

# Welcome!

- Presentation slides can be downloaded from [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) under Upcoming Events on the right-hand side of the page.
- 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 a dial-in line is needed.
- This event is being recorded.



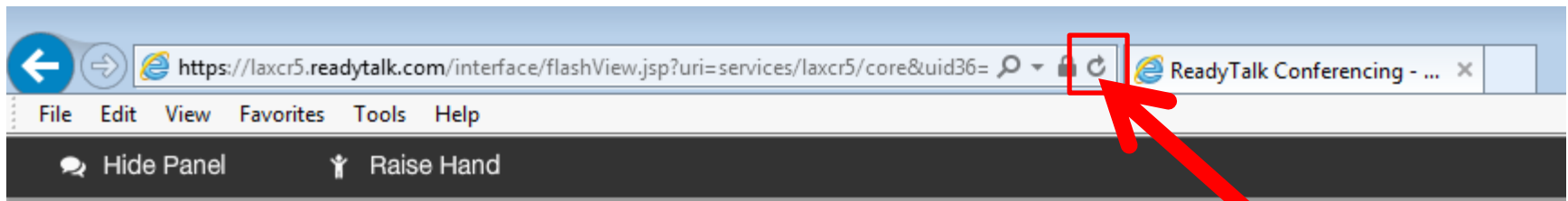
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stops?

- Click **Refresh** icon  
or
- Click F5



F5 Key  
Top row of keyboard

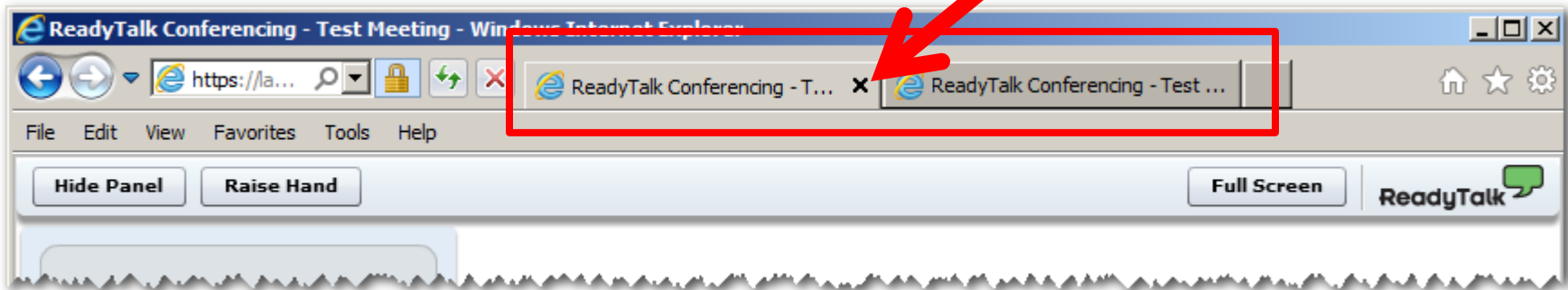


Location of buttons

Refresh

# 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 on the bottom-left corner of your screen.



A screenshot of a web browser window showing a CMS event page. The page features the CMS logo (Centers for Medicare &amp; Medicaid Services) and a large heading that reads "Welcome to Today's Event". Below this, a message says "Thank you for joining us today! Our event will start shortly." On the left side of the browser window, there is a vertical chat window titled "Chat with Presenter". At the bottom of this chat window, there is a text input field with the placeholder "Type questions here." and a "Send" button. The browser's address bar and other interface elements are visible at the top of the window.



# **Hospital Outpatient Quality Reporting (OQR) Program 2018 Specifications Manual Update**

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*Specifications Manual Lead*

*Hospital OQR Program Support Contractor*

**January 17, 2018**

# Announcements

- **February 1, 2018:** Clinical Data and Population and Sampling deadline for Quarter 3 (July 1–September 30) 2017
- Please be sure to access the **National Healthcare Safety Network (NHSN)** and the QualityNet Secure Portal **every 60 days** to keep your password active.
- Make sure you are signed up for the **ListServe** through QualityNet.

# NHSN Consent Forms

Facility Administrators and Primary Contacts must review and sign updated form

- Will be alerted by email and notice on NHSN pages
- Review form available beginning in **January**
- Must sign electronically by **April 14**
- May **lose access to NHSN** if not signed
- Contact [NHSN@cdc.gov](mailto:NHSN@cdc.gov) for more information, using subject line “NHSN Reconsent”

# Save the Date

- Upcoming Hospital OQR Program educational webinar:
  - **February 21, 2018:** Hospital OQR Data: A Year in Review
- Notifications of additional educational webinars will be sent via ListServe



# Learning Objectives

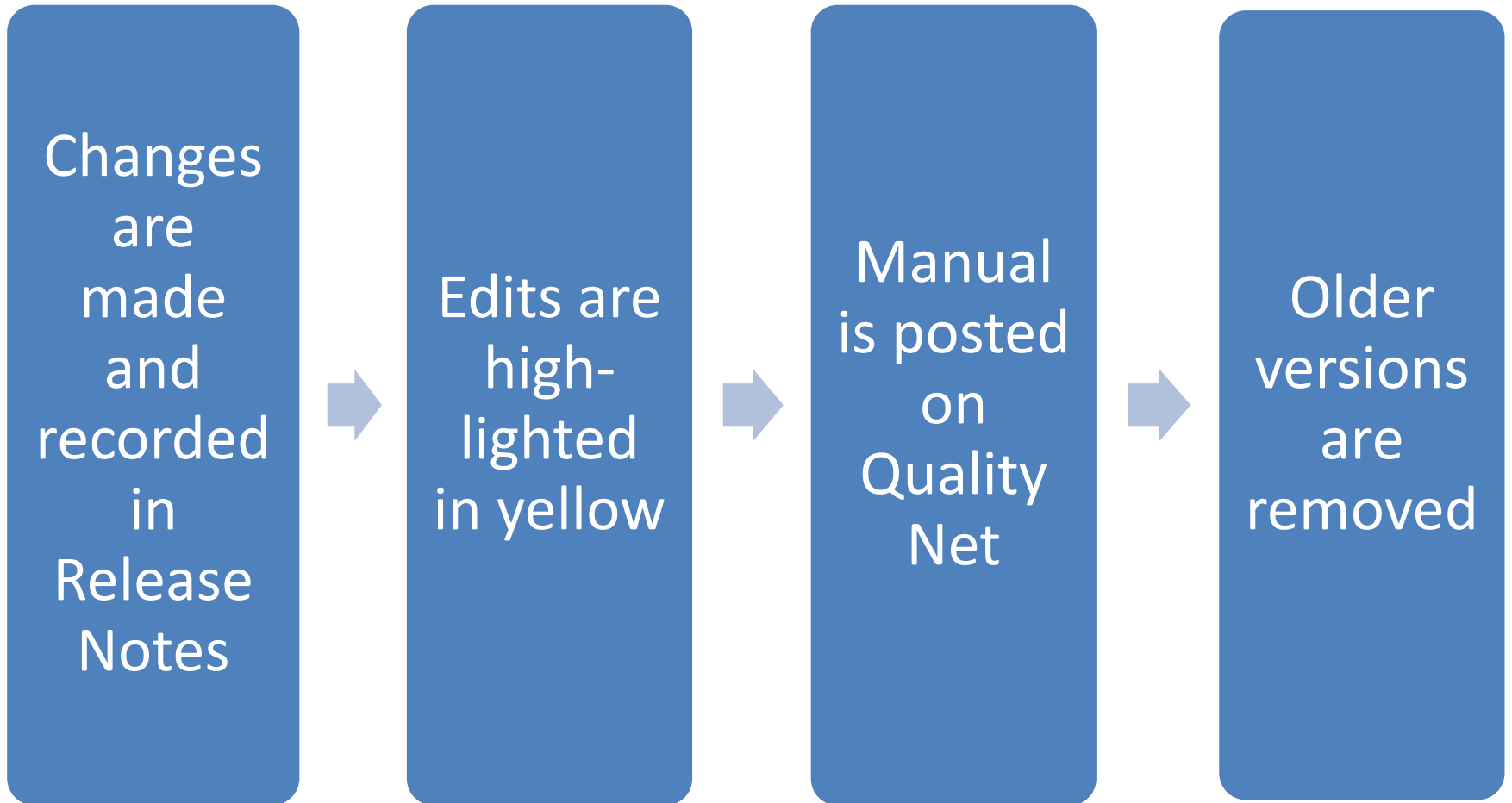
At the conclusion of the presentation, attendees will be able to:

- ✓ Identify changes to the Specifications Manual through version 11.0a.
- ✓ List changes in the Measure Information Forms.
- ✓ Describe how these changes will impact abstracting and reporting for this program.



We aren't leaving you hanging...  
We have been updating the  
Specifications Manual.

# The Manual Process






# What and When Do I Stop Submitting?

# What Can I Quit Submitting?

- Clinical (chart-abstracted) data
  - OP-1: Median Time to Fibrinolysis
  - OP-4: Aspirin at Arrival
  - OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional
  - OP-21: Median Time to Pain Management for Long Bone Fracture
- Web-based (submitted to QualityNet) data
  - OP-25: Safe Surgery Checklist Use
  - OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

# When Can I Quit Submitting?

- Clinical data (OP-1, -4, -20, -21)
  - Collect through Quarter 1 2018 for encounter dates of January 1–March 31, 2018
  - Data are due on **August 1, 2018**
- Web-based data (OP-25, -26)
  - Gather from 2017 encounters
  - Data are due on **May 15, 2018**

A tortoiseshell cat is sitting on a brown leather chair. The cat has a blue ice pack on its head. The background is a light-colored wall with a floral pattern.

Don't let all the changes  
give you a headache.  
We are here to explain.

# Changes to the Manual

# Table of Contents

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- **Version 11.0**
  - **Added** OP-35 and OP-36
- **Version 11.0a**
  - **Removed** OP-25 and OP-26



# Outpatient Delivery Settings

## Outcome Section

- Version **11.0**
  - **Added** OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
  - **Added** OP-36: Hospital Visits after Hospital Outpatient surgery
- Version **11.0a**
  - No changes



Adjusting to the changes to  
OP-1 and OP-4

# Acute Myocardial Infarction (AMI) and Chest Pain (CP)

# Included Measures

## AMI and CP measure set

- OP-1: Median Time to Fibrinolysis
- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-4: Aspirin at Arrival
- OP-5: Median Time to ECG

# OP-1 and OP-4

- Version **11.0**
  - No changes
- Version **11.0a**
  - **Added** “Data for this measure will no longer be collected after 1Q2018 (encounter dates January 1 through March 31, 2018) for the OQR Program.”



# ED-Throughput

# Included Measures

## ED-Throughput measure set

- OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional
- OP-22: Left Without Being Seen

# OP-18

## OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients – Reporting Measure

- Version **11.0**
  - **Name changed** to “Median Time from ED Arrival to ED Departure for Discharged ED Patients – Excluding Psychiatric/Mental Health and Transfer Patients Measure”

# Changing the Name Back

OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients – Excluding Psychiatric/Mental Health and Transfer Patients Measure

- Version **11.0a**
  - **Name restored** to Median Time from ED Arrival to ED Departure for Discharged ED Patients – Reporting Measure



# OP-20

## OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional

- Version **11.0**
  - No changes
- Version **11.0a**
  - **Added** “Data for this measure will no longer be collected after 1Q2018 (encounter dates January 1 through March 31, 2018) for the OQR Program.”



# Pain Management

# OP-21

## OP-21: Median Time to Pain Management for Long Bone Fracture

- Version **11.0**
  - No changes
- Version **11.0a**
  - **Added** “Data for this measure will no longer be collected after 1Q2018 (encounter dates January 1 through March 31, 2018) for the OQR Program.”



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# Stroke

# OP-23

OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival

- Versions **11.0** and **11.0a**
  - No changes

**Flying by OP-8, OP-9, OP-10,  
OP-11, OP-13, and OP-14**



# **Outpatient Imaging Efficiency (OIE) Measures**

# OIE Measures

## 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 Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery
- OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)

# OP-13

## OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-cardiac Low-Risk Surgery

- Version **11.0**
  - **Added** to measure description “Cardiac Computed Tomography Angiography (CCTA)”
- Version **11.0a**
  - No changes



# Let's take a break!



Don't struggle with these changes!



## Measures Submitted via a Web-Based Tool

# Web-Based Measures

## Measures submitted via a web-based tool

- OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data
- OP-17: Tracking Clinical Results Between Visits
- OP-25: Safe Surgery Checklist Use
- OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures
- OP-27: Influenza Vaccination Coverage among Healthcare Personnel

# Web-Based Measures (cont.)

- OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
- OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- OP-33: External Beam Radiotherapy for Bone Metastases

# OP-25

## OP-25: Safe Surgery Checklist Use

- Version **11.0**
  - No changes
- Version **11.0a**
  - **Removed** measure

# OP-26

## OP-26: Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures

- Version **11.0**
  - No changes
- Version **11.0a**
  - **Removed** measure

# OP-29

## OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

- Version **11.0**
  - **Changed** first bullet of denominator exclusions
    - From:** “(e.g., above average risk patient, inadequate prep)”
    - To:** “(e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is  $\geq 66$  years old, or life expectancy is  $< 10$  years, other medical reasons)”

# OP-29 (cont.)

- First bullet of denominator exclusions
  - **Changed**

**From:** “Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient’s age is documented **as the reason.**”

**To:** “Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient’s age is documented as **≥66 years old, or life expectancy <10 years.**”
- Version **11.0a**
  - No changes



# OP-33

## OP-33: External Beam Radiotherapy for Bone Metastases

- Version **11.0**
  - **Added** to denominator exclusions
    - Patients with a primary diagnosis of multiple myeloma (ICD-10-CM codes C90.00 – C90.02)
    - Patient declines treatment
    - Economic, social or religious reasons
- Version **11.0a**
  - No changes



**OP-32, OP-35, OP-36**

# **CMS Outcome Measures (Claims-Based)**

# Outcome Claims-Based Measures

- OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
- OP-36: Hospital Visits after Hospital Outpatient Surgery

# OP-32

## OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Version **11.0**
  - No changes
- Version **11.0a**
  - **Added:** 2017 Measure Updates and Specifications Report  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTieR3&cid=1228775197506>

# OP-32 (cont.)

- **Removed:** Note from Tables 1 and 2. “For the ICD-9 codes relevant to the calculation of the measure for the CY 2016 period, refer to v9.1 of the manual.”
- Changes to the Cohort Exclusions, bullet six
  - **From:** “Colonoscopies that are billed on the same hospital outpatient claim as an ED visit”
  - **To:** “Colonoscopies that are billed on the same hospital claim as an ED visit, unless the ED visit has a diagnosis indicative of a complication of care.”

# OP-32 (cont.)

- Changes to the Cohort Exclusions for bullet seven
  - **From:** “Colonoscopies that are billed on a separate claim on the same day and at the same facility as an ED visit”
  - **To:** “Colonoscopies that are billed on a separate claim on the same day and at the same facility as an ED visit unless the ED visit has a diagnosis indicative of a complication of care.”

# OP-35

## OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

- Version **11.0**
  - **Added** Measure Information Form (MIF)
- Version **11.0a**
  - No changes

# OP-36

## OP-36: Hospital Visits after Hospital Outpatient Surgery

- Version **11.0**
  - **Added MIF**
- Version **11.0a**
  - No changes





Let's dive into the  
last sections...

# Data Dictionary

# Discharge Code Data Element

- **Version 11.0**

- **Changed** the Notes for Abstraction section, third bullet

**From:** “To select value 7, there must be explicit documentation that the patient left against medical advice.”

**To:** “When determining whether to select value 7 (“Left Against Medical Advice”):”

# Discharge Code

- **Added:** “A signed AMA form is not required for this data element, but in the absence of a signed form, the medical record must contain physician or nurse documentation that the patient left against medical advice or AMA.”
- **Added:** “For this data element, a signed AMA form is not required.”

# Discharge Code (cont.)

- **Added:** “Do not consider AMA documentation and other disposition documentation as “contradictory.” If any source states the patient left against medical advice, select value 7, regardless of whether the AMA documentation was written last (e.g., AMA form signed and discharge instruction sheet states “Discharged home with belongings” – select value 7).
- **Added:** “Physician order written to discharge to home. Nursing notes reflect that the patient left before discharge instructions could be given; select value 1.”
- **Version 11.0a**
  - No changes

# ECG Data Element

- Version **11.0**
  - **Added** fourth bullet under Notes for Abstraction “Note that a copy of the ECG strip or readout is not required to abstract Yes for *ECG.*”
- Version **11.0a**
  - No changes

# ECG Time Data Element

- Version **11.0**
  - **Added** third sub-bullet under Notes for Abstraction “Note that a copy of the ECG strip or readout is not required to abstract *ECG Time*.”
- Version **11.0a**
  - No changes

# ED Departure Time Data Element

- Version **11.0**
  - **Added** second bullet under Observation Status  
“The intent of this guidance is to abstract the time that the patient is no longer under the care of the ED. When a patient is placed into observation, their clinical workflow may vary from patients who are not placed into observation prior to departure from the ED, so the observation order may be used instead of the actual ED departure time.”
- Version **11.0a**
  - No changes

# Head CT or MRI Scan Interpretation Time Data Element

- Version **11.0**
  - **Added** sixth bullet under Notes for Abstraction “The dictation time or the time of a preliminary interpretation may be abstracted if it is known to be an accurate representation of when the earliest head CT or MRI scan interpretation time occurred.”
- Version **11.0a**
  - No changes



# Initial ECG Interpretation Data Element

## Version 11.0

- **Changed** seventh bullet under Notes for Abstraction  
**From:** “Notations which describe ST-elevation as old, chronic, or previously seen, or which state ST-elevation and “no new changes,” “unchanged,” “no acute changes,” or “no significant changes” when compared to a prior ECG should be disregarded.”  
**To:** “Notations which describe ST-elevation as old, chronic, **age unknown, recent**, or previously seen, or which state ST-elevation and “no new changes,” “unchanged,” “no acute changes,” or “no significant changes” when compared to a prior ECG should be disregarded.”

# Initial ECG Interpretation

## Version 11.0

- **Changed** ninth bullet

**From:** “If any of the inclusion terms are described using the qualifier “possible” or “potential,” disregard that finding (neither Inclusion nor Exclusion).”

**To:** “If any of the inclusion terms are described using the qualifier “possible,” “**probable**,” or “potential,” disregard that finding (neither Inclusion nor Exclusion).”

# Pain Medication Data Element

- **Version 11.0**
  - **Added** after Exception in the second bullet under Notes for Abstraction

“Note: Parenteral refers to some route other than through the alimentary canal. These may include routes such as subcutaneous, intramuscular, intravenous injection, and others.”

# Pain Medication

- Version **11.0**
  - **Changed** eighth bullet under Notes for Abstraction
    - From:** “If there is physician/APN/PA or nursing documentation of a reason for not administering pain medication (e.g., patient unconscious, decreased respiratory rate, patient refusal), select No.”
    - To:** “If there is physician/APN/PA or nursing documentation of a reason for not administering pain medication (e.g. patient unconscious, decreased respiratory rate, patient refusal, **pain score of zero**), select No.”
- Version **11.0a**
  - No changes

# Health Insurance Claim (HIC) Number Data Element

- **Version 11.0**
  - **Removed** from
    - Data Dictionary
    - Data Element List
    - Data Transmission
- **Version 11.0a**
  - No changes

# Probable Cardiac Chest Pain Data Element

- **Version 11.0**
  - **Added** fourth bullet under Notes for Abstraction
    - “The code “R07.9 Chest Pain, unspecified” typically best matches the exclusion term “non-specific chest pain,” unless surrounding documentation in the ED record clearly indicates that the “R07.9 Chest Pain, unspecified” is related to a cardiac issue.”
- **Version 11.0a**
  - No changes

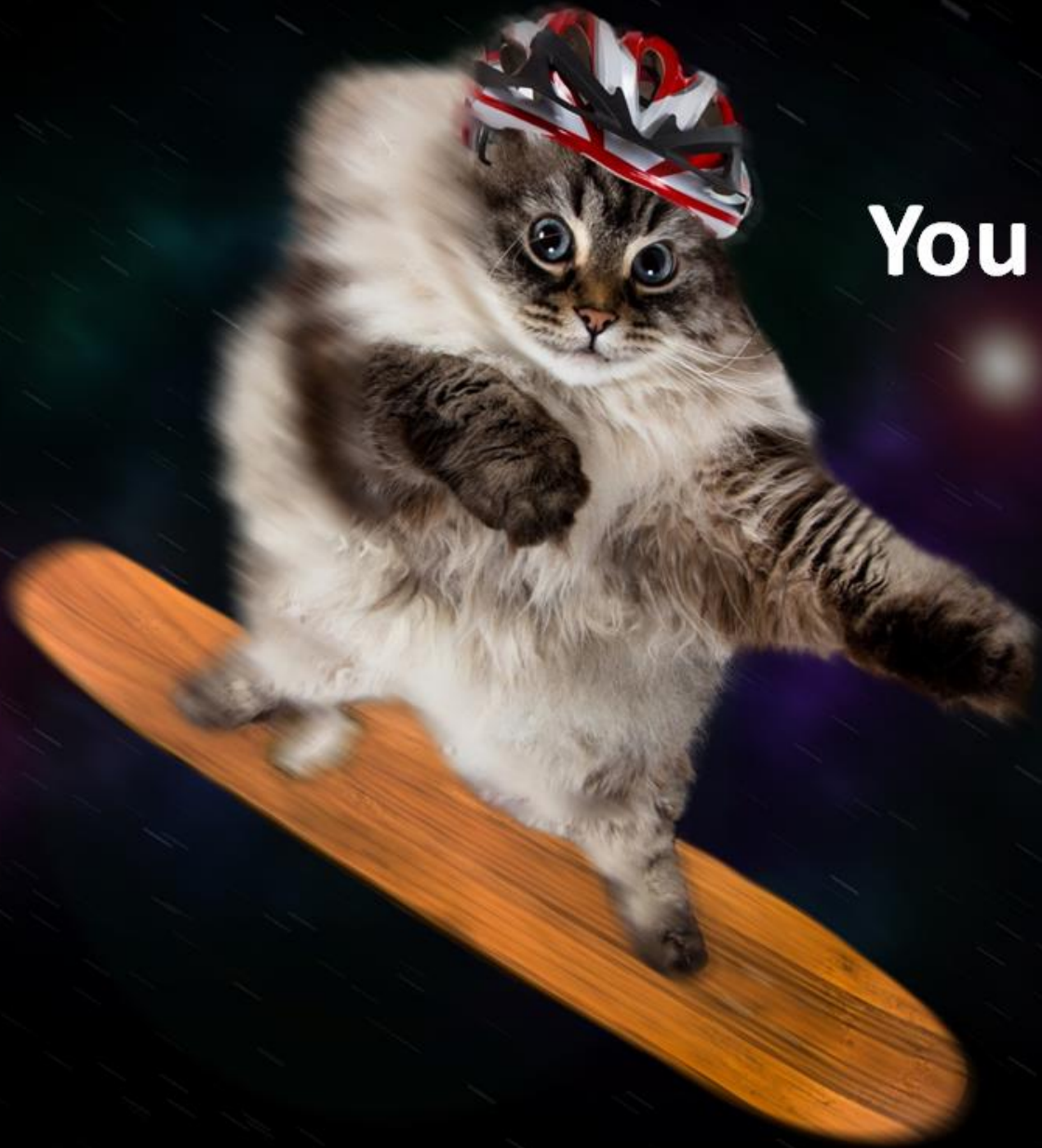
# Reason for Not Administering Fibrinolytic Therapy Data Element

- **Version 11.0**
  - **Removed** first bullet under Exclusion Guidelines for Abstraction “Transfer for Acute Coronary Intervention, PCI”
- **Version 11.0a**
  - No changes

# Transfer for Acute Coronary Intervention Data Element

- **Version 11.0**
  - **Added** fourth bullet under Notes for Abstraction “If a patient receives acute coronary intervention prior to transfer, then abstract value 3.”
- **Version 11.0a**
  - No changes





**You got this!**

# Resources

- To locate the Specifications Manual:  
[www.qualitynet.org](http://www.qualitynet.org)
- Have a question? Use the Questions & Answers tool in QualityNet:
  - <https://cms-ocsq.custhelp.com/>
- Contact the support contractor helpdesk:
  - 866.800.8756

# Questions



# 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.
- If you continue to have problems, please contact Deb Price at [dprice@hsag.com](mailto:dprice@hsag.com).

# CE Credit Process: Survey

No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**

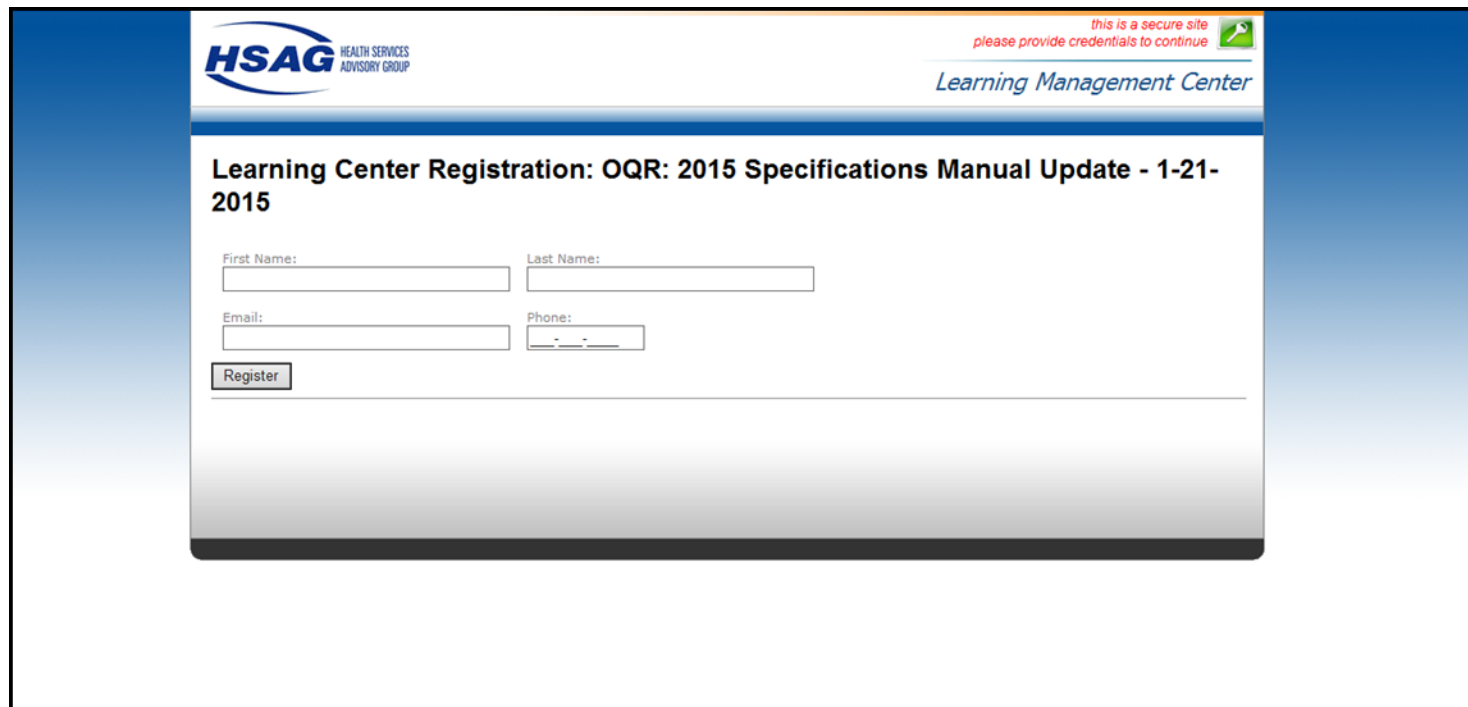
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

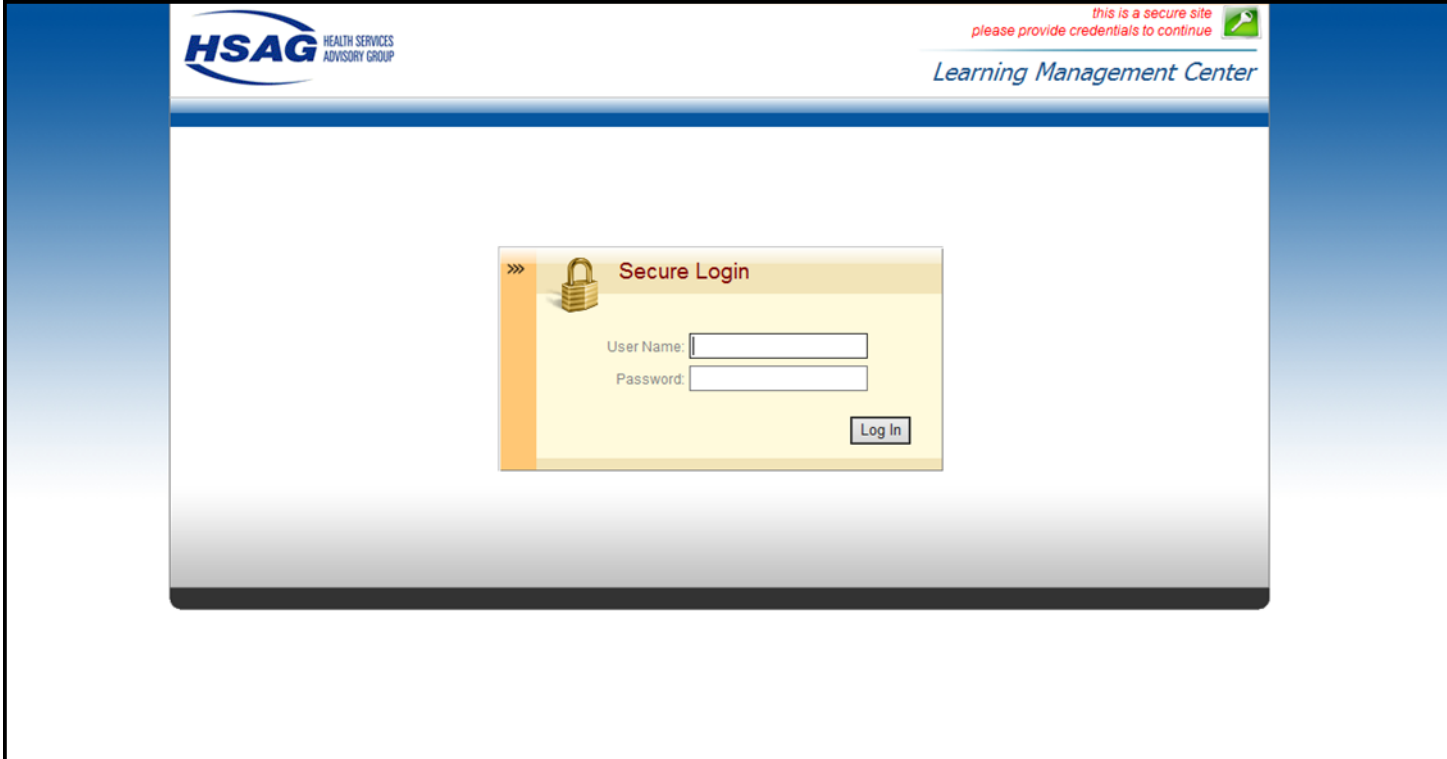


# CE Credit Process: New User



The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

# Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at [www.qualitynet.org](http://www.qualitynet.org)

*Or*

- Call the Support Contractor at 866.800.8756.