

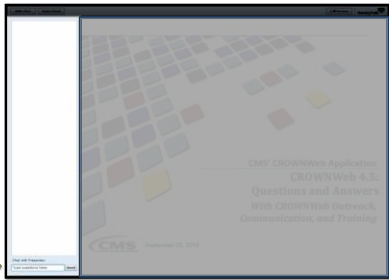
Improving Quality with the Hospital Outpatient Quality Reporting (OQR) Program

- Audio for this event is available via internet streaming.
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- 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.

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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

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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.

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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.



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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



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Q4 2013–Q3 2014 Data (1 of 2)

Measure	# of Hospitals	Mean	Std. Err.	Median	95 th %tile	90 th %tile	75 th %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%
OP-23	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



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Q4 2013–Q3 2014 Data (2 of 2)

Measure	# of Hospitals	Mean	Std. Err.	Median	95 th %tile	90 th %tile	75 th %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
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Quality Improvement Objectives

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



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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



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Common Problems

- Abstraction processes
- Documentation issues
- Staff education

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Abstraction Processes

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

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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

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Staff Education

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

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Example Hospital

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

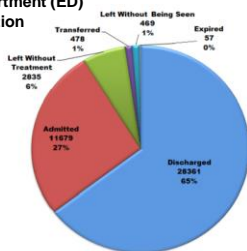
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Example Hospital: Outcome

Emergency Department (ED)
Visits by Disposition



*HSAG Archived Data

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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

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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

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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.

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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.

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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.

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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.

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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.

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Summing It Up

Measure	# of Hospitals	Mean	Std. Err.	Median	95 th %tile	90 th %tile	75 th %tile
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Q4 2013-Q3 2014 Data for ALL hospitals with data for a measure
 *HSAG Data

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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.

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CE Credit Process: New User

The screenshot shows a registration form titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The form includes fields for "First Name", "Last Name", "Email", and "Phone". There is a "Register" button at the bottom of the form.

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CE Credit Process: Existing User

The screenshot shows a "Secure Login" page with a yellow background. It includes a "User Name" field, a "Password" field, and a "Login" button.

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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.

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

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