

Measure Descriptions for Proposed Outpatient Clinical Measures

Measure Name/Description	Type of Measure	Numerator	Denominator	Notes
<p>The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data</p> <p><u>Description:</u> Documents the extent to which a provider uses certified/qualified electronic health record (EHR) system that incorporates an electronic data interchange with one or more laboratories allowing for direct electronic transmission of laboratory data into the EHR as discrete searchable data elements.</p>	<p>This is a structural measure.</p>	<p>Patient encounter with follow-up laboratory data anticipated to be transmitted electronically directly into the EHR</p>	<p>All selected patient encounters</p>	<p>Information on the NQF National Voluntary Consensus Standards for Health Information Technology: Structural Measures 2008 can be found at http://www.qualityforum.org/Projects/h/Health_IT_Structural_Measures/Health_IT_Structural_Measures.aspx This NQF-endorsed measure may be modified to be applicable to the outpatient setting.</p>
<p>Troponin Results for Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with <i>Probable Cardiac Chest Pain</i>) Received within 60 minutes of arrival</p> <p><u>Description:</u> Emergency Department AMI patients or chest pain patients (with <i>probable cardiac chest pain</i>) with an order of troponin during the stay and having a time from ED arrival to completion of troponin results within 60 minutes of arrival</p>	<p>This is a chart-abstracted process measure.</p>	<p>Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with <i>Probable Cardiac Chest Pain</i>) with an order for Troponin whose time from ED arrival to completion of troponin results is within 60 minutes of arrival</p>	<p>Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with <i>Probable Cardiac Chest Pain</i>) patients with an order for troponin</p>	<p>This measure is currently in the final stages of NQF endorsement.</p>

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<p>Tracking Clinical Results between Visits</p> <p><u>Description:</u> Documentation of the extent to which a provider uses a certified/qualified electronic health record (EHR) system to track pending laboratory tests, diagnostic studies (including common preventive screenings) or patient referrals. The Electronic Health record includes provider reminders when clinical results are not received within a predefined time frame.</p>	<p>This is a structural measure.</p>	<p>Patient encounter documented on a certified/qualified electronic health record capable of tracking clinical results between visits including pending laboratory tests, diagnostic studies (including comment preventive screenings), or patient referrals. The Electronic Health Record includes provider reminders when clinical results are not received within a predefined time frame.</p>	<p>All selected patient encounters</p>	<p>Information on the NQF National Voluntary Consensus Standards for Health Information Technology: Structural Measures 2008 can be found at http://www.qualityforum.org/Projects/h/Health_IT_Structural_Measures/Health_IT_Structural_Measures.aspx This NQF-endorsed measure may be modified to be applicable to the outpatient setting.</p>
<p>Median Time from ED Arrival to ED Departure for Discharged ED Patients</p> <p><u>Description:</u> Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department.</p>	<p>This is a chart-abstracted process measure.</p>	<p>Continuous variable statement: Time (in minutes) from ED arrival to ED departure for patients discharged from the ED</p>	<p>All encounters for patients discharged from the ED</p>	<p>Information on this NQF-endorsed measure can be found in the preview section (Appendix P) of the <i>Specifications Manual for Hospital Outpatient Department Quality Measures</i> on QualityNet at http://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=QnetPublic%2FPage%2FQnetTier2&cid=1196289981244</p>
<p>Transition Record with Specified Elements Received by Discharged Patients</p> <p><u>Description:</u> Percentage of patients, regardless of age,</p>	<p>This is a chart-abstracted process measure.</p>	<p>Patients or their caregiver(s) who received a transition record at the time of emergency department (ED) discharge including, at a minimum, <i>all</i> of the following</p>	<p>All patients, regardless of age, discharged from an emergency department (ED) to ambulatory care</p>	<p>This NQF-endorsed measure is currently specified for use by physicians and may be modified to be applicable to the outpatient setting.</p>

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<p>discharged from an emergency department (ED) to ambulatory care or home health care, or their caregiver(s), who received a transition record at the time of ED discharge including, at a minimum, all of the specified elements.</p>		<p>elements:</p> <ul style="list-style-type: none"> • Major procedures and tests performed during ED visit, AND • Principal diagnosis at discharge OR chief complaint, AND • Patient instructions, AND • Plan for follow-up care (OR statement that none required), including primary physician, other healthcare professional, or site designated for follow-up care, AND • List of new medications and changes to continued medications that patient should take after ED discharge, with quantity prescribed and/or dispensed (OR intended duration) and instructions for each. 	<p>(home/self care) or home health care</p>	
<p>Door to Diagnostic Evaluation by a Qualified Medical Professional</p> <p><u>Description:</u> Time of first contact in the ED to the time when the patient sees qualified medical personnel for patient evaluation and management.</p>	<p>This is a chart-abstracted process measure.</p>	<p>Continuous variable statement: Time (in minutes) from ED arrival to time patient sees qualified medical personnel</p>	<p>All encounters for patients discharged from the ED</p>	<p>This NQF-endorsed measure was developed by Louisiana State University Health Care Services Division and may be modified to be applicable to the outpatient setting.</p>
<p>ED- Median Time to Pain Management for Long Bone Fracture</p>	<p>This is a chart-abstracted process</p>	<p>Time (in minutes) from emergency department arrival to time of initial parenteral</p>	<p>All encounters for patients with a diagnosis of a long</p>	<p>This measure is currently in the final stages of NQF endorsement.</p>

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<p><u>Description:</u> Median time from emergency department arrival to time of initial parenteral pain medication administration, or other regional/local anesthesia pain management for emergency department patients with a principal diagnosis of long bone fracture (LBF).</p>	measure.	pain medication administration, or other regional/local anesthesia pain management for emergency department patients with a diagnosis of a long bone fracture	bone fracture	
<p>ED- Patient Left Before Being Seen</p> <p><u>Description:</u> Percentage of emergency department patients who left before evaluation by the physician/APN/PA.</p>	This is a chart-abstracted measure and may be collected from department logs.	Patients who left before evaluation by a physician, advanced practice nurse, or physician assistant	All encounters for patients presenting to the ED	This NQF-endorsed measure was developed by Louisiana State University Health Care Services Division and may be modified to be applicable to the outpatient setting.
<p>ED- Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT Scan Interpretation Within 45 minutes of Arrival</p> <p><u>Description:</u> Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT scan performed during the stay and having a time from ED arrival to interpretation of the Head CT scan within 45 minutes of arrival.</p>	This is a chart-abstracted process measure.	Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients arriving at the ED within 2 hours of the time last known well, with an order for a head CT scan whose time from ED arrival to interpretation of the Head CT scan is within 45 minutes of arrival	Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients arriving at the ED within 2 hours of the time last known well with an order for a head CT scan	This measure is currently in the final stages of NQF endorsement.

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<p>Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetic Patients</p> <p><u>Description:</u> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%. A hemoglobin A1c greater than 9.0% is considered poor control.</p>	This is a chart-abstracted process measure.	Patients with most recent hemoglobin A1c level > 9.0%	Patients aged 18 through 75 years with a diagnosis of diabetes mellitus	This NQF-endorsed measure is currently specified for use by physicians and may be modified to be applicable to the outpatient setting.
<p>Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetic Patients</p> <p><u>Description:</u> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)</p>	This is a chart-abstracted process measure.	Patients with the most recent LDL-C < 100 mg/dL	Patients age 18 through 75 with a diagnosis of diabetes mellitus	This NQF-endorsed measure is currently specified for use by physicians and may be modified to be applicable to the outpatient setting.
<p>Diabetes Mellitus: High Blood Pressure Control in Diabetic Patients</p> <p><u>Description:</u> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent Blood pressure in control (less than 140/80 mmHg)</p>	This is a chart-abstracted process measure.	Patients with most recent blood pressure < 140/80 mmHg	Patients aged 18 through 75 years with a diagnosis of diabetes mellitus and a blood pressure recorded on date of encounter	This NQF-endorsed measure is currently specified for use by physicians and may be modified to be applicable to the outpatient setting.
<p>Diabetes Mellitus: Dilated Eye Exam in Diabetic Patients</p> <p><u>Description:</u> Percentage of patients aged 18 through 75 years</p>	This is a chart-abstracted process measure.	Patients who had a dilated eye exam for diabetic retinal disease within the last 24 months	Patients age 18 through 75 with a diagnosis of diabetes mellitus	This NQF-endorsed measure is currently specified for use by physicians and may be modified to be applicable to

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with a diagnosis of diabetes mellitus who had a dilated eye exam				the outpatient setting.
Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients <u>Description:</u> Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	This is a chart-abstracted process measure.	Patients with a nephropathy screening OR urine protein screening during at least one office visit within 12 months	Patients age 18 through 75 with a diagnosis of diabetes mellitus	This NQF-endorsed measure is currently specified for use by physicians and may be modified to be applicable to the outpatient setting.
Exposure Time Reported for Procedures Using Fluoroscopy <u>Description:</u> Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	This is a chart-abstracted process measure.	The number of final reports for procedures that use fluoroscopy that includes documentation of radiation exposure or exposure time	All final reports for procedures using fluoroscopy	This NQF-endorsed measure is currently specified for use by physicians and may be modified to be applicable to the outpatient setting.

Additional information may be found on the NQF website at <http://www.qualityforum.org/>. Click on “Measuring Performance,” and select “NQF-Endorsed Standards” from the drop-down menu.

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