

Hospital Inpatient Quality Reporting Program, formerly known as Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Program Program Changes for Fiscal Year 2012

Hospital Inpatient Quality Reporting Program Reporting Quarters for FY2012

Clinical discharge quarters: 4Q09, 1Q10 (AMI, HF, PN only), 2Q10, 3Q10, 4Q10

Validation discharge quarters: 1Q10, 2Q10, 3Q10

Population and Sampling discharge quarters: 2Q10, 3Q10, 4Q10

HCAHPS requirement discharge quarters: 2Q10, 3Q10, 4Q10

Structural measures discharge quarters: 3Q10, 4Q10

Notice of Participation

Hospitals will no longer submit a paper Notice of Participation

- All participation decisions, contact updates, and additional campus information will be collected, updated, and stored in the online Notice of Participation tool scheduled for release in September, 2010

Validation

800 participating hospitals will be randomly selected for FY2012 validation.

- Hospitals that are open, eligible and have at least 100 total accepted case submissions for CY2009 discharges will be eligible for selection.
- Up to, but no more than, three cases per topic will be selected for each quarter's validation, so there will be a maximum of 12 randomly-selected cases for each validated hospital per quarter.
- The quarterly validation rate will be based on measure outcome matches and mismatches.
- The annual validation passing rate is 75%

Claims-Based Measures

Added 2 AHRQ Patient Safety Indicators:

- PSI 11: Post-Operative Respiratory Failure
- PSI 12: Post-Operative Pulmonary Embolism (PE) or Deep Venous Thrombosis (DVT)

Added 8 Hospital Acquired Condition (HAC) measures

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Pressure Ulcer Stages III & IV
- Falls and Trauma
- Vascular Catheter-Associated Infection
- Catheter-Associated Urinary Tract Infection (UTI)
- Manifestations of Poor Glycemic Control

Retired: Agency for Healthcare Research and Quality (AHRQ) Mortality for Selected Surgical Procedures Composite

Disaster Waivers

Hospital must submit a request to the QIO within 45 days of the date the extraordinary circumstance occurs. The following information should be noted on the form:

- Hospital CCN
- Hospital Name
- CEO and any other designated personnel contact information, including name, e-mail address, telephone number, and mailing address
- Hospital's reason for requesting an extension or waiver
- Evidence of the impact of the extraordinary circumstances, including but not limited to photographs, newspaper and other media articles
- A date when the hospital will again be able to submit Hospital Inpatient Quality Reporting Program data, and justification for the proposed date
- Signature of CEO

Hospital Inpatient Quality Reporting Program FY2013

Chart-Abstracted Measures

Added Healthcare Associated Infection (HAI) measure, Central Line Associated Blood Stream Infection (CLABSI)

- Collected by CDC via National Healthcare Safety Network (NHSN) tool
- Data collection to begin January 1, 2011 for payment determination FY2013

Added Acute Myocardial Infarction (AMI)-Statin prescribed at discharge

- Data collection to begin January 1, 2011 for payment determination FY2013

Validation

Refine the random sample approach, through targeting criteria as follows:

- Discontinue the 100 case minimum threshold
- All hospitals submitting at least one Hospital Inpatient Quality Reporting Program case for third quarter of the year two years prior to the year to which the validation applies would be eligible to be selected
- All hospitals that fail the previous year's Hospital Inpatient Quality Reporting Program validation will be validated.

Ensure that CMS selects 12 cases for all validated hospitals in a quarter, including those hospitals specializing in only one topic. Reallocate sample cases when a hospital has submitted fewer than three cases in a topic within a quarter