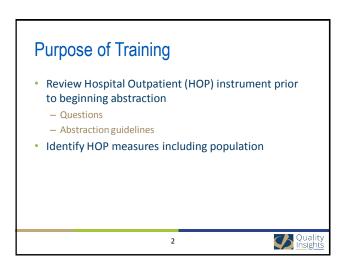


Hospital Outpatient Instrument VHA EPRP FY2019Q4



Hospital Outpatient (HOP) Quality Reporting

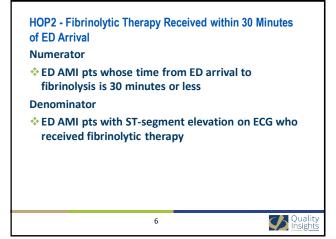
- Hospital Outpatient measures were developed by Centers for Medicare & Medicaid Services (CMS) to provide a uniform set of quality measures to be implemented in hospital outpatient settings.
- The Joint Commission (TJC) recognizes select HOP measures to complement its core measure sets and assist facilities to meet measurement requirements.

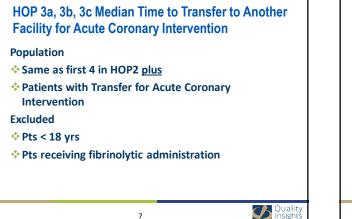
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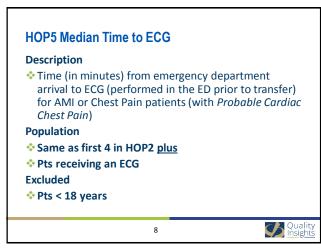
Quality Insights

hop2	Fibrinolytic Therapy Received within 30 Minutes of ED Arrival				
hop3a	Median Time to Transfer to Another Facility for Acute Coronary Intervention – overall rate				
hop3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention – reporting measure				
hop3c	Median Time to Transfer to Another Facility for Acute Coronary Intervention - quality improvement measure				
hop5	Median Time to ECG				
hop18a	Median Time from ED Arrival to ED Departure for Discharged ED Patients – overall rate				
hop18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients – reporting measure				
hop18c	Median Time from ED Arrival to ED Departure for Discharged ED Patients – psychiatric/mental health patients				
hop18d	Median Time from ED Arrival to ED Departure for Discharged ED Patients – transfer patients				
hop23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 Minutes of ED Arrival				
	4	ual			

HOP2 - Fibrinolytic Therapy Received within 30 Minutes of Emergency Department (ED) Arrival Population E/M code for ED encounter (Appendix A, OP Table 1.0) * Patients (Pts) DC/Transfer to short-term general hospital or federal healthcare facility ICD-10-CM Principal Dx Code for AMI (Appendix A, OP) Table 1.1) ST-segment elevation on ECG closest to ED arrival Fibrinolytic Administration Excluded Pts < 18 yrs</p> Pts who did not receive fibrinolytic within 30 minutes AND had a Reason for Delay in Fibrinolytic Therapy 5 uality sights







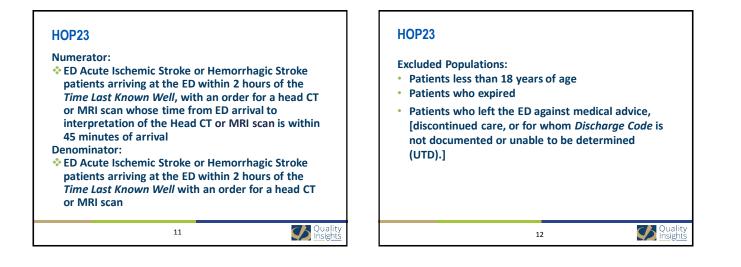
HOP18 Median Time from ED Arrival to ED Departure for Discharged ED Patients	
Description	
Time (in minutes) from ED arrival to ED departure for patients discharged from the ED	
Population	l
Patients seen in a Hospital Emergency Department (E/M Code in Appendix A OP Table 1.0)	
Excluded	l
Patients who expired in the ED	1
9 Quality	

HOP23 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival

Population

- E/M code for ED encounter (Appendix A, OP Table 1.0)
- Age ≥ 18 years
- An ICD-10-CM Principal Diagnosis Code for Acute Ischemic or Hemorrhagic Stroke as defined in Appendix A, OP Table 8.0

10



Case	Se	lection	by	VHA
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 Patients seen in a Hospital Emergency Department (E/M code on OP Table 1.0, Appendix A):

Code E/M Code Description 99281 Emergency department visit, new or established patient

	13		Quality Insights
	-		
99291	Critical care, evaluatio	n and management	
99285	Emergency departmer	nt visit, new or established p	patient
99284	Emergency department	nt visit, new or established	patient
99283	Emergency departmer	nt visit, new or established p	patient
99282	Emergency departmer	nt visit, new or established p	patient
55201	Energency departmen	it visit, new or established p	Janen

Sub-populations

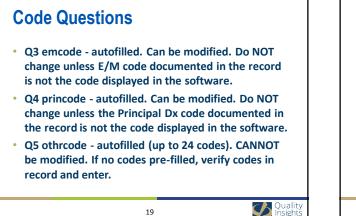
IJС	VHA	Population
OP-2, OP-3	HOP2 HOP3	ICD-10-CM Principal Diagnosis Code for AMI defined in Appendix A, OP Table 1.1.
OP-5	HOP5	AMI Population as described above OR Chest Pain Population: ICD-10-CM Principal or Other Diagnosis Codes for Angina, Acute Coronary Syndrome, or Chest Pain as defined in Appendix A, OP Table 1.1a with Probable Cardiac Chest Pain
OP-18	HOP18	E/M code on OP Table 1.0, Appendix A
OP-23	HOP23	ICD-10-CM Principal Diagnosis Code for Acute Ischemic or Hemorrhagic Stroke as defined in Appendix A, OP Table 8.0.
		14 Quality

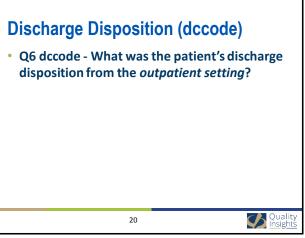
Facility#	Name	Facility#	Name
508	ATLANTA	558	DURHAM
509	AUGUSTA	573	N FL/S GA HCS
516	BAY PINES	578	HINES
521	BIRMINGHAM	580	HOUSTON
523	BOSTON	583	INDIANAPOLIS-10TH ST
534	CHARLESTON	598	LITTLE ROCK
541	LOUIS STOKES CLEVELAND	600	VA LONG BEACH HCS CA
546	MIAMI	614	MEMPHIS
549	DALLAS	618	MINNEAPOLIS
554	DENVER	626	VA MID TENN HCS NASH TN
	15		Qualit Insight

Facility#	Name	Facility#	Name
630	N.Y. HARBOR HCS	671	SAN ANTONIO
640	Palo alto-palo alto	672	SAN JUAN PR
646	PITTSBURGH-UNIV DR	673	TAMPA
648	PORTLAND	674	VA CENTRAL TEXAS HCS
652	RICHMOND	678	SOUTHERN ARIZONA HCS
657	VA HEARTLAND-E VH MO	688	WASHINGTON
660	SALT LAKE CITY HTHCARE	689	WEST HAVEN
662	SAN FRANCISCO	691	GREATER LA HCS
663	PUGET SOUND HCS	695	MILWAUKEE
664	VA SAN DIEGO HCS CA		
	16		Vual

Data Elements Several data elements are familiar Arrival date and time Principal and other diagnosis codes Emergency Department questions Electrocardiogram questions Fibrinolytic therapy Please read definition and decision rules carefully

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dccode options

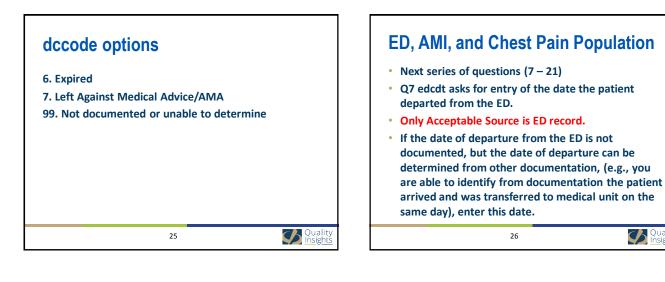
1. Home

- Assisted Living Facilities (ALFs) includes assisted living care at nursing home/facility
- Court/Law Enforcement includes detention facilities, jails, and prison
- Home includes board and care, domiciliary, foster or residential care, group or personal care homes, retirement communities, and homeless shelters
- Home with Home Health Services
- Outpatient Services including outpatient procedures at another hospital, outpatient Chemical Dependency Programs and Partial Hospitalization

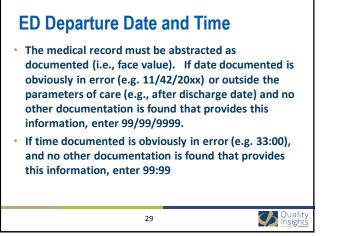
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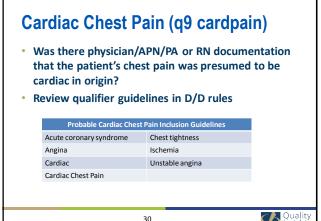


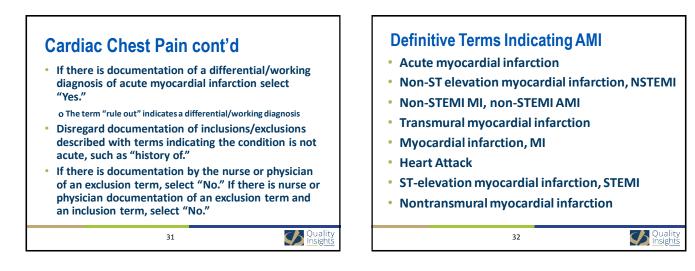
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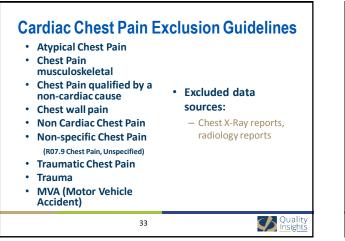


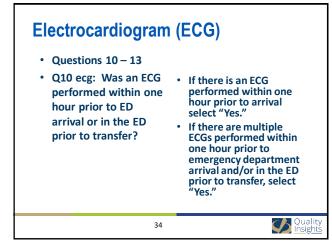


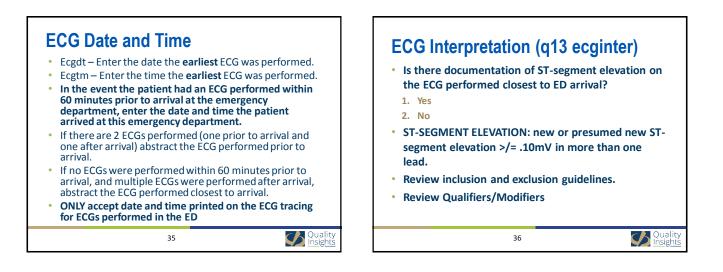




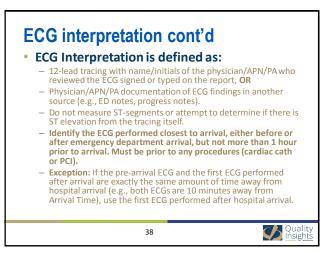


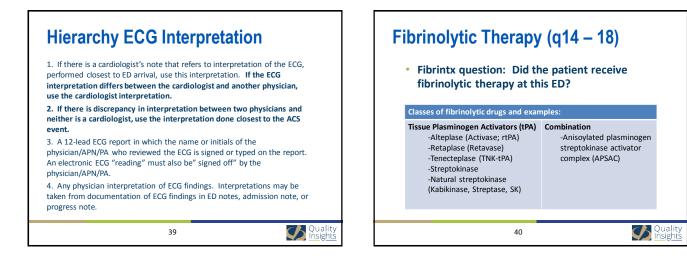






S	T-segment Elevation Inclusion Guidelines
•	Myocardial infarction (MI) with any mention of location or
	combinations of locations (e.g., anterior, apical, basal,
	inferior, lateral, posterior, or combination) IF DESCRIBED AS
	ACUTE/EVOLVING (e.g., "posterior AMI")
	Q wave MI, IF DESCRIBED AS ACUTE/EVOLVING
	st↑
	ST, ST abnormality, or ST changes consistent with injury or
	acute/evolving MI
	ST-elevation (STE)
	ST-elevation myocardial infarction (STEMI)
	ST-segment noted as >/= .10mV
	ST-segment noted as >/= 1mm
	STEMI or equivalent
	Transmural MI, IF DESCRIBED AS ACUTE/EVOLVING
	37 Quali





Fibrinolytic therapy cont'd In the event: Fibtxdt - Enter the date • primary fibrinolytic therapy - The patient was brought to the hospital via ambulance and was administered at this fibrinolytic therapy was infusing at the time of arrival, facility. select "Yes." Check emergency department notes, medication administration record, and nursing notes for specific date fibrinolytic therapy was administered. The patient was brought to the emergency department via ambulance and fibrinolytic therapy was infused during fi there are two or more different fibrinolytic administration dates (either different fibrinolytic episodes transport but was completed at the time of emergency department arrival, select "No." or corresponding with the same episode), enter the date the earliest • If the first dose of reteplase (Retavase) is given in the fibrinolytic agent was initiated. ambulance and the second dose is given in the If the patient was brought to the hospital via ambulance and fibrinolytic therapy was infusing at the time of hospital arrival, enter the date the emergency department, select "Yes." Exclude fibrinolytic therapy given during or after a patient arrived at the hospital PCI. uality sights 41

- **Fibrinolytic Date and Time** Fibtxtm - Enter the time primary fibrinolytic therapy was administered at this
 - facility. If fibrinolytic therapy was initiated in the ambulance and was infusing at the time of arrival, use the hospital
 - arrival time. If there are two or more different fibrinolytic administration times (either different fibrinolytic episodes or corresponding with the same episode), enter the earliest time the fibrinolytic agent was initiated

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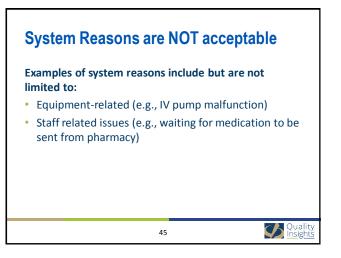
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Quality Insights

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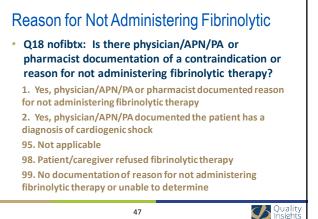


Fibrinolytic Delay cont'd

EXCEPTIONS that do NOT require documentation that a delay in initiating fibrinolytic therapy occurred:

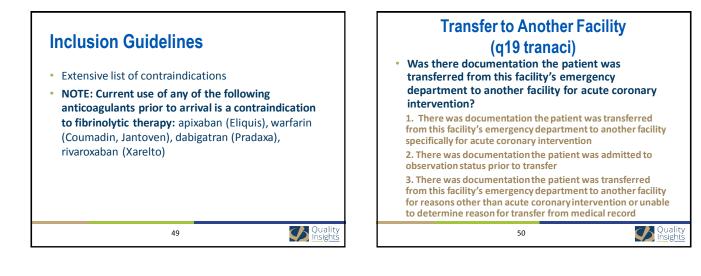
- 1. Physician/APN/PA documentation that cardiopulmonary arrest, mechanical circulatory assist device placement, or intubation occurred within 30 minutes after arrival.
- 2. Physician/APN/PA documentation of initial patient/family refusal of fibrinolysis/reperfusion

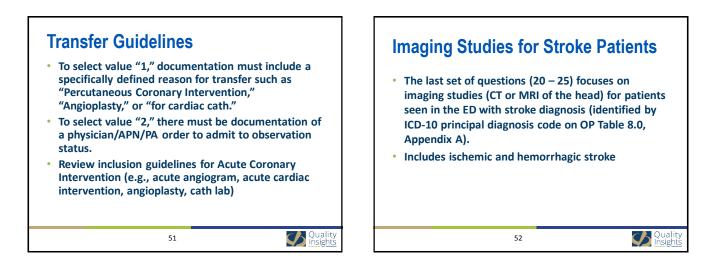
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Reason for Not Administering Fibrinolytic (cont'd)

- When conflicting information is documented in a medical record, a positive finding (fibrinolytic allergy) should take precedence over a negative finding (no known allergy).
- Only use reasons/contraindications listed in the data element.
- In situations where there is documentation that would support more than one of the allowable values, 1, 2, 98, or 99, select the lowest value. Example: Patient has a documented contraindication from the inclusion list and a diagnosis of cardiogenic shock, select value "1."





CT or MRI (ctmriord) Head CT / MRI Scan Date and Time Was a computerized tomography (CT) or Magnetic Ctmridt: Enter the date the Resonance Imaging (MRI) scan of the head ordered earliest Head CT or MRI by the physician/APN/PA during the emergency Scan interpretation was completed/reported. department visit? The date the earliest Head 1. Yes CT or MRI scan 2. No interpretation was completed/reported is the • If there is documentation a Head CT or MRI Scan is date the results are ordered during the ED visit but is cancelled, and there available to the are no other Head CT or MRI Scans ordered during the physician/APN/PA. emergency department visit, abstract "No". If multiple Head CT or MRI Scans are documented, Priority data sources: Nurses notes, physician abstract the date of the notes/orders, radiology notes

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Quality

- earliest Head CT or MRI Scan interpretation was completed/reported. The time the earliest Head CT or MRI scan interpretation was completed/reported is the time the results are available to the physician/APN/PA.
 - If multiple Head CT or MRI Scans are documented, abstract the time of the earliest interpretation.

C/S Quality

Ctmritm: Enter the time the

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earliest interpretation.

Last Known Well (lastwell) Lastwell Guidelines Is there documentation that the date and time of Select "Yes," if BOTH a Date Last Known Well and a last known well was witnessed or reported? Time Last Known Well are documented. 1. Yes For patients with a documented date and time of 2. No witnessed onset of stroke signs and symptoms, select "Yes". Last Known Well: The date and time prior to hospital arrival at which it was witnessed or - Example: Wife reported that while eating dinner with patient, right corner of mouth started to droop and reported that the patient was last known to be speech slurred about 6:00 PM this evening." without the signs and symptoms of the current stroke or at his or her baseline state of health. 55 Quality Insights Quality Insights 56

Lastwell Guidelines

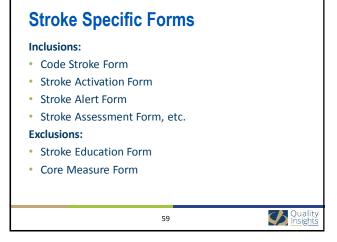
Select "No" if:

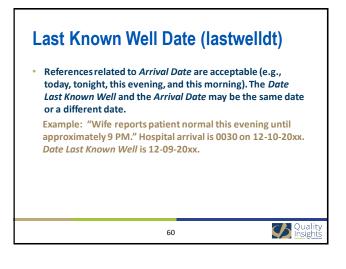
- There is any physician/APN/PA documentation that *Time* Last Known Well is unknown/uncertain.
- Time Last Known Well is clearly greater than 2 hours prior to hospital arrival AND no specific time is documented.
 Example: "Patient OK last night." Select "No" because no other documentation of a specific time/time range/time reference was present in the medical record and the time is required for *Time Last Known Well*.
- Documentation of Last Known Well or stroke symptoms occurred following hospital arrival (e.g., in-house stroke).

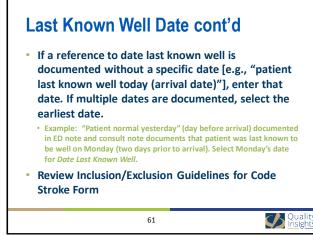
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Last Known Well Date (lastwelldt) Date Last Known Well is the date prior to hospital arrival at

- which the patient was last known to be well without the signs and symptoms of the current stroke or at his or her baseline of health.
- Date last known well documented as a specific date and entered as Date Last Known Well on a "Code Stroke" form or strokespecific electronic template, enter that date.
- Date Last Known Well documented on a stroke-specific form or template should be selected regardless of other dates last known well documented elsewhere in the medical record. Exception: Physician/APN/PA documentation that last known well/ onset of signs/symptoms is unknown/uncertain takes precedence over specific time on Code Stroke Form.



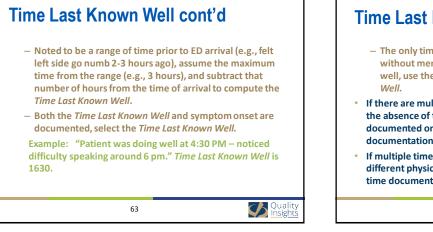




Time Last Known Well (lastwelltm)

- Time Last Known Well is the time prior to hospital arrival at which the patient was last known to be well without the signs and symptoms of the current stroke or at his or her baseline of health.
- Guidelines similar to Date Last Known Well
- If Time Last Known Well is:
 - Documented as specific number of hours prior to arrival, subtract that number from ED arrival time and enter that time as *Time Last Known Well*.

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Time Last Known Well cont'd The only time documented is time of symptom onset without mention of when the patient was last known well, use the time of symptom onset for *Time Last Known Well*. If there are multiple times of last known well documented in the absence of the *Time Last Known Well* explicitly documented on a "Code Stroke" form, use physician documentation first before other sources, e.g., nursing, EMS. If multiple times of last known well are documented by different physicians or the same provider, use the earliest time documented.

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Quality Insights

