CMS
Outpatient Quality Reporting
(OQR)
2012
Outpatient Quality Reporting

Objectives:

1. State importance of meeting OQR standards.
2. Explain the quality measures for the OQR program.
3. Outline strategies and documentation tips to improve performance.
Outpatient Quality Reporting

Implemented by CMS to monitor the quality of care for outpatient services

- Based on standardized measures of care
- Modeled on the current quality reporting program for inpatient services.
- Hospital must meet data submission and validation requirements
• Importance of Outpatient Quality Reporting
  – Hospitals that do not meet Hospital OQR Program requirements may receive a 2% reduction in payment
  – Hospitals also agree to allow CMS to publicly report data
Outpatient Quality Reporting

23 Total Quality Measures

– 14 Clinical Performance
  • Cardiac Care Measures: AMI and CP
  • ED – Throughput Measures
  • Pain Management
  • Stroke Measures
  • Outpatient Surgery

– Seven Imaging Efficiency

– Two Structural
### Clinical Measures

<table>
<thead>
<tr>
<th>OP – 1</th>
<th>Median Time to Fibrinolysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP – 2</td>
<td>Fibrinolytic Therapy Received within 30 Minutes</td>
</tr>
<tr>
<td>OP – 3</td>
<td>Median Time To Transfer to Another Facility for Acute Coronary Intervention</td>
</tr>
<tr>
<td>OP – 4</td>
<td>Aspirin at Arrival</td>
</tr>
<tr>
<td>OP – 5</td>
<td>Median Time to ECG</td>
</tr>
</tbody>
</table>
Clinical Measures

OP – 6  Timing of Antibiotic Prophylaxis

OP – 7  Prophylactic Antibiotic Selection for Surgical Patients

OP – 16 Troponin Results for ED AMI patients of chest pain patients (with Probable Cardiac Chest Pain) within 60 minutes of Arrival
Clinical 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 (Expected to be reinstated – must abstract for submission but will not be reported publicly)

OP – 20 Door to Diagnostic Evaluation by a Qualified Medical Professional
Outpatient Quality Reporting

Clinical Measures

OP – 21  ED – Median Time to Pain Management for Long Bone Fracture
OP – 22  ED – Patient Left Without Being Seen
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
Outpatient Quality Reporting

Imaging Measures

OP – 8  MRI Lumbar Spine for Low Back Pain
OP – 9  Mammography Follow-Up Rates
OP – 10 Abdomen CT Use of Contrast Material
OP – 11 Thorax CT Use of Contrast Material
OP – 13 Cardiac Imaging for Perioperative Risk Assessment for Non-Cardiac Low-Risk Surgery
OP – 14 Simultaneous Use of Bran Computed Tomography (CT) and Sinus CT
OP – 15 Use of Brain CT in Emergency Department for Atraumatic Headache (Under Revision)
Outpatient Quality Reporting

Structural Measures

OP – 12  Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified HER System as Discrete Searchable Data

OP – 17  Tracking Clinical Results Between Visits
Outpatient Quality Reporting

Data Accuracy is Important

- May use data in Value Based Purchasing
  - Hospitals who perform well will receive more payment.
  - Hospitals who do not meet expected standards may receive reduced payment
- Will become standard of care
  - Set benchmarks – improve care
  - Litigation
Outpatient Quality Reporting

Clinical Measures – Documentation of Time

• CMS is monitoring the timeliness of medical care

• Reason: Negative patient outcomes have resulted from delays in medical care
  • Resulting in more costly care
  • Patient injury
  • Patient complaints
Clinical Measures – Documentation of Times

– Majority of measures capture timing of processes/events in the ED Department

• OP-1, OP-2, OP-3, OP-5, OP-6, OP-16, OP-18, OP-20, OP-21, and OP-23

• Must document times or make sure EHR prints the correct times in the medical record

• Arrival times, departure times, assessment times, medication administration times, ECG time
Clinical Measures – Documentation of Times

• Arrival Time
  • Required for OP-1, OP-2, OP-3, OP-4, OP-16, OP-18, OP-20, OP-21, and OP-23

• Departure Time
  • Required for OP-3, OP-18

• ECG Time
  • Cardiac Care

• Medication Administration Time
  • Cardiac Care - Fibrinolytic, Aspirin,
  • Long Bone Fracture – Pain Medication
  • Outpatient Surgery - Antibiotic
Outpatient Quality Reporting

Clinical Measures – Documentation of Times

- MD/PA/NP/CRNA/CNM/CNS Initial Evaluation Time (or L&D Nurse under special circumstances)
  - OP-20
- Diagnostic Tests Interpretation Time
  - ECG – Cardiac Measures
  - CT or MRI Scan – Stroke Measure
Arrival Time

• The earliest documented time the patient *arrived at* the outpatient or emergency department; and

• The earliest documented time the patient *arrived for* the surgery.
Outpatient Quality Reporting

Arrival Time

• Medical record must capture the earliest time the patient is physically present in the ED or outpatient surgery location

• Medical record must capture earliest time in clear terminology
  • *Arrival time* instead of unclear names such as encounter time, registration time, etc.
    • CMS may review medical record for validation
ED Departure Time

• The time at which the patient departed from the emergency department.

• Intent: To capture the latest time the patient was receiving care in the ED, under the care of the emergency department services or awaiting transport to services/care.
Outpatient Quality Reporting

ED Departure Time

• Very important that the nursing staff write a discharge note
  • To floor
  • Home
  • Ambulance/helicopter
Outpatient Quality Reporting

ECG Time

- Time at which the earliest 12-lead ECG was performed
  - Rhythm strips do not meet specification guidelines
- Must document the time the 12-lead ECG is taken
- Make sure the correct time is printed and readable on 12-lead ECG paper/ may hand write on document
Medication Administration Time

• Document medications administered – times, name, route, & administrator
  • Cardiac care – aspirin; or aspirin containing
  • Fibrinolytic
  • Antibiotic
  • Pain (analgesic) medication

• Document reasons why recommended medications are not administered
Outpatient Quality Reporting

- Best Practice Recommendations
  - Providers synchronize times of clocks in ED.
  - Implement protocols that are complaint dependent
    - Troponin & ECG performance – chest pain
    - Fast track process for chest pain & stroke
  - Document times for interventions, medication administration, testing, etc.
MD/NP/PA/CNS/CRNA/CNM Evaluation Times

• Above qualified profession must document time of initial assessment/evaluation
  • L&D Nurse, as appropriate
• Nursing staff is encouraged to document times of above qualified professional initial assessment
  • Safeguard for present of earliest time in record
Diagnostic Test Interpretation Time

• ECG - Cardiac Care
  • MD/NP/PA must document interpretation of earliest 12-lead ECG in notes or on strip
  • Must sign strip to get credit if not documented in notes

• Head CT or MRI Scan – Stroke
  • Interpretation time must be documented in record
  • Radiologist/MD must document on report
Outpatient Quality Reporting

• Outpatient Surgery – OP-6 and OP-7
  • Acceptable antibiotics are listed by procedure
  • Acceptable administration routes are also indicated by procedure
  • Only procedures for which IM antibiotic are acceptable is prostrate biopsy
<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Median</th>
<th>90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-1: Median Time to Fibrinolysis</td>
<td>29 min</td>
<td>13 min</td>
</tr>
<tr>
<td>OP-2: Fibrinolytic Therapy Received with 30 Minutes of ED Arrival</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>OP-3: Median Time To Transfer to Another Facility for Acute Coronary Intervention</td>
<td>60 min</td>
<td>29 min</td>
</tr>
<tr>
<td>OP-4: Aspirin on Arrival</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>OP-5: Median Time to ECG</td>
<td>8 min</td>
<td>0 min</td>
</tr>
<tr>
<td>OP-6: Timing of Antibiotic</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>OP-7: Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>96%</td>
<td>100%</td>
</tr>
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</table>
Outpatient Quality Reporting

Imaging Measures

• Involves monitoring of ordering practices of MD/PA/NP
• Inappropriate performance of diagnostic test
  • Reduction of patient exposures
  • Less expensive modalities
• Appropriate follow-up after mammograms
Imaging Best Practices Recommendations

- Imaging (technologist and radiologist) should review the imaging specifications to determine if technique adjustment are needed
- Imaging must communicate specifications to the providers
- Monitor and assure appropriate follow-up
Outpatient Quality Reporting

Structural Measures

• IT Related and tracking clinical results between visits
In summary:

- Outpatient data submission is required/urged by CMS.
- Non-submission of data may result in 2% reduction in payment.
- Data for 23 outpatient measures are being monitored.
• In summary:
  • Clinical measures -14
    • Cardiac Care
    • Outpatient Surgery
    • ED Throughput
    • Stroke
  • Imaging – 7
  • Structural -2
• In summary:
  • Timeliness of care is the major focus.
  • Accurate documentation of times of arrival, departure, medication administration, and interventions must be performed by the nurses, doctors, and other professionals.
  • Best practice – make sure all times are captured and/or documented in the record.
  • Utilize protocols, when possible to avoid delays.
Questions

This material was prepared by AQAF, the Medicare Quality Improvement Organization for Alabama, under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents do not necessarily reflect CMS policy. 10SOW-AL-C7-12-30