

# HOP QDRP News

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## Upcoming HOP QDRP Webinars (Subject to Change)

**January 19, 2011**      *Specifications Manual Changes  
 Validation Results, Part 1*

**February 16, 2011**      *Validation Results, Part 2*

**March 16, 2011**      *Imaging Efficiency Measures*

## Data Submission and Population and Sampling Deadlines

HOP QDRP DEADLINES		
Encounter Quarter	Population and Sampling Due	Data Submission Deadline
Q3 2010	Feb 1, 2011 *	Feb 1, 2011
Q4 2010	May 1, 2011 *	May 1, 2011
Q1 2011	Aug 1, 2011*	Aug 1, 2011
Q2 2011	Nov 1, 2011*	Nov 1, 2011

\* Population and Sampling is voluntary.

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**Happy Holidays from the  
 Hospital Outpatient Quality Data Reporting Program**

*From Your HOP QDRP SC Team*

## What Should My Median Time to Transfer Be for STEMI Patients?

Every hospital will need to consider various factors when arriving at a median time to transfer ST-elevation myocardial infarction (STEMI) patients including how far the hospital is from the receiving hospital, the mode of transportation, and the weather. According to the recommendations of the American Heart Association and the American College of Cardiology (AHA/ACC) STEMI Guidelines<sup>1</sup>, acute myocardial infarction (AMI) patients should have percutaneous coronary intervention (PCI) with a door-to-balloon (D2B) time of <90 minutes. In order to accomplish this, there are several variables to consider.

It is important to know the average time it takes (1) from the hospital door to the catheterization laboratory (cath lab) door and (2) from the cath lab door to perfusion; subtract these two averages from 90 minutes, and that is the maximum time a patient can stay in the emergency department (ED). If the time is consistently over 90 minutes, there are two things to consider.

First, should your patients be receiving a fibrinolytic? If you can't routinely make the 90-minute time frame due to transport time or inclement weather, e.g., the AHA/ACC Guidelines recommend a fibrinolytic. Second, can you shorten your times in your ED? Keep emergency medical services (EMS)-delivered patients who might have STEMI on the EMS stretcher so that they are ready to be placed back in the original EMS ambulance for transfer (if using an ambulance and it is available). Create a Standardized Code STEMI kit that includes medications, IV quick start materials, and orders, thereby avoiding IV continuous medication and thus eliminating pumps and tubing changes. Implementing a single protocol per institution agreed upon by all cardiology and ED physicians is also recommended.

If transport times are long, work out an agreement with the receiving hospital and cardiologist to accept the decision of the ED physician regarding activating the receiving hospital's cath lab and/or using a fibrinolytic if the D2B time of 90 minutes cannot be met. Suggest the receiving hospital create a toll-free, single activation telephone number, "the hotline," for ED physicians at non-PCI hospitals to directly access and activate the cath lab. ECG, IV starts, and lab time must be cut to a minimum. Encourage EMS to perform ECGs and ideally have the EMS divert patients to the PCI hospital if at all possible.

<sup>1</sup> Antman EM, Anbe DT, Armstrong PW, et al. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction. A report of the Am Coll of Cardiol/Am Heart Assoc Task Force on Practice Guidelines (Committee to revise the 1999 guidelines). Bethesda (MD): American College of Cardiology, American Heart Association; 2004. <http://circ.ahajournals.org/cgi/reprint/110/9/e82>. 212p.

### Helpful Links

- **Final CY 2011 OPSS rule**  
<http://edocket.access.gpo.gov/2010/pdf/2010-27926.pdf>
- **Outline for OPSS CY 2010 Final Rule, Federal Register/Vol. 74, No. 223 (HOP QDRP)**  
[Outline for OPSS CY 2010 Final Rule, Federal Register/Vol. 74, No. 223 \(HOP QDRP\)](#)

# Hospital Outpatient Quality Data Reporting Program

## Validation Tip Sheet

***Arrival and Discharge Time Considerations:*** The CMS Clinical Data Abstraction Center (CDAC) has received many questions from hospitals about arrival and discharge times. Arrival times are required for all HOP QDRP patients.

### Arrival Time Considerations

#### Surgical Patients

- No arrival time noted in the nurse's note.
- Records printed at 2 a.m. for surgical patients with *arrival* or *admit* time filled in for 2 a.m.

#### Suggestion

- Change the wording or leave the time blank on the face sheet.
- Be sure pre-op nurse fills in an arrival time.

#### ED Patients

- ED record has a time for "admit or arrival" on the face sheet that is earlier/later than the triage time.
- ED record has a vital sign sheet with earlier time than the triage note. A few vital sign sheets appear to have someone else's vitals on the sheet.
- EKG strip has a much earlier time, maybe from the ambulance, but the CDAC can't tell as the strips are not marked EMS.

#### Suggestion

- Have the registration clerk override the time to the correct arrival time on the face sheet.
- Be sure the previous patient's vitals have been erased from the automated vital sign sheet .
- EMS ECG and monitor strips should be identified as such.
- Synchronize the clocks in the ED with the computer times; be sure the ECG machine has the same time.
- For ambulance patients, be sure the nurse records the arrival time with a note that states patient arrived via ambulance (EMS, rescue, etc.) and was placed in/admitted to room 1 or words to that affect.

### Discharge Date and Time Considerations

#### Charts with Different Times

- Some charts have two, three or even four different times that could be used for the discharge time.
- Nurses are writing that the patient is discharged, and then find vital signs or medication with later times are documented.

#### Suggestion

- HOP QDRP requires the time the patient ***actually left the facility***. Make sure the record is clear.

#### Helicopter Transport

- EMS or the helicopter comes to transport the patient, but there is no note that states the patient left the ED with EMS or the helicopter crew.
- The nurse went with the patient in the ambulance and continued recording on the same nursing notes with no mention that the patient left the original department but just a note that the patient arrived at the destination cath lab.

#### Suggestion

- Add a "**Patient discharged via ambulance or helicopter**" timed note to all transfer records that reflects the actual time the patient left the facility.

# HOP QDRP Quality Measures

Following are the HOP QDRP Quality Measures for the calendar year (CY) 2012 and CY 2013 payment determinations. Four new measures (OP-12 through OP-15) have been instituted for CY 2012, while eight additional measures (OP-16 through OP-23) are scheduled to be implemented in CY 2013.

	Cardiac Care (AMI and CP) Measures	Implementation	Due
OP-1	Median Time to Fibrinolysis	2008	Ongoing
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	2008	Ongoing
OP-3	Median Time to Transfer to Another Facility for Acute Coronary Interven-	2008	Ongoing
OP-4	Aspirin at Arrival	2008	Ongoing
OP-5	Median Time to ECG	2008	Ongoing
	Surgery Measures	Implementation	Due
OP-6	Timing of Antibiotic Prophylaxis	2008	Ongoing
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	2008	Ongoing
	Imaging Efficiency Measures	Implementation	Due
OP-8	MRI Lumbar Spine for Low Back Pain	2009	Ongoing
OP-9	Mammography Follow-up Rates	2009	Ongoing
OP-10	Abdomen Computed Tomography (CT) Use of Contrast Material	2009	Ongoing
OP-11	Thorax CT Use of Contrast Material	2009	Ongoing
NEW MEASURES FOR CY 2012 PAYMENT DETERMINATION			
	Structural Measure	Implementation	Submission
OP-12	The Ability for Providers with Health Information Technology (HIT) to Receive Laboratory Data Electronically Directly into Their Qualified/Certified Electronic Health Record (EHR) System as Discrete Searchable Data	2011	Starting Jul 2011
	Imaging Efficiency Measures	Implementation	Due
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	TBA	TBA
OP-14	Simultaneous Use of Brain CT and Sinus CT	TBA	TBA
OP-15	Use of Brain CT in the ED for Atraumatic Headache	TBA	TBA
NEW MEASURES FOR CY 2013 PAYMENT DETERMINATION			
	Chart-Abstracted Process Measure	Implementation	Due
OP-16	Troponin Results for ED AMI Patients or CP Patients (with Probable Cardiac CP) Received Within 60 Minutes of Arrival	2012	Aug 1, 2012
	Structural Measure	Implementation	Submission
OP-17	Tracking Clinical Results Between Visits	2012	Starting Jul
	Chart-Abstracted Process Measures	Implementation	Due
OP-18	Median Time From ED Arrival to ED Departure for Discharged Patients	2012	Aug 1, 2012
OP-19	Transition Record with Specified Elements Received by Discharged Patients	2012	Aug 1, 2012
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional	2012	Aug 1, 2012
OP-21	ED - Median Time to Pain Management for Long Bone Fracture	2012	Aug 1, 2012
OP-22	ED - Patient Left Before Being Seen	2012	Aug 1, 2012
OP-23	ED - Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Who Received Head CT Scan Interpretation Within 45 Minutes of Arrival	2012	Aug 1, 2012