HOSPITAL OQR WEB-BASED (STRUCTURAL) MEASURES: GUIDELINES

Guidelines for Data Submission

- The data submission period for structural measures OP-12, OP-17, OP-25, and OP-26 begins on July 1, 2013, and extends through November 1, 2013.

- The data submission period for OP-22, the chart-abstracted measure for which aggregate data is collected via a web-based tool, begins on July 1, 2013, and extends through November 1, 2013.


- In order for a hospital to submit data, the hospital must authorize and notarize a QualityNet Security Administrator (SA), a prerequisite necessary for accessing the QualityNet secure data entry site. The QualityNet SA must enter measure data via the My QualityNet section.

- The Hospital OQR Program requires only one SA for each facility; however, it is highly recommended that facilities have two – a primary and an alternate.

OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data

- **Measure Question**: Does/did your facility have the ability to receive laboratory data electronically directly into your qualified/certified EHR system as discrete searchable data? Yes/No

- **Measure Question**: Did your facility use this feature during the performance period? Yes/No

  Note: This question would be answered only if the previous question was answered “yes.”

- **Laboratory Data**: Incorporation of laboratory test results into the EHR as structured data includes the following:
  - Receiving results in a structured and human-readable format,
  - Displaying test report information, and
  - Associating or linking a laboratory test result to an order or patient record.

- **Qualified/Certified EHR System**: A qualified/certified EHR system is defined as an EHR system that has been certified according to the Office of the National Coordinator for Health Information Technology (ONC) criteria. Please visit the Department of Health and Human Services website at [http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_regulations_andguidance/1496](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_regulations_andguidance/1496) for additional information.

Test yourself with the following question and answer pairs.
Q: If the hospital scans laboratory results into the patient’s electronic health record, is the answer to the measure “yes” or “no?”

A: Yes. In this case, the hospital receives laboratory values into its EHR directly from the lab via electronic interchange.

Q: If the hospital’s EHR is capable of receiving data electronically but the facility did not use the feature consistently throughout the performance period, how is this measure answered?

A: Answer “yes” if the hospital used this feature of its electronic health record system at any time during the performance period.

OP-17: Tracking Clinical Results between Visits

- **Measure Question**: Does/did your facility have the ability to track pending laboratory tests, diagnostic studies (including common preventive screenings), or patient referrals during the performance period? Yes/No

- **Measure Question**: Did your facility use the qualified/certified EHR to track pending laboratory tests, diagnostic studies (including common preventive screenings), or patient referrals during the performance period? Yes/No
  
  Note: This question would be answered only if the previous question was answered “yes.”

Test yourself with the following question and answer pairs.

Q: If the hospital uses its EHR to track lab results, but does not use it to track referrals, how is the measure answered?

A: The measure is answered “yes.” Demonstrating that the EHR is capable of reminding clinicians to take certain actions, regardless of whether all reminders are activated, allows the hospital to answer “yes” to the measure.

Q: What is the difference between a reminder and an alert in the electronic medical record?

A: A reminder prompts the user to take an impending or follow-up action. An alert typically requires immediate action or warns that an action is contraindicated.

OP-22: ED Patient Left Without Being Seen

- **Measure Question**: What was the total number of patients who left without being evaluated by a physician/APN/PA? __________ (Numerator)

- **Measure Question**: What was the total number of patients who presented to the ED? __________ (Denominator)

- **Patient Population**: All patients who sign in to be evaluated for emergency services are included in the denominator, including Medicare patients.

- **Provider**: Patients seen by an institutionally credentialed provider (e.g., an obstetric nurse providing an assessment of an OB patient) acting under the direct supervision of a physician are considered as having been seen by a physician.

Test yourself with the following question and answer pairs.
Q: If a patient is triaged then leaves the ED, is the patient included in the measure?
A: Yes. All patients who sign in to be evaluated for emergency services are to be counted for inclusion in the measure.

Q: What is the difference between left without being seen and left against medical advice?
A: Patients who leave without being seen are not evaluated by a physician/APN/PA. Patients who leave against medical advice do so after examination by a provider. Once a patient is evaluated by a provider, the patient is no longer considered for this measure.

OP-25: Safe Surgery Checklist Use
• Measure Question: Does your facility use a safe surgery checklist based on accepted standards of practice? Yes/No

• Payers: The response for OP-25 is for all payers, including Medicare.

• Safe Surgery Checklist: There is no one standard or recommended safe surgery checklist for use in the hospital setting. The definition from CMS on the use of a safe surgery checklist for surgical procedures includes safe surgery practices during each of the three critical perioperative periods:
  ▪ The period prior to the administration of anesthesia,
  ▪ The period prior to skin incision, and
  ▪ The period of closure of incision and prior to patient leaving the operating room.

• Sample Safe Surgery Checklist: To obtain a copy of the World Health Organization’s Safe Surgery Checklist, visit http://www.who.int/patientsafety/safesurgery/en/.

Test yourself with the following question and answer pairs.

Q: Does the safe surgery checklist need to be documented in the medical record?
A: No. The safe surgery checklist does not need to be in the medical record. However, the checklist must address the specified time frames listed above.

OP-26: Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures
• Measure Question: What was the aggregate count of selected outpatient surgical procedures per category?


• Number of Procedures: Count the total number of procedures for all HCPCS codes within each group performed in your hospital during the performance period.

Test yourself with the following question and answer pairs.

Q: Does the surgical procedure code (HCPCS) need to be the primary code, or can it be either primary or secondary?
A: Count any HCPCS code that is billed, whether it is primary or secondary. If two procedures with the same code are performed, include both in the total.

Q: Does the hospital include procedures billed to all payers, or just those billed to Medicare?

A: All procedures, regardless of whether they are billed to Medicare or to another insurer, are included in the count.

Q: Some procedure codes, i.e., 64495 and 64635, are included in two organ systems (Musculoskeletal and Nervous). Is an OP case with a 64495 procedure code counted in both organ systems (the procedure is counted twice), or do we choose either Musculoskeletal or Nervous System (the procedure is counted once)?

A: These codes should be included in the Nervous System count only. This table will be revised in the future to prevent any overlap of codes.

Q: If a procedure has a modifier code of 50 (the procedure was performed bilaterally during the same operative session by the same provider), is it counted twice for this measure?

A: Yes. Procedures done bilaterally are treated as two separate procedures and counted twice.