

Welcome!

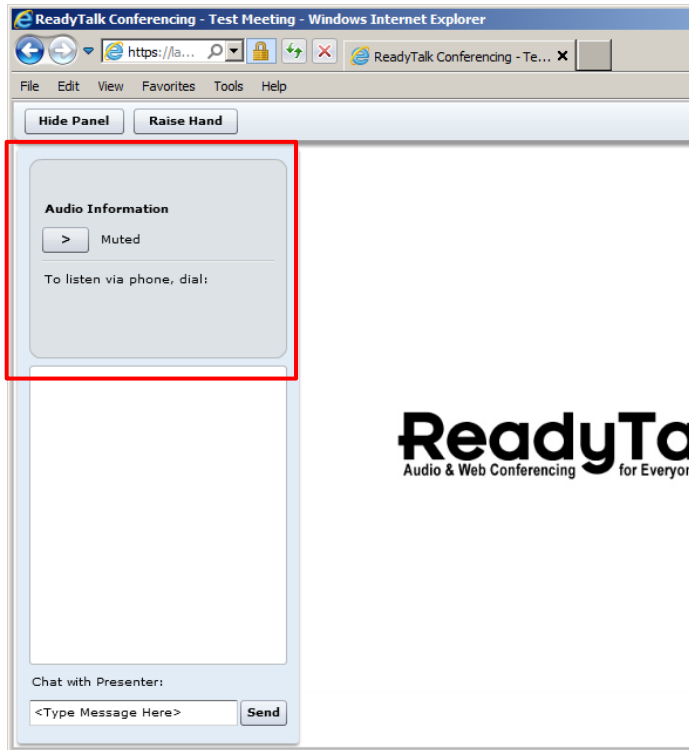
- Audio for this event is available via ReadyTalk® Internet Streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if needed.
- This event is being recorded.



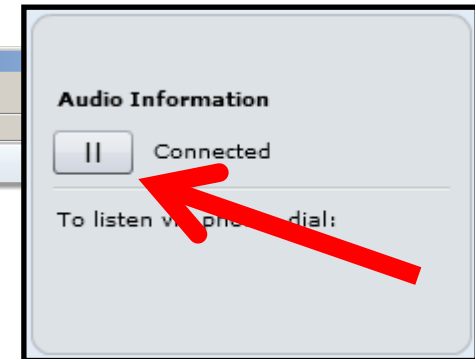
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

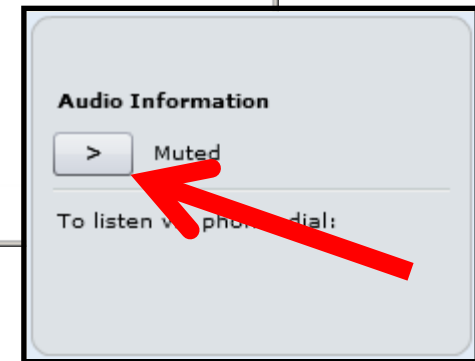
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



Step 1

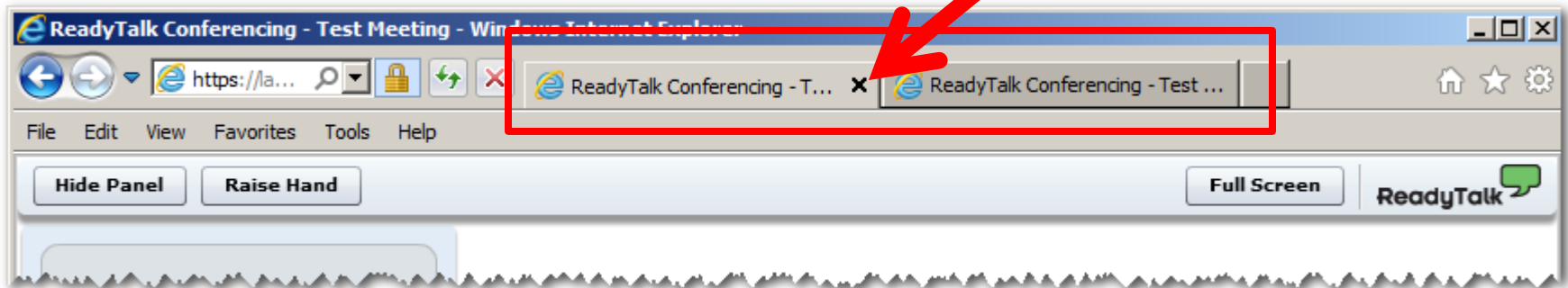


Step 2



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.





Measuring Up: Benchmarks and Quality Improvement

October 21, 2015

Announcements

- November 1, 2015, is the next deadline for Clinical Data and Population and Sampling submissions from Q2 2015 (April 1–June 30, 2015).
- November 1, 2015, is the deadline for data submission for the web-based measures.
- Please be sure to access the QualityNet Secure Portal every 60 days to keep your password active.

Save the Date

Upcoming Hospital Outpatient Quality Reporting (OQR) Program educational webinars:

- November 18, 2015: CY 2016 OPPS/ASC Final Rule, presented by CMS
- December 16, 2015: Measure Development, presented by CMS
- Notification of additional educational webinars will be sent via ListServe

Learning Objectives

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

- Identify the benchmarks for the OQR Program
- Demonstrate common abstraction errors related to data elements for the OQR Program
- Describe opportunities for improvement



Measuring Up



Karen VanBourgondien, RN
Education Coordinator

Outpatient Quality Reporting Outreach
and Education Support Contractor

Data Resources

- Benchmarks for the Hospital OQR Program

www.qualitynet.org

- Hospital Compare data

www.medicare.gov/hospitalcompare

Benchmarks

Benchmarks for the Hospital OQR Program are found on the QualityNet website.

- What is a benchmark?
 - Identification of industry leaders
- Why do we benchmark?
 - To understand best practices and use them for quality improvement

Benchmarks

- Calculated quarterly utilizing the Achievable Benchmarks of Care (ABC™) methodology for non-continuous variables
- Based on the reported performance of the top OQR facilities
- Identify superior performance and encourage performance improvement
- Data-driven

Non-Continuous and Continuous Variable Methodology

- Non-continuous variables
 - Used to answer yes or no data
 - OP-2, OP-4, OP-23
- Continuous variables
 - Used with time interval data
 - Displayed as median time
 - OP-1, OP-3, OP-5, OP-18b, OP-20, OP-21

ABC™ Methodology

Under this methodology sound benchmarks should:

- Represent a level of excellence
- Be attainable
- Be used in identifying high performance using reliable data
- Include providers with high performance levels

Non-Continuous Variables

Steps in calculating benchmarks for the non-continuous variables:

- Rank providers in descending order of performance
- Add providers in descending order, beginning with the highest performing
- Calculate the benchmark based on the total number of patients receiving the intervention divided by the total number of patients

Continuous Variables

Steps in calculating benchmarks for the continuous variables:

- Obtain the median for each provider
- Take the top 10 percent from that median

Finding the OQR Benchmarks

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login section with the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" and a "Log In" button. Further right is a search bar with a "Search" button. Below this is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Under "My QualityNet", there is a dropdown menu with options: "Hospitals - Inpatient", "Hospitals - Outpatient" (highlighted with a red box), "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

On the left side, there are two vertical menus. The first is "QualityNet Registration" with links for: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, ASCs, Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and QIOs. The second is "Getting Started with QualityNet" with a link for System Requirements.

The main content area features a "QualityNet News" section with a "More News >" link. The news article is titled "Hospital VBP Percentage Payment Summary Report Review and Corrections requests due Aug. 31". The text of the article states: "Following the July 30 release of the Fiscal Year (FY) 2016 Hospital Value-Based Purchasing (VBP) Percentage Payment Summary Reports (PPSRs) through the QualityNet Secure Portal, hospitals have 30 days to review and request recalculation of their performance scores on each condition, domain, and Total Performance Score (TPS). All review and corrections requests must be submitted **no later than August 31, 2015, at 11:59 p.m. PT.** Hospitals that do not submit a formal Review and Corrections calculation request by August 31 will waive eligibility to appeal the recalculation of their performance scores." Below the article is a "Full Article >" link and a "Headlines" section with a partially visible link: "Hospital VBP Program FY 2016 Percentage Payment Summary Report now available".

On the right side, there are two vertical boxes. The top one is "Log in to QualityNet Secure Portal" with a "Login" button and links for "Download Symantec ID (required for login)" and "Portal Resources". The bottom one is "Know the Security Policy" with the text: "Before transmitting or receiving healthcare information or data, read the QualityNet".

Finding the OQR Benchmarks

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login section for the 'QualityNet Secure Portal (formerly MyQualityNet)' with a 'Log In' button and a search bar. Below the header is a navigation bar with tabs for 'Home', 'My QualityNet', and 'Help'. A main navigation menu contains several categories: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The 'Hospitals - Outpatient' menu is expanded, showing a list of options: 'Hospital Outpatient Quality Reporting Program', 'E-mail Notifications', 'Registration', 'Specifications Manual', 'Benchmarks of Care' (highlighted with a red box), 'Measures', 'Hospital Star Ratings', 'Data Collection (& CART)', 'Data Submission', 'Data Validation', 'Webinars', 'Support Contact', and 'Training'. On the left side, there are sections for 'QualityNet Registration' (listing various facility types) and 'Getting Started with QualityNet' (listing registration and security steps). On the right side, there are sections for 'Log in to QualityNet Secure Portal', 'Know the Security Policy', and 'Questions & Answers'. The main content area displays several news items, including one about 'Percentage Payment Summary Report Review and Corrections requests due' and another about 'FY 2016 Percentage Payment Summary Report now available'.

Finding the OQR Benchmarks

Benchmarks of Care

Benchmarks of Care

The Centers for Medicare & Medicaid Services (CMS) calculates quarterly benchmarks of care, based on hospital data submitted to its clinical data warehouses.

These benchmarks were developed using the [Achievable Benchmarks of Care™](#) (ABC) methodology and are based on the reported performance of the top facilities. ABC benchmarks identify superior performance and encourage performance improvement; they are data-driven, peer-group performance feedback.

ABC Methodology

Developed at the University of Alabama at Birmingham for the Agency for Healthcare Research and Quality (AHRQ), this methodology identifies benchmark care levels achieved by "best-in-class" providers. Development of benchmarks that are realistic and achievable serves to motivate providers to improve care. The benchmarks represent a measureable level of excellence that exceeds average performance. The ABC methodology ensures both that all superior providers contribute to the benchmark as well as that providers with high performance, but very low numbers of cases do not unduly influence benchmark levels.

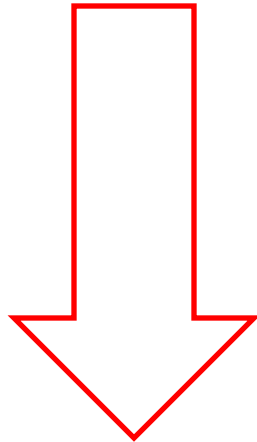
Determination of the Benchmarks for Continuous Variable Measures

For the determination of the 90th percentile (or, top 10 percent) of hospitals on a national basis, the individual provider median times (in minutes) are rank-ordered and the top 10th percentile score identified as the benchmark.

Trends and Benchmarks

Inpatient

Quarters	File Type
Fourth Quarter 2013–Fourth Quarter 2014	PDF or XLSX (09/10/15)
Third Quarter 2013–Third Quarter 2014	PDF or XLSX (09/10/15)



Outpatient Benchmarks

Hospital Outpatient Quality Reporting (Hospital OQR)
 Acute Myocardial Infarction (AMI), Surgery, and Stroke Data Benchmarks for Fourth Quarter 2014
 Using the ABC Technique*

*The benchmarks reported here are unrelated to the 90th percentiles that are published on Hospital Compare for individual measures.

Performance Measure Name	Benchmark Rate%	Numerator (Benchmark)	Denominator (Benchmark)	Number of Hospitals (Benchmark)	National Rate%	Numerator (National)	Denominator (National)	Number of Hospitals (National)
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	99.0	95	96	18	60.4	567	939	492
OP-4: Aspirin at Arrival	99.8	3,014	3,021	68	97.0	29,023	29,928	2,820
OP-6: Timing of Antibiotic Prophylaxis	100.0	21,711	21,719	106	98.2	210,532	214,441	3,144
OP-7: Prophylactic Antibiotic Selection for Surgical Patients	100.0	21,936	21,945	113	98.4	213,923	217,302	3,133
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	99.0	1,004	1,014	181	66.9	4,930	7,373	2,463

Note:

Benchmark Rate(%) is calculated using the Top 10% Sample.
 National Rate(%) is calculated using the 100% Eligible Sample.

Acronym Description

CT = Computed Tomography
 MRI = Magnetic Resonance Imaging

Outpatient Benchmarks

**Hospital Outpatient Quality Reporting (Hospital OQR)
Acute Myocardial Infarction (AMI), Pain, and Emergency Department (ED) Data Benchmarks for Fourth Quarter 2014
Summary of Provider Median Time Data**

Median values displayed are in minutes (smaller values are better performing).

Performance Measure Name	Top Tenth Percentile	National Hospital Median	Number of Patients	Number of Hospitals
OP-1: Median Time to Fibrinolysis	15	28	933	489
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	34	63	3,319	1,162
OP-5: Median Time to ECG	2	8	31,048	2,838
OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure	95	140	448,046	3,400
OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel	11	24	465,586	3,405
OP-21: Median Time to Pain Management for Long Bone Fracture	32	54	81,989	3,288

Acronym Description

ECG = Electrocardiogram

Polling Question

Hospital Compare

Hospital Compare

- Located on www.medicare.gov/hospitalcompare
- Released quarterly
 - Outpatient imaging efficiency measures are updated annually in July
 - Web-based measures are also released in July and updated annually

Hospital Compare Home Page

Medicare.gov | **Hospital Compare**
The Official U.S. Government Site for Medicare

[Hospital Compare Home](#) | [About Hospital Compare](#) | [About the data](#) | [Resources](#) | [Help](#)

Home + Share

Find a hospital

A field with an asterisk (*) is required.

*** Location**
Example: 45802 or Lima, OH or Ohio

Hospital name (optional)



Search for Your Hospital

Medicare.gov | Hospital Compare
The Official U.S. Government Site for Medicare

[Hospital Compare Home](#) | [About Hospital Compare](#) | [About the data](#) | [Resources](#) | [Help](#)

Home → Hospital Results Share

Print all results

Hospital Results

21 hospitals within 25 miles from the center of 33609.

Choose up to 3 hospitals to compare. So far you've none selected.

[Compare Now](#)

Hospital Search Results

Viewing 1 - 20 of 21 results

Hospital Information	Distance	Emergency Services	Hospital Type

Go to Map View

Modify your search

Location

ZIP code or City, State

State

County (Optional)

Hospital name

Select Others to Compare

Choose up to 3 hospitals to compare. So far you've selected:

- General Hospital
- Happy Hospital
- ABC Hospital

[Compare Now](#)

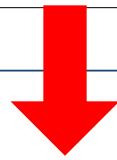
View the Results

Compare Hospitals

[Back to Results](#)

[General information](#)
[Survey of patients' experiences](#)
[Timely & effective care](#)
[Complications](#)
[Readmissions & deaths](#)
[Use of medical imaging](#)
[Payment & value of care](#)

	Happy Hospital x	ABC Hospital x	General Hospital x
	<p>Happy Hospital 5555 West 1st St. Happy, FL 33609 (555) 867-5309</p> <p>Distance ⓘ: 1.6 miles</p> <p>Add to My Favorites Map and directions</p>	<p>ABC Hospital 1234 Sunny Lane. Sunny, FL 33609 (555) 876-4321</p> <p>Distance ⓘ: 3.9 miles</p> <p>Add to My Favorites Map and directions</p>	<p>General Hospital 9876 General Dr. General, FL 33609 (555) 951-3571</p> <p>Distance ⓘ: 3.9 miles</p> <p>Add to My Favorites Map and directions</p>
Hospital type ⓘ	Acute Care Hospitals	Acute Care Hospitals	Acute Care Hospitals
Provides emergency services ⓘ	Yes	Yes	Yes
Able to receive lab results electronically ⓘ	Yes	Yes	Yes



View the Results

Compare Hospitals

[Back to Results](#)

- General information
- Survey of patients' experiences
- Timely & effective care**
- Complications
- Readmissions & deaths
- Use of medical imaging
- Payment & value of care

Timely & effective care

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

- ▶ Heart attack care
- ▶ Heart failure care
- ▶ Pneumonia care
- ▶ Surgical care
- ▶ Emergency department care

View the Results

Compare Hospitals

[Back to Results](#)

- General information
- Survey of patients' experiences
- Timely & effective care**
- Complications
- Readmissions & deaths
- Use of medical imaging
- Payment & value of care

Timely & effective care

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

▼ Heart attack care

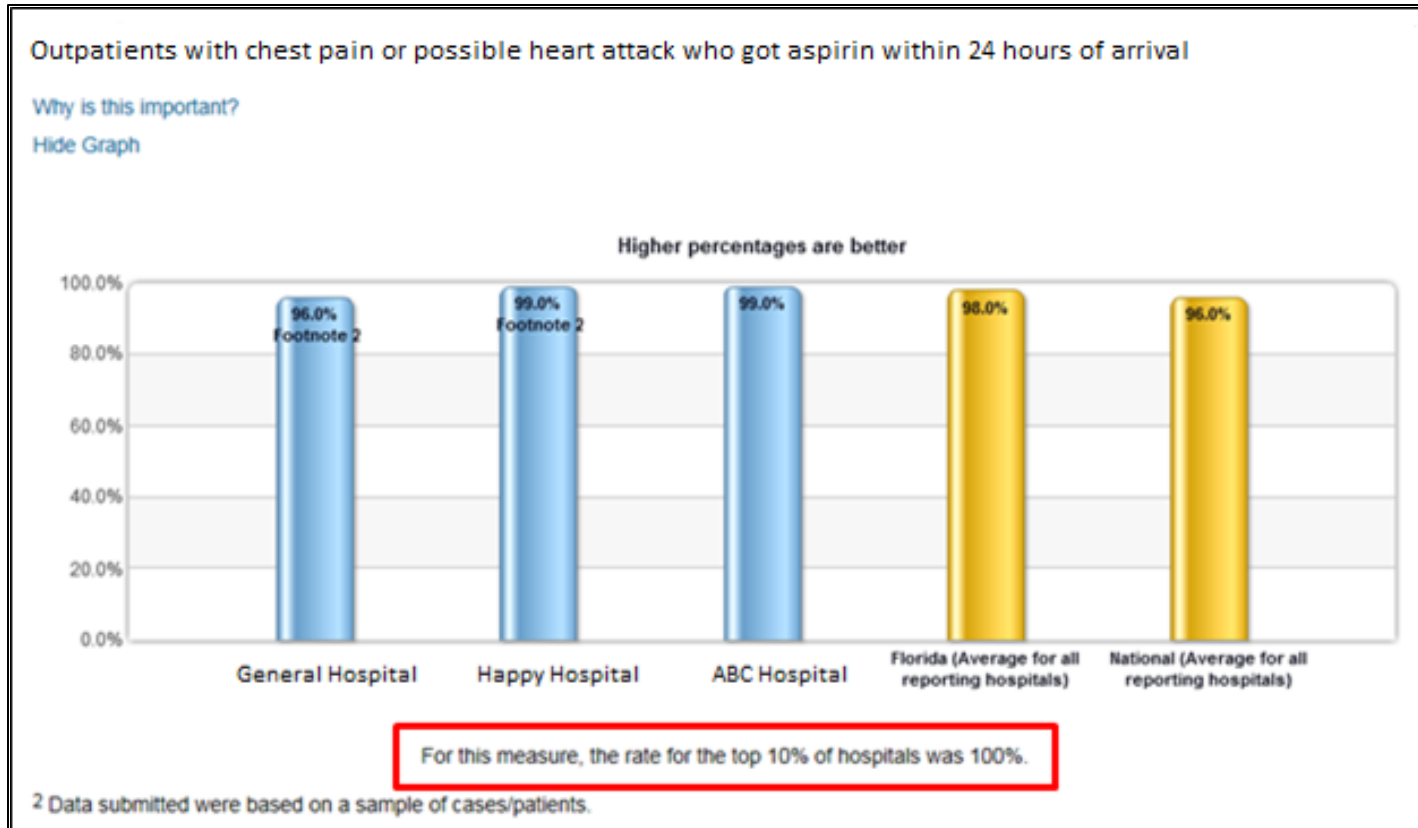
An acute myocardial infarction (AMI)—or heart attack—happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of recommended treatments provided, if appropriate, for most adults who have had a heart attack.

- ◆ [Find out why these measures are important.](#)
- ◆ [Get more information about the data.](#)
- ◆ [Get the current data collection period.](#)

▼ Timely heart attack care

[Show Graphs](#) [View More Details](#)

Finding the Benchmark



5 Star Rating

New patient experience of care rating system

- One through five stars which will be publicly reported
- Updated quarterly
- Survey is random and administered 48 hours and six weeks after discharge

Barriers in Abstracting

Top Mismatched Data Elements

- *Provider Contact Date and Time*
- *ED Departure Time*
- *Pain Medication*
- *Arrival Time*

Provider Contact Date and Time

- Ask yourself: “What time did the provider and the patient have their first, direct personal contact?”
- Collect for OP-20

Common Errors

- No substantiating documentation of face-to-face contact between the provider and the patient
- Documented date of provider contact is invalid
- Date of provider contact is undocumented

Frequently Asked Questions

- If the physician documents “Patient seen immediately upon arrival,” can the time of admission be used for *Provider Contact Time*?
- If there is not explicit documentation of the time that the ED physician first directly contacted the patient, can the documented time of a test that was performed by the provider be used to abstract for *Provider Contact Time*?

Answer

- *Provider Contact Time* is intended to capture the earliest exact time at which the patient had direct contact with the physician/APN/PA or institutionally credentialed provider to initiate the medical screening examination in the Emergency Department.
 - The Specifications Manual also states that “admission time” and “arrival time” are excluded from abstraction for this data element.

Knowledge Check

Fictitious patient

The medical record has the following documentation:

- 11:50- the nurse documented “the patient was transferred to Happy Hospital.”
- 11:56- “Care was turned over to EMS”
- 12:02- B/P 98/52, Pulse 63, Respirations 18, Pulse oximetry 95%.

Answer

The correct time to select for *ED Departure Time* on this patient would be 11:56.

- The Specification Manual states “the intention is to capture the latest time at which the patient was receiving care in the emergency department, under the care of emergency department services or awaiting transport to services/care.”

ED Departure Time

- Ask yourself: “When did the patient depart the ED?”
- Collect for OP-3 and OP-18

Common Errors

- Patient is still receiving services after the abstracted departure time.
- “Discharge instructions given” is abstracted as the patient’s physical departure.
- Abstractor missed the latest time documented.
- An order for observation is not dated and/or timed.

Frequently Asked Questions

- The physician documented an order for observation, but did not time the order. The time the patient was transferred to the floor is clearly charted. What should be abstracted for the *ED Departure Time*?
- What if a patient departs from the ED for a CT scan and then goes from there to the observation unit?

Answer

- Review the entire medical record and abstract at face value. If the time of the physician observation order is not documented in the ED record, then abstract the time the patient physically left the ED as the *ED Departure Time*.

Pain Medication

- Ask yourself: “What is the earliest time that pain medication was administered?”
- Collect for OP-21

Common Errors

- Medication order is documented, but not administration of pain medication
- Routine pain medication on home medication list is missed or not assumed taken
- Medication Administration Record (MAR) is not included in the record submitted to the CDAC

Frequently Asked Questions

- If the ED physician documents that the patient received a pain medication prior to arrival, does the route have to be included to answer "No" to *Pain Medication*?
- If a patient's home medication list includes acetaminophen, would we have to infer that it was taken prior to arrival and answer "No" to *Pain Medication*, or would we need more explicit documentation that the patient actually took acetaminophen before answering "No" to *Pain Medication*?

Answer

- The Specifications Manual states that if there is documentation of routine pain medications on the home medication list, it can be assumed these medications were taken within 24 hours prior to arrival. Select “No” to *Pain Medication*.

Arrival Time

- Ask yourself: “What is the earliest documented time the patient arrived at the outpatient or emergency department?”
- Collect for OP-1, OP-2, OP- 3, OP-5, OP-18, OP-20, OP-21, OP-23

Common Errors

- Earliest time is not abstracted
- Use of non-descript time
- Abstraction is from excluded source

Frequently Asked Questions

- Can the time recorded on the ECG printouts be abstracted as the ED *Arrival Time*?
- Upon arrival to the outpatient department, the outpatient encounter is recorded as "service date/time." Will the terminology "service time" be acceptable for *Arrival Time*?

Answers

- For *Arrival Time*, abstract the earliest documented time the patient is known to be at the facility, using any documentation that is included in the medical record. The time does not have to specifically state "arrival time."

Summary

- Data Resources
 - Benchmarks
 - Hospital Compare
- Resources for Abstraction Barriers
 - Specifications Manual
 - Question and Answer Tool on qualitynet.org
 - Qualityreportingcenter.com

Questions?

Continuing Education (CE) Process

CE Approval

- This program has been approved for 1.0 continuing education 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.
 - Nationally accepted by all state Boards of Nursing

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 a separate registration from ReadyTalk.
 - 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 that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out
- Please go back to the **New User** link and register your personal email account
 - Personal emails do not have firewalls

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 CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security warning on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main heading for the registration is "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 entire registration form is enclosed in a white box with a blue border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

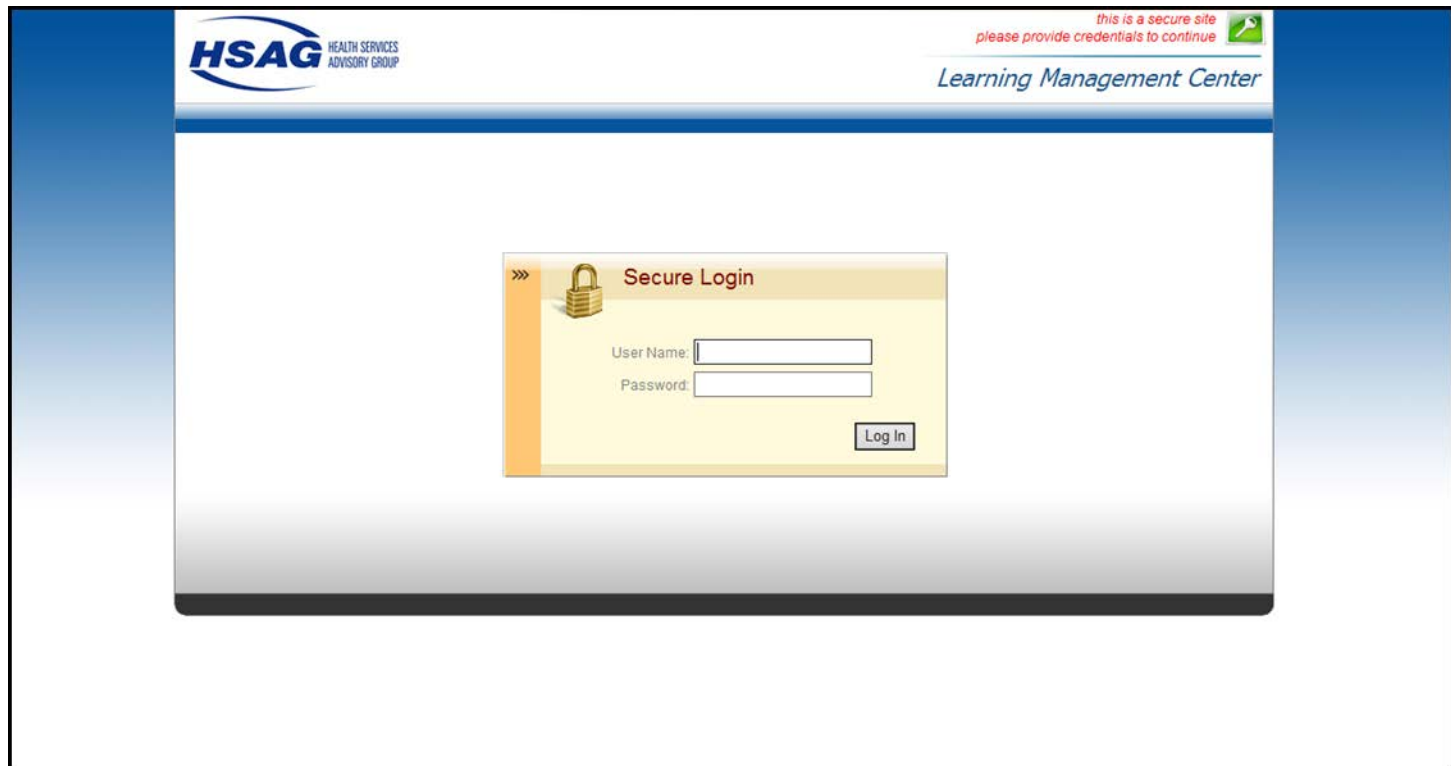
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

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 (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

Thank You for Participating!

Please contact the Hospital OQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Hospital OQR Support Contractor at 866.800.8756.