Complete and detailed information is available in the Specifications Manual located on QualityNet (www.QualityNet.org) under the Hospital Outpatient tab.

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Outpatient Quality Reporting

Healthcare Professional Information Booklet

2012

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Outpatient Quality Reporting

Importance
- Improves the quality of care
- Hospitals that do not meet Hospital OQR Program requirements may receive a 2% reduction in payment
- May become the standard of care—set benchmarks

General Documentation Guidelines

Arrival Date & Time: Document the arrival date & time (patient physically present) for measures, as appropriate.

Discharge/Departure Date & Time: Document the departure date & time (patient physically left) for measures, as appropriate.

Discharge Status: Document the patient’s discharge disposition from the ED.

Nursing Staff: Document a discharge note.

Medication Administration: Document medications administered—time, name, route, and administrator. All items must be documented to answer “yes” to administration questions.

Non-Administration of Indicated Medications: Reasons for non-administration of indicated medications must be documented. Reasons for delays must also be documented. System delays are not acceptable such as equipment, waiting for medication from pharmacy, etc.

Cardiac Care (AMI & Chest Pain) Measures

OP-1: Median Time to Fibrinolysis
Median time from emergency department arrival to administration of fibrinolytic therapy in ED patients with ST-segment elevation or left bundle branch block (LBBB) on ECG performed closest to ED arrival and prior to transfer.
- Document any reasons for delay.

OP-2: Fibrinolytic Therapy Received with 30 Minutes of ED Arrival
ED acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes of ED arrival.
- Document reasons for delay.

OP-3: Median Time To Transfer to Another Facility for Acute Coronary Intervention
Median time from emergency department arrival to time to transfer to...

Prophylactic Antibiotic Regimen for Surgery

<table>
<thead>
<tr>
<th>Surgical Procedure</th>
<th>Approved Antibiotics (Appendix C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac (Pacemakers or AICDs) or Vascular OP Table 6.1</td>
<td>Cefazolin or Cefuroxime OP Table 6.6 or Vancomycin* OP Table 6.12 if S-lactam allergy: Vancomycin OP Table 6.12 or Clindamycin OP Table 6.7</td>
</tr>
<tr>
<td>Orthopedic/Podiatry OP Table 6.2</td>
<td>Cefazolin or Cefuroxime OP Table 6.6 or Vancomycin* OP Table 6.12 if S-lactam allergy: Vancomycin OP Table 6.12 or Clindamycin OP Table 6.7</td>
</tr>
<tr>
<td>Genitourinary Prostate biopsy† OP Table 6.3</td>
<td>Quinolone* OP Table 6.11 OR 1st Generation cephalosporin OP Table 6.6a OR 2nd Generation cephalosporin OP Table 6.6b OR 3rd Generation cephalosporin OP Table 6.6c OR Aminoglycoside OP Table 6.6 + Metronidazole OP Table 6.9 OR Aminoglycoside OP Table 6.2 + Clindamycin OP Table 6.7 OR Clindamycin OP Table 6.5 + Metronidazole OP Table 6.9 OR Clindamycin OP Table 6.5 + Clindamycin OP Table 6.7</td>
</tr>
<tr>
<td>Genitourinary Penile prosthesis insertion, removal, revision OP Table 6.3a</td>
<td>Ampicillin/Subbacalam or Ticardillin/Clavulanate or Piperacillin/Tazobactam OP Table 6.3 OR Aminoglycoside OP Table 6.2 + 1st Generation cephalosporin OP Table 6.6a OR Aminoglycoside OP Table 6.2 + 2nd Generation cephalosporin OP Table 6.6b OR Aminoglycoside OP Table 6.2 + Vancomycin OP Table 6.12 OR Aminoglycoside OP Table 6.2 + Clindamycin OP Table 6.7 OR Clindamycin OP Table 6.5 + 1st Generation cephalosporin OP Table 6.6a OR Clindamycin OP Table 6.5 + 2nd Generation cephalosporin OP Table 6.6b OR Clindamycin OP Table 6.5 + Vancomycin OP Table 6.12 OR Clindamycin OP Table 6.5 + Clindamycin OP Table 6.7</td>
</tr>
<tr>
<td>Gastric/Biliary PEG placement OP Table 6.4</td>
<td>Cefazolin OP Table 6.6 OR Cefuroxime OP Table 6.6 OR Ceftizoxin OP Table 6.4 OR Ceftolestan OP Table 6.4 OR Ampicillin/Subbacalam OP Table 6.3a OR Cefazolin OP Table 6.6 + Metronidazole OP Table 6.9 OR Cefuroxime OP Table 6.6 + Metronidazole OP Table 6.9 OR Vancomycin* OP Table 6.12 if S-lactam allergy: Clindamycin OP Table 6.7 + Aminoglycoside OP Table 6.2 OR Clindamycin OP Table 6.7 + Quinolone OP Table 6.11 OR Vancomycin OP Table 6.12 + Aminoglycoside OP Table 6.2 OR Vancomycin OP Table 6.12 + Quinolone OP Table 6.11</td>
</tr>
<tr>
<td>Gynecological Laparoscopically-assisted hysterectomy, Vaginal hysterectomy OP Table 6.5</td>
<td>Clindamycin OP Table 6.6, Cefoxitin or Cefotetan OP Table 6.4 or Ampicillin/Subbacalam OP Table 6.3a if S-lactam allergy: Metronidazole OP Table 6.9 + Aminoglycoside OP Table 6.2 OR Metronidazole OP Table 6.9 + Quinolone OP Table 6.11 OR Clindamycin OP Table 6.7 + Aminoglycoside OP Table 6.2 OR Clindamycin OP Table 6.7 + Vancomycin OP Table 6.12 OR Clindamycin OP Table 6.7 + Clindamycin OP Table 6.7 OR Clindamycin OP Table 6.7 + Quinolone OP Table 6.11</td>
</tr>
<tr>
<td>Gynecological Pubovaginal sling OP Table 6.5a</td>
<td>1st Generation cephalosporin OP Table 6.6a OR 2nd Generation cephalosporin OP Table 6.6b OR Ampicillin/Subbacalam OP Table 6.3a OR Quinolone* OP Table 6.11 if S-lactam allergy: Aminoglycoside OP Table 6.2 + Clindamycin OP Table 6.7 OR Aminoglycoside OP Table 6.2 + Metronidazole OP Table 6.9 OR Clindamycin OP Table 6.5 + Metronidazole OP Table 6.7 OR Clindamycin OP Table 6.5 + Quinolone OP Table 6.11</td>
</tr>
<tr>
<td>Head and Neck OP Table 6.6</td>
<td>Cefazolin or Cefuroxime OP Table 6.6 OR Ampicillin/Subbacalam OP Table 6.3a OR Clindamycin OP Table 6.7 + Quinolone OP Table 6.11 OR Vancomycin* OP Table 6.12</td>
</tr>
<tr>
<td>Neurological OP Table 6.7</td>
<td>Natulanil or Cladulin OP Table 6.8, Cefazolin or Cefuroxime OP Table 6.6, or Vancomycin* OP Table 6.12 or Clindamycin OP Table 6.7</td>
</tr>
</tbody>
</table>

Special Considerations
- Vancomycin is acceptable with a physician/APN/PA/pharmacist documented justification for its use (see data element Vancomycin*).
- The only operations for which oral antibiotics alone are acceptable are the Prostate biopsy and Pubovaginal sling procedures.
- The only operations for which intramuscular antibiotics alone are acceptable are the Prostate biopsy procedures.
Best Practice Recommendations

- Educate staff on requirements.
- Synchronize time clocks in ED—staff clocks and equipment.
- Implement protocols that are based on presenting complaint.
  - Troponin & ECG performance—chest pain
- Institute Fast Track process for chest pain, AMI, & stroke.
- Make sure all providers document times for interventions, medication administration, testing, etc.
- As a double check, nursing staff should document initial assessment/evaluation time of qualified professionals—MD, PA, NP, etc.
- The table below indicates the national performance results for CY2010 on selected measures.

| Hospital Outpatient Quality Reporting Program CY 2010 Median and 90th Percentile Values |
|-----------------------------------------------|----------------|
| Performance Measure                          | Median | 90th Percentile |
| OP-1: Median Time to Fibrinolysis            | 29 min | 13 min          |
| OP-2: Fibrinolytic Therapy Received with 30 Minutes of ED Arrival | 50% | 100% |
| OP-3: Median Time To Transfer to Another Facility for Acute Coronary Intervention | 60 min | 29 min |
| OP-4: Aspirin on Arrival                      | 98%    | 100%            |
| OP-5: Median Time to ECG                      | 8 min  | 0 min           |
| OP-6: Timing of Antibiotic                    | 95%    | 100%            |
| OP-7: Prophylactic Antibiotic Selection for Surgical Patients | 96% | 100% |

Imaging Departments

- Imaging should evaluate practice patterns/techniques to assure alignment with measures specifications.
- Imaging should communicate measure specifications to ordering clinicians.

Another facility for acute coronary intervention.

OP-4: Aspirin at Arrival
Aspirin received within 24 hours before emergency department arrival or administered prior to transfer

OP-5: Median Time to ECG
12 Lead ECG performed within one hour of arrival to ED. May use the ECG from EMS if within one hour of arrival
Make sure time printed by ECG machine is correct and readable.

OP-16: Troponin Results for ED AMI patients of chest pain patients (with Probable Cardiac Chest Pain) Within 60 Minutes of Arrival

ED—Throughput Measures

OP-18: Median Time from ED Arrival to ED Departure For Discharged ED Patients

OP-19: Transition Record with Specified Elements Received by Discharged Patients—Measure Suspended.
This measure is used to assess the percentage of patients, regardless of age, discharged for an emergency department, or their caregiver(s), who received a transition record at the time of ED discharge including, at a minimum, all of the specified elements.
- Major procedures and tests performed during ED visit, AND
- Principal diagnosis at discharge OR chief complaint, AND
- Patient Instructions, AND
- Plan for follow-up care (OR statement that none required), including primary physician, other health care professional, or site designated for follow-up care, AND
- List of new medications and changes to continued medications that patient should take after ED discharge, with quantity prescribed and/or dispensed (OR intended duration) and instructions for each.
All items must be provided to answer “yes” to this measure.

OP-20: Door to Diagnostic Evaluation By a Qualified Medical Professional
Time in minutes from ED arrival to Provider Contact for patients discharged for the emergency room. Providers are classified as:
- MD—PA—NP—CRNA—CMN—CNS
Documentation of initial evaluation/assess times as recorded by the nurse is acceptable.
OP-22: ED Patient Left Without Being Seen
Percent of patients who leave the Emergency Department without being seen by a physician/advance practice nurse/physician’s assistant. Number of patients who left without being seen/Total number of patients who presented to the ED
- Keep a count of patients that leave without being seen.

Outpatient Surgery
OP-6: Timing of Antibiotic Prophylaxis
Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision time or within two hours prior to incision time for vancomycin or fluoroquinolone due to longer infusion time requirement

OP-7: Prophylactic Antibiotic Selection for Surgical Patients
Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific for each type of surgical procedure)
- Document the name, time, route, and administrators initials or signature.
- Urologic and pubovaginal sling procedures: Oral antibiotics taken prior to arrival are acceptable.
- Make sure the incision time is documented.
- Document if case is canceled.
- Document the arrival time—patient physically present.

Pain Management Measures
OP-21: Median Time to Pain Management for Long Bone Fracture
Median time from emergency department arrival to time of initial oral or parenteral pain medication administration for emergency department patients with a principal diagnosis of long bone fracture (LBF)

Stroke Measures
OP-23: ED-Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT Scan Interpretation Within 45 Minutes of Arrival
Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within two hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time of ED arrival to interpretation of the Head CT or MRI scan within 45 minutes of arrival
- This measure assesses radiology report turnaround time.
- Document the date at which the patient was last known to be well or at his or her baseline state of health.

Imaging Measures
OP-8: MRI Lumbar Spine for Low Back Pain
Percentage of MRI of the lumbar spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy

OP-9: Mammography Follow-up Rates
Percentage of patients with mammography screening studies that are followed by a diagnostic mammography or ultrasound of the breast study in an outpatient or office setting within 45 days

OP-10: Abdomen CT Use of Contrast Material
Percentage of abdomen studies that are performed with and without contrast of out of all abdomen studies performed (those with contrast, those without contrast, and those with both)

OP-11: Thorax CT Use of Contrast Material
Percentage of thorax studies that are performed with and without contrast of all thorax studies performed (those with contrast, those without contrast, and those with both)

OP-13: Cardiac Imaging for Perioperative Risk Assessment for Non-Cardiac Low-Risk Surgery
Percentage of Stress Echocardiography, SPECT MPI or Stress MRI studies performed at a hospital outpatient facility in the 30 days prior to an ambulatory low-risk, non-cardiac surgery performed anywhere

OP-15: Use of Brain CT in Emergency Department for Atraumatic Headache (Under Revision)
Percentage of Emergency Department visits for atraumatic headache with a coincident brain CT study

Structural Measures: Submitted by Administration
OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data
ONC—Office of the National Coordinator for Health Information Technology

OP-17: Tracking Clinical Results between Visits