Welcome!

- Presentation slides can be downloaded from <u>www.qualityreportingcenter.com</u> 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.

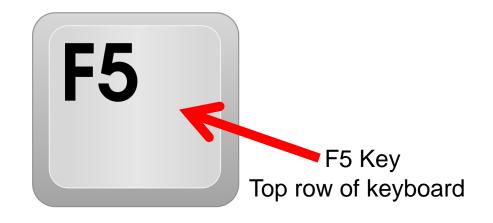


ReadyTalk

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stops?

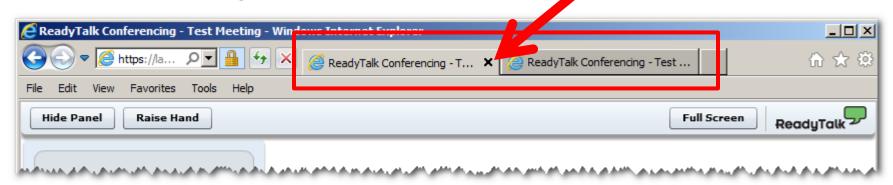
- Click Refresh icon or
- Click F5





Troubleshooting Echo

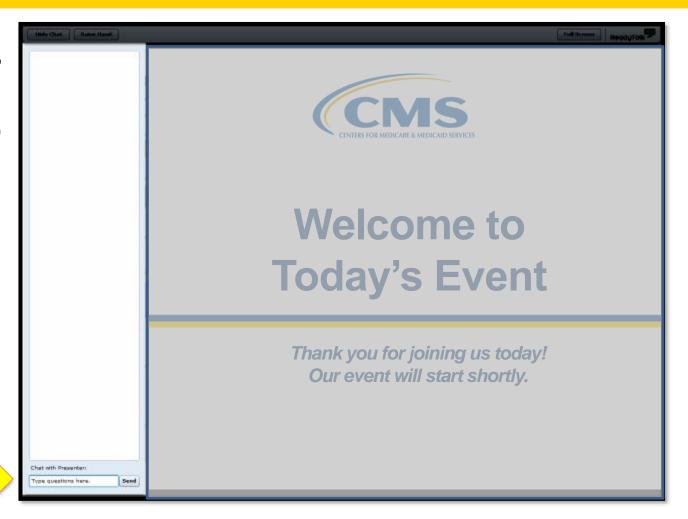
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the "Chat with Presenter" section located on the bottomleft corner of your screen.





Ambulatory Surgical Center Quality Reporting (ASCQR) Program 2018 Specifications Manual Update

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Specifications Manual Lead
ASCQR Program Support Contractor

January 24, 2018

Announcements

- Please keep your QualityNet and National Healthcare Safety Network (NHSN) passwords current.
 - Log into the system every 90 days to prevent password problems.
- It is recommended that each facility has at least two QualityNet Security Administrators (SAs).
- Make sure you are signed up for the ListServe.

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 <u>NHSN@cdc.gov</u> for more information, using subject line "NHSN Reconsent"

Save the Date

- Upcoming ASCQR Program educational webinar
 - February 28, 2018: 2017 Data for the ASCQR Program: A Year in Review
- Notifications of additional educational webinars will be sent via ListServe

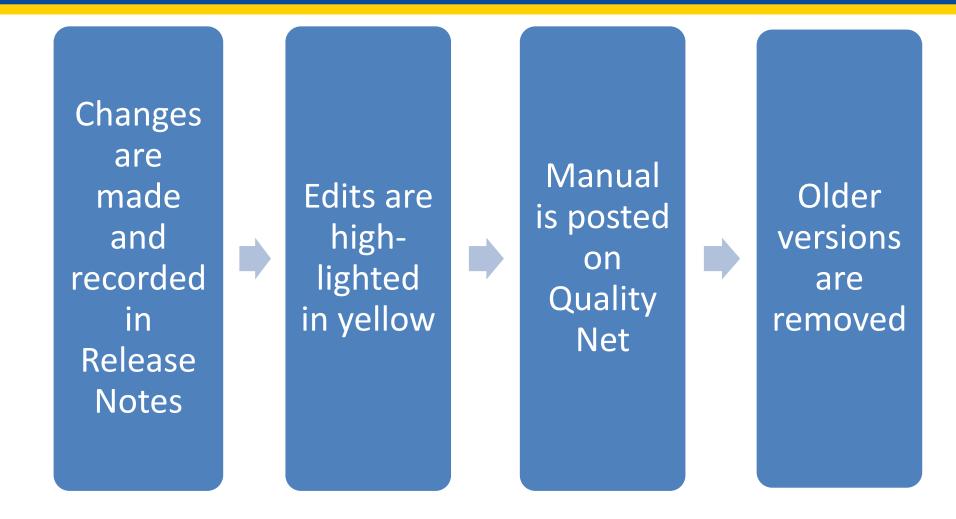
Learning Objectives

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

- ✓ Identify changes to the Specifications Manual through version 7.0a.
- ✓ List changes in the measure information forms.
- ✓ Describe how these changes will impact abstracting and reporting for this program.



The Manual Process

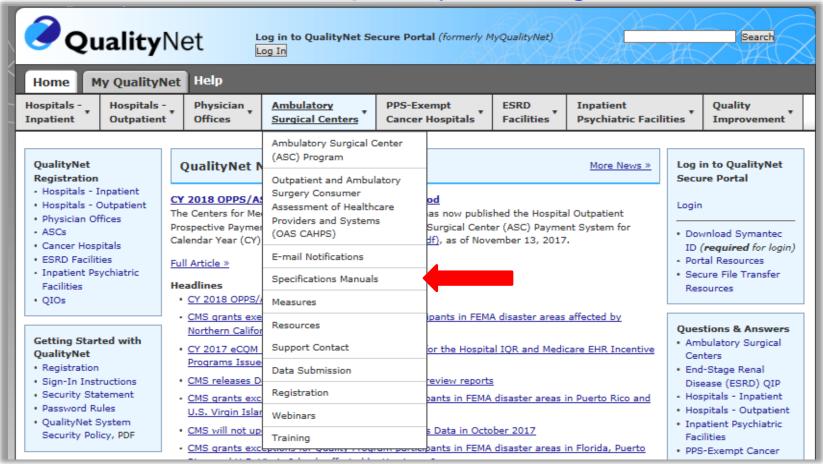




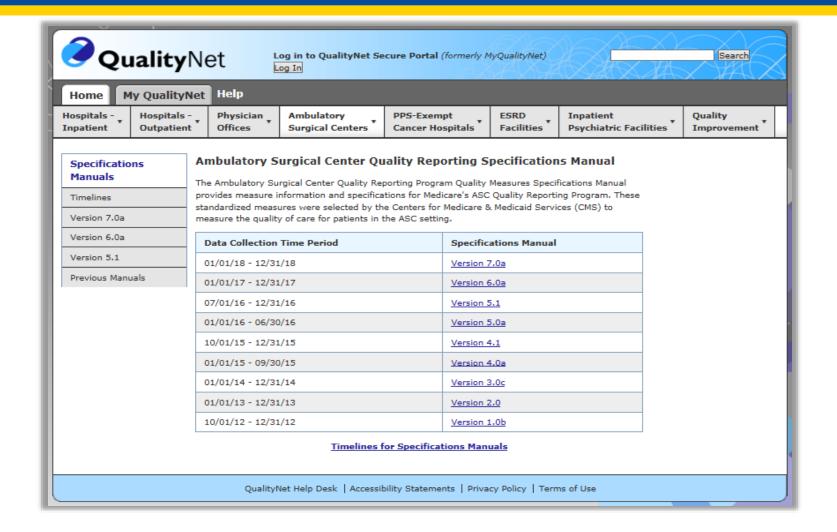
Finding the Manual

Home Page

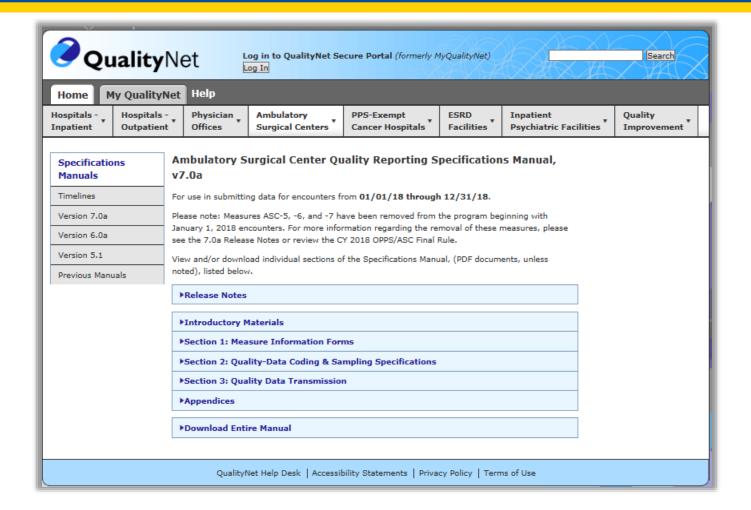
www.qualitynet.org



Choosing a Version

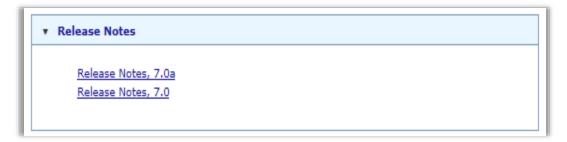


Choosing a Section

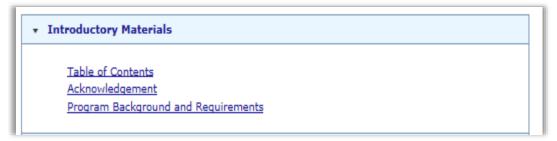


View Within the Section

If you click on the Release Notes:



If you click on the Introductory Materials:



Measure Information Forms

▼ Section 1: Measure Information Forms

Measure Information Form Introduction

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-8: Influenza Vaccination Coverage among Healthcare Personnel

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

ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient

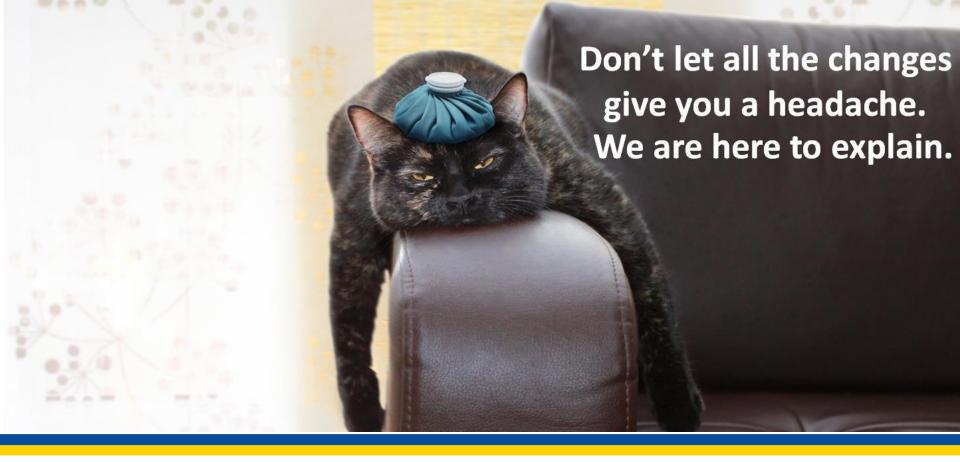
<u>Colonoscopy</u>

ASC-13: Normothermia

ASC-14: Unplanned Anterior Vitrectomy

The Last Sections





Changes to the Manual

Table of Contents

- Version 6.0a
 - Added Quality Data Transmission
- Version 7.0
 - Added ASC-13 and ASC-14
- Version 7.0a
 - Removed ASC-5, ASC-6, and ASC-7



Claims-Based Measures (Using QDCs)

ASC-1-ASC-5

The Quality Data Codes (QDCs) are used for:

- 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-5

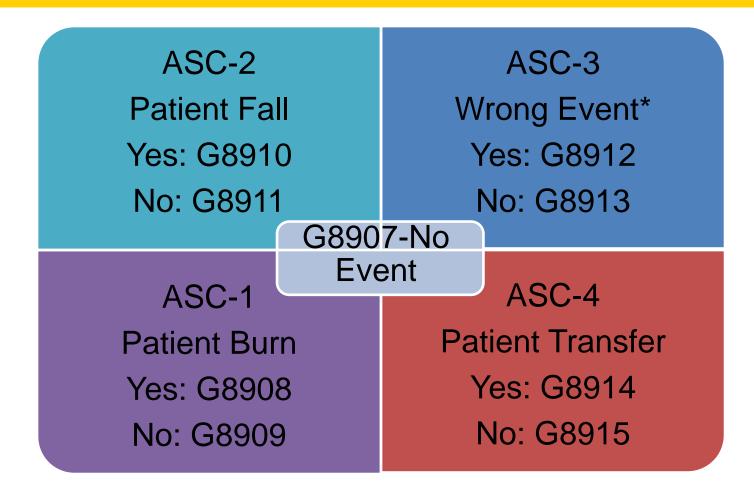
ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing

- Version 7.0a
 - Removed ASC-5
- No changes to the other QDC measures
- Continue to report ASC-1, -2, -3, and -4

What Should Your ASC Submit?

- Reporting G8918
 - No longer required, but facilities can still report
- Reporting one code
 - Report G8907 if there were no events
- Reporting four codes
 - If there were events, report the code for each event

The G-Code Breakdown



^{*}Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant



CMS Outcome Measure (Claims-Based)

ASC-12

ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Version 7.0a
- Added: 2017 Measure Updates and Specifications Report
 https://www.gualitynet.org/dcs/ContentServer?c=P
 - https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775197506
- Removed: Note from Tables 1 and 2: "For the ICD-9 codes relevant to the calculation of the measure for the CY2016 period, refer to v 5.1 of the manual"

Let's take a break!





Measures Submitted Using a Web-Based Tool

Web-Based Measures

Measures listed numerically

- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures
- ASC-8: Influenza Vaccination Coverage among Healthcare Personnel
- ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Web-Based Measures (cont.)

- ASC-10: 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
- ASC-13: Normothermia
- ASC-14: Unplanned Anterior Vitrectomy

ASC-6 and ASC-7

ASC-6: Safe Surgery Checklist Use

- Version 7.0a
 - Removed ASC-6

ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures

- Version 7.0a
 - Removed ASC-7

ASC-8

ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

- Versions 7.0 and 7.0a
 - No changes

ASC-9

Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

- Version 7.0
 - Change in denominator exclusions, first bullet
 - 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 ≥ 66 years old, or life expectancy < 10 years, other medical reasons)"

ASC-9 (cont.)

- Change in first bullet, third sentence
 - 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 7.0a
 - No changes

ASC-10

Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use

- Versions 7.0 and 7.0a
 - No changes

ASC-11

ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Versions 7.0 and 7.0a
 - No changes
 - Still voluntary

ASC-13

Normothermia

- Version 7.0
 - Added Measure Information Form (MIF)
 - "...the percentage of patients having a surgical procedure under general or neuraxial anesthesia lasting 60 minutes or more in duration, who are normothermic (body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius) within 15 minutes of arrival in PACU."
 - Has a numerator and denominator
- Version 7.0a
 - No changes

ASC-13 MIF

Measure Information Form

Measure Title: Normothermia

Measure ID #: ASC-13

Quality Reporting Option: Measure submitted via a web-based tool

Description: This measure is used to assess the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU.

Numerator: Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU

Denominator: All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration

Numerator Exclusions: None

Denominator Exclusions: Patients who did not have general or neuraxial anesthesia; patients whose length of anesthesia was less than 60 minutes; patients with physician/APN/PA documentation of intentional hypothermia for the procedure performed

ASC-14

ASC-14: Unplanned Anterior Vitrectomy

- Version 7.0
 - Added MIF
 - "...the percentage of cataract surgery patients who have an unplanned anterior vitrectomy."
 - Has a numerator and denominator
- Version 7.0a
 - No changes

ASC-14 MIF

Measure Information Form

Measure Title: Unplanned Anterior Vitrectomy

Measure ID #: ASC-14

Quality Reporting Option: Measure submitted via a web-based tool

Description: This measure is used to assess the percentage of cataract surgery patients who have an

unplanned anterior vitrectomy.

Numerator: All cataract surgery patients who had an unplanned anterior vitrectomy

Denominator: All cataract surgery patients

Numerator Exclusions: None

Denominator Exclusions: None

Data Sources:

ASC medical records, incident/occurrence reports and variance reports are potential data sources

Definitions:

Cataract surgery: for purposes of this measure, CPT code 66982 (Cataract surgery, complex), CPT code 66983 (Cataract surgery w/IOL, 1 stage) and CPT code 66984 (Cataract surgery w/IOL, 1 stage)

Unplanned anterior vitrectomy: an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC



Let's dive into the last sections...

New and Improved Sections

QDC & Sampling Section

Quality-Data Coding & Sampling Specifications

- Version 7.0a
 - Removed ASC-5
 - Added ASC-13 to the measures included in the sample size requirements for Table 3

Take a Look

ASC-9, ASC-10, ASC-11*, and ASC-13 – The sampling size specifications for ASC-9, ASC-10, ASC-11*, and ASC-13 have been established and are specified in the table below.

Table 3: Sample size requirements per year per ASC for Endoscopy/Polyp Surveillance (ASC-9 and ASC-10) or Cataracts (ASC-11*) measures, or Normothermia (ASC-13).**

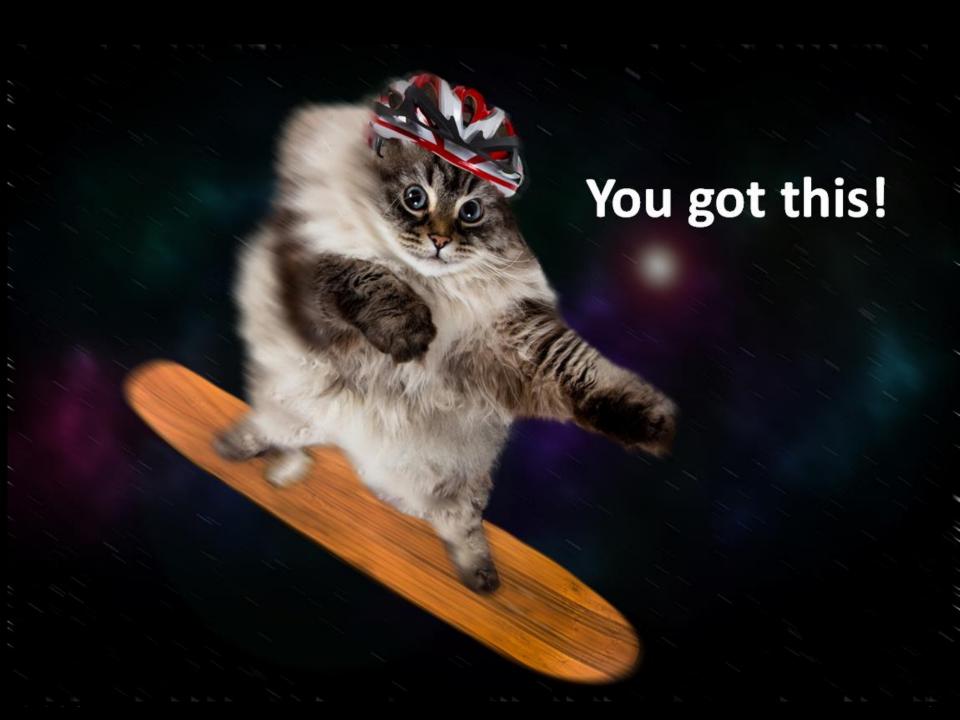
Population Per Year	0-900
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	≥901
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	8

^{*}Voluntary submission of data for ASC-11 began January 2015.

^{**}For ASCs with fewer than 63 cases, the total population of cases is required.

Quality-Data Transmission Section

- New to the Specifications Manual
- Version 6.0a
 - Added Quality-Data Transmission
 - Batch submission can be uploaded for entities with multiple facilities
 - Data can be submitted electronically for ASC agents via QualityNet accounts



Resources

- To locate the Specifications Manual: <u>www.qualitynet.org</u>
- 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

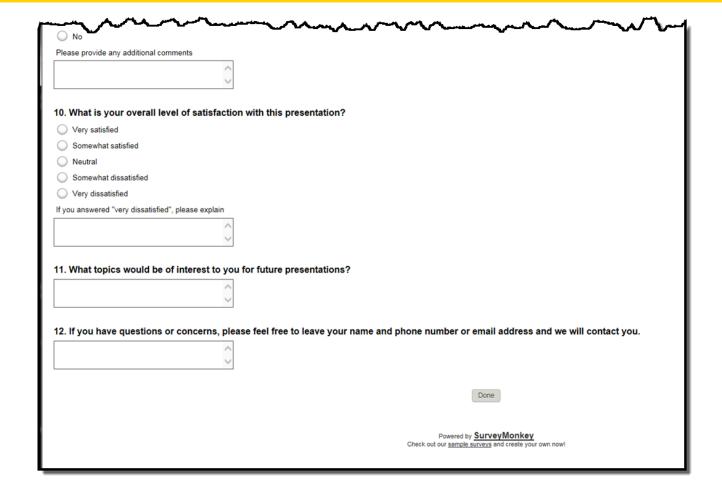
- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click "Done" at the bottom of the screen.
- Another page will open that asks you to register in HSAG's Learning 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?

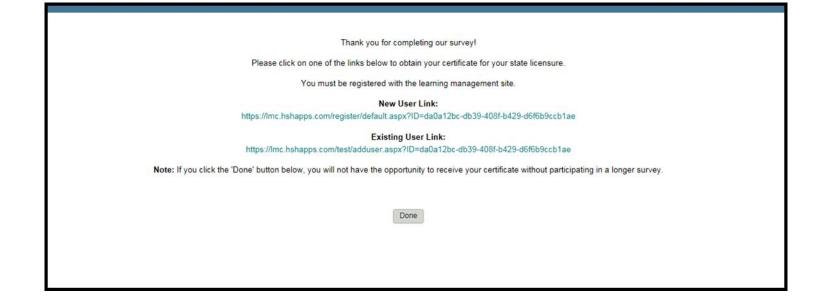
- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

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CE Credit Process: Survey

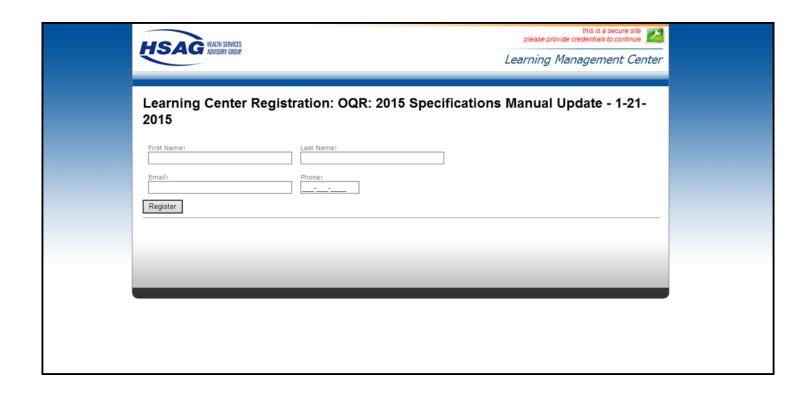


CE Credit Process

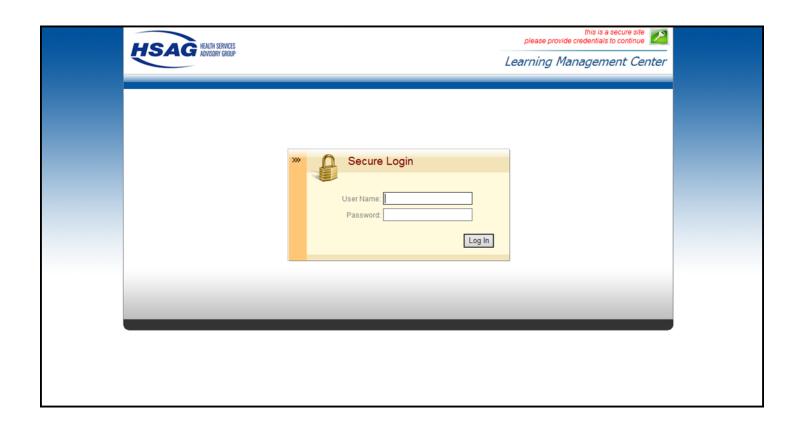


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CE Credit Process: New User



CE Credit Process: Existing User



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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.