

# Hospital Outpatient Quality Reporting Program

## Support Contractor News

Special Edition

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### Quick Links . . .

**QualityNet**  
[www.qualitynet.org](http://www.qualitynet.org)

**Hospital OQR Program**  
5201 W. Kennedy Blvd.  
Suite 900  
Tampa, FL 33609  
1-866-800-8756

## Provider Webinars

**January 18** - Specifications Manual Changes - New Measures

**February 15** - TBA

**March 21** - TBA

## ED-Throughput Questions and Suggestions

### 1. Are there ED-Throughput benchmarks?

Data collection for ED-Throughput measures begins January 1, 2012, and benchmarks will not be determined until after data collection is completed for the first two quarters' data, at a minimum. Although other associations may publish benchmark data on emergency measures, at this time CMS has no formal benchmarks established for these measures. For many median time measures, the closer to zero indicates more efficiency in throughput of patients.

### 2. Capturing Times

**Provider Contact** – Some facilities suggest using patient barcodes to scan for the first direct, personal exchange between the patient and physician or institutionally credentialed provider when initiating the medical screening examination in the ED. ED Departure – Scanning of patient barcodes for ED departure can be used as well; however, documentation must clearly capture the scan time as time of departure from the ED.

**Arrival Time** – Arrival time can be documented in many places. Use the earliest time documented in acceptable sources, which includes the entire ED record where you may find documented times on the ED face sheet, consent forms, or registration sign-in.

**ECG Time** – To promote consistency in documentation of times, all clocks and equipment such as ECG machines should be synched and regularly checked, especially when time changes occur (such as daylight savings).

## ED-Throughput Questions and Suggestions (Cont'd.)

### 3. Transition Record

The transition record contains five elements, and they must all be present to pass. Please refer to the data element for specific requirements.

- a. All the tests performed and all procedures performed must be present.
- b. The diagnosis or chief complaint must be present.
- c. Any patient instructions for discharge must be present.
- d. Plan for follow-up or documentation of no need for follow-up must be present.
- e. New, changed, or discontinued meds with instructions must be present.

### 4. Head CT or MRI Scan Interpretation

The measure does not require documentation of the results that were reported back to the ED but captures the earliest time the results were available for interpretation or reported. This does not include the time of completion of the actual scan, unless this time coincides with the actual interpretation. Examples of times may include the radiologist interpretation, the reporting of the scan results to the ED physician by the radiologist, the actual ED physician interpretation of the scan, etc.

### 5. Troponin

Troponin can be performed quickly, and if your lab is experiencing difficulty in processing troponin in under 60 minutes, set up discussions between the ED management and Lab management to discuss options.

## DIDO (Door in to Door Out) in the News Again

Please read and consider working on reducing the times for transfer:

Herrin, J., Miller, L. E., Turkmani, D.F., Nsa, W., Drye, E. E., Bernheim, S. M., Ling, S. M., Rapp, M. T., Han, L. F., Bratzler, D. W., Bradley, E. H., Nallamotheu, B. K., Ting, H. T., & Krumholz, H. M. (2011). National performance on door-in to door-out time among patients transferred for primary percutaneous coronary intervention. *Arch Intern Med*, 171(21), 1879-1886. doi:10.1001/archinternmed.2011.481

## Transition

It's that time. Although Hospital OQR will continue to be the Support Contractor for the time being, we need you, the Hospital QI/abstractors, to begin directing phone calls to your QIO Hospital OQR Contacts starting now, but no later than **February 29th. Contract extended until May 31st!** We will continue to answer questions on the Hospital OQR Q&A (<http://cms-ocsq.custhelp.com/>) found on the lower right hand corner of the QualityNet.org website. We will also continue to accept validation reviews and present our monthly webinars.

## Transition Record

Speaking of transition, we would like to hear from you about how you are handling the transition record given to patients. If you are using an electronic product that seems to be working well, let us know which product you are using and if you have solved any issues that might help others. Please send your information to: [mball@flqio.sdps.org](mailto:mball@flqio.sdps.org). We will share your experiences via a webinar this spring, so please send in the information as soon as possible.

## Top Mismatched Validation Results

Mismatched Data Elements Q1 2011			
Data Element	Description	Count	Percent
Antibiotic Name	What is the name if the antibiotic(s)?	453	18.2%
ECG Date and Time	What was the documented date and time of the earliest ECG?	410	16.5%
ED Arrival Time	What was the earliest documented time the patient arrived at the emergency department?	359	14.4%

### Antibiotic Name

The following information is required:

- Collect only antibiotics initiated via an appropriate route (PO, IV, IM, or UTD) to answer this question.
- If the antibiotic name and route are not contained in a single source for that specific antibiotic, utilize “UTD” for the missing information.

Examples that **do not** represent actual administration:

- Pre-Op Checklist states:
  - o IV Started at 1730
  - o Preop Antibiotic Given at 1800
  - o Lab on Chart
- Operative Report states:
  - o IV antibiotics given prior to procedure

### ECG Date and Time

If there is a check off box or documentation of an ECG performed in the ambulance and this time is within one hour to patient arrival in the ED, change the ECG time to the arrival time, and that will be your time for the ECG. It is not necessary to see a copy of the ambulance ECG or an interpretation for this measure. Assume any documentation of an ECG in the ambulance is a 12 lead, unless documentation indicates otherwise.

### ED Arrival Time

Arrival time can be documented in many places. Use the earliest time documented in acceptable sources, which includes the entire ED record where you may find documented times on the ED face sheet, consent forms, or registration sign-in.

**In case you missed it, the 500 hospitals that were lucky enough to be picked for validation are posted on QualityNet.**

**The list of who is and who is not receiving full APU is now posted on QualityNet.**