

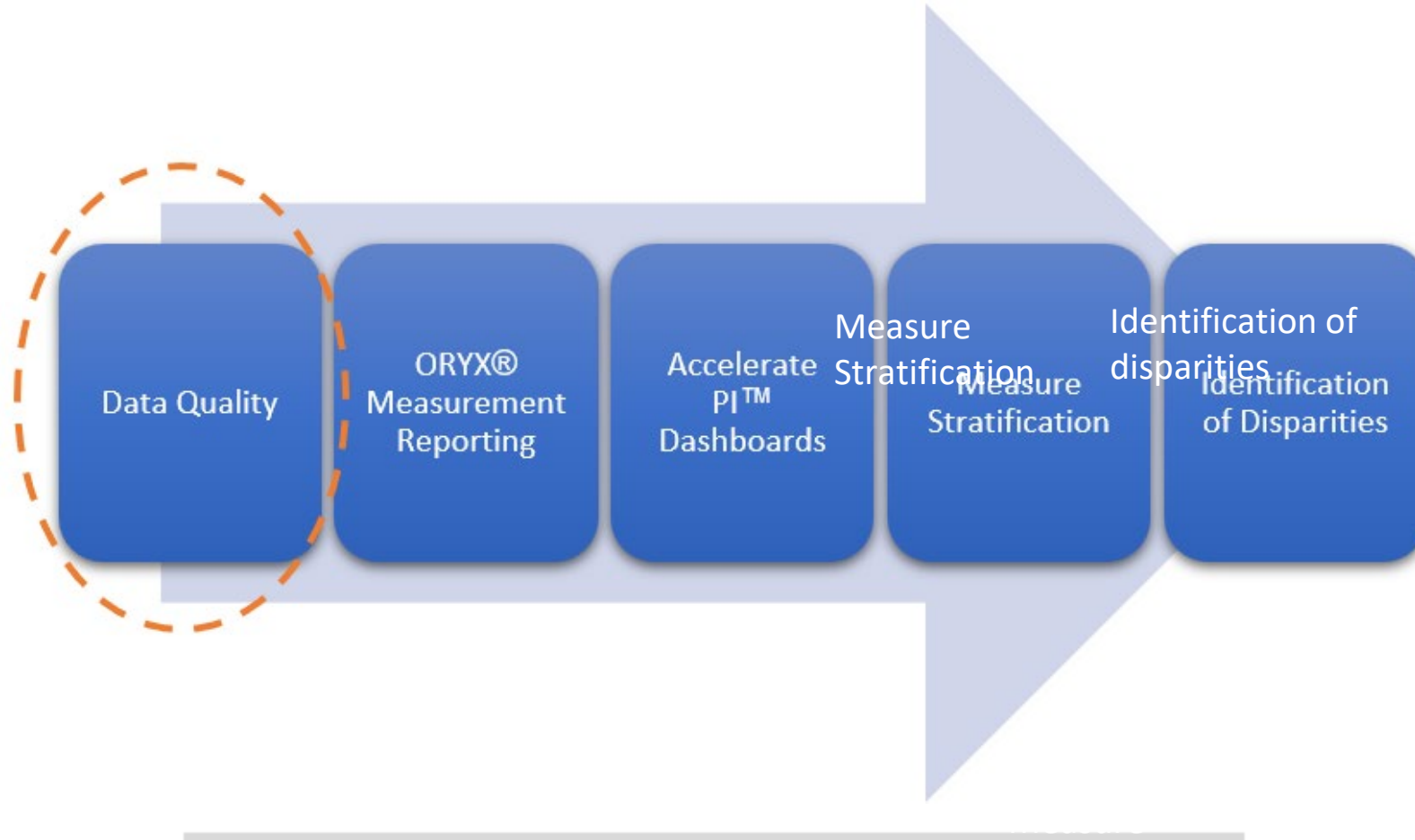
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Accelerate PI™ Hospital eCQM Demographic Data Quality Report

Background and Context

- Effective January 1, 2023, new dedicated health care equity standards became effective and integrated into our hospital, ambulatory health care, and behavioral health care & human services accreditation programs.
 - These new standards are among the first of their kind and will help create a consistent national baseline related to the equitable delivery of health care.
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Background and Context (2)



Hospital eCQM Demographic Data Quality Report

- This feedback report represents the organization’s compliance with submission of required eCQM Supplemental Data Elements (Race, Ethnicity, Sex, and Payer) in accordance with Quality Reporting Document Architecture (QRDA) standards.
 - This report is intended to help organizations evaluate the quality of the sociodemographic data submitted for electronic clinical quality measures that may be used for the purposes of demographic stratification.
 - Organizations can use data about their patient population to determine whether there are differences in the care provided to one group of patients versus another.
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Hospital eCQM Demographic Data Quality Report (2)

- This report is available to hospitals and critical access hospitals that submitted one or more of the following eCQMs to The Joint Commission for CY 2022
 - eED-2a: Median Admit Decision Time to ED Departure Time for Admitted Patients
 - ePC-02: Cesarean Birth
 - eVTE-1: Venous Thromboembolism Prophylaxis
 - eVTE-2: ICU Venous Thromboembolism Prophylaxis
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Report Overview and Tutorial

Location

Joint Commission
Connect[®]

> Home Survey Process Continuous Compliance Communication **Resources and Tools** Security Admin

Resources Learn More	Tools Learn More	DASH – Data Analytics for Safe Healthcare Learn More
<ul style="list-style-type: none">• E-dition[®]• Perspectives• Publicity Kit• Certificates• Leading Laboratories Recognition Program	<ul style="list-style-type: none">• Standards Interpretation Question Form• Readiness Roadmap• Heads Up Report• Laboratory Tools• Individualized Quality Control Plan	<ul style="list-style-type: none">• SAFER[®] Dashboard• Accelerate PI[™]

Notification of Scheduled Events
As of Thursday, March 14, 2024 no events are available for viewing

> Accreditation Certification

Location (2)

Home **Survey Process** **Continuous Compliance** **Communication** **> Resources and Tools** **Security Admin**

Program Dashboard Report

Dashboard Reports are provided to those organizations where this information is available for the respective accreditation programs listed. The HAP-Oryx and CAH-Oryx reports reflect chart-abstracted and eCQM quality measurement data reported by hospitals to The Joint Commission under the ORYX® program. The HAP-Other and CAH-Other reports reflect data that have been submitted to The Centers for Medicare & Medicaid Services (CMS) and are publicly reported on the applicable CMS website.

Please note: Dashboard reports will be utilized by surveyors in the accreditation process. As an example, surveyors may ask organizations during their survey how they are addressing substandard performance on any of the performance measures in this report. Organizations with successful implementation(s) of program specific measures are encouraged to share their experiences during their on-site survey.

Accelerate PI Dashboard User Guide: A User Guide has been created to increase awareness of the data contained in the dashboard reports and where to locate specific information, as well as enhance the HCO's ability to interpret the data to ultimately help organizations to improve quality and safety. [Click here to access Accelerate PI Dashboard User Guides](#)

Quality Measurement Trends and Benchmarks Report: Quality Measurement Trends and Benchmarks Reports are available to accredited hospitals that report data to The Joint Commission under the ORYX® program. The reports contain aggregate data for each of the measures in a program across all the health care organizations, regardless of whether an individual HCO reports data for those measures. HCOs may use this report to compare individual performance with National Rates.

Note: The following reports are available in a PDF file. To view a PDF file, you must have [Adobe Reader](#) on your computer.

For questions about the Accelerate PI Dashboards, please contact your account executive.

Program Type	CCN Number	Report Time Period	Published Date	View
eCQM Demographic Data Quality Report		4Q2022	1/9/2024 10:47:55 AM	
HAP-Other		2Q2022	8/15/2023 7:27:55 PM	

Cover Page

Your organization's name and
HCO ID

NEW Hospital eCQM Demographic Data Quality Report Calendar Year 2022

Purpose: Organizations can use data about their patient population to determine whether there are differences in the care provided to one group of patients versus another. This report is intended to help organizations evaluate the quality of the sociodemographic data submitted for electronic clinical quality measures (eCQMs). In the future, these data may be used to stratify and confidentially report eCQM performance by race, ethnicity, payer, sex, and other characteristics. Stratification of measures can help organizations identify, address, and eliminate health care disparities. This report supports organizations' evaluation of the quality of data that may be used for this purpose in the future.

Background: The information in this Hospital eCQM Demographic Data Quality Report was obtained using available data transmitted by hospitals to The Joint Commission. The Joint Commission aligns with CMS on the eCQM version for each annual reporting period and submission standards. All CMS eCQMs include a Supplemental Data Element section (*CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting Implementation Guide for 2024, 2023*).

How to use this report: This feedback report represents the organization's compliance with submission of required eCQM Supplemental Data Elements (ethnicity, payer, race, and sex). The report also provides a breakdown of population characteristics for each measure. The data in this report may be used to compare individual HCO performance with National Rates of valid eCQM Supplemental Data Element codes submitted for the time period. Hospitals may use the feedback in this report to evaluate the completeness and consistency of the Supplemental Data Elements with Quality Reporting Document Architecture (QRDA) standards. The organization may choose to further assess the accuracy, uniqueness, and timeliness of their data based upon their population.

How to read this report: A guide to the terms and interpretation of elements within this report is provided below.

- Footnotes describing the methods used to calculate frequencies can be found beneath the Patient Population Characteristics tables.

Description of report, its intended purpose, and tips to enhance the reader's understanding

Terms and Definitions: Valid Codes

Hospital eCQM Demographic Data Quality Report: Terms and Definitions

Term	Definition	Example	Interpretation
Valid Code	A code from the defined value set for the data element.	(administrativeGenderCode code=F />)	When sending the QRDA file, organizations should ensure that codes from the required value set are used. The patient's demographic data must be mapped to the codes from the required value set if necessary. (reference QRDA IG). Race: oid:2.16.840.1.114222.4.11.836 Sex: oid:2.16.840.1.113762.1.4.1 Ethnicity: oid:2.16.840.1.114222.4.11.837 Payer: oid:2.16.840.1.114222.4.11.3591
% HCO Valid Codes	The percentage of valid codes submitted by the organization.	$60 \text{ valid codes submitted} \div 100 \text{ total codes submitted} = 0.6 \text{ or } 60\%$	Organizations should aim to submit as many valid codes as possible.
% National Valid Codes	The percentage of valid codes submitted nationally by Joint Commission Accredited organizations.	$60 \text{ valid codes submitted} \div 100 \text{ total codes submitted} = 0.6 \text{ or } 60\%$	Organizations may compare individual performance with national rates of valid codes submitted.

Terms and Definitions: Null Flavor

Null Flavor	Null flavor is used to specify why data is not available; an item may be unknown, not relevant, or not computable or measurable.	(<administrativeGenderCode nullFlavor=UNK/>)	Although null flavor may be an allowable entry, the absence of the actual data for data elements necessary for eCQM calculations may compromise calculation results. (reference QRDA IG). Organizations should aim to reduce the total number of null flavors.
% HCO Null Flavor	The percentage of valid null flavors submitted by the organization.	30 valid null flavors submitted ÷ 100 total codes submitted = 0.3 or 30%	High rates of null flavor could indicate a need to examine data collection practices.

Terms and Definitions: Invalid Codes

Hospital eCQM Demographic Data Quality Report: Terms and Definitions

Valid:
administrativeGenderCode= F
administrativeGenderCodenullFlavor=UNK

Term	Definition	Example	Interpretation
Invalid Code	A code is not from the defined value set for the data element OR a null flavor code is wrongfully submitted to the data element code field.	(<administrativeGenderCode code= Female) OR (<administrativeGenderCode code=UNK/>)	When sending the QRDA file, organizations should ensure that codes from the required value set are used, and null flavors are properly submitted. The patient's demographic data must be mapped to the codes from the required value set if necessary. (reference QRDA IG).
% HCO Invalid Codes	The percentage of invalid codes submitted by the organization.	10 invalid codes submitted ÷ 100 total codes submitted = 0.1 or 10%	Organizations should aim to provide few if any invalid codes. High rates of invalid codes indicate a need to examine data submission processes.

eCQM Demographic Data Quality Report: Valid Codes

Hospital eCQM Demographic Data Quality Report: Valid Codes

Race	% HCO Valid Codes	% National Valid Codes
eED-2a	86.9	74.3
eVTE-1	86.9	87.4
eVTE-2	86.9	88.4

Ethnicity	% HCO Valid Codes	% National Valid Codes
eED-2a	99.5	75.7
eVTE-1	99.5	88.7
eVTE-2	99.5	88.8

Sex	% HCO Valid Codes	% National Valid Codes
eED-2a	45.9	90.5
eVTE-1	45.9	94.4
eVTE-2	45.9	94.8

Payer	% HCO Valid Codes	% National Valid Codes
eED-2a	100.0	99.5
eVTE-1	100.0	98.7
eVTE-2	100.0	98.6

Supplemental Data Element

Measure

Records submitted Nationally that contained valid codes

Records submitted by your HCO that contained valid codes

eCQM Demographic Data Quality Report: Null Flavor and Invalid Codes

Hospital eCQM Demographic Data Quality Report: Null Flavor and Invalid Codes

Race	% HCO Null Flavor	% HCO Invalid Codes
eED-2a	13.1	0.0
eVTE-1	13.1	0.0
eVTE-2	13.1	0.0

Ethnicity	% HCO Null Flavor	% HCO Invalid Codes
eED-2a	0.5	0.0
eVTE-1	0.5	0.0
eVTE-2	0.5	0.0

Sex	% HCO Null Flavor	% HCO Invalid Codes
eED-2a	54.1	0.0
eVTE-1	54.1	0.0
eVTE-2	54.1	0.0

Payer	% HCO Null Flavor	% HCO Invalid Codes
eED-2a	0.0	0.0
eVTE-1	0.0	0.0
eVTE-2	0.0	0.0

Records submitted by your HCO that contained valid Null Flavor codes

Records submitted by your HCO that contained invalid codes

eCQM Demographic Data Quality Report: Tip!

Hospital eCQM Demographic Data Quality Report: Valid Codes

Race	% HCO Valid Codes	% National Valid Codes
eED-2a	86.9	74.3
eVTE-1	86.9	87.4
eVTE-2	86.9	88.4

Ethnicity	% HCO Valid Codes	% National Valid Codes
eED-2a	99.5	75.7
eVTE-1	99.5	88.7
eVTE-2	99.5	88.8

Sex	% HCO Valid Codes	% National Valid Codes
eED-2a	45.9	90.5
eVTE-1	45.9	94.4
eVTE-2	45.9	94.8

Payer	% HCO Valid Codes	% National Valid Codes
eED-2a	100.0	99.5
eVTE-1	100.0	98.7
eVTE-2	100.0	98.6

Hospital eCQM Demographic Data Quality Report: Null Flavor and Invalid Codes

Race	% HCO Null Flavor	% HCO Invalid Codes
eED-2a	13.1	0.0
eVTE-1	13.1	0.0
eVTE-2	13.1	0.0

Ethnicity	% HCO Null Flavor	% HCO Invalid Codes
eED-2a	0.5	0.0
eVTE-1	0.5	0.0
eVTE-2	0.5	0.0

Sex	% HCO Null Flavor	% HCO Invalid Codes
eED-2a	54.1	0.0
eVTE-1	54.1	0.0
eVTE-2	54.1	0.0

Payer	% HCO Null Flavor	% HCO Invalid Codes
eED-2a	0.0	0.0
eVTE-1	0.0	0.0
eVTE-2	0.0	0.0

% of Valid Codes (45.9) + % of Null Flavor (54.1) + % Invalid Codes (0) = 100

eCQM Demographic Data Quality Report: Patient Population Characteristics

Hospital eCQM Demographic Data Quality Report: Patient Population Characteristics

All Cases

Variable	Characteristics	Frequency	Percent %
Race	White	1711	62.24
	Other Race	0	0.00
	American Indian or Alaska Native	9	0.33
	Asian	69	2.51
	Black or African American	907	32.99
	Native Hawaiian or Other Pacific Islander	53	1.93
Ethnicity	Not Hispanic or Latino	2631	83.58
	Hispanic or Latino	517	16.42
Sex	Female	953	65.59
	Male	500	34.41
Payer	Medicare	834	25.81
	Medicaid	84	2.60
	Private	0	0.00
	SelfPay/Uninsured	0	0.00
	Other	2313	71.59

Breakdown of the population by each supplemental data element for ALL eCQMS and ALL cases submitted

* The values in this table represent the total cases of patient demographic characteristics for all eCQMs submitted by the organization in CY 2022.
 * Payer percentages were calculated by comparing the total frequency of a payer category to the overall count of all payers. When a file contains more than one payer code, each submitted payer code was counted and used in the frequency calculation.
 * For CY 2022 data, when a file contains more than one race code, only the first submitted race code was counted and used in the frequency calculation.

Pay special attention to the footnotes provided beneath the table

eCQM Demographic Data Quality Report: Patient Population Characteristics (2)

Hospital eCQM Demographic Data Quality Report: Patient Population Characteristics

Measure: eED-2a

Variable	Characteristics	Frequency	Percent %
Race	White	901	61.17
	Other Race	0	0.00
	American Indian or Alaska Native	3	0.20
	Asian	41	2.78
	Black or African American	500	33.94
	Native Hawaiian or Other Pacific Islander	28	1.90
Ethnicity	Not Hispanic or Latino	1406	86.26
	Hispanic or Latino	224	13.74
Sex	Female	409	57.44
	Male	303	42.56
Payer	Medicare	462	27.55
	Medicaid	37	2.21
	Private	0	0.00
	SelfPay/Uninsured	0	0.00
	Other	1178	70.24

Breakdown of the population by each supplemental data element for cases that met the initial population criteria for the measure displayed

* The values in this table represent the patient demographic characteristics that met the initial population criteria for the measure displayed.
 * Payer percentages were calculated by comparing the total frequency of a payer category to the overall count of all payers. When a file contains more than one payer code, each submitted payer code was counted and used in the frequency calculation.
 * For CY 2022 data, when a file contains more than one race code, only the first submitted race code was counted and used in the frequency calculation.

Pay special attention to the footnotes provided beneath the table

References and Additional Information

Health Equity Resource Series Data Collection, Stratification and Use Data-Driven Care Delivery. (n.d.).
https://ifdhe.aha.org/system/files/media/file/2021/04/ifdhe_real_data_toolkit_1.pdf

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