

Hospital Performance Measure Data Submission User Manual

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CHAPTER 1: The ODH Application Gateway

Accessing the Site and Logging In:

The Ohio Department of Health (ODH) Application Gateway is located at <https://odhgateway.odh.ohio.gov/singlesignon/>

Please follow the directions on the left hand side of the page to login.

The screenshot shows the top navigation bar with 'Prod', 'Build: 20090729', 'V 2.2', the 'Ohio.gov' logo, and 'Department of Health'. Below this is the title 'ODH Application Gateway' and a 'Login:' section. On the left, there is a welcome message and instructions. On the right, there is a login form with fields for '* User name:' and '* Password:', a 'Login' button, and links for 'I forgot my password' and 'I forgot my user name'. A note at the bottom of the form states '* Indicates required field'.

After logging in click on the "Personal Info" button and answer all of the information. You must provide a secret question and answer in order to reset your password if you forget it.

The screenshot shows the top navigation bar with 'Prod', 'Build: 20090729', 'V 2.2', the 'Ohio.gov' logo, and 'Department of Health'. Below this is the title 'ODH Application Gateway' and an 'Applications:' section. Below the title, there is a message: 'Below is a list of applications that you currently have security access to. Click on a link below to access that application.' At the top right of the application list, there are two buttons: 'Personal Info' (circled in red) and 'Log Out'. The application list has a header 'Application Name' and one entry: 'Hospital Measure Reporting - Active'.

Once you have logged into the ODH Application Gateway, a list of the applications which are available to you will appear. Please left click on the Hospital Measures link to navigate into the application.

CHAPTER 2: An Introduction to the Hospital Performance Measures Submission Application

The purpose of the Hospital Performance Measures Submission application is to provide a user friendly mechanism for hospitals to submit their performance measure data to the Ohio Department of Health. The data collected in this application will be used to populate the Ohio Department of Health's Ohio Hospital Compare public website.

Home Page:

Upon entering the application you will be taken to this page. From this area you will have the ability to either work with your hospital's performance measure data (left hand menu) or access additional information resources (right hand menu).



Review Hospital Performance Data:

Left clicking on the "Review/Print Performance Data" link will allow you to preview a print hospital performance measure data previously submitted by your hospital.



Submit Hospital Performance Data:

Left clicking on the "Submit Performance Data" link will navigate you to a facility selection screen. All hospitals that you have been granted access to report for will appear on this screen. You may only report for one hospital at a time. To choose the hospital that you want to report for, left click on the "Select" link next to that hospital's name.



Hospital Performance Measures

[Log Out](#)
KSHAHEEN

Home Submit Performance Data Review/Print Performance Data Administration	Reporting Time Frame: Qtr3 - Qtr4 2008 to Qtr1 - Qtr2 2009
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	Hospital Registration #	Hospital	Address
Select	9999	- Test Hospital	667 Eastland Avenue, SE Columbus, Ohio - 44484
Select	1427	A G James Cancer Hosp-Springfld	2615 E. High Street Springfield, Ohio - 45505
Select	1100	Adams County Regional Medical Center	230 Medical Center Drive Seaman, Ohio - 45679
Select	1016	Affinity Medical Center-Doctors Campus	400 Austin Avenue NW Massillon, Ohio - 44646
Select	1272	AffinityMedical Center-Massillon Campus	875 8th Street NE Massillon, Ohio - 44646
Select	1219	Allen Medical Center	200 West Lorain Street Oberlin, Ohio - 44074
Select	1269	Alliance Community Hospital	200 E. Rice Street Alliance, Ohio - 44601

CHAPTER 3: Data Submission

The following is an example of just one of the performance measure data entry screens in this application. Highlighted below are four key areas of note:

Identification tab:

Left clicking on the “Select” link, i.e. choosing your hospital or left clicking on the “Identification” tab will bring you to the following screen which contains general information about your hospital and its contacts for hospital performance measure data. Please note that the following are required to be completed; Web Site address, Hospital Type (please enter your certified hospital type), contact 1; First name, Last name, Phone, and Email. If you want your hospital name to be displayed differently on the Ohio Hospital Compare site please contact ODH staff at 614-995-4982 to make the modification.

Home	Identification	
Submit Performance Data	Hospital Name: <input type="text"/>	
Review/Print Performance Data	Address: 2615 E. High Street	
Administration	City: Springfield	
Identification	State: Ohio	
Heart Attack (AMI)	Zip: 45505	
Heart Failure (HF)	County: CLARK	
Pneumonia (PN)	Phone: 6142934878	
Surgical Care (SCIP) Inf-1	Web Site Address: <input type="text"/>	
Surgical Care (SCIP) Inf-2	Hospital Type: <input type="text" value="Please select"/>	
Surgical Care (SCIP) Inf-3	Contact 1:	
Surgical Care (SCIP) Card/VTE	Title: <input type="text" value="Please Select"/>	Middle Initial: <input type="text"/>
Other Heart (AHRQ-IQ)	First Name: <input type="text"/>	Phone: <input type="text" value="6145555555"/> ex: <input type="text"/>
Patient Safety (AHRQ-PSI)	Last Name: <input type="text"/>	Email: <input type="text"/>
Infection (CDC/NHSN)	Job Title/Position: <input type="text"/>	
Hand Washing and Staffing	Contact 2:	
Perinatal/Pregnancy	Title: <input type="text" value="Please Select"/>	Middle Initial: <input type="text"/>
Patient Survey (HCAHPS)	First Name: <input type="text"/>	Phone: <input type="text" value="6145555555"/> ex: <input type="text"/>
Pediatrics	Last Name: <input type="text"/>	Email: <input type="text"/>
	Job Title/Position: <input type="text"/>	

Application workflow:

Left clicking on the Save or Cancel button located at the bottom of each tab in the list below will enable the user to navigate through the application. The “Cancel” button will clear any changes made to the screen prior to its last successful save, i.e. it will reload the page as it was last saved. The “Save” button will perform the following; First, it will run all data validation and error checks on the information that has been completed on the tab. At this point, if there are any errors they will appear in red text at the top of the screen. Please note that data are **not saved** until all errors and validation issues have been resolved. Once you have corrected the errors, left click the “Save” button again. This will save the data and advance the application to the next tab in the vertical order. Once all valid entries for all data have been made the application will provide the user with a functioning “Verify and Submit” tab to complete their data submission. **Once you have successfully completed and saved a screen you will see the green check mark beside the tab.** Each tab indicates the category of the data that needs to be submitted. You need to complete each tab regardless of whether you provide the service or not.

Hospital Performance Measures Data Entry:

1. This is where the quarter specific data will be entered for each measure, i.e. numerator and denominator or volume data. You may navigate to the next data entry cell by using the tab key or left clicking on it. If 'NA' is entered into these cells Note 1 "This hospital does not provide this service will display on Ohio Hospital Compare. If 'NoData' is entered into these cells Note 4 "Data not available for this hospital" will display on the Ohio Hospital Compare.
2. This area is where the application will automatically calculate the total numerator, denominator, and rate or volume for each measure. Please note these are the numbers that will ultimately display on Ohio Hospital Compare public website.
3. If "Note 1, 2, 3, 4 or 5" is present in the "Data for Public Display" column the textual information included here is what will actually display on the hospital performance measures public website.

Note: These messages will be displayed on the public site

- 1 This hospital does not provide this service or did not collect this information for this time period.
- 2 This hospital does not have enough data to reliably tell how well it performed.
- 3 This hospital provides this service but 0 (zero) patients met the criteria for inclusion in this measure.
- 4 Data not available for this hospital.
- 5 Patient Satisfaction data are not available for this hospital.

4. Left clicking the note pad icon will bring up a 500 character comment box for each measure. This information is not required, however, if a comment is provided it will display on the Ohio Hospital Compare public website.

Additionally, near the top of the screen are two more fields to indicate whether or not your hospital provides the service that underlies the measures on this page and whether or not the data submitted on this page have been calculated from a sample. Please see the performance measure data manual for information about when to use these fields.

Heart Failure (HF)														
Heart Failure (HF)		Do not provide service: <input type="checkbox"/>		Is data calculated from a sample? Please select ▾										
Qtr 3 - 2008		Qtr 4 - 2008		Qtr 1 - 2009		Qtr 2 - 2009		Data for Public Display						
Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Rate				
HF-All: All-or-none measure (HF-1, HF-2, HF-3, HF-4) #1											Note 1	Note 1	Note 1	#4 
HF-1: Discharge Instructions											Note 1	Note 1	Note 1	
HF-2: Evaluation of LVS Function											Note 1	Note 1	Note 1	
HF-3: ACEI or ARB for LVSD											Note 1	Note 1	Note 1	
HF-4: Smoking Cessation Advice/Counseling											Note 1	Note 1	Note 1	

Verify and Submit tab:

Upon successful completion of all data entry the “Verify and Submit” tab will look like the image below. If you have not been able to successfully complete all data entry, this page will simply display a list of all tabs which have not been successfully completed. All tabs, including the “Verify and Submit” tab must be completed in order for ODH to officially accept your hospital's data submission. Once you have completed the “Verify and Submit” tab, you have officially affirmed and submitted your hospital performance measure data to ODH. While you may further edit the data up until the reporting deadline, you will be required to re-complete the “Verify and Submit” tab should you do so.

Ohio.gov | Department of Health

Hospital Performance Measures Log Out
OHADMIN

Home Verify and Submit

Submit Performance Data

Review Performance Data

Administration

Identification

Heart Attack (AMI)

Heart Failure (HF)

Pneumonia (PN)

Surgical Care (SCIP)

Other Heart (AHRQ ID)

Patient Safety (AHRQ-PS)

Infection (CLABSI)

Hand Washing and Staffing

Perinatal/Pregnancy

Patient Survey (HC-AHPS)

Pediatrics

Verify and Submit

AFFIDAVIT
CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL
Report period FROM: 01/01/2008 TO 12/31/2008 INCLUSIVE
I hereby certify that the data provided are true to the best of my knowledge.
Date: 7/28/2009
Authorized Representative: ODH HB197Admin

Yes, I agree *
Please certify the submission of this data prior to clicking 'Publish Measures'

Publish Measures

Ohio Department of Health: Hospital Measure Reporting Version 1.2
Updated last on: 21 July 09 Server Name: ODHDIRTST
If you have a problem with this application, please contact ODH at (614) 995-4982.

Place a check mark in the “Yes, I agree” checkbox by left clicking on it. Next, left click the “Publish Measures” button. At this point, ODH has officially received your data submission and you should receive a message similar to the one below;

Your measure data is confirmed, thank you ...

Confirmed By: ODH HB197Admin
Date of Confirmation: 7/28/2009 1:38:55 PM

CHAPTER 4: Data Validation, Error Corrections, and Data Modifications

Select list of common data validations:

- 1) Identification tab
 - a) The following fields are required to be completed;
 - i) Website Address
 - ii) Hospital Type
 - iii) Contact I – First Name, Last Name, Phone and E-mail
 - (1) Phone must be formatted as ##### Ex: 6149954982
 - (2) Email must be properly formatted Ex: Hospitalperformance@odh.ohio.gov
- 2) Performance Measure tabs
 - a) Data is required, fields must not be blank
 - b) Numerator must not be greater than denominator
 - c) Numerator and denominator must be positive whole numbers or zero
 - d) Both numerator and denominator must be 'NA' if either is 'NA'
 - e) Both numerator and denominator must be 'NoData' if either is 'NoData'
 - f) "Is data calculated from sample?" is a required field if it appears on the screen
 - g) "Please select" is not a valid response for measures on the hand washing and staffing tab.
 - h) "Yes, I agree" must be checked on the Verify and Submit tab

Correcting Errors and Saving Data:

As you are entering data, you may see a red asterisk (*) appear next to the field that you just entered. This is an indication that there is a problem with the value or value(s) that you just entered. When the "Save" button is left clicked a textual error message will appear at the top of your screen to further identify what the problem with that data field may be. Please note that as long as there are errors present on a tab the data **will not be saved**. All errors must be fixed prior to the data being saved and the user advancing to the next vertical tab for data submission.

Modifying data after it has been submitted:

Once data has been verified and officially received by ODH, you may still modify it via this application up to the lock data of the submission period (i.e., April 30th and October 31st). To edit data simply change the data which needs to be modified, left click the "Save" button to ensure that there are no errors, and then **recomplete the "Verify and Submit" tab to officially send your data to ODH again.**

CHAPTER 5: Public Presentation and Display of this Information

Only the total numerator, denominator, rate and/or volume for the 12 month period will display on the public website along with any footnotes that apply to the data you submitted. All comments which you provided in the comment section of the data submission application will also display on the public website. Be sure to enter only comments that pertain specifically to the integrity of the data you provided. If you have comments regarding the name, address, certification information, etc... please contact the Ohio Department of Health.

If a measure or set of measures does not apply to your hospital please make sure you enter "NA" into the data collection application. This will translate into the following footnote being displayed on the public website "This hospital does not provide this service."

If a measure or set of measures was not collected during the reporting period please make sure you enter "NoData" into the data collection application. This will translate into the following footnote being displayed on the public website "Data not available for this hospital."

If your denominator is not more than 25, for the four quarters the following footnote will display on the public website along with the total numerator and denominator (i.e., 12/22) "This hospital does not have enough data to reliably tell how well it is doing".

If you entered zero into the numerator and denominator the following will appear on the public website "This hospital provides this service but 0 patients met the criteria for inclusion in the measure."

In addition to the performance measure data you have provided the public website will display the services and number of beds that your hospital has. This information will be populated as reported on the annual hospital registration form submitted by your facility to ODH.