Welcome!

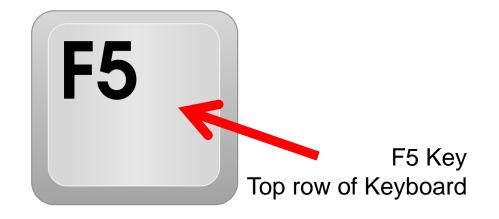
- Audio for this event is available via ReadyTalk[®] Internet Streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available.
 Please send a chat message if needed.
- This event is being recorded.

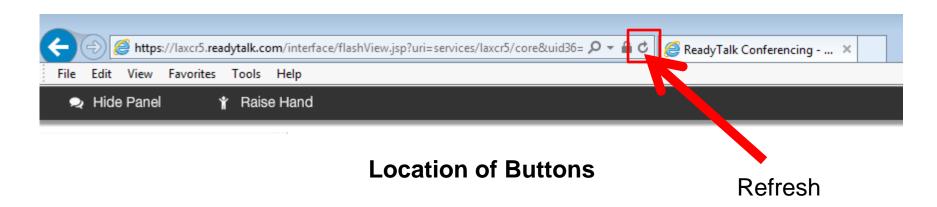


Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

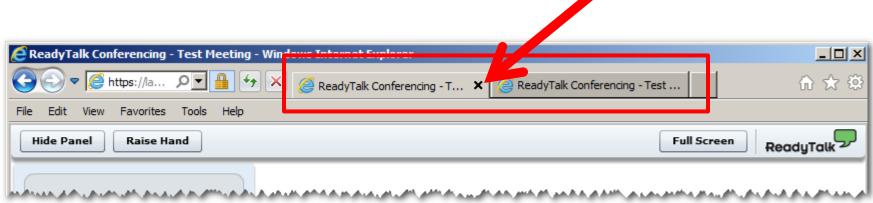
- Click <u>Refresh</u> icon or
- Click F5





Troubleshooting Echo

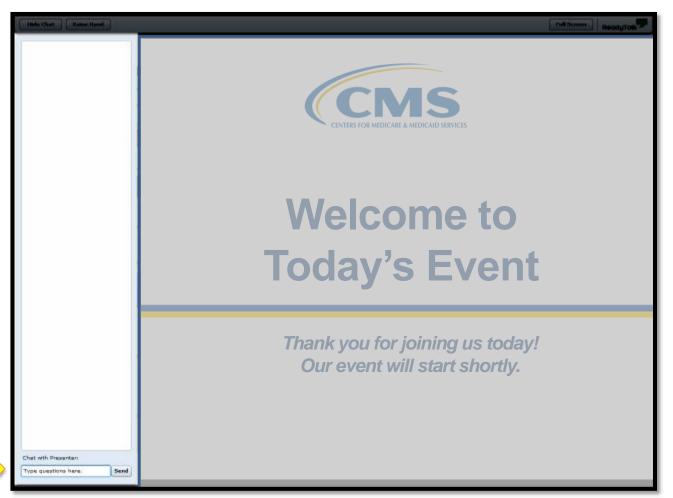
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.





Racing to the Finish Line: Tracking Data to Improve Quality

May 25, 2016

Announcements

- January 1, 2016

 –August 15, 2016, is the data submission period for the web-based measures entered through QualityNet.
- Access your QualityNet and NHSN accounts routinely to ensure your passwords stay active.
 - For QualityNet password problems, contact QualityNet at 866.288.8912.
 - For NHSN account issues, contact the NHSN Helpdesk at nhsn@cdc.gov.

5/25/2016 6

Save the Date

Upcoming Ambulatory Surgical Center Quality Reporting (ASCQR) educational webinars:

- July 27, 2016: 2017 Proposed Rule for the ASCQR Program, presented by Anita Bhatia, Program Lead, CMS
- Notifications of additional educational webinars will be sent via the ListServe.

Learning Objectives

At the conclusion of the program, attendees will be able to:

- Interpret data pertaining to the ASCQR Program.
- List at least three reasons for common errors in the reporting of measures for this program.
- Identify two reports to assist you in evaluating your facility's performance.
- State the value of analyzing data to improve quality within your organization.



Racing to the Finish Line



Karen VanBourgondien, RN,
BSN
Project Coordinator
Outpatient Quality Reporting Outreach
and Education Support Contractor

Agenda

- Discussion of overall data
- Trends, patterns, and errors
- Measures analysis
 - Claims-based measures ASC-1 through ASC-5
 - Web-based measures
- Tying the data together to produce quality improvement

Measures for the ASCQR Program

GATHERING YOUR EQUIPMENT

Claims-Based Measures

Quality Data Codes-Claims from ASC

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: All-Cause Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing
- ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

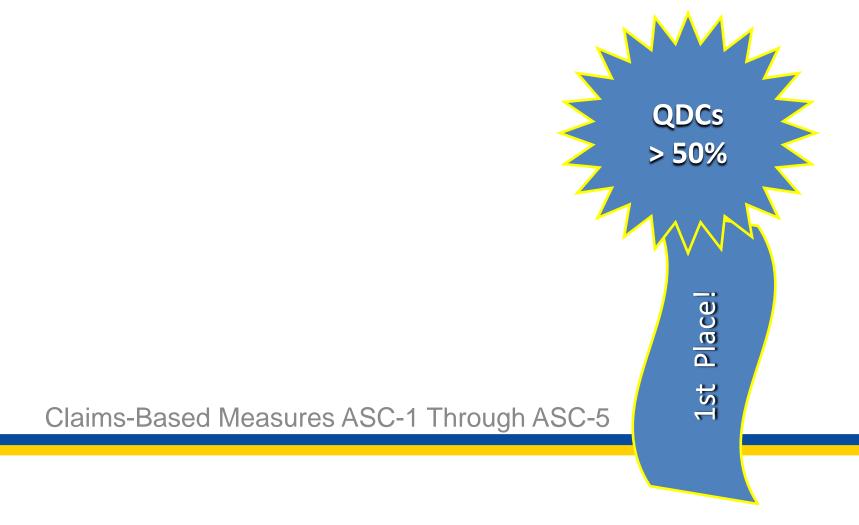
Web-Based Measures

www.QualityNet.org

- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected Surgical Procedures
- ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
- ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days
 Following Cataract Surgery

www.cdc/nhsn.gov

ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

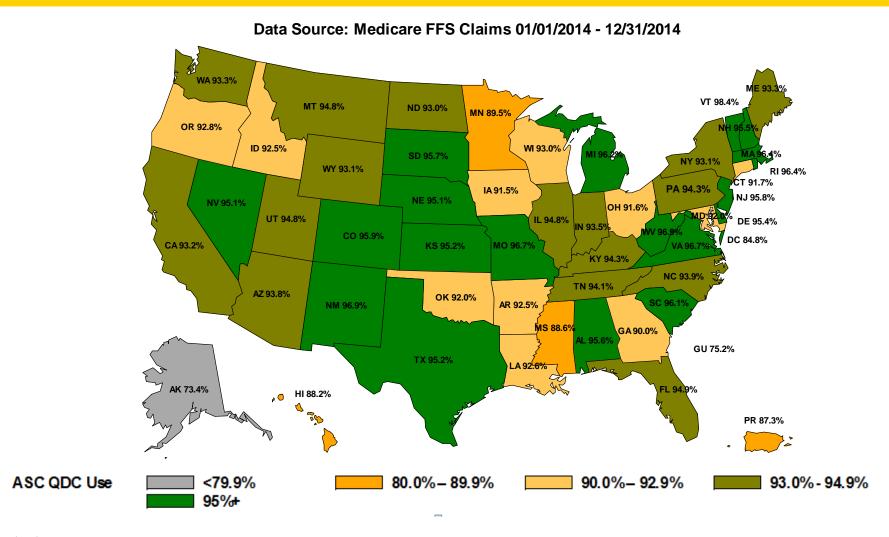


WHAT'S YOUR TRACK RECORD?

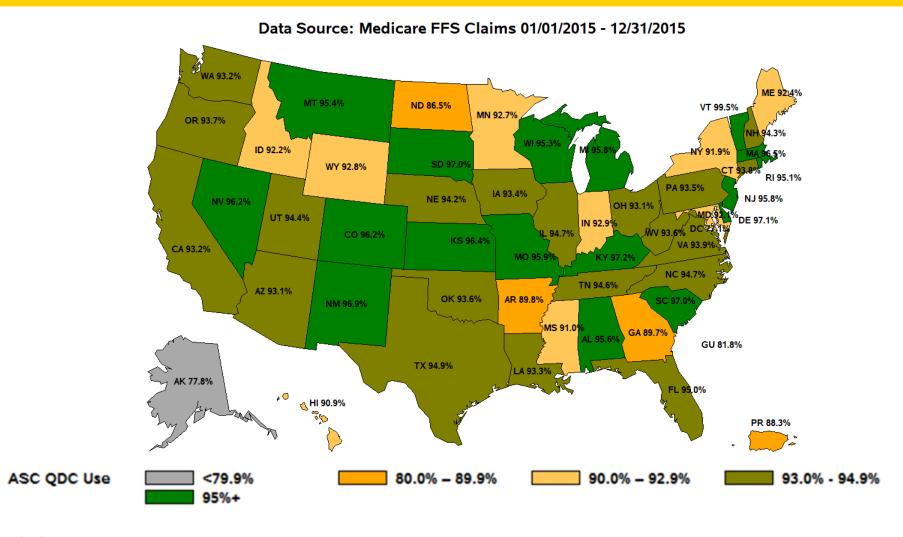
Claims-Based Measures: Quality Data Codes (QDCs)

- The claims-based measures used to report QDCs are ASC-1 through ASC-5.
- Program requirements apply to facilities with 240 or more Medicare claims per year.
 - If you are close to this 240 threshold, you should apply QDCs.
 - QDCs must be applied to a minimum of 50 percent of claims to meet program requirements.
 - You will have a minimum of two QDCs and a maximum of five QDCs per claim.

ASC QDC Use by State, 2014



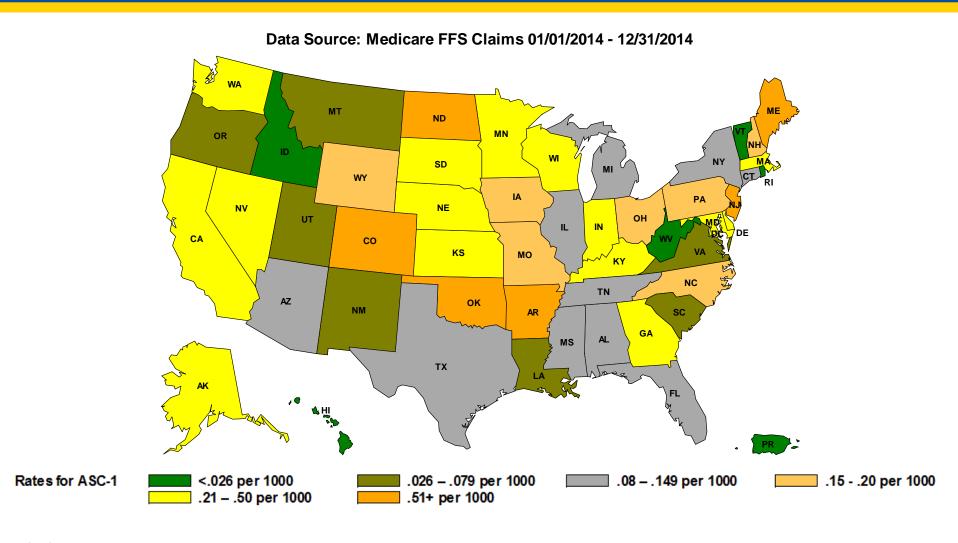
ASC QDC Use by State, 2015



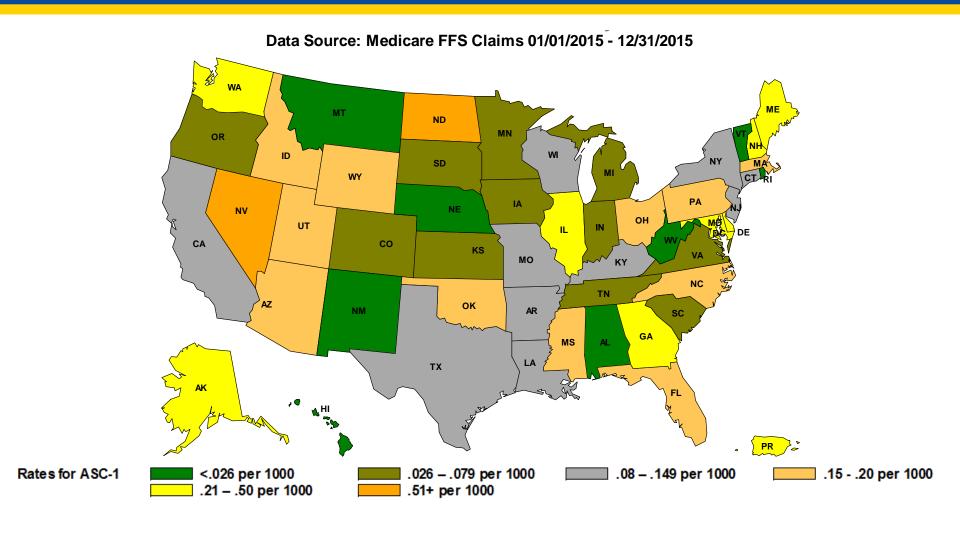
QDC Use by State

- The reporting of QDCs improved between 2014 and 2015.
 - ASCs were able to suppress 2013 and/or 2014 data for the first release on Hospital Compare.
- You can utilize this data to compare your performance with others from your state.

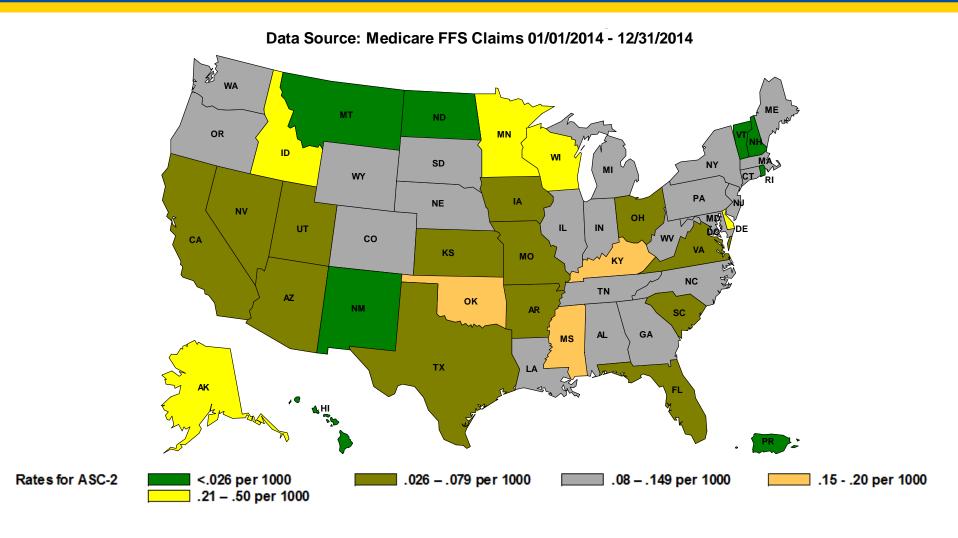
ASC-1 Measure Rates by State, 2014



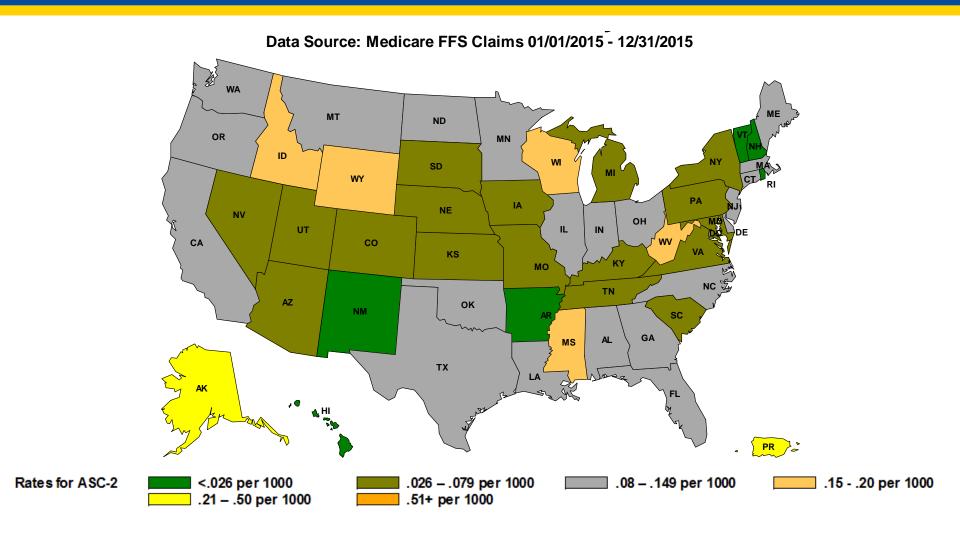
ASC-1 Measure Rates by State, 2015



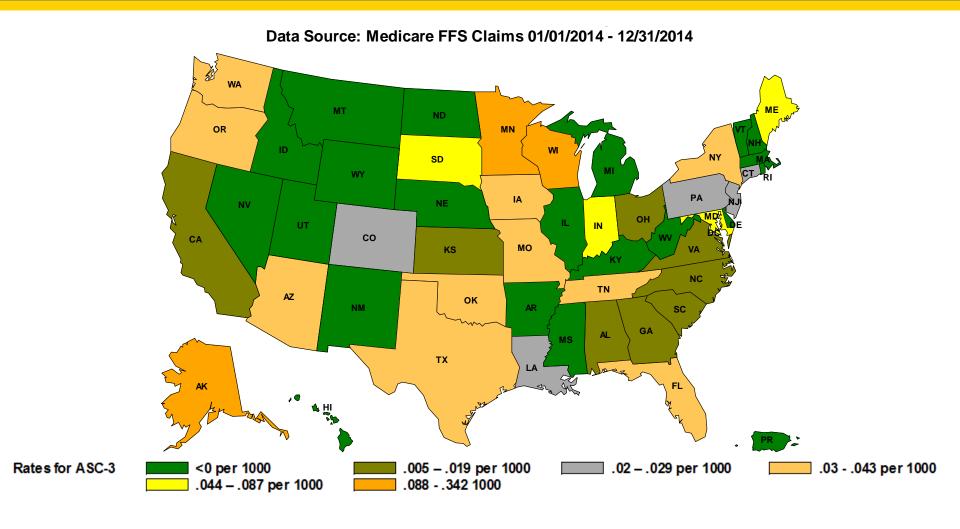
ASC-2 Measure Rates by State, 2014



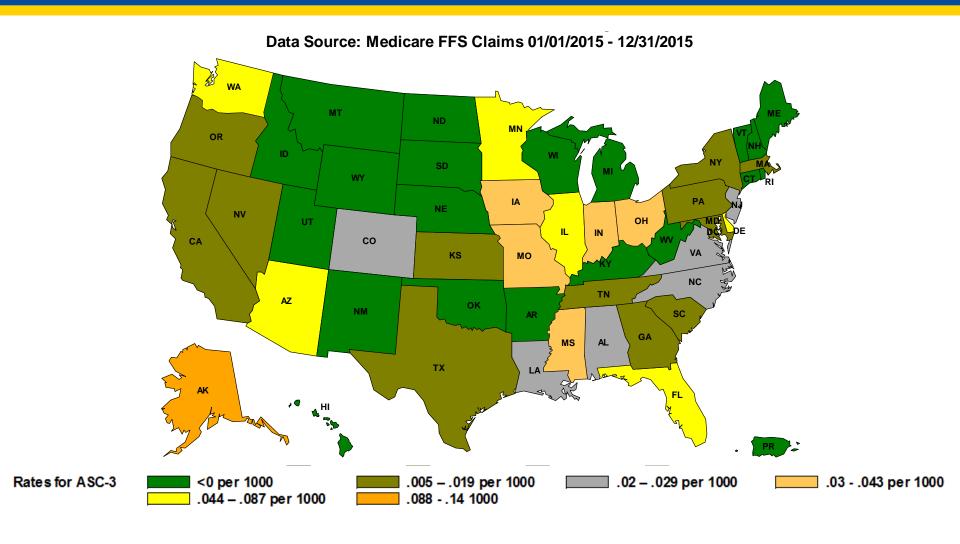
ASC-2 Measure Rates by State, 2015



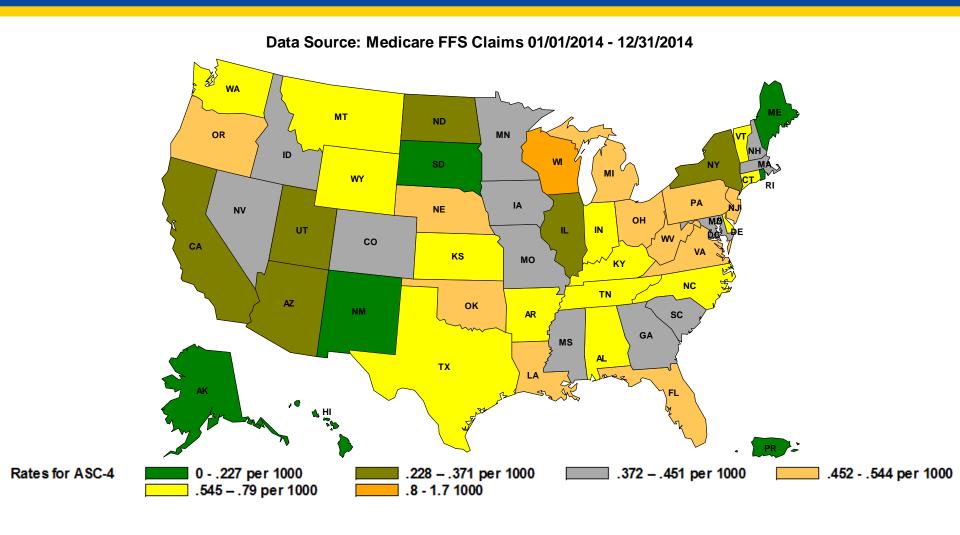
ASC-3 Measure Rates by State, 2014



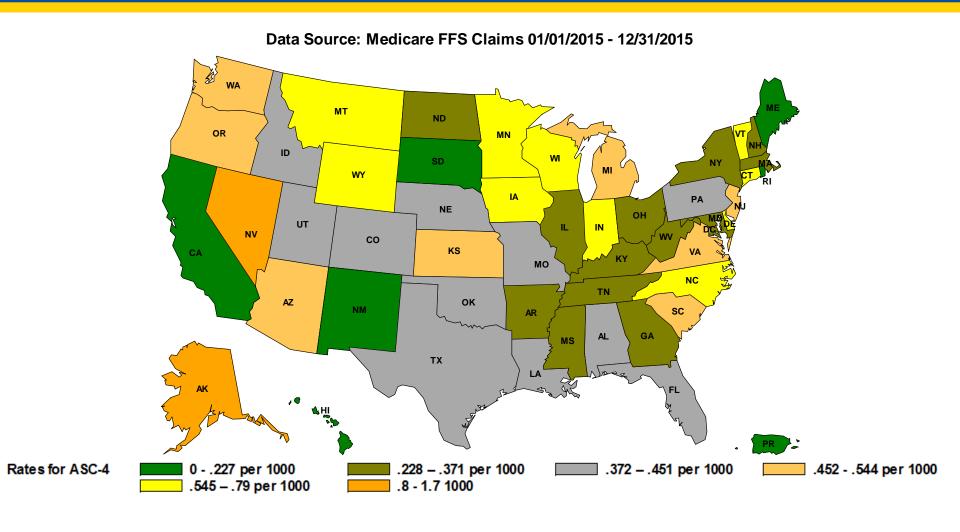
ASC-3 Measure Rates by State, 2015



ASC-4 Measure Rates by State, 2014



ASC-4 Measure Rates by State, 2015



ASC-1 Through ASC-4: Patient Outcomes

- Each measure has two G-Code options:
 - The first G-Code for each measure indicates an event occurred.
 - The second G-Code for each measure indicates an event did not occur.
- A third option allows you to report the G-code G8907 when no event occurred across all four measures.

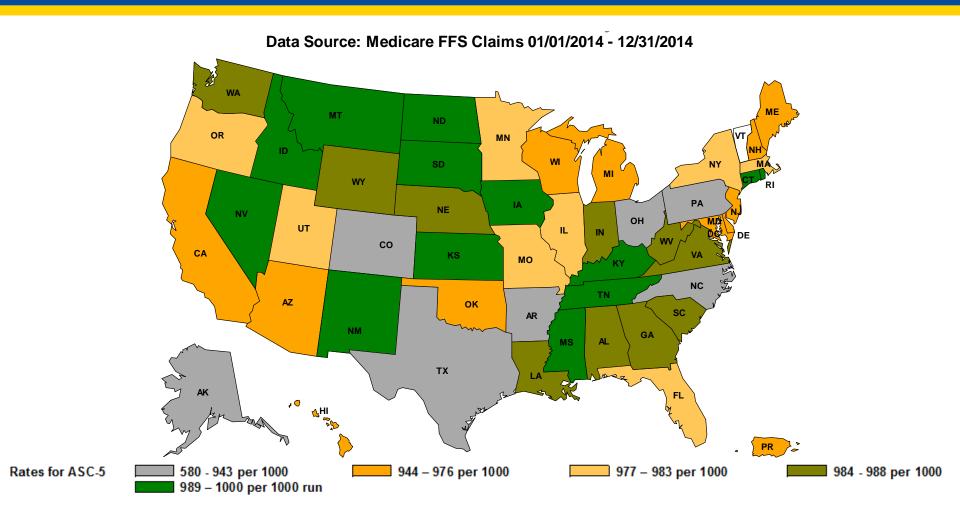
5/25/2016 27

Common Errors

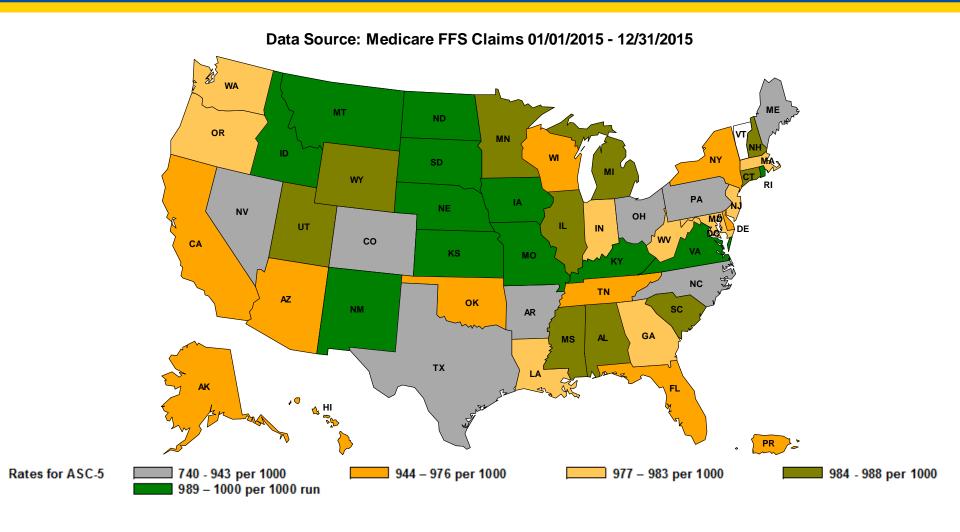
Common errors with QDCs when reporting ASC-1 through ASC-4:

- The QDC G8908 may have been applied instead of G8907.
- The wrong code could have been entered, indicating there was an event when there was no event.

ASC-5 Measure Rates by State, 2014



ASC-5 Measure Rates by State, 2015



ASC-5

- Prophylactic IV Antibiotic Timing, process outcomes
- There are three choices:
 - G8916: Pre-op order for IV antibiotic for SSI prophylaxis given on time
 - G8917: Pre-op order for IV antibiotic for SSI prophylaxis not given on time
 - G8918: No Pre-op order for IV antibiotic SSI prophylaxis

Common Errors

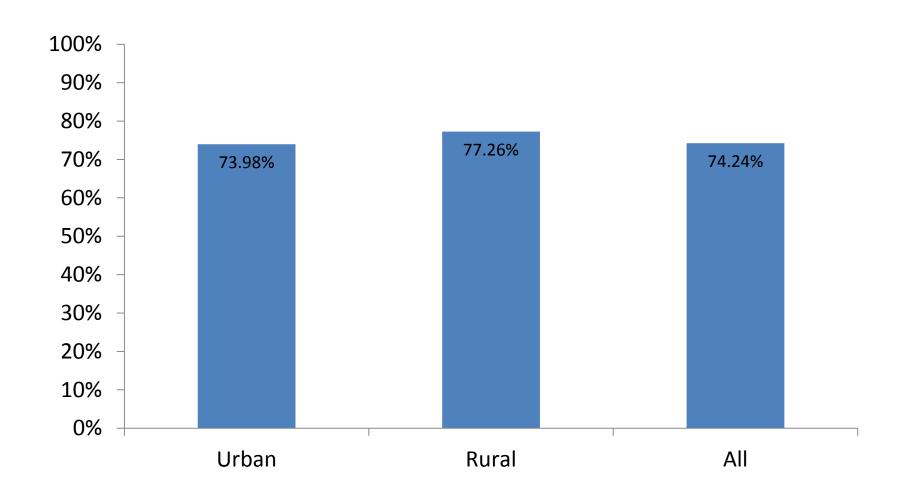
- ASC-5 is not reported at all
 - You have to address ASC-5 as well as ASC-1 through ASC-4.
 - You need to have a minimum of two QDCs per claim, a maximum of five.
- If there is no order for prophylaxis IV antibiotic, you will use the code G8918.



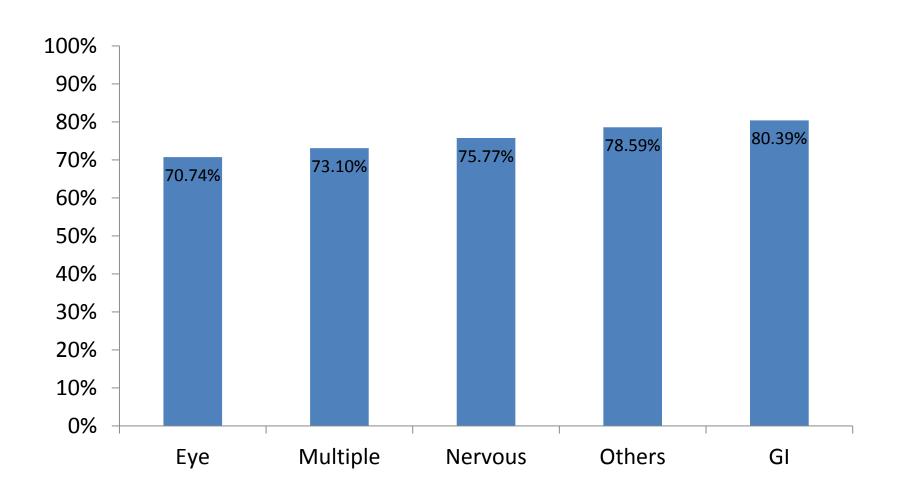
Web-Based Measures ASC-8 Through ASC-10

WHAT'S YOUR TRACK RECORD?

ASC-8: Rural vs. Urban

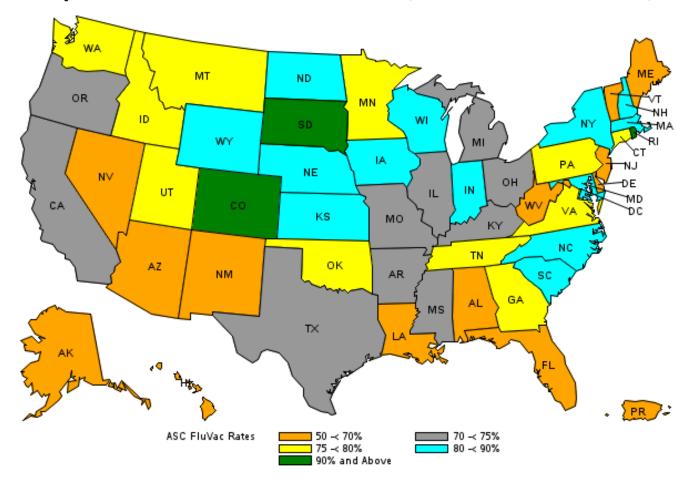


ASC-8: By Specialty



ASC-8 Flu Vaccination Rates by State

Reported to NHSN in 2015 Flu Season (Oct 1, 2014 - Mar 31 2015)



Troubleshooting ASC-8

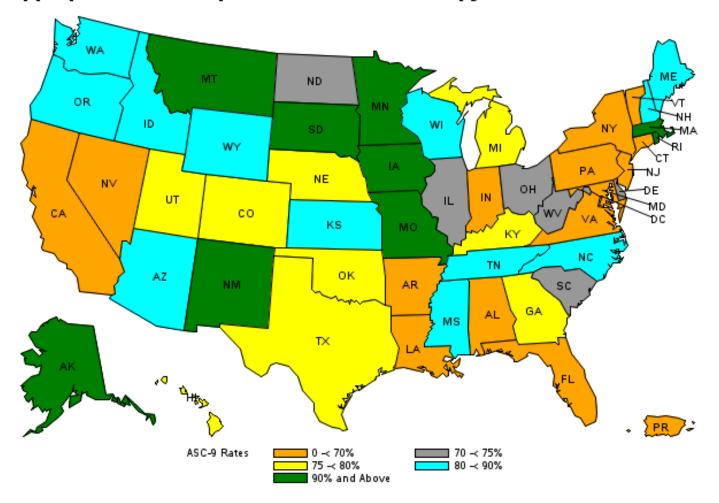
- ASC-8 is entered into the National Healthcare Safety Network (NHSN) via the Centers for Disease and Control and Prevention (CDC).
 - The deadline for submission was May 15, 2016, for the 2015/2016 flu season.
 - This is an annual submission.
- Keep your NHSN account active.
 - For problems with NHSN, contact the NHSN Helpdesk directly at <u>NHSN@cdc.gov</u>.

Troubleshooting ASC-8

- You must use your facility's CMS
 Certification Number (CCN) when entering
 your data.
- Always take a screenshot of your completed Vaccination Summary Page.
- Be aware of staff changes that may interfere with your ability to report these data.

ASC-9 Measure Rates by State, 2014

Appropriate Follow-up Interval for Colonoscopy in Calendar Year 2014

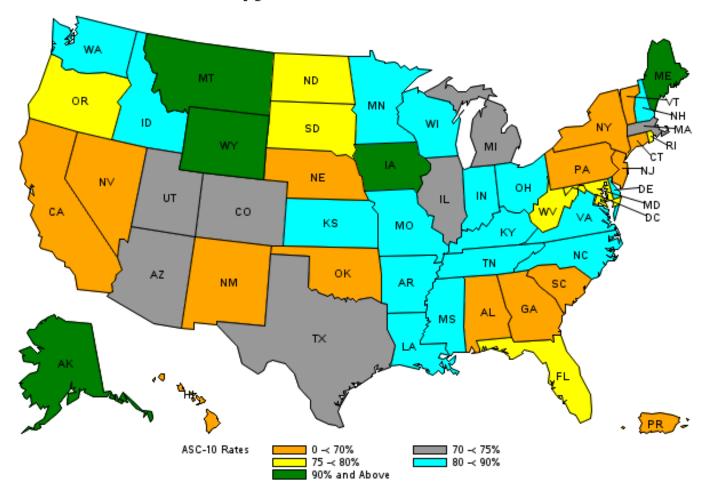


Troubleshooting ASC-9

- Incomplete documentation
- No documentation of at least 10 years for repeat colonoscopy in the colonoscopy report
- Range of years given instead of 10 years or more for follow-up colonoscopy

ASC-10 Measure Rates by State, 2014

Colonoscopy Interval in Calendar Year 2014



Troubleshooting ASC-10

- No documentation to substantiate it has been at least three years since the last colonoscopy
- No documentation of a medical reason for an interval of less than three years
- System reason is used without the proper documentation

5/25/2016 4:

How You Can Use the Data for Quality Improvement

GET ON YOUR MARK, GET SET...

Why Do We Care About Data?

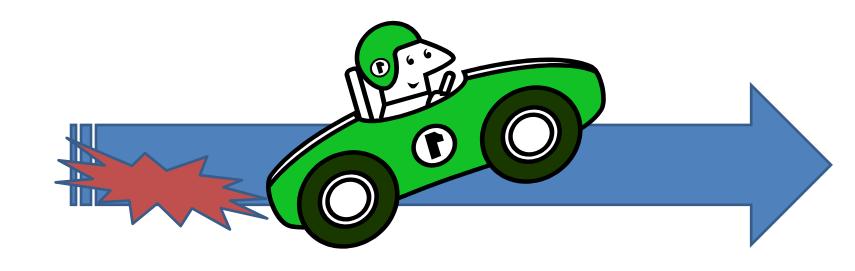
Quality improvement objectives:

- Quality improvement and performance
 - Best practices
 - Evidence-based practices
- Better patient outcomes
 - Patient-centered care
- Cost effective care

Data Leads to Quality

Using data to improve your data can:

- Let you know what is really happening, instead of what you thought is happening
- Show changes leading to improvement
- Allow you to maintain your improvement
- Showcase your success



Maintaining Your Success

GO!

How Can I Win the Race?

- The ASCQR Program continues to grow as new measures are added.
- Monitor your reporting of all the measures.
 - Access reports on the QualityNet website such as the Claims Detail and Provider Participation Reports.
 - Evaluate your Remittance Advice (RA) Codes and your Explanation of Benefits (EOB).

How Can I Keep the Pace?

- Data analysis can gauge the progress of the measures reported.
- Your facility can use this information to improve your own overall performance.
 - Compare your facility's performance to local, state, or national performance.
 - Understand variations within the ASC community.

Hitting the Home Stretch

- Hospital Compare and public reporting will display all of your hard work.
 - ASCs have their quality data publicly reported.
 - The public should have access to the ASC information just as they have access to hospital information.
- The ASC data can be accessed on <u>https://www.medicare.gov/hospitalcompare/s</u> earch.html.

Resources to Assist You

- QualityNet website: <u>www.qualitynet.org</u>
 - Various reports are available to monitor your performance
 - Public reporting preview report
 - ListServe notifications
- Quality Reporting Center website: <u>www.qualityreportingcenter.com</u>
 - Data submission guidelines
 - Abstraction tools
 - Program Guide
 - Reference Checklist

Stay in Training

- Utilize all of the tools available to you to evaluate your performance.
- Implement changes when necessary.
- Monitor your changes.
- Continue your success.

Questions



CONTINUING EDUCATION CREDIT PROCESS

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)

It is your responsibility to submit this form to your accrediting body for credit.

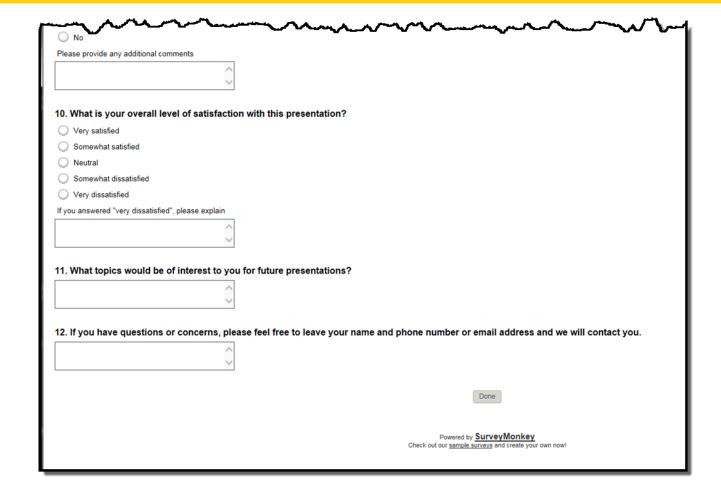
CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click "Done" at the bottom of the screen.
- Another page will open that asks you to register in HSAG's Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your personal email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

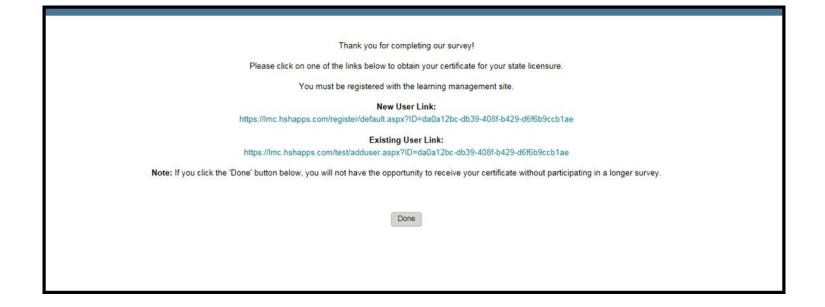
CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- Personal emails are not blocked by firewalls.

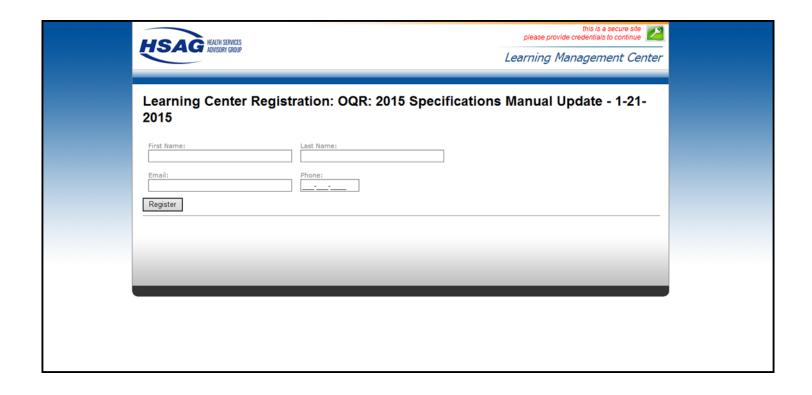
CE Credit Process: Survey



CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User



Thank You for Participating!

Please contact the Support Contractor if you have any questions:

 Submit questions online through the QualityNet Question & Answer Tool at <u>www.qualitynet.org</u>

Or

 Call the Support Contractor at 866.800.8756.