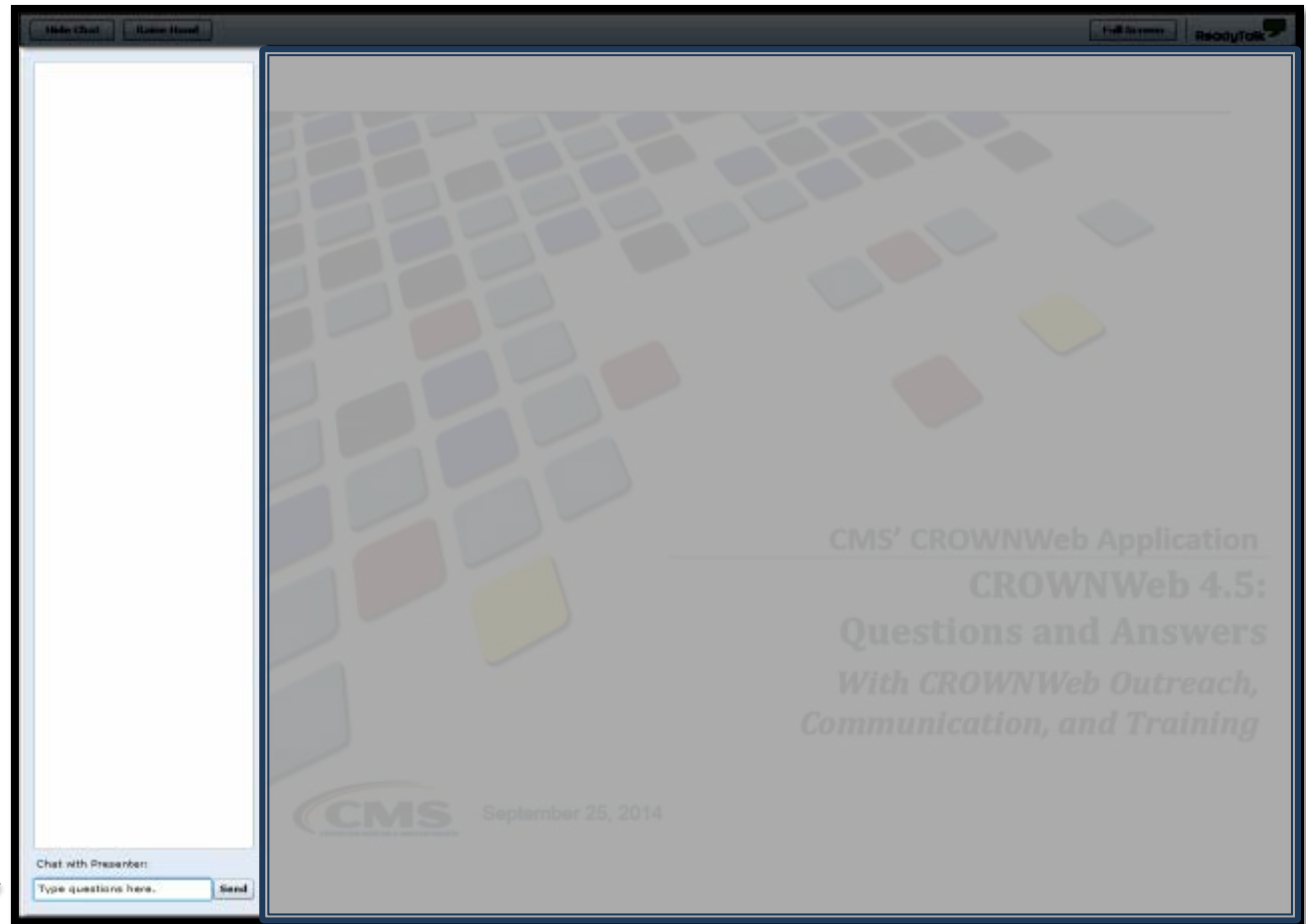


# Improving Quality with the Hospital Outpatient Quality Reporting (OQR) Program

- Audio for this event is available via internet streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.

# Submitting Questions

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





# **Improving Quality with the Hospital Outpatient Quality Reporting (OQR) Program**

***May 20, 2015***

***Karen VanBourgondien, BSN, RN  
Education Coordinator, HSAG***

# Announcements

- August 1, 2015, is the next deadline for Clinical Data and Population and Sampling data submissions for Q1 2015 (January 1–March 31, 2015).
- July 1–November 1, 2015, is the submission period for the web-based measures.

# Save the Date

Upcoming Hospital OQR Program educational webinars:

- June 17, 2015: New Abstractor Tutorial
- July 15, 2015: CY 2016 OPPS/ASC Proposed Rule, presented by CMS

# Learning Objectives

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

- Initiate a basic analysis of data pertaining to their facility.
- Describe and implement at least three components of quality improvement.
- Understand the value of analyzing data to improve quality.



# Improving Quality with the Hospital OQR Program



*Karen VanBourgondien, BSN, RN  
HSAG*

# OQR Information Available

On QualityNet.com:

- QualityNet Reports
- Public Reporting Information
- Specifications Manual

On qualityreportingcenter.com:

- Data Submission Guidelines
- Abstraction Tools
- Program Guide



# Evaluated OQR Measures (1 of 2)

Measure	Description	Clinical Area	Measure Type	Measure Data Frequency
OP-1	Median Time to Fibrinolysis	AMI	Time	Quarterly
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	AMI	Rate	Quarterly
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	AMI	Time	Quarterly
OP-4	Aspirin at Arrival	AMI, CP	Rate	Quarterly
OP-5	Median Time to ECG	AMI, CP	Time	Quarterly
OP-6	Timing of Antibiotic Prophylaxis	Surgery	Rate	Quarterly
OP-7	Antibiotic Selection for Surgical Patients	Surgery	Rate	Quarterly
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	ED-Throughput	Rate	Quarterly

# Evaluated OQR Measures (2 of 2)

Measure	Description	Clinical Area	Measure Type	Measure Data Frequency
OP-19*	Transition Records with Specified Elements Received by Discharged Patients	ED-Throughput	Rate	Quarterly
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional	ED-Throughput	Rate	Quarterly
OP-21	Median Time to Pain Management for Long Bone Fracture	Pain Management	Time	Quarterly
OP-22	Left Without Being Seen	ED-Throughput	Rate (Web-based)	Annually
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival	Stroke	Rate	Quarterly

\* OP-19 is currently suspended from reporting.



# Newer Measures

Measure	Description	Clinical Area	Measure Type	Measure Data Frequency
OP-29	Endoscopy/Polyp Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patient.	Endoscopy	Rate (web-based)	Annually
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for patients with a history of adenomatous polyps- Avoidance of Inappropriate Use	Endoscopy	Rate (web-based)	Annually
OP-31	Cataracts-Improvement in Patient's Visual Function within 90 days following Cataract Surgery	Cataract	Rate (web-based)	Annually

# Q4 2013–Q3 2014 Data (1 of 2)

Measure	# of Hospitals	Mean	Std. Err.	Median	95 <sup>th</sup> %tile	90 <sup>th</sup> %tile	75 <sup>th</sup> %tile
OP-2	613	54.1%	0.0156	60.0%	100.0%	100.0%	100.0%
OP-4	2,620	96.6%	0.0017	100.0%	100.0%	100.0%	100.0%
OP-6	3,056	96.1%	0.0020	98.7%	100.0%	100.0%	99.8%
OP-7	3,041	97.2%	0.0013	98.8%	100.0%	100.0%	99.8%
OP-19	3,050	57.0%	0.0084	88.4%	100.0%	100.0%	100.0%
<b>OP-23</b>	2,851	61.0%	0.0056	66.7%	100.0%	100.0%	84.6%

Q4 2013–Q3 2014 Data for ALL hospitals with data for a measure

\*HSAG Data



# Q4 2013–Q3 2014 Data (2 of 2)

Measure	# of Hospitals	Mean	Std. Err.	Median	95 <sup>th</sup> %tile	90 <sup>th</sup> %tile	75 <sup>th</sup> %tile
OP-1	610	35.78	0.92	28.5	15	18	23
OP-3b	1,425	85.15	1.96	62.5	31	36	48
OP-5	2,631	11.90	0.71	7.5	1	3	5
OP-18b	3,120	145.35	0.73	141	90	100	118
OP-20	3,118	28.82	0.31	25	9	12	17
OP-21	3,066	55.96	0.33	54	30	35	44

Q4 2013–Q3 2014 Data for ALL hospitals with data for a measure

\*HSAG Data

# Quality Improvement Objectives

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

# Gathering Information

- What is going wrong?
  - Analyzing your data
  - Root Cause Analysis (RCA)
- How do we fix it?
  - Implement an Improvement Plan
  - Involve everyone
- How do we sustain the improvement?
  - Maintain monitoring

# Common Problems

- Abstraction processes
- Documentation issues
- Staff education



# Abstraction Processes

- Knowledgeable abstractors
- Optimize your resources
  - Specifications Manual
  - Q&A tool on QualityNet
- Develop process 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

# Staff Education

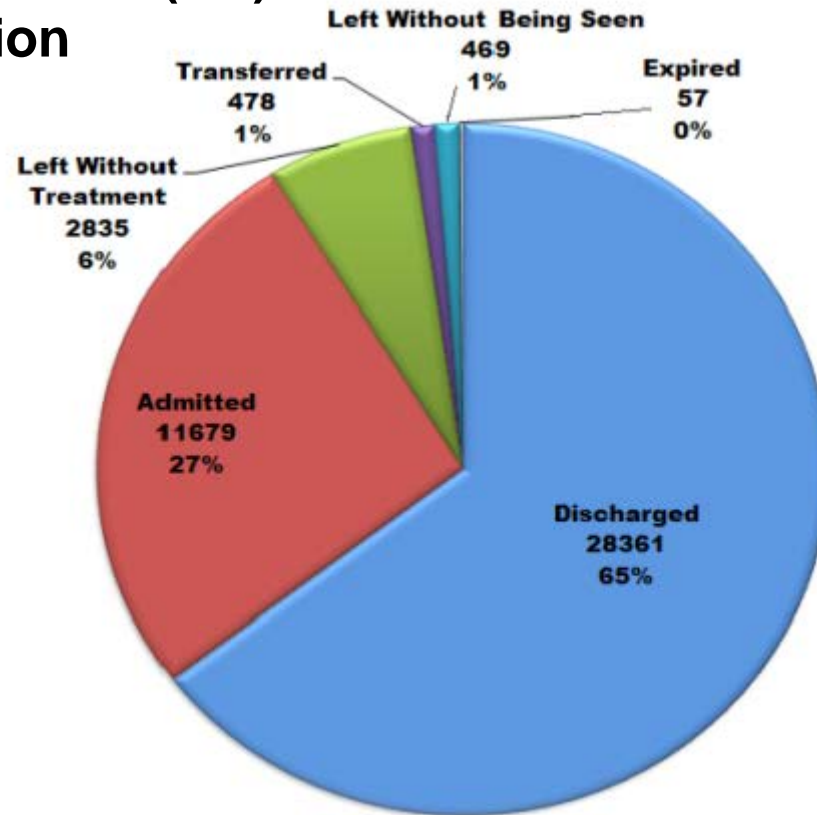
- Engage frontline staff
  - Continuous posting of progress
  - Newsletters
  - Pictures and graphs showing performance
- Staff meetings
  - Huddles
- Education to physicians, management, and administration

# Example Hospital

- Analyzed the problem
- Formulated a plan
- Implemented the plan/processes
- Analyzed the information after implementation
- Continued to monitor their success

# Example Hospital: Outcome

## Emergency Department (ED) Visits by Disposition



\*HSAG Archived Data

# Measure Improvement

- OP-18b (reporting measure): Median Time from ED Arrival to ED Departure for Discharged ED Patients – 172 minutes decreased to 126 minutes
- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional – 40 minutes decreased to 32 minutes

# Analysis, Focus, and Method

Observations and data analysis of clinical and financial data will help to evaluate and develop recommendations such as:

- ED front, middle, and end process
- Registration process
- Ancillary services staffing
- Admission process

# Results of Analysis (1 of 2)

- Registration process exceeded recommended standards and delayed patient evaluation by the triage nurse.
- Fragmented arrival process.
- Laboratory and imaging turnaround times were too long.
- ED provider evaluation process time was delayed.



# Results of Analysis (2 of 2)

- Admission process was excessive and had too many steps.
- Length of stay for both ED admits and discharges were too lengthy.
- Late afternoon inpatient discharges were too lengthy.

# Changes Implemented (1 of 2)

- ED task force was developed.
- Lab and radiology processes were reviewed.
- Fast Track capabilities were changed.
- Flow Coordinator position was added.

# Changes Implemented (2 of 2)

- Triage process was changed to enable taking in several patients at once.
- Bedside Registration process was changed.
- New Greeter position was added to bypass registration.
- Paperwork was streamlined.

# Results from Hospital Analysis

- Median Time from ED Arrival to ED Departure was reduced from 172 minutes to 126 minutes.
- Door to Diagnostic Evaluation Time decreased from 40 minutes to 32 minutes.

# Summing It Up

Measure	# of Hospitals	Mean	Std. Err.	Median	95 <sup>th</sup> %tile	90 <sup>th</sup> %tile	75 <sup>th</sup> %tile
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Q4 2013–Q3 2014 Data for ALL hospitals with data for a measure

\*HSAG Data

# Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
  - Florida Board of Nursing
  - 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
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

# CE Credit Process

- Complete the ReadyTalk<sup>®</sup> survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  - A one-time registration process is required.

# 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

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

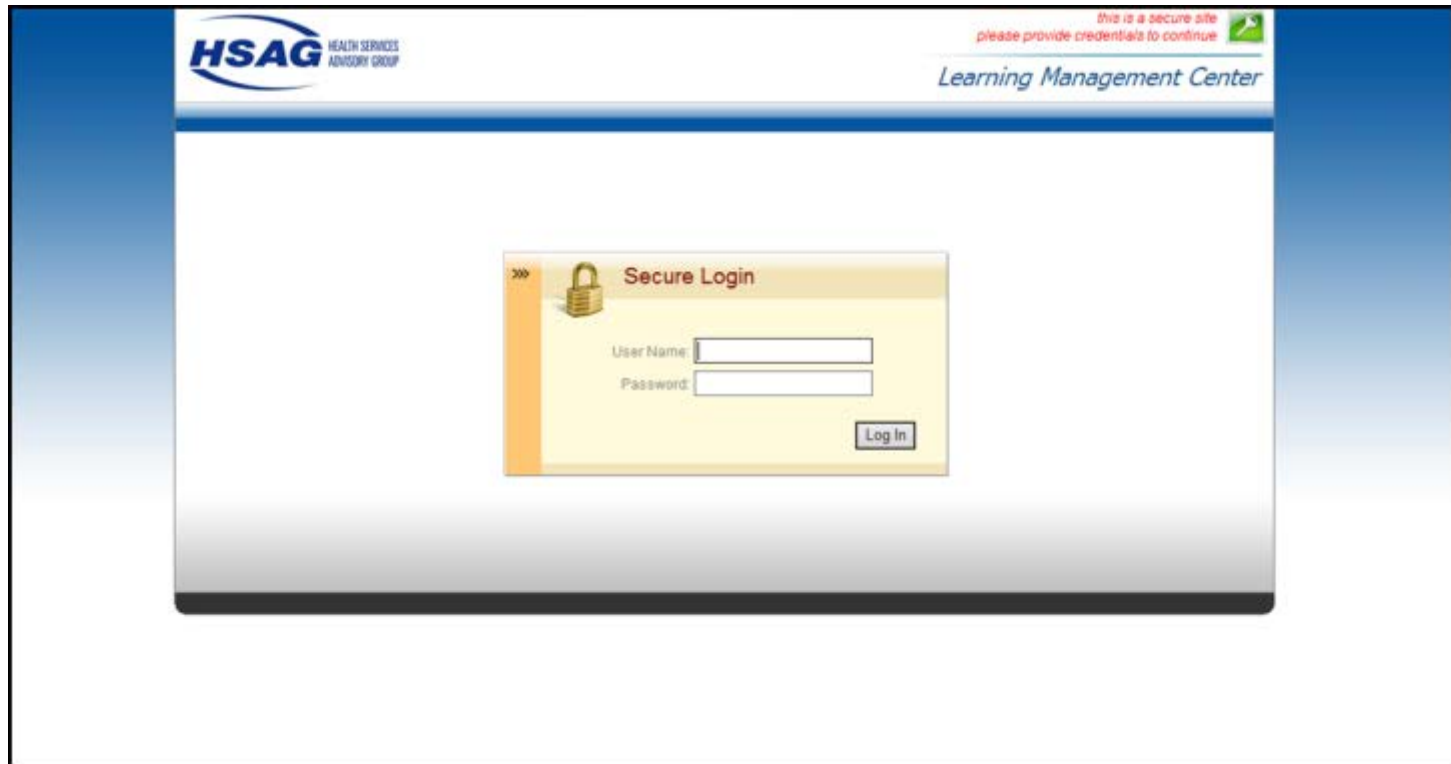
Learning Management Center

**Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



# 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](http://www.qualitynet.org)

*Or*

- Call the Hospital OQR Support Contractor at 866.800.8756.

This material was prepared by the Outpatient Quality Reporting Outreach and Education Support Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). FL-OQR/ASC-Ch8-05062015-04m

