# **Data Submissions Journey Map**

there since it looks good for us."



### User Roles

# Quality Manager / Coordinator

- · QualityNet Administrator
- Data submissions for 1 hospital in a system
- · Receives & disseminates reports

### **Ouality Nurse Reviewer**

- · Chart abstractions for community hospital
- · Creates reports

thumb drive, we recently had a

· Educates/coordinates w/ staff on improvements

# Meaningful Use Project Manager

- Submissions for hosp system (3 + 1 ASC)
- · Documenting PL criteria
- · Educating staff on Promoting Interoperability

It makes my life easier."

# Senior Director Quality Data

- · Helps hospitals understand performance reports & establish goals
- · Monitors hospital data
- · Manages team of analysts

#### CUSTOMER JOURNEY

#### ACTIONS Check submissions Decide on cases to submit Prepare files for submission Submit files Fix submissions (Goals are transmitted from leadershin) and/or identify cases that will achieve best Ensuring submissions are accurate Confirming requirements are satisfied / "Goal is meeting 100%" USER GOALS Under-resourced Resourced Under-resourced Resourced 1 Get emails from QualityNet 1 Patient census from FMR 1 Abstractions in a system like 1 "The Checklist" (sten-hy-sten 1 FMR & FMR-based educational 2. Troubleshoot issues w/ HSAG 1. Multiple data repositories 2. Receive certification letters from vendor MIDAS or a product like Excel or guide from ONet that many resources (webinars, etc.) 3. Translate between hospitals and 2. Oversee / collaborate with TOUCHPOINTS 3. Hospital / system dashboards 2. System like MIDAS / vendor to AND/OR vendor to ensure submissions are Emails from QualityNet AND/OR 3 Gather data from facilities 3. TEST submissions in HQR 3 Peer networks in hospital Receive confirmations from vendor Vendor takes care of issues 1. Keeping track of changing 1. Keeping up with specifications and what 1.Collecting data from multiple 1. Moving between QualityNet and 1. Reports take a long time to run 1. Lack of access to multiple 2. Reports can be confusing 1. Can take some time to resolve issues 2. People without technical 2. Getting providers to understand what to 2. Getting hospital numbers to 2. Lack of "The Checklist" / step-PAIN POINTS backgrounds having to learn tech 2. Can make hospitals anxious to think reconcile w/ HCS numbers by-step instructions 2. Lack of "The Checklist" / stepthat problems aren't resolved 3. Lack of qualified IT staff in 3. At the corporate level, knowing if the right Double/triple checking everything 3. Multiple backups / staff is in place to complete tasks "I do screen shots on every "When I report my data in CART, I "Once I submit to Midas, they do "We outsource most of our data "How come it says in the corner, "We had a great score because we only single objective... have to manually go in and the quarterly submissions to "The QualityNet Help Desk is abstraction so we can focus on **THOUGHTS** had 5 cases. So we wanted to keep that CMS for us... usually very helpful." quality improvement" not sure why it says "DACA no"

had no training, it was very stressful when I first started.