

Inpatient Structural Measure

Hospitals participating in the Hospital Inpatient Quality Reporting Program are required annually to complete the Structural Measures questions. Data entry is achieved through the secure side of QualityNet.org via an online tool available to authorized users.

The Inpatient Structural Measures are:

- Participation in a Systematic Database for Cardiac Surgery
Documents if the hospital reports whether or not it participates in a cardiac surgery registry
- Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care
Documents if the hospital reports whether or not it participates in a systematic clinical database registry for nursing sensitive care
- Participation in a Systematic Clinical Database Registry for General Surgery
Documents if the hospital reports whether or not it participates in a systematic clinical database registry for general surgery
- Safe Surgery Checklist Use
Documents if the hospital reports whether or not they use a safe surgery checklist

These measures **do not require** the hospital to participate in a registry. Hospitals participating in the Hospital Inpatient Quality Reporting Program must answer the questions annually during the CMS specified time period.

For more information about the requirements and specifications of these measures, refer to www.QualityNet.org under the Hospital Inpatient tab/Hospital Inpatient Quality Reporting/Web-Based Data Collection.

Inpatient Web-Based Measure

Hospitals participating in the Hospital Inpatient Quality Reporting Program are required to complete the Web-Based Measure questions quarterly. Data entry is achieved through the secure side of QualityNet.org via an online tool available to authorized users, similar to the process for entry of structural measures.

The Inpatient Web-Based Measure is:

- Elective Delivery

Documents the number of patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed

NOTE: Data collected and reported to CMS is in aggregate. The collection and submission for The Joint Commission is patient level.

For more information about the requirements and specifications of this measure, refer to <https://manual.jointcommission.org/bin/view/Manual/WebHome>.

For voluntary electronic submission of the Hospital Inpatient Quality Reporting (IQR) Program specified measures for the Medicare EHR Incentive Program Stage 2, this measure may be electronically submitted using a Quality Reporting Document Architecture (QRDA) Category-I Release 2 formatted file.

For information about the requirements and technical specifications of the QRDA specifications and data submission, see the resources located on QualityNet, [Hospitals-Inpatient], Electronically Specified Clinical Quality Measures (eCQM) Reporting. If you have questions regarding the EHR Incentive Program measures collected for the Hospital IQR Program, please refer to the CMS website. For resource links see Appendix G.

CMS Data Submission Period: Data collection for this web-based measure effective with 1st Quarter data (January 1, 2013), follows the same reporting requirements as for other measures collected for the Hospital IQR Program.

Discharges	Data Submission Period
January 1 – March 31	July 1- August 15
April 1 – June 30	October 1- November 15
July 1 – September 30	January 1- February 15
October 1 – December 31	April 1- May 15

The Joint Commission submission period remains unchanged.

The Initial Patient Population, numerator, denominator, and total exclusions are to be determined using the specifications developed by the Joint Commission for this measure. Full definitions and other relevant information can be found at

<https://manual.jointcommission.org/bin/view/Manual/WebHome>.