



**2021**

# **Hospital Abstracted Reporting**

# 2020 Revised Reporting Schedules

Program	Requirement(s)	Original 3Q2020 Deadline	Revised 3Q2020 Deadline	4Q2020 Deadline
Hospital Outpatient Quality Reporting (OQR) Program	Population & Sampling	February 1, 2021	<b>March 1, 2021</b>	TBD
	Abstracted Clinical Data			
Hospital Inpatient Quality Reporting (IQR) Program	Population & Sampling	February 1, 2021	<b>March 18, 2021</b>	TBD
	Abstracted Clinical Data	February 16, 2021		TBD
Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program	Submission of measure and non-measure data/completion of DACA	<b>August 16, 2021</b>		
The Joint Commission (ORYX) Performance Measurement Reporting Program	Population & Sampling	January 31, 2021	<b>April 30, 2021</b>	<b>April 30, 2021</b>
	Abstracted Clinical Data			

# 2021 Reporting Schedules

Program	Requirement	1Q2021	2Q2021	3Q2021	4Q2021
Hospital Outpatient Quality Reporting (OQR) Program	Pop & Sampling	08/01/2021	11/01/2021	02/01/2022	05/01/2022
	Clinical Data				
Hospital Inpatient Quality Reporting (IQR) Program	Pop & Sampling	08/01/2021	11/01/2021	02/01/2022	05/01/2022
	Clinical Data				
Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program	Submission of measure and non-measure data/completion of DACA	August 15, 2022			
The Joint Commission (ORYX) Performance Measurement Reporting Program	Pop & Sampling	06/30/2021	09/30/2021	12/31/2021	03/31/2022
	Clinical Data				

## Chart-Abstracted Requirements

- IQR
- IPFQR
- OQR
- ORYX (The Joint Commission)

## Overall takeaway from the FY2021 Final Rule for CMS Programs:

### IQR, IPFQR, and OQR:

- No new chart-abstracted measures added
- No chart-abstracted measures removed

# CY2021 Chart-Abstracted Measures in the Hospital CMS IQR Program

Measure	Measure Name
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation <i>(collected in aggregate and submitted via QualityNet HQR Web-Based Tool)</i>

*Reminder: If you do not deliver babies at your organization, you must enter zeroes for the PC-01 measure each quarter.*

# 2021 CMS IPFQR (Psych) Measure Requirements

# CMS IPFQR (Psych) Response to COVID-19

## **Chart-abstracted measure and non-measure data:**

The Extraordinary Circumstances Exceptions (ECE) policy excepted IPFs from reporting all chart-abstracted measure and non-measure data collected for discharges that occur January 1, 2020 through June 30, 2020 to be reported during the summer of 2021.

**Claims-based measures:** CMS will not include data from discharges that occur from January 1 – June 30, 2020 in its calculation of the measure rates



# CMS IPFQR (Psych) Program Measures (1 of 3)

Measure	Measure Type	Sampling Allowed
HBIPS-2: Hours of Physical Restraint Use	Chart-Abstracted	No
HBIPS-3: Hours of Seclusion Use	Chart-Abstracted	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	Chart-Abstracted	Yes
TR-1: Transition Record with Specified Elements Received by Discharged Patients	Chart-Abstracted	Yes
TR-2: Timely Transition of Transition Record	Chart-Abstracted	Yes
SMD: Screening for Metabolic Disorders	Chart-Abstracted	Yes

# CMS IPFQR (Psych) Program Measures (2 of 3)

Measure	Measure Type	Sampling Allowed
IMM-2: Influenza Immunization	Chart-Abstracted	Yes
SUB-2/-2a: Alcohol Use Brief Intervention Provided or Offered and the subset (SUB-2a) Alcohol Use Brief Intervention	Chart-Abstracted	Yes
SUB-3/-3a: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset (SUB-3a) Alcohol and Other Drug Use Disorder Treatment at Discharge	Chart-Abstracted	Yes
TOB-2/-2a:Tobacco Use Treatment Provided or Offered and the subset (TOB-2a) Tobacco Use Treatment	Chart-Abstracted	Yes
TOB-3/-3a:Tobacco Use Treatment Provided or Offered at Discharge and the subset (TOB-3a) Tobacco Use Treatment at Discharge	Chart-Abstracted	Yes

# CMS IPFQR (Psych) Program Measures (3 of 3)

Measure	Measure Type	Sampling Allowed
FUH: Follow-Up After Hospitalization for Mental Illness	Claims-Based	N/A
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	Claims-Based	N/A
Medication Continuation Following Inpatient Psychiatric Discharge	Claims-Based	N/A

# CY2021 CMS OQR Measure Requirements

# CY2021 Required CMS OQR Chart-Abstracted Measures

Measure Set Name	Measure Set ID	Measure Short Name
OP-AMI	OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
	OP-3	Median Time to Transfer to Another Facility for Acute Coronary Intervention
OP-ED	OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients
OP-STK	OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival

# CY2021 CMS OQR **Claims-Based** Measures

## Measure

**OP-8:** MRI Lumbar Spine for Low Back Pain

**OP-10:** Abdomen CT – Use of Contrast Material

**OP-13:** Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery

**OP-32:** Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

**OP-35:** Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

**OP-36:** Hospital Visits after hospital Outpatient Surgery

# CMS OQR Measures Submitted via **Web-Based Tool**

## Measure

**OP-22:** Left Without Being Seen

**OP-29:** Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

**OP-31:** Cataracts: Improvement in Patient's Visual Function within 90 days Following Cataract Surgery - **\*Voluntary**

\*Measure voluntarily collected as set forth in the CY 2015 OPPS/ASC final rule with comment period (79 FR 66946 through 66947).

# **CY2021 Joint Commission ORYX Performance Measure Reporting**



# CY2021 Joint Commission ORYX Performance Measure Reporting

## 2021 ORYX Reporting Requirements

- **HCO's ORYX requirements will be calculated by the number of Licensed Beds and/or volume of Outpatient Visits, instead of average daily census (ADS).**

# ORYX – TJC – Acute Care Hospitals

Facility Size/Type	Chart-Abstracted Measures Requirements	Electronic Clinical Quality Measure (eCQM) Requirements
Hospitals (HAP) with $\geq 26$ Licensed beds OR $\geq 50,000$ Outpatient visits <i>AND</i> :		Select a minimum of 4 eCQMs, reporting the same eCQMs for 2 self-selected quarters.  There are 12 available eCQMs for CY2021.
300+ live births annually	PC-01, PC-02, PC-05, PC-06	
1-299 live births annually	PC-01	
Do not provide Obstetrical Services	None	

- Additional measures are available for submission based on patient population/services offered.
- HCOs can submit associated eCQMs instead of chart-abstracted Measures to meet their PC measure requirements.
- HCOs that do not provide Obstetrical Services are not required to submit alternate chart-abstracted measures but may do so if they wish.

**Source:** Joint Commission Website - Measurement: <https://www.jointcommission.org/measurement/reporting/accreditation-oryx/>

# ORYX – TJC – Small Hospitals

Facility Size/Type	Chart-Abstracted Measures Requirements	Electronic Clinical Quality Measure (eCQM) Requirements
Hospitals (HAP) with < 26 Licensed beds AND <50,000 Outpatient visits	Required to submit any combination of three (3) eCQMs and/or chart-abstracted measures applicable to patient population/services offered	

May elect to submit additional measures based on patient population/services offered.

Source: Joint Commission Website - Measurement: <https://www.jointcommission.org/measurement/reporting/accreditation-oryx/>

# ORYX – TJC – Critical Access Hospitals (CAH)

Facility Size/Type	Chart-Abstracted Measures Requirements	Electronic Clinical Quality Measure (eCQM) Requirements
Critical Access Hospitals (CAH)	Required to submit any combination of three (3) eCQMs and/or chart-abstracted measures applicable to patient population/services offered	

- May elect to submit additional measures based on patient population/services offered.

**Source:** Joint Commission Website - Measurement: <https://www.jointcommission.org/measurement/reporting/accreditation-oryx/>

# ORYX – TJC – Freestanding Psychiatric Hospitals (HAP)

Facility Size/Type	Chart-Abstracted Measures Requirements	Electronic Clinical Quality Measure (eCQM) Requirements
Freestanding Psychiatric Hospitals (HAP)	<b>HBIPS-1</b> , HBIPS-2, HBIPS-3, HBIPS-5	N/A

- IMM-2, TOB-2, TOB-3, SUB-2, SUB-3 are available as additional chart-abstracted measures

Source: Joint Commission Website - Measurement: <https://www.jointcommission.org/measurement/reporting/accreditation-oryx/>

# ORYX – TJC – Other

Facility Size/Type	Chart-Abstracted Measures Requirements	Electronic Clinical Quality Measure (eCQM) Requirements
Free-standing Children's Hospitals	ORYX Performance Measurement reporting requirements continue to be suspended for these Hospital Accreditation Programs.	
Long Term Acute Care Hospitals (LTACHs)		
Inpatient Rehabilitation Facilities (IRFs)		
HCOs Participating in CMS PPS-Exempt-Cancer Hospital Quality Reporting (PCHQR) Program		

**Source:** Joint Commission Website - Measurement: <https://www.jointcommission.org/measurement/reporting/accreditation-oryx/>

# Additional ORYX – TJC – Chart-Abstracted Measures

## Additional Chart-Abstracted Measures (TJC)

### ED-1, ED-2

HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5

TOB-2, TOB-3

SUB-2, SUB-3

OP-18, OP-23

### VTE-6

### IMM-2

PC-01, PC-02, PC-05, PC-06

**Source:** Joint Commission Website - Measurement: <https://www.jointcommission.org/measurement/reporting/accreditation-oryx/>

# Q & A





# References

Quality Net: [www.qualitynet.org](http://www.qualitynet.org)

**Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs:**

<http://www.qualityreportingcenter.com/resources/tools/iqr/>

**FY2021 IPPS/LTCH PPS Final Rule**

[2020-19637.pdf \(govinfo.gov\)](https://www.gpo.gov/digital/assets/pdf-files/2020-19637.pdf)

**FY2021 IPF (Psych) PPS Final Rule**

[2020-16990.pdf \(govinfo.gov\)](https://www.gpo.gov/digital/assets/pdf-files/2020-16990.pdf)

**FY2021 OPPTS/ASC Final Rule**

[2020-26819.pdf \(govinfo.gov\)](https://www.gpo.gov/digital/assets/pdf-files/2020-26819.pdf)

**The Joint Commission:** <https://www.jointcommission.org/>

[Microsoft Word - 2021 ORYX Reporting Requirements FINAL \(jointcommission.org\)](https://www.jointcommission.org/~/Microsoft-Word-2021-ORYX-Reporting-Requirements-FINAL)