# Welcome!

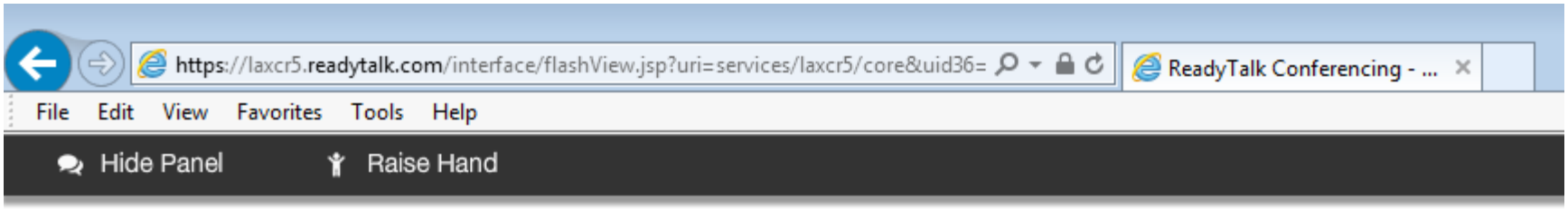
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**

# Troubleshooting Audio

**Audio from computer speakers breaking up?**
**Audio suddenly stop?**

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


F5 Key
Top row of Keyboard

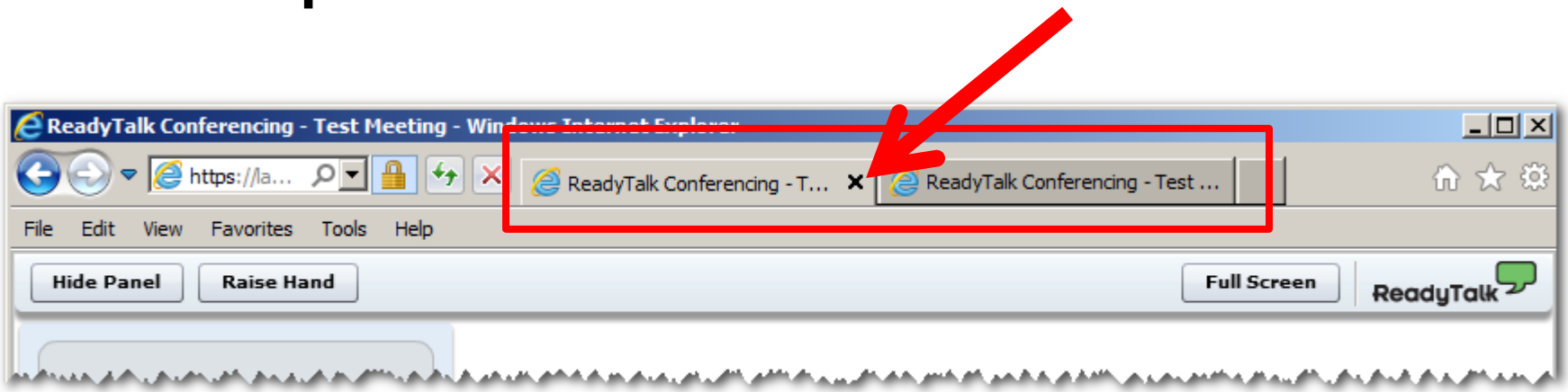



**Location of Buttons**

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 in the bottom-left corner of your screen.**


# Tracking Quality Improvement by Using Hospital OQR Data

## May 18, 2016

# Announcements

- The Quarter 4 deadline for clinical data submitted using CART was extended to June 1, 2016.
- The Hospital Compare reports became available on May 6, 2016. Hospitals have 30 days to review their data.
- 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 webinar:
  - July 20, 2016: CY 2017 OPPS/ASC Proposed Rule, presented by Elizabeth Bainger and Vinitha Meyyur from CMS.
- Notifications of additional educational webinars will be sent via ListServe.

# Learning Objectives

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

- Interpret data pertaining to the Hospital OQR Program.
- List at least three reasons for quality improvement initiatives.
- State the value of analyzing data to improve quality within your organization.

# Tracking Quality Improvement by Using Hospital OQR Data


***Kristy Swanson, BIS***
***Analytics Manager***
Outpatient Quality Reporting
Outreach and Education Support
Contractor

***Pam Harris, RN, BSN***
***Project Coordinator***
Outpatient Quality Reporting
Outreach and Education Support
Contractor

# What Is a Payment Update?

The Annual Payment Update (APU) is composed of:

- Clinical Data quarterly submissions
- Web-Based annual submissions
- For the calendar year (CY) 2017 payment determination:
  - For 2015 encounter dates, enter data in 2016 for payment in 2017.

# OQR Program Overview

| Summary of All Program Participation<br>HOQR-eligible and Voluntary Providers Q3 2013 – Q3 2015 | | | | |
|---|---|---|---|---|
| Time Period | | Number of Providers | Number of Submitted Cases | Average Number of Cases Submitted by Provider |
| CY 2015 APU | Q3 2013 | 4,415 | 1,133,316 | 257 |
| | Q4 2013 | 4,471 | 1,107,886 | 248 |
| | Q1 2014 | 4,480 | 1,151,706 | 257 |
| | Q2 2014 | 4,491 | 1,259,456 | 280 |
| CY 2016 APU | Q3 2014 | 4,497 | 1,290,559 | 287 |
| | Q4 2014 | 4,501 | 1,273,210 | 283 |
| | Q1 2015 | 4,512 | 1,275,623 | 283 |
| | Q2 2015 | 4,518 | 1,334,604 | 295 |
| CY 2017 APU | Q3 2015 | 4,515 | 1,468,595 | 325 |

Note: Only one quarter of data were available for CY 2017 at the time these slides were created. Please exercise caution when interpreting results for CY 2017 throughout this presentation.

# National Performance by Measure

| Year-to-Year Measure Results Comparison CY 2015 APU – CY 2017 APU | | | | | | |
|---|---|---|---|---|---|---|
| Measure | Overall Rate/Median Time | | | | | |
| | 2Q14–2Q15 Measure Benchmark | CY 2015 APU | CY 2016 APU | Difference in Results (CY 2015–CY 2016) | CY 2017 APU | Difference in Results (CY 2016–CY 2017) |
| OP-1: Median Time to Fibrinolysis | 16.0 min | 27.0 min | 28.0 min | (1.0 min) | 28.0 min | 0.0 min |
| OP-2: Fibrinolytic Therapy Received within 30 Minutes of ED Arrival | 100.0% | 59.9% | 59.1% | (0.8%) | 59.2% | 0.1% |
| OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention | 32.0 min | 58.0 min | 57.0 min | 1.0 min | 57.0 min | 0.0 min |
| OP-4: Aspirin at Arrival | 99.9% | 96.8% | 96.8% | 0.0% | 96.6% | (0.2%) |
| OP-5: Median Time to ECG | 2.0 min | 7.0 min | 7.0 min | 0.0 min | 7.0 min | 0.0 min |
| OP-21: Median Time to Pain Management for Long Bone Fracture | 30.0 min | 54.0 min | 54.0 min | 0.0 min | 51.0 min | 3.0 min |
| 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 | 99.3% | 62.5% | 67.0% | 4.5% | 68.8% | 1.8% |

Note: Caution should be exercised when evaluating results for CY 2017. Data for web-based measures were not due until May 15, 2016. This date occurred after the development of this presentation. Only one quarter of data were available for chart-based measures. Caution should be used when interpreting these results.

# National Performance by Measure

| Year-to-Year Measure Results Comparison CY 2015 APU – CY 2017 APU | | | | | | |
|---|---|---|---|---|---|---|
| Measure | Overall Rate/Median Time | | | | | |
| | 2Q14–2Q15 Measure Benchmark | CY 2015 APU | CY 2016 APU | Difference in Results (CY 2015–CY 2016) | CY 2017 APU | Difference in Results (CY 2016–CY 2017) |
| OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data | — | 84.5% | 88.5% | **4.0%** | — | **N/A** |
| OP-17: Tracking Clinical results Between Visits | — | 79.5% | 85.0% | **5.5%** | — | **N/A** |
| OP-25: Safe Surgery Checklist Use | — | 94.7% | 95.9% | **1.2%** | — | **N/A** |

Note: Caution should be exercised when evaluating results for CY 2017. Data for web-based measures were not due until May 15, 2016. This date occurred after the development of this presentation. Only one quarter of data were available for chart-based measures. Caution should be used when interpreting these results.

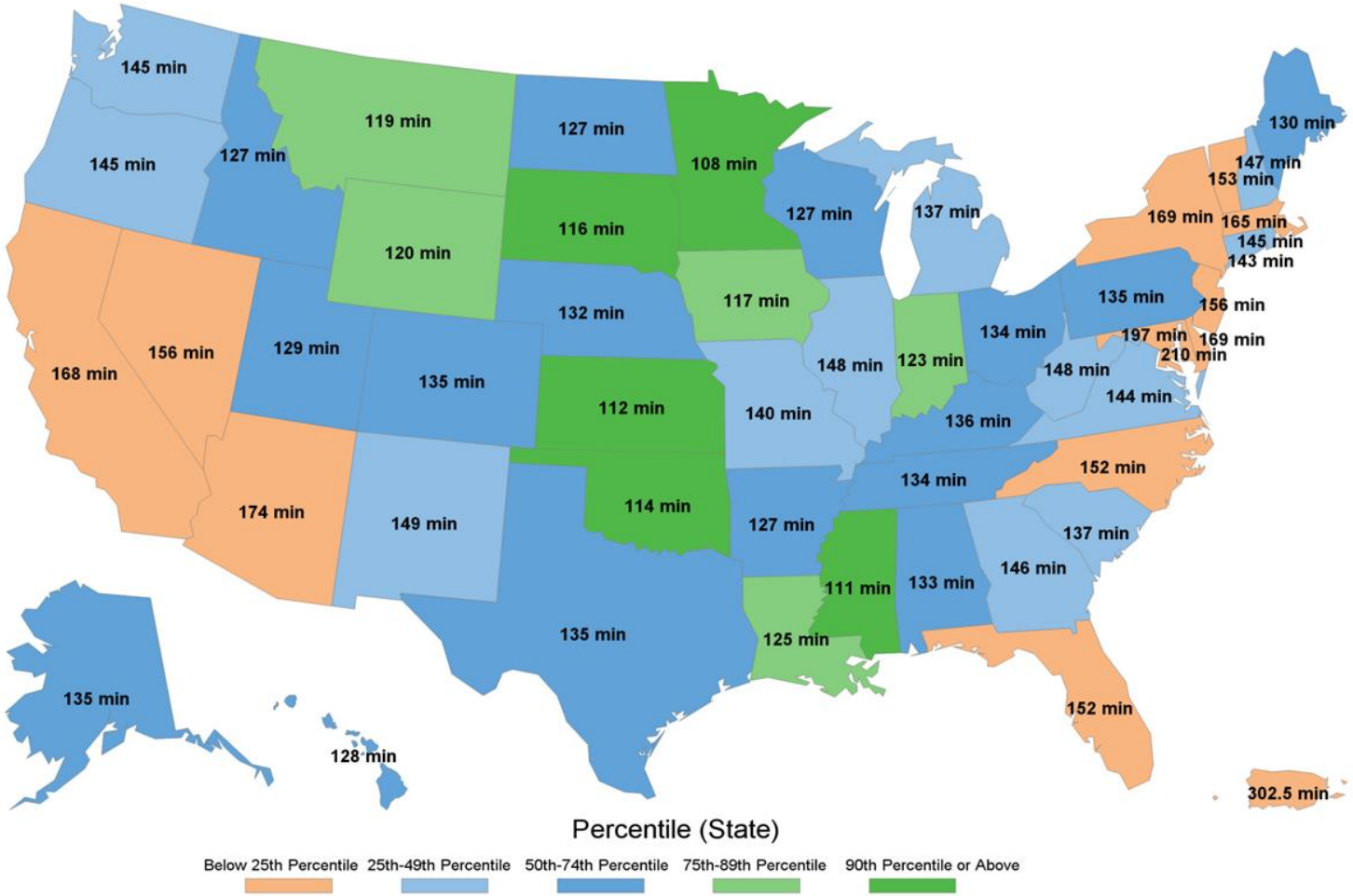
# National Performance by Measure

| Year-to-Year Measure Results Comparison CY 2015 APU – CY 2017 APU | | | | | | |
|---|---|---|---|---|---|---|
| Measure | Overall Rate/Median Time | | | | | |
| | 2Q14–2Q15 Measure Benchmark | CY 2015 APU | CY 2016 APU | Difference in Results (CY 2015–CY 2016) | CY 2017 APU | Difference in Results (CY 2016–CY 2017) |
| OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients | 93.0 min | 135.0 min | 141.0 min | (6.0 min) | 142.0 min | (1.0 min) |
| OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional | 10.0 min | 24.0 min | 24.0 min | 0.0 min | 22.0 min | 2.0 min |
| OP-22: ED – Left Without Being Seen | — | 2.0% | 2.1% | (0.1%) | — | N/A |
| OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | — | — | 74.0% | — | — | N/A |
| OP-30: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use | — | — | 80.2% | — | — | N/A |

Note: Caution should be exercised when evaluating results for CY 2017. Data for web-based measures were not due until May 15, 2016. This date occurred after the development of this presentation. Only one quarter of data were available for chart-based measures. Caution should be used when interpreting these results.

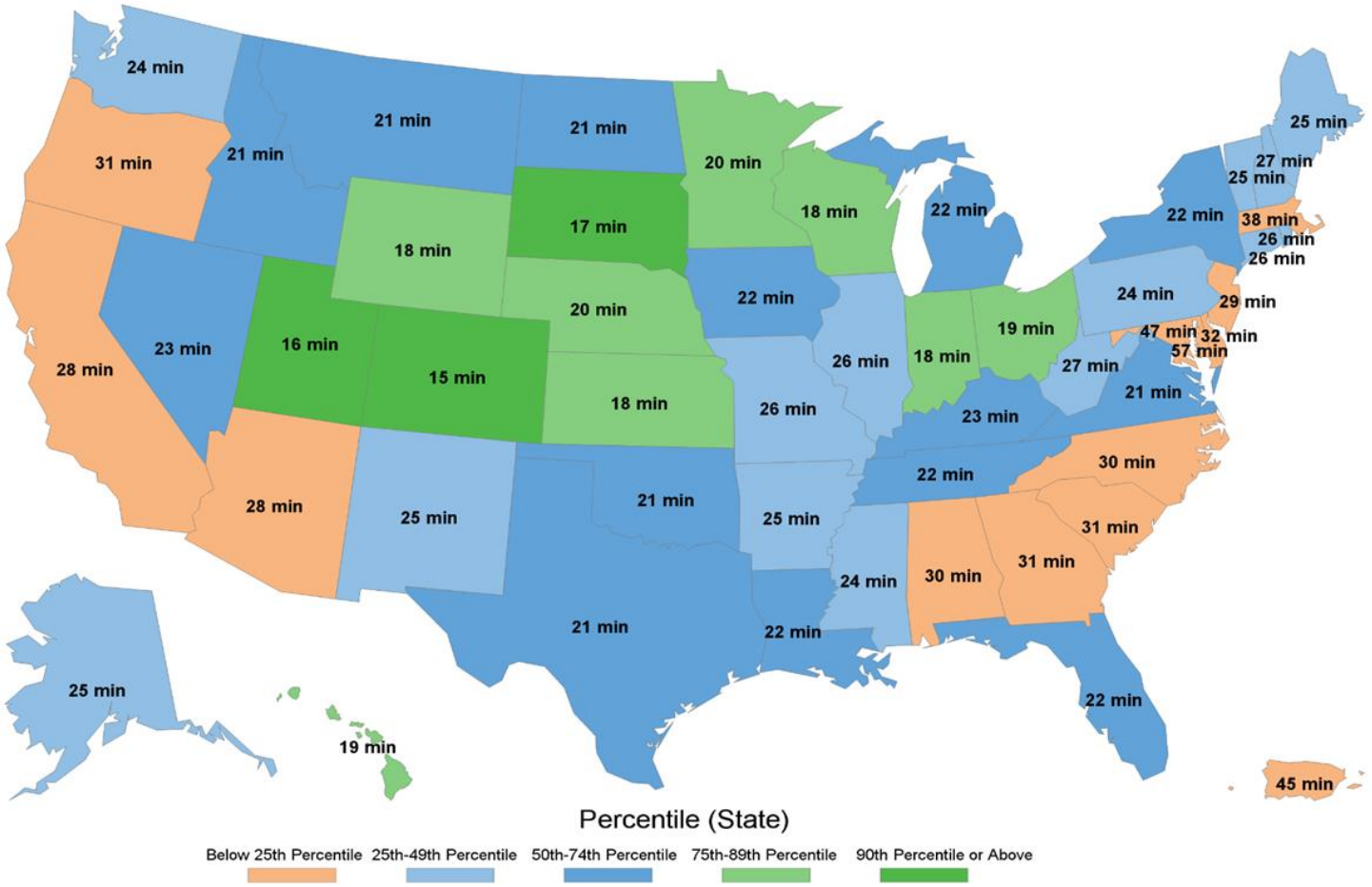
# Measure Performance for OP-18b
# CY 2016

| Percentile Description | Minutes |
|---|---|
| 25th Percentile | 152 minutes |
| 50th Percentile | 137 minutes |
| 75th Percentile | 127 minutes |
| 90th Percentile | 117 minutes |



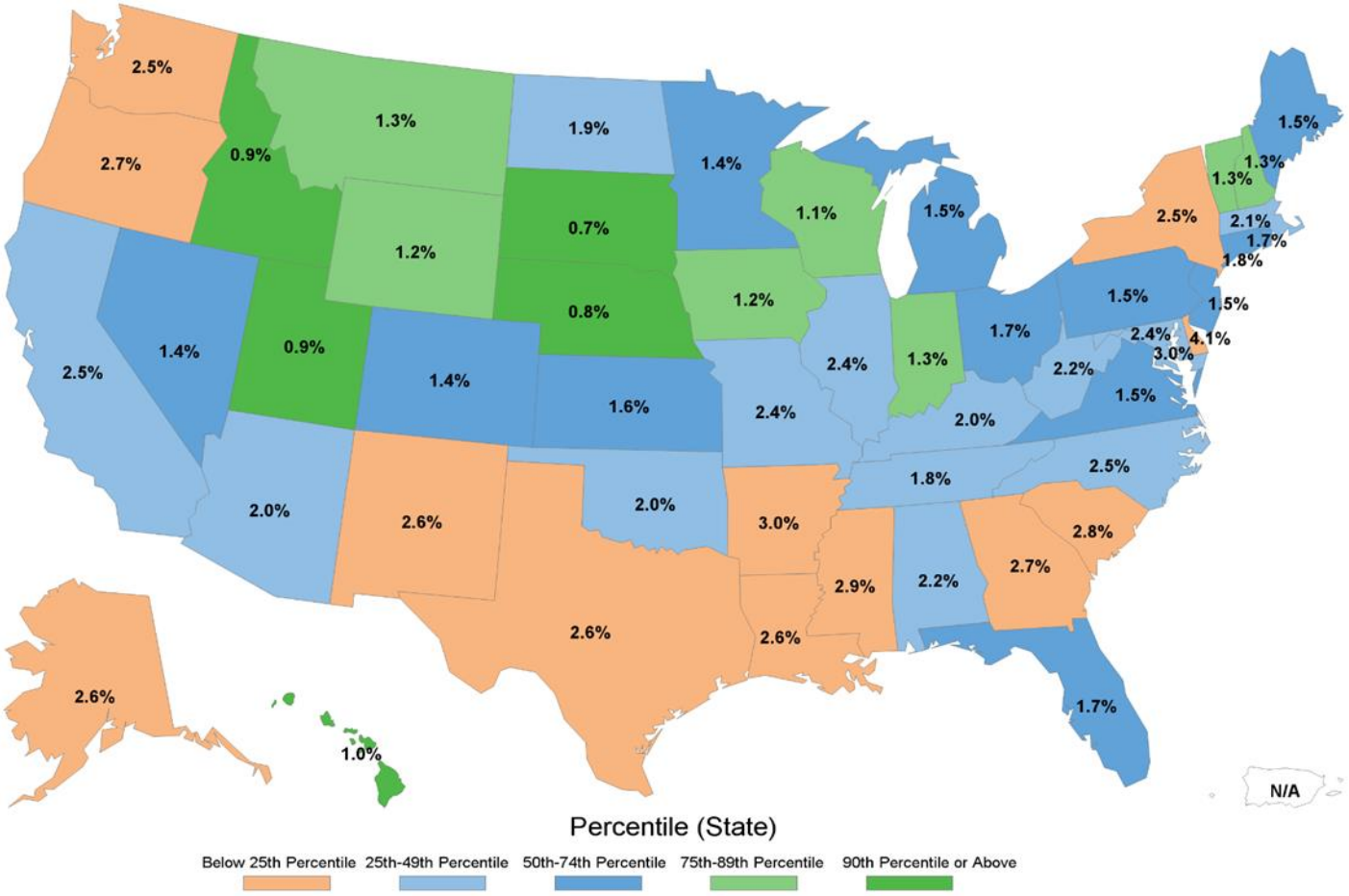
# Measure Performance for OP-20 CY 2016

| Percentile Description | Minutes |
|---|---|
| 25th Percentile | 28 minutes |
| 50th Percentile | 24 minutes |
| 75th Percentile | 21 minutes |
| 90th Percentile | 18 minutes |



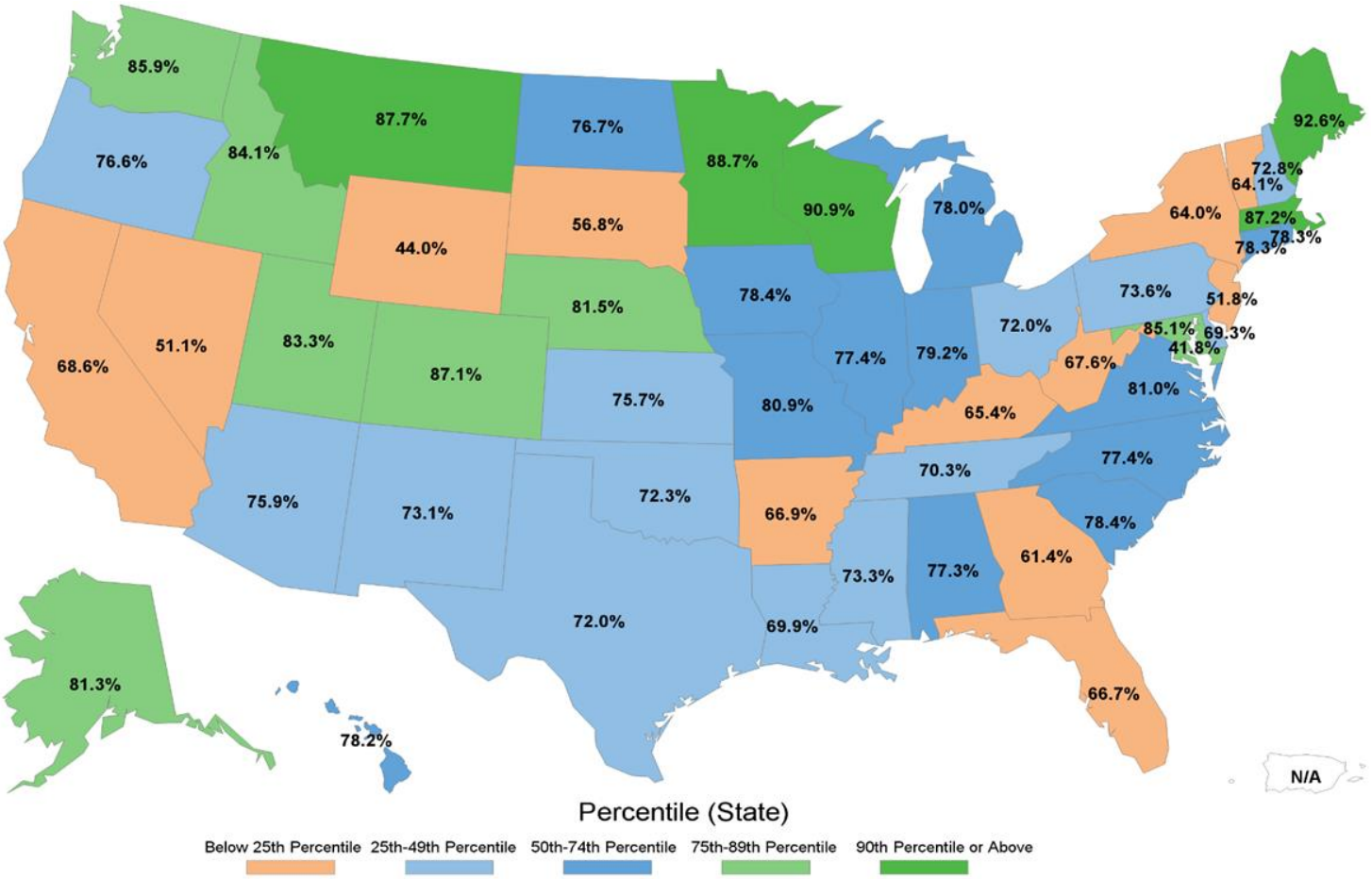
# Measure Performance for OP-22
# CY 2016

| Percentile Description | Rate |
|---|---|
| 25th Percentile | 2.5% |
| 50th Percentile | 1.8% |
| 75th Percentile | 1.4% |
| 90th Percentile | 1.1% |



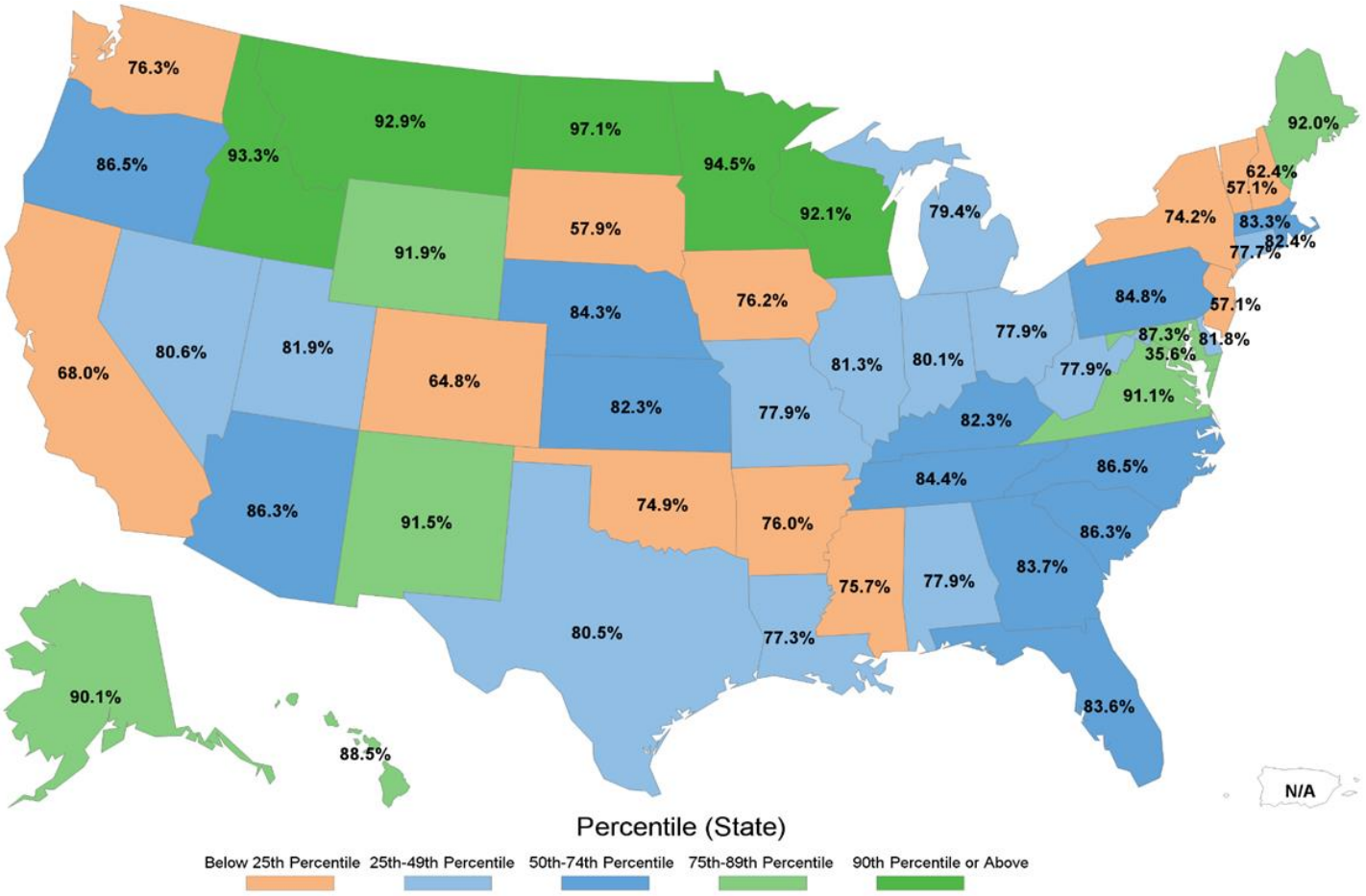
# Measure Performance for OP-29
# CY 2016

| Percentile Description | Rate |
|---|---|
| 25th Percentile | 68.6% |
| 50th Percentile | 76.6% |
| 75th Percentile | 81.0% |
| 90th Percentile | 87.1% |



# Measure Performance for OP-30 CY 2016

| Percentile Description | Rate |
|---|---|
| 25th Percentile | 76.3% |
| 50th Percentile | 81.9% |
| 75th Percentile | 86.5% |
| 90th Percentile | 92.0% |



# Improving Performance

| Percentage of Providers That Improved their Performance by Measure (CY 2015 – CY 2017) | | |
|---|---|---|
| **Measure** | **Percentage of Providers That Improved Performance Between CY 2015 – CY 2016** | **Percentage of Providers That Improved Performance Between CY 2016 – CY 2017** |
| **OP-1: Median Time to Fibrinolysis** | 47.7% (n = 686) | 53.5% (n = 400) |
| **OP-2: Fibrinolytic Therapy Received Within 30 Minutes** | 39.7% (n = 688) | 39.6% (n = 407) |
| **OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention** | 52.1% (n = 1,463) | 50.2% (n = 1,008) |
| **OP-4: Aspirin at Arrival** | 30.6% (n = 3,204) | (34.8% (n = 2,823) |
| **OP-5: Median Time to ECG** | 44.7% (n = 3,214) | 48.7% (n = 2,826) |
| **OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients** | 35.3% (n = 3,410) | 49.6% (n = 3,457) |
| **OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional** | 45.2% (n = 3,415) | 54.5% (n = 3,464) |
| **OP-21: Median Time to Pain Management for Long Bone Fracture** | 50.0% (n = 3,339) | 55.6% (n = 3,388) |
| **OP-22: ED – Left Without Being Seen** | 37.4% (n = 3,164) | N/A |
| **OP-23: Head CT or MRI Scan Results for Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival** | 50.7% (n = 2,982) | 49.6% (n = 2,534) |

Note: The "n" displayed in the table above includes those providers that reported the associated measure for both time periods displayed. For example, 686 providers reported OP-1 in both CY 2015 and CY 2016. Of those 686 providers, 47.7 percent improved between the two years.

# HOW CAN WE USE THE DATA?

# What Do We Do with the Data?

Quality Improvement Objectives:

- Quality Improvement and Performance
  - Best Practices
  - Evidence-Based Practices
- Better Patient Outcomes
  - Patient-Centered Care
- Cost Effective Care

# Data Can Be Your Friend

What's the point in data?

- Lets you know what is really happening, instead of what you thought is happening
- Shows changes leading to improvements
- Provides justification for administrative support of Quality Improvement (QI) projects and updating processes

# How to Start Utilizing Data

## Evidence-Based Continuous Quality Improvement Process

- **PDSA**: Plan-Do-Study-Act, this is a four-stage problem-solving model used for improving a process or carrying out change.
  - **Plan:** plan ahead for change, analyze and predict the results
  - **Do:** execute the plan, taking small steps in controlled circumstance.
  - **Study:** check, study the results.
  - **Act:** take action to standardize or improve the process.

# FIGURING OUT WHAT IS WRONG

# Common Issues

- Abstraction processes
- Documentation issues
- Staff education

# Tips for Abstraction Processes

- Knowledgeable abstractors
- Optimize your resources
  - Specifications Manual
  - Q&A tool on QualityNet
- Develop processes to improve accuracy
- Daily reports
- Communication

# Documentation

- Reports
  - Identifying trends, variances, consistency issues
- Frontline staff input
  - Engagement of the staff
- Changes in the electronic documentation system
  - Adding assessments, check boxes, adding alerts
- Modifying standardized documentation

# Educating Staff

- Engage frontline staff
  - Continuous posting of progress
  - Newsletters
  - Pictures and graphs showing performance
- Staff meetings
  - Huddles
- Education to physicians, management, and administration

# FIXING THE PROBLEMS

# You Found an Issue

- Measure OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- This measure is a common trouble spot for many facilities.
  - CY 2015 was 135 minutes
  - CY 2016 was 141 minutes
  - A difference of six minutes

# Example Hospital #1: Problems

OP-18b (reporting measure): Median Time from ED Arrival to ED Departure for Discharged ED Patients

- Holding patients in the ED for the hospitalist evaluation
- ED beds open, but triage nurse too busy to pull the patients to the room
- Documentation problems

# Example Hospital #1: Resolutions

Changes implemented:

- Administrative directive that patients would not be held in ED for physician convenience
- Prompt transfer to bed assignment
- Redesign of the electronic health record (EHR) ED record
- Staff involvement in change decisions

# Example Hospital #2: Problems

- Registration process was excessive and had too many steps
- Length of stay for both ED admits and discharges were above the average
  - ED process was too lengthy
  - Delays on the inpatient side
- Late afternoon inpatient discharges were too lengthy

# Example Hospital #2: Resolutions

- Facility streamlined the registration process
  - Additional staff position was added
- New processes were initiated
  - Altered ED admission process
  - Modified inpatient discharge process

# KEEPING IT GOING

# Staying on the Road to Success

- Maintain monitoring of your facility's performance
  - Run reports on QualityNet
  - Analyze benchmarks and compare your facility with other facilities
- Access Hospital Compare
  - Compare your performance to state and national performance
- Continuous internal monitoring

# Resources to Assist You

- QualityNet website: www.qualitynet.org
  - Various reports are available to monitor your performance
  - Public reporting preview report
  - ListServe notifications
- Quality Reporting Center website: www.qualityreportingcenter.com
  - Data Submission Guidelines
  - Abstraction Tools
  - Program Guide

# Summary

- 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.

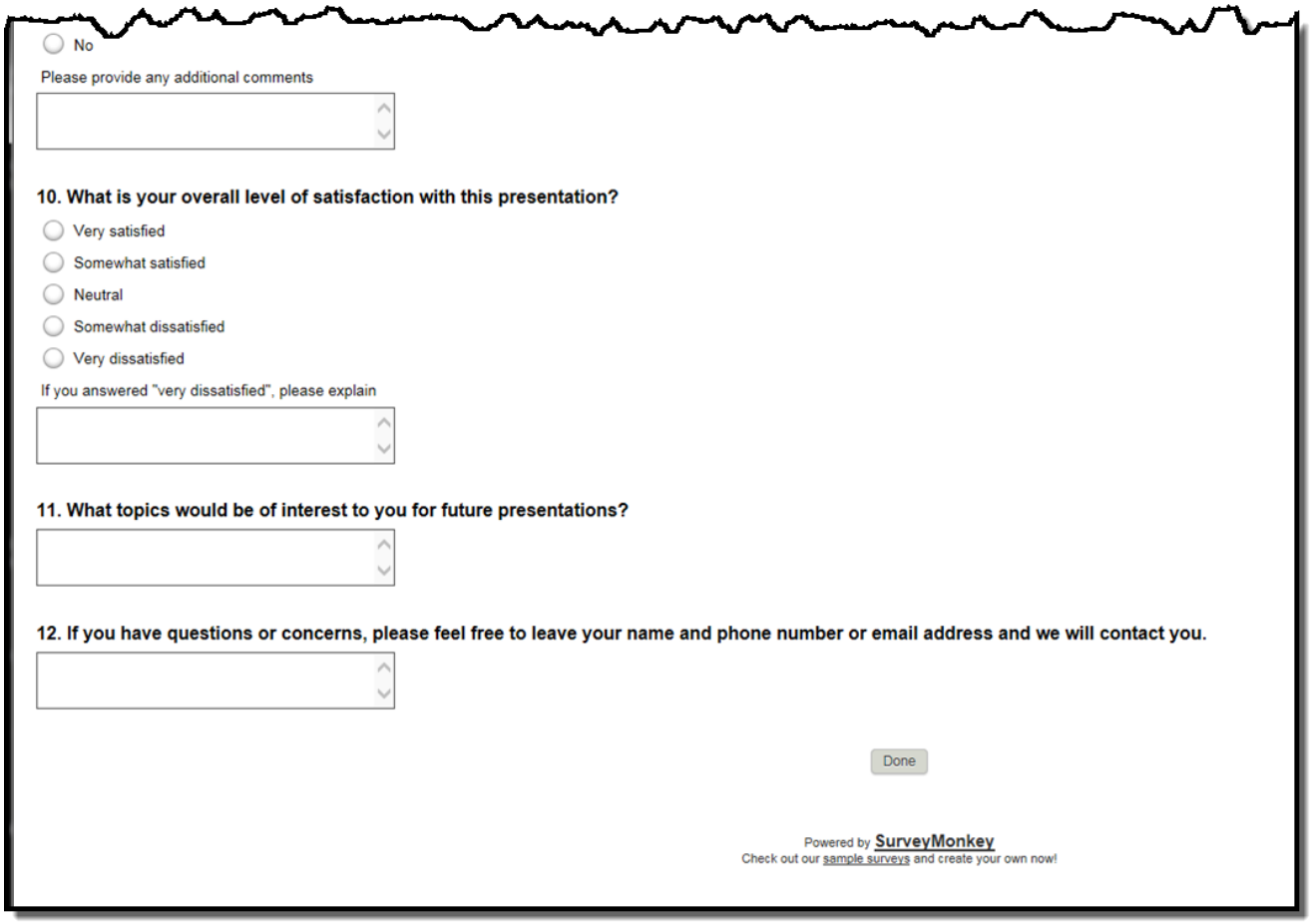
# CE Credit Process

- 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



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

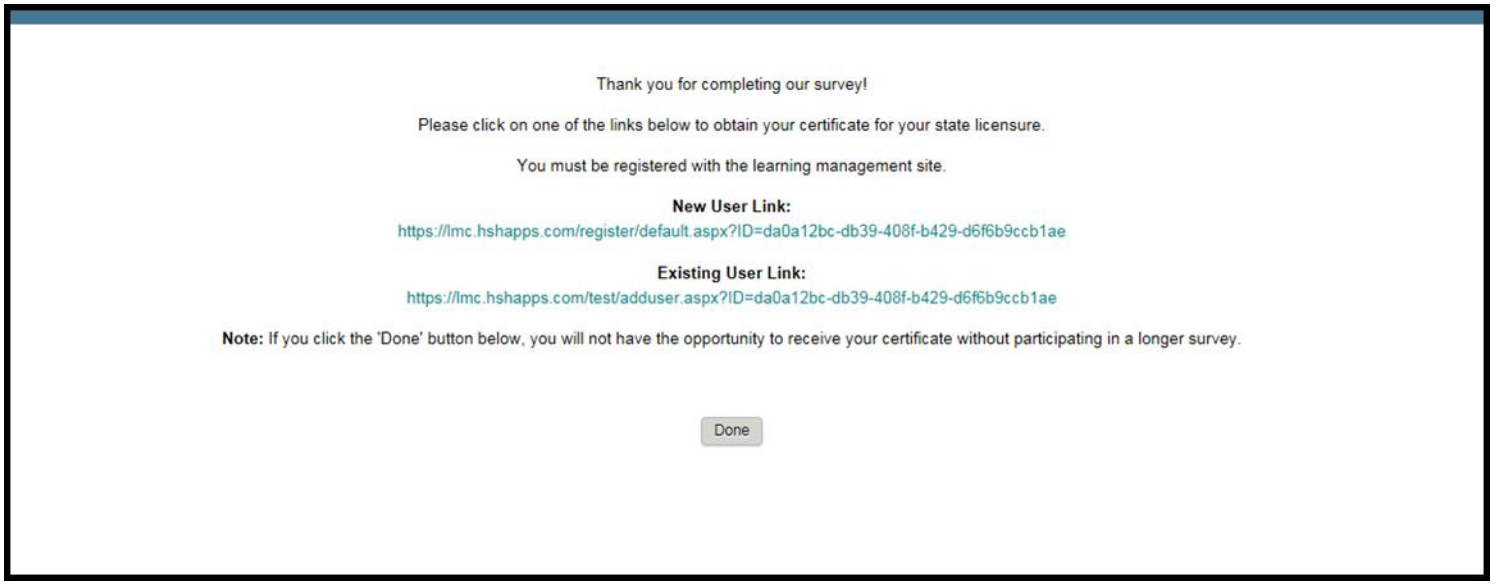
**11. What topics would be of interest to you for future presentations?**

**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

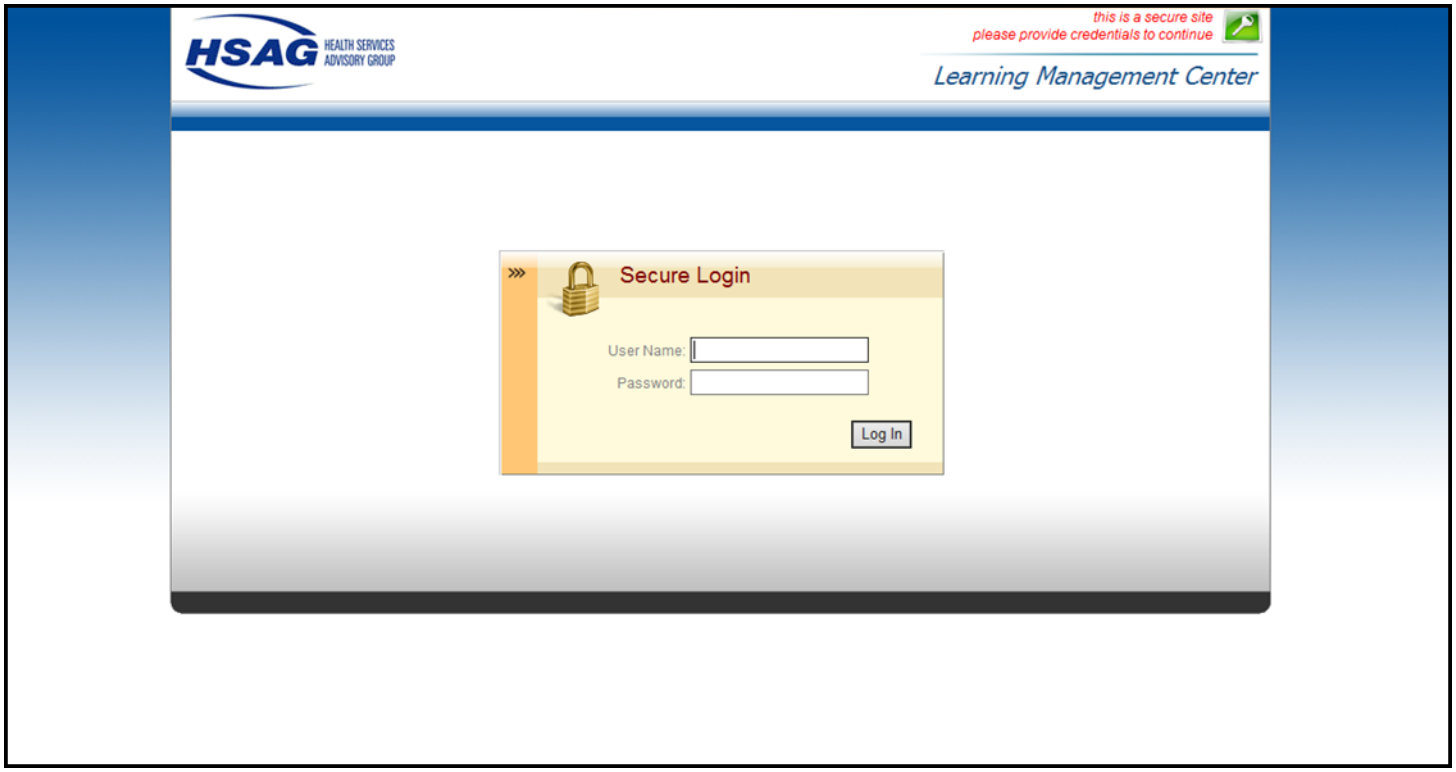
Powered by SurveyMonkey
Check out our sample surveys and create your own now!

# CE Credit Process



# 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 www.qualitynet.org

*Or*

- Call the Support Contractor at 866.800.8756.

- Agency for Healthcare Research and Quality
- http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/index.html
- National Learning Consortium
- https://www.healthit.gov/sites/default/files/tools/nlc_continuousqualityimprovementprimer.pdf