data is submitted to the QualityNet warehouse you will get confirmation that data was received via email. To check and make sure the data was accepted and not rejected, run the Case Status Summary Report out of QualityNet. Reports are located through the QualityNet Secure Portal. To Run the Case Status Summary Report:

a. Log into the Hospital Quality Reporting section of the QNet Secure Portal.
b. Click on My Reports and select Run Reports from the I'd Like To…. List
c. Select OQR from the Report Program drop-down menu
d. Select Hospital Reporting – Feedback Reports from the list in the Report Category drop-down menu
e. Select View Reports to display a list of report names
f. Select Hospital Reporting – Case Status Summary Report under Report Name
g. Select the quarter and measure sets for the data you have just submitted
h. Select Run Reports at the bottom of the screen

i. If the report shows cases have been rejected, run the Submission Detail Report (same process, but select this report). This report will show you why the case is being rejected. Correct and submit any applicable cases.
j. Do not wait until right before the due date to submit and check on data. Once the due date has passed, no further data will be accepted for the quarter.

Quick Links

Outpatient Population & Sampling ..... Appendix A-3
Outpatient ICD-10-CM & CPT Diagnosis Codes..... Appendix B-50

Outpatient AMI Measure Specifications 2020 ..... Appendix B-21
Outpatient AMI Paper Tool 2020.....Appendix C-3
Outpatient AMI MBQIP Measures on the PIN Website

Outpatient ED Throughput Measure Specifications 2020 ..... Appendix B-43
Outpatient ED Throughput Paper Tool 2020.....Appendix C-7

Outpatient ED Throughput Measures on the PIN Website

Outpatient Measures Best Practices Toolkit [2018; Cynosure Health]

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INPATIENT MEASURES

There are no inpatient measures for 2020

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PATIENT SAFETY MEASURES

ANTIBIOTIC STEWARDSHIP PROGRAMS
HEALTHCARE PROVIDER (HCP) FLU IMMUNIZATION

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Patient Safety

Required
HCP/IMM-3 (formerly OP-27): Influenza Vaccination Coverage among Healthcare Personal (HCP)
Antibiotic Stewardship – NHSN Annual Facility Survey

Additional
These measures are tracked and worked on by MT CAHs. Data submission is done via MT Flex/PIN Benchmarking or the MT-HIIN

Healthcare Associated Infections (HAI):
CLABSI: Central Line-Associated Bloodstream Infection
CAUTI: Catheter-Associated Urinary Tract Infection
C.diff: Clostridioides difficile Infection (CDI)
MRSA: Methicillin-resistant Staphylococcus Aureus Infection.

1. **Enroll Hospital in NHSN (National Healthcare Safety Network)**
   To report these measures, your hospital must be enrolled in NHSN. If you are unsure of your hospital's status with NHSN, email them at: nhsn@cdc.gov

   If your hospital is not already enrolled in NHSN, the instructions for enrollment can be found here.

2. **Gather Influenza Vaccination Data**
   Hospitals report healthcare personnel (HCP) influenza vaccination coverage in the Healthcare Personnel Safety Component of NHSN. The HCP Influenza Vaccination Summary Protocol is a guide to collecting and reporting influenza vaccination summary data for the HCP Vaccination Module.

3. **Submit HCP Influenza Vaccination Summary Data**
   Hospitals are only required to report HCP Influenza Vaccination Summary Data in NHSN once a year, at the conclusion of the reporting period (October 1 through March 31). Resources and instructions on how hospitals submit HCP influenza data can be found Surveillance for Healthcare Personnel Vaccination webpage.

NHSN Training Video: Healthcare Professional Flu Measure.
This video provides an overview of the Healthcare Professional Flu measure (OP-27), including how to sign up for an account through NHSN, the measure submission process and available quality improvement support. (86-minute video)

Data Submissions Must Be Timely!

PATIENT SAFETY	NHSN (National Health Safety Network)
Healthcare Worker Immunization	May 15 Flu Season (Oct 1 – Mar 15)

4. **Complete the NHSN Patient Safety Component Annual Facility Survey**
   This survey will be used to measure the required Antibiotic Stewardship work. Data is completed during the first quarter of a calendar year based on information from the previous year.

A copy of the survey can be found here and is included in the Montana MBQIP Guide
The instructions for completion of the survey can be found here and are included in the Montana MBQIP Guide.

Assessing the survey in NHSN:

- If the hospital has only been reporting on the Influenza Vaccination Coverage Among Healthcare Personnel measure, they will need to select the Patient Safety Component to access the survey.
- Hospitals that submit HAI measures via NHSN do so through the Patient Safety Component, and completion of the annual facility is required for submission of HAI data.

For further information on timeframes and how to report the additional measures in NHSN; please contact Jennifer Wagner (Jennifer.wagner@mtha.org) and Casey Driscoll (casey.driscoll@mtha.org).

QUICK LINKS

Antibiotic Stewardship - NHSN Annual Hospital Survey

Survey Instructions..... Appendix B-55
Annual Hospital Survey Form..... Appendix C-11
Antibiotic Stewardship on the MT PIN Website
Antibiotic Stewardship – Outpatient Setting Toolkit [2018; Cynosure Health)

Healthcare Provider Flu Immunization - HCP (Formerly OP-27)

HCP Population ..... Appendix A-13
HCP Protocol ..... Appendix B-75
HCP Summary Form ..... Appendix C-27
HCP on the MT PIN Website

Patient Safety Best Practices Toolkit [2018; Cynosure Health]

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PATIENT ENGAGEMENT MEASURES

HCAHPS

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Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

MBQIP Measures

Required
HCAHPS Survey

1. **Decide Process for HCAHPS Survey Implementation**
   HCAHPS is a standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. The survey can be implemented by either the hospital, or a vendor representing the hospital.

   Training materials for hospitals that plan to self-administer the survey can be found here.

It should be noted that the requirements for implementing the survey are quite stringent so most hospitals choose to have their survey process done by a vendor. An updated list of approved vendors can be found at on the HCAHPSOnline website here. For more information about approved vendors, including those that work specifically with small rural hospitals, see the HCAHPS Vendor Directory from the National Rural Health Resource Center.

2. **Conduct the HCAHPS Survey**
   There are four approved methods of conducting the survey:
   - Mail Only
   - Telephone only
   - Mixed (mail followed by telephone)
   - Interactive Voice Response (IVR).

3. **Submit HCAHPS survey data**
   The survey data must be submitted via QualityNet in the specified Microsoft Excel XML file format by a registered QualityNet user. Data may be submitted by the hospital or a vendor representing the hospital.

HCAHPS data is submitted to QualityNet on a quarterly basis. Refer to the MBQIP Reporting Submission Deadlines for timeframes.

For more information about the HCAHPS initiative, see HCAHPSOnline.org

MT Note:
If you are curious, survey instruments can be found at https://www.hcahpsonline.org/en/survey-instruments/. It is the responsibility of your vendor to send the appropriate version.

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