The Hospital Outpatient Quality Reporting (OQR) program has been developed by CMS to promote high quality care for patients receiving service in hospital outpatient settings.

The information included in this program covers outpatient encounters from January 1, 2015 through September 30, 2015.
Departments Impacted by the Current OQR Measures

1. Emergency Department
2. Hospital Outpatient Surgery
3. Imaging Department - MRI, Mammography, CT, Cardiac Imaging
4. Healthcare worker influenza vaccination
Measures Reporting Median Time

- Some of the outpatient measures report the median time rather than the percent of compliance.

- The median time is the middle number for all the patients reported for the designated time period.
Median Value Example

Patients presenting with Chest Pain are expected to have an EKG done within 10 minutes of arrival. Rather than reporting the percent of patients that meet this measure, the results posted will be the median time. In this sample it would be 9 minutes.

Median

1 4 5 5 6 8 9 10 11 13 15 16 17

Minutes from arrival to EKG
What are the outpatient measure sets?

- Acute Myocardial Infarction (AMI)
- Chest Pain
- Outpatient Colonoscopy
- Emergency Department throughput
- Pain Management for long bone fracture
- Surgical safety
- Stroke
- Imaging Efficiency
- Healthcare worker influenza vaccination rate
Let’s look at the measures!

- Some of the measures sound much like the inpatient measures for the same diagnosis.

- Starting with patients admitted to the ED with chest pain or an AMI we will go through them individually.
All patients admitted to the ED with an AMI or chest pain are required to have:

- EKG on arrival which is reported as the median time from arrival to EKG. (Within 10 minutes of arrival is the benchmark).
For AMI patients the following measures apply

1. Fibrinolytic therapy received within 30 minutes of arrival.

2. Median time for fibrinolysis

3. Median time to transfer to another acute care facility for acute coronary intervention
Emergency Department Measures

1. Median time from ED arrival to ED departure for discharged ED patients.

2. Door to diagnostic evaluation time by a qualified medical professional.
E.D. Measures cont.

3. The percent of patients who leave the ED without being evaluated by a physician or an institutionally credentialed provider. Depending on your facility this could be a Nurse Practitioner, CRNA, Clinical Nurse Specialist or Certified Nurse Midwife.
Pain Management in the ED

- The median time to pain management for long bone fracture is measured in this indicator. The measurement is from the time of arrival to the time the initial oral, intranasal or parenteral pain medication is administered in the Emergency Department. If the patient receives pain medication ordered by medical command prior to arrival that would count as the initial dose.
Head CT or MRI scan results for ED
Acute Ischemic or Hemorrhagic Stroke Patients

- This indicator measures the percent of patients who arrive at the ED within 2 hours of onset of stroke symptoms and have a Head CT or MRI scan performed and the interpretation is available within 45 minutes of arrival.
Surgical Safety Checklist

- Hospitals are required to use a Safe Surgery Checklist for all surgical procedures. This list must include safe practices for the period prior to administration of anesthesia, the prior prior to skin incision, the period of closure of the incision and prior to the patient leaving the operating room. These practices may include patient identification, site marking, equipment checking, appropriate antibiotic timing, availability of essential imaging as appropriate or complete instrument and sponge count.
• Patients having a screening colonoscopy for polyp surveillance should be scheduled at one of the two recommended follow-up intervals.

1. For patients with normal colonoscopy results the interval between scoping is at least 10 years. This interval must be documented in the operative report.
2. For those patients with a history of adenomatous polyps, the recommended interval is 3 or more years since previous colonoscopy. This history of polyps must be documented in the medical record.

In either case if the patient has medical reasons for more frequent colonoscopy, the reason must be documented in the medical record.
Claims based Colonoscopy measure

- Patients having an outpatient colonoscopy requiring a hospital visit within 7 days of the procedure will be included in this measure. This includes all-cause, unplanned hospital visits. CMS defines a hospital visit as any emergency department (ED) visit, observation stay, or unplanned inpatient admission.
Many of the outpatient measures are obtained from the codes found on the billing claim rather than through medical chart review.
Imaging Measures

These measures are all reported by percent of compliance.

1. MRI for low back pain without conservative measures attempted first
2. Follow-up of positive screening mammography with diagnostic mammography
3. Use of contrast material with Abdominal CT and Thorax CT
4. Use of Cardiac imaging for preoperative risk assessment for non-cardiac low risk surgery
5. Simultaneous use of brain and sinus CT
6. Use of Brain CT in the ED for atraumatic headache
Health care Personnel Influenza Vaccination

- It is expected that healthcare personnel working in the healthcare setting will comply with the CDC recommendations for Influenza vaccination. The data will be collected from October 1 through March 31. All employees who work at least one day in this time frame must be included.
Test your knowledge!

1. All patients presenting in the ED with cardiac chest pain or an AMI need an EKG on arrival. The benchmark is within _________ minutes of arrival.
   
   a. 2  
   b. 10  
   c. 20  
   d. 60
Test your knowledge!

2. The imaging interpretation must be available within _______ minutes of arrival for patients who arrive at the ED within 2 hours of onset of stroke symptoms and have a Head CT or MRI scan performed.

a. 45
b. 60
c. 100
Test your knowledge!

3. Some of the outpatient results report the median rather than the percent of compliance. Select the median value for this group of AMI patients that were transferred to another acute care facility for acute coronary intervention.

   45  55  60  75  80  95  104  111  120   minutes

   The median is
   a.  75
   b.  80
   c.  95
   d.  83
Test your knowledge!

4. All surgical procedures must include the use of a surgical safety checklist.
   a. True
   b. False
Test your knowledge!

5. The physician must document in the operative report the recommended follow-up interval (10 years) for patients with a normal colonoscopy.

a. True

b. False
The End