

<b>OP-1</b>	
<b>Median Time to Fibrinolysis</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	AMI
<b>Measure Description</b>	Median time from ED arrival to administration of fibrinolytic therapy in patients with STEMI on the ECG performed closest to ED arrival and prior to transfer.
<b>Importance/Significance</b>	Time-to-fibrinolytic therapy is a strong predictor of outcome in patients with an AMI. Nearly 2 lives per 1,000 patients are lost per hour of delay. National guidelines recommend fibrinolytic therapy within 30 minutes of hospital arrival for patients with STEMI.
<b>Improvement Noted As</b>	Decrease in median value (time)
<b>Data Reported To</b>	QualityNet via Outpatient CART/Vendor
<b>Data Available On</b>	MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>Determines the cases to abstract/submit</i>	<p>Patients seen in a Hospital Emergency Department for whom all of the following are true:</p> <ul style="list-style-type: none"> <li>• Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility.</li> <li>• A patient age ≥ 18 years.</li> <li>• An ICD-10-CM Principal Diagnosis Code for AMI.</li> </ul>
<b>Sample Size Requirements</b>	<p><b>Quarterly</b> 0-80 - submit all cases If you have more than 80 cases, see the specifications manual.</p> <p><b>Monthly</b> Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.</p>
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Arrival Time Birthdate Discharge Code E/M Code Fibrinolytic Administration Fibrinolytic Administration Date Fibrinolytic Administration Time ICD-10-CM Principal Diagnosis Code Initial ECG Interpretation Outpatient Encounter Date Reason for Delay in Fibrinolytic Therapy
<b>Encounter Period - Submission Deadline</b>	Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017
<b>Other Notes</b>	Should be analyzed in conjunction with OP-2.

<b>OP-2</b>	
<b>Fibrinolytic Therapy Received Within 30 Minutes</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	AMI
<b>Measure Description</b>	Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival.
<b>Importance/Significance</b>	Time-to-fibrinolytic therapy is a strong predictor of outcome in patients with AMI. Nearly 2 lives per 1,000 patients are lost per hour of delay. National guidelines recommend fibrinolytic therapy within 30 minutes of hospital arrival for patients with STEMI.
<b>Improvement Noted As</b>	Increase in the rate (percent)
<b>Data Reported To</b>	QualityNet via Outpatient CART/Vendor
<b>Data Available On</b>	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department for whom all of the following are true: <ul style="list-style-type: none"> <li>• Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility</li> <li>• A patient age ≥ 18 years</li> <li>• An ICD-10-CM Principal Diagnosis Code for AMI</li> </ul>
<b>Sample Size Requirements</b>	<b>Quarterly</b> 0-80 - submit all cases If you have more than 80 cases, see the specifications manual. <b>Monthly</b> Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Arrival Time Birthdate Discharge Code E/M Code Fibrinolytic Administration Fibrinolytic Administration Date Fibrinolytic Administration Time ICD-10-CM Principal Diagnosis Code Initial ECG Interpretation Outpatient Encounter Date Reason for Delay in Fibrinolytic Therapy
<b>Encounter Period - Submission Deadline</b>	Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017
<b>Other Notes</b>	Should be analyzed in conjunction with OP-1.

<b>OP-3</b>	
<b>Median Time to Transfer to Another Facility for Acute Coronary Intervention</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	AMI
<b>Measure Description</b>	Median number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital. Note: Hospital Compare described measure as "average number of minutes"
<b>Importance/Significance</b>	The early use of primary angioplasty in patients with STEMI results in a significant reduction in mortality and morbidity. The earlier primary coronary intervention is provided, the more effective it is. Times to treatment in transfer patients undergoing primary PCI may influence the use of PCI as an intervention. Current recommendations support a door-to-balloon time of 90 minutes or less.
<b>Improvement Noted As</b>	Decrease in median value (time)
<b>Data Reported To</b>	QualityNet via Outpatient CART/Vendor
<b>Data Available On</b>	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department for whom all of the following are true: <ul style="list-style-type: none"> <li>• Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility</li> <li>• A patient age <math>\geq</math> 18 years</li> <li>• An ICD-10-CM Principal Diagnosis Code for AMI</li> </ul>
<b>Sample Size Requirements</b>	<b>Quarterly</b> 0-80 - submit all cases If you have more than 80 cases, see the specifications manual. <b>Monthly</b> Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Arrival Time Birthdate Discharge Code ED Departure Date ED Departure Time E/M Code Fibrinolytic Administration ICD-10-CM Principal Diagnosis Code Initial ECG Interpretation Outpatient Encounter Date Reason for Not Administering Fibrinolytic Therapy Transfer for Acute Coronary Intervention
<b>Encounter Period - Submission Deadline</b>	Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017
<b>Other Notes</b>	--

<b>OP-4</b>	
<b>Aspirin at Arrival</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	AMI and Chest Pain
<b>Measure Description</b>	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department.
<b>Importance/Significance</b>	The early use of aspirin in patients with AMI results in a significant reduction in adverse events and subsequent mortality.
<b>Improvement Noted As</b>	Increase in the rate (percent)
<b>Data Reported To</b>	QualityNet via Outpatient CART/vendor
<b>Data Available On</b>	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department for whom all of the following are true: <ul style="list-style-type: none"> <li>• Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility</li> <li>• A patient age &gt;=18 years</li> <li>• An ICD-10-CM Principal Diagnosis Code for AMI or ICD-10-CM Principal or Other Diagnosis Code for Chest Pain</li> </ul>
<b>Sample Size Requirements</b>	<b>Quarterly</b> 0-80 - submit all cases If you have more than 80 cases, see the specifications manual. <b>Monthly</b> Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Aspirin Received Birthdate Discharge Code E/M Code ICD-10-CM Other Diagnosis Codes ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date Probable Cardiac Chest Pain Reason for No Aspirin on Arrival
<b>Encounter Period - Submission Deadline</b>	Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017
<b>Other Notes</b>	--

MBQIP Measures Fact Sheets

<b>OP-5</b>	
<b>Median Time to ECG</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	AMI and Chest Pain
<b>Measure Description</b>	Median number of minutes before outpatients with chest pain or possible heart attack got an ECG. Note: Hospital Compare described measure as "average number of minutes."
<b>Importance/Significance</b>	Guidelines recommend patients presenting with chest discomfort or symptoms suggestive of STEMI have a 12-lead ECG performed within 10 minutes of ED arrival. Timely ECGs assist in identifying STEMI patients and impact the choice of reperfusion strategy. This measure will identify the median time to ECG for chest pain or AMI patients and potential opportunities for improvement to decrease the median time to ECG.
<b>Improvement Noted As</b>	Decrease in median value (time)
<b>Data Reported To</b>	QualityNet via Outpatient CART/Vendor
<b>Data Available On</b>	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Dept. for whom all the following are true: <ul style="list-style-type: none"> <li>• Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility</li> <li>• A patient age <math>\geq</math> 18 years</li> <li>• An ICD-10-CM Principal Diagnosis Code for AMI or ICD-10-CM Principal or Other Diagnosis Codes for Chest Pain</li> </ul>
<b>Sample Size Requirements</b>	<b>Quarterly</b> 0-80 - submit all cases If you have more than 80 cases, see the specifications manual. <b>Monthly</b> Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Arrival Time Birthdate Discharge Code E/M Code ECG ECG Date ECG Time ICD-10-CM Other Diagnosis Codes ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date Probable Cardiac Chest Pain
<b>Encounter Period - Submission Deadline</b>	Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017
<b>Other Notes</b>	--

## Acute Myocardial Infarction (AMI) Alphabetical Paper Tool

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**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**What was the earliest documented time the patient arrived at the outpatient or emergency department? (*Arrival Time*)**

\_\_\_\_\_ HH:MM (with or without colon) or  UTD

**What is the patient's date of birth? (*Birthdate*)**

\_\_\_\_\_ MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

**CMS Certification Number** (Format six digits) \_\_\_\_\_

**Is the patient of Hispanic ethnicity or Latino? (*Hispanic Ethnicity*)**

- Yes Patient is of Hispanic ethnicity or Latino.  
 No Patient is not of Hispanic ethnicity or Latino or unable to determine from medical record documentation.

**What was the date the patient arrived in the hospital outpatient setting? (*Outpatient Encounter Date*)**

\_\_\_\_\_ MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

**What was the number used to identify this outpatient encounter? (*Patient Identifier*)**

\_\_\_\_\_

**What is the postal code of the patient's residence? (*Postal Code*)** \_\_\_\_\_

Five or nine digits, HOMELESS or NON-US

**What is the patient's race? (*Race*)** (Select one option)

- 1 White: Patient's race is White or the patient has origins in Europe, the Middle East, or North Africa.  
 2 Black or African American: Patient's race is Black or African American.  
 3 American Indian or Alaska Native: Patient's race is American Indian/Alaska Native.  
 4 Asian: Patient's race is Asian.  
 5 Native Hawaiian or Pacific Islander: Patient's race is Native Hawaiian/Pacific Islander.  
 7 UTD: Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide).

**What was the patient's sex on arrival? (*Sex*)**  Female  Male  Unknown

## Acute Myocardial Infarction (AMI) Alphabetical Paper Tool

**1. Was aspirin received within 24 hours before emergency department arrival or administered prior to transfer? (*Aspirin Received*)**

- Yes Aspirin was received within 24 hours before emergency department arrival or administered in the emergency department prior to transfer.
- No Aspirin was not received within 24 hours before emergency department arrival or administered in the emergency department prior to transfer, or unable to determine from medical record documentation.

**2. What was the patient's discharge code from the outpatient setting? (*Discharge Code*) (Select one option)**

- 1 Home
- 2 Hospice – Home
- 3 Hospice – Health Care Facility
- 4a Acute Care Facility – General Inpatient Care
- 4b Acute Care Facility – Critical Access Hospital
- 4c Acute Care Facility – Cancer Hospital or Children's Hospital
- 4d Acute Care Facility – Department of Defense or Veteran's Administration
- 5 Other Health Care Facility
- 6 Expired
- 7 Left Against Medical Advice/AMA
- 8 Not Documented or Unable to Determine (UTD)

**3. What was the E/M Code documented for this outpatient encounter? (*E/M Code*)**

- 99281 Emergency department visit, new or established patient
- 99282 Emergency department visit, new or established patient
- 99283 Emergency department visit, new or established patient
- 99284 Emergency department visit, new or established patient
- 99285 Emergency department visit, new or established patient
- 99291 Critical care, evaluation and management

**4. What is the date the patient departed from the emergency department? (*ED Departure Date*)**  
\_\_\_\_\_ MM-DD-YYYY (includes dashes) or  UTD

**5. What is the time the patient departed from the emergency department? (*ED Departure Time*)**  
\_\_\_\_\_ HH:MM (with or without colon) or  UTD

**6. Was an electrocardiogram (ECG) performed within 1 hour before emergency department arrival or in the ED prior to transfer? (*ECG*)**

- Yes There was an ECG performed within 1 hour before emergency department arrival or in the ED prior to transfer.
- No There was not an ECG performed within 1 hour before emergency department arrival or in the ED prior to transfer, or unable to determine from medical record documentation.

**7. What is the date the earliest 12-lead Electrocardiogram (ECG) was performed? (*ECG Date*)**  
\_\_\_\_\_ MM-DD-YYYY (includes dashes) or  UTD

## Acute Myocardial Infarction (AMI) Alphabetical Paper Tool

8. What is the time the earliest 12-lead Electrocardiogram (ECG) was performed? (*ECG Time*)  
\_\_\_\_\_ HH:MM (with or without colon) or  UTD

9. Did the patient receive fibrinolytic therapy at this emergency department? (*Fibrinolytic Administration*)

- Yes Fibrinolytic therapy was initiated at this emergency department.  
 No There is no documentation fibrinolytic therapy was initiated at this emergency department, or unable to determine from medical record documentation.

10. What was the date primary fibrinolytic therapy was initiated during this hospital stay? (*Fibrinolytic Administration Date*)

\_\_\_\_\_ MM-DD-YYYY (includes dashes) or  UTD

11. What was the time primary fibrinolytic therapy was initiated during this hospital stay? (*Fibrinolytic Administration Time*)

\_\_\_\_\_ HH:MM (with or without colon) or  UTD

12. What were the ICD-10-CM other diagnoses codes selected for this medical record? (ICD-10-CM Other Diagnosis Codes) (Format eight digits, without a decimal point)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. What was the ICD-10-CM code selected as the principal diagnosis for this record? (ICD-10-CM Principal Diagnosis Code) (Format eight digits, without a decimal point)

\_\_\_\_\_

14. Is there documentation of ST-segment elevation on the ECG performed closest to emergency department arrival? (*Initial ECG Interpretation*)

- Yes ST-segment elevation on the interpretation of the 12-lead ECG performed closest to emergency department arrival.  
 No No ST-segment elevation on the interpretation of the 12-lead ECG performed closest to emergency department arrival, no interpretation or report available for the ECG performed closest to emergency department arrival, or unable to determine from medical record documentation.

15. What is the patient's Medicare/HIC number? (*Patient HIC#*) (Required for patients with a Payment Source of Medicare who have a standard HIC#. All alpha characters must be upper case.)

\_\_\_\_\_

16. What is the patient's source of payment for this outpatient encounter? (*Payment Source*)

- 1 Source of payment is Medicare  
 2 Source of payment is Non-Medicare



## Acute Myocardial Infarction (AMI) Alphabetical Paper Tool

17. What is the first physician identifier? (Physician 1)

\_\_\_\_\_

18. What is the second physician identifier? (Physician 2)

\_\_\_\_\_

19. Was the patient's chest pain presumed to be cardiac in origin? (*Probable Cardiac Chest Pain*)

- Yes There was nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin.
- No There was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin, or unable to determine from medical record documentation.

20. Is there a reason documented by a physician/APN/PA for a delay in initiating fibrinolytic therapy after hospital arrival? (*Reason for Delay in Fibrinolytic Therapy*)

- Yes Reason documented by a physician/APN/PA for a delay in initiating fibrinolytic therapy after hospital arrival.
- No No reason documented by a physician/APN/PA for a delay in initiating fibrinolytic therapy after hospital arrival, or unable to determine from medical record documentation.

21. Select one of the following documented reasons for not administering aspirin on arrival. (*Reason for No Aspirin on Arrival*)

- 1 Allergy/Sensitivity to aspirin
- 2 Documentation of Coumadin/Warfarin or Pradaxa/dabigatran, apixaban/Eliquis, or rivaroxaban/Xarelto and Jantoven prescribed pre-arrival
- 3 Other documented reasons
- 4 No documented reason or UTD

22. Select one of the following potential contraindications or reasons for not administering fibrinolytic therapy. (*Reason for Not Administering Fibrinolytic Therapy*)

- 1 Documented contraindication/reason
- 2 Cardiogenic Shock
- 3 No documented contraindication/reason or UTD

## CHEST PAIN (CP) ALPHABETICAL PAPER TOOL

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**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**What was the earliest documented time the patient arrived at the outpatient or emergency department? (Arrival Time)** \_\_\_\_\_

HH:MM (with or without colon) or  UTD

**What is the patient's date of birth? (Birthdate)** \_\_\_\_\_

MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

**CMS Certification Number** (Format six digits) \_\_\_\_\_

**Is the patient of Hispanic ethnicity or Latino? (Hispanic Ethnicity)**

- Yes Patient is of *Hispanic ethnicity* or Latino.  
 No Patient is not of *Hispanic ethnicity* or Latino or unable to determine from medical record documentation.

**What was the date the patient arrived in the hospital outpatient setting? (Outpatient Encounter Date)** \_\_\_\_\_ MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

**What was the number used to identify this outpatient encounter? (Patient Identifier)** \_\_\_\_\_

**What is the postal code of the patient's residence? (Postal Code)** \_\_\_\_\_

Five or nine digits, HOMELESS or NON-US

**What is the patient's race? (Race)** (Select one option)

- 1 White: Patient's race is White or the patient has origins in Europe, the Middle East, or North Africa.  
 2 Black or African American: Patient's race is Black or African American.  
 3 American Indian or Alaska Native: Patient's race is American Indian/Alaska Native.  
 4 Asian: Patient's race is Asian.  
 5 Native Hawaiian or Pacific Islander: Patient's race is Native Hawaiian/Pacific Islander.  
 7 UTD: Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide).

**What was the patient's sex on arrival? (Sex)**  Female  Male  Unknown

## CHEST PAIN (CP) ALPHABETICAL PAPER TOOL

1. **Was aspirin received within 24 hours before emergency department arrival or administered prior to transfer? (*Aspirin Received*)**
  - Yes Aspirin was received within 24 hours before emergency department arrival or administered in the emergency department prior to transfer.
  - No Aspirin was not received within 24 hours before emergency department arrival or administered in the emergency department prior to transfer, or unable to determine from medical record documentation.
  
2. **What was the patient's discharge code from the outpatient setting? (*Discharge Code*) (Select one option)**
  - 1 Home
  - 2 Hospice – Home
  - 3 Hospice – Health Care Facility
  - 4a Acute Care Facility – General Inpatient Care
  - 4b Acute Care Facility – Critical Access Hospital
  - 4c Acute Care Facility – Cancer Hospital or Children's Hospital
  - 4d Acute Care Facility – Department of Defense or Veteran's Administration
  - 5 Other Health Care Facility
  - 6 Expired
  - 7 Left Against Medical Advice/AMA
  - 8 Not Documented or Unable to Determine (UTD)
  
3. **What was the E/M Code documented for this outpatient encounter? (*E/M Code*)**
  - 99281 Emergency department visit, new or established patient
  - 99282 Emergency department visit, new or established patient
  - 99283 Emergency department visit, new or established patient
  - 99284 Emergency department visit, new or established patient
  - 99285 Emergency department visit, new or established patient
  - 99291 Critical care, evaluation and management
  
4. **Was an ECG performed within 1 hour before emergency department arrival or in the ED prior to transfer? (*ECG*)**
  - Yes There was an ECG performed within 1 hour before emergency department arrival or in the ED prior to transfer.
  - No There was not an ECG performed within 1 hour before emergency department arrival or in the ED prior to transfer, or unable to determine from medical record documentation.
  
5. **What is the date the earliest 12-lead Electrocardiogram (ECG) was performed? (*ECG Date*)**  
\_\_\_\_\_ MM-DD-YYYY (includes dashes) or  UTD
  
6. **What is the time (military time) the earliest 12-lead Electrocardiogram (ECG) was performed? (*ECG Time*)**  
\_\_\_\_\_ HH:MM (with or without colon) or  UTD

## CHEST PAIN (CP) ALPHABETICAL PAPER TOOL

7. What were the ICD-10-CM other diagnoses codes selected for this medical record? (ICD-10-CM Other Diagnosis Codes) (Format eight digits, without a decimal point)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. What was the ICD-10-CM code selected as the principal diagnosis for this record? (ICD-10-CM Principal Diagnosis Code) (Format eight digits, without a decimal point)

\_\_\_\_\_

9. What is the patient's Medicare/HIC number? (*Patient HIC#*) (Required for patients with a Payment Source of Medicare who have a standard HIC#. All alpha characters must be upper case.)

\_\_\_\_\_

10. What is the patient's source of payment for this outpatient encounter? (*Payment Source*)

- 1 Source of payment is Medicare  
 2 Source of payment is Non-Medicare

11. What is the first physician identifier? (*Physician 1*)

\_\_\_\_\_

12. What is the second physician identifier? (*Physician 2*)

\_\_\_\_\_

13. Was the patient's chest pain presumed to be cardiac in origin? (*Probable Cardiac Chest Pain*)

- Yes There was nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin.  
 No There was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin, or unable to determine from medical record documentation.

14. Select one of the following documented reasons for not administering aspirin on arrival. (*Reason for No Aspirin on Arrival*)

- 1 Allergy/Sensitivity to aspirin  
 2 Documentation of Coumadin/Warfarin or Pradaxa/dabigatran, apixaban/Eliquis, or rivaroxaban/Xarelto and Jantoven prescribed pre-arrival  
 3 Other documented reasons  
 4 No documented reason or UTD

**OP-18**

**Median Time from ED Arrival to ED Departure for Discharged ED Patients**

<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	ED Throughput
<b>Measure Description</b>	Average time patients spent in the emergency department before being sent home
<b>Importance/Significance</b>	Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care, potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.
<b>Improvement Noted As</b>	Decrease in median value (time)
<b>Data Reported To</b>	QualityNet via Outpatient CART/Vendor
<b>Data Available On</b>	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department
<b>Sample Size Requirements</b>	Quarterly 0-900 - Submit 63 cases > 900 - Submit 96 cases  Monthly Note: Monthly sample size requirements for this measure are based on the quarterly patient population. 0-900 - submit 21 cases > 900 - submit 32 cases
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Arrival Time Discharge Code E/M Code ED Departure Date ED Departure Time ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date
<b>Encounter Period - Submission Deadline</b>	Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017
<b>Other Notes</b>	--

<b>OP-20</b>	
<b>Door to Diagnostic Evaluation by a Qualified Medical Professional</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	ED Throughput
<b>Measure Description</b>	Median time patients spent in the emergency department before they were seen by a healthcare professional. Note: Hospital Compare described measure as "average number of minutes."
<b>Importance/Significance</b>	Reducing patient wait time in the ED helps improve access to care, increase capability to provide treatment, reduce ambulance refusals/diversions, reduce rushed treatment environments, reduce delays in medication administration, and reduce patient suffering.
<b>Improvement Noted As</b>	Decrease in median value (time)
<b>Data Reported To</b>	QualityNet via Outpatient CART/Vendor
<b>Data Available On</b>	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department
<b>Sample Size Requirements</b>	Quarterly 0-900 - Submit 63 cases > 900 - Submit 96 cases  Monthly Note: Monthly sample size requirements for this measure are based on the quarterly patient population. 0-900 - submit 21 cases > 900 - submit 32 cases
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Arrival Time Discharge Code E/M Code Outpatient Encounter Date Provider Contact Date Provider Contact Time
<b>Encounter Period - Submission Deadline</b>	Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017
<b>Other Notes</b>	--

## ED-THROUGHPUT ALPHABETICAL PAPER TOOL

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**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**What was the earliest documented time the patient arrived at the outpatient or emergency department? (Arrival Time)** \_\_\_\_\_ HH:MM (with or without colon) or  UTD

**What is the patient's date of birth? (Birthdate)** \_\_\_\_\_  
MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

**CMS Certification Number** (Format six digits) \_\_\_\_\_

**Is the patient of Hispanic ethnicity or Latino? (Hispanic Ethnicity)**

- Yes Patient is of Hispanic ethnicity or Latino.  
 No Patient is not of Hispanic ethnicity or Latino or unable to determine from medical record documentation.

**What was the date the patient arrived in the hospital outpatient setting? (Outpatient Encounter Date)**

\_\_\_\_\_  
MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

**What was the number used to identify this outpatient encounter? (Patient Identifier)**

\_\_\_\_\_  
**What is the postal code of the patient's residence? (Postal Code)** \_\_\_\_\_  
Five or nine digits, HOMELESS or NON-US

**What is the patient's race? (Race)** (Select one option)

- 1 White: Patient's race is White or the patient has origins in Europe, the Middle East, or North Africa.  
 2 Black or African American: Patient's race is Black or African American.  
 3 American Indian or Alaska Native: Patient's race is American Indian/Alaska Native.  
 4 Asian: Patient's race is Asian.  
 5 Native Hawaiian or Pacific Islander: Patient's race is Native Hawaiian/Pacific Islander.  
 7 UTD: Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide).

**What was the patient's sex on arrival? (Sex)**  Female  Male  Unknown

## ED-THROUGHPUT ALPHABETICAL PAPER TOOL

1. **What was the patient's discharge code from the outpatient setting? (*Discharge Code*)** (Select one option)
  - 1 Home
  - 2 Hospice – Home
  - 3 Hospice – Health Care Facility
  - 4a Acute Care Facility – General Inpatient Care
  - 4b Acute Care Facility – Critical Access Hospital
  - 4c Acute Care Facility – Cancer Hospital or Children's Hospital
  - 4d Acute Care Facility – Department of Defense or Veteran's Administration
  - 5 Other Health Care Facility
  - 6 Expired
  - 7 Left Against Medical Advice/AMA
  - 8 Not Documented or Unable to Determine (UTD)
  
2. **What was the E/M Code documented for this outpatient encounter? (*E/M Code*)**
  - 99281 Emergency department visit, new or established patient
  - 99282 Emergency department visit, new or established patient
  - 99283 Emergency department visit, new or established patient
  - 99284 Emergency department visit, new or established patient
  - 99285 Emergency department visit, new or established patient
  - 99291 Critical care, evaluation and management
  
3. **What is the date the patient departed from the emergency department? (*ED Departure Date*)**  
\_\_\_\_\_ MM-DD-YYYY (includes dashes) or  UTD
  
4. **What is the time (military time) the patient departed from the emergency department? (*ED Departure Time*)**  
\_\_\_\_\_ HH:MM (with or without colon) or  UTD
  
5. **What was the ICD-10-CM code selected as the principal diagnosis for this record? (ICD-10-CM Principal Diagnosis Code)** (Format eight digits, without a decimal point)  
\_\_\_\_\_
  
6. **What is the patient's Medicare/HIC number? (*Patient HIC#*)** (Required for patients with a Payment Source of Medicare who have a standard HIC#. All alpha characters must be upper case.)  
\_\_\_\_\_
  
7. **What is the patient's source of payment for this outpatient encounter? (*Payment Source*)**
  - 1 Source of payment is Medicare
  - 2 Source of payment is Non-Medicare
  
8. **What is the first physician identifier? (*Physician 1*)**  
\_\_\_\_\_
  
9. **What is the second physician identifier? (*Physician 2*)**  
\_\_\_\_\_



## ED-THROUGHPUT ALPHABETICAL PAPER TOOL

**10. What is the date the patient first had direct personal exchange with the physician/APN/PA or institutionally credentialed provider to initiate the medical screening examination in the emergency department? (*Provider Contact Date*)**

\_\_\_\_\_ MM-DD-YYYY (includes dashes) or  UTD

**11. What is the time (military time) the patient first had direct personal exchange with the physician/APN/PA or institutionally credentialed provider to initiate the medical screening examination in the emergency department? (*Provider Contact Time*)**

\_\_\_\_\_ HH:MM (with or without colon) or  UTD

<b>OP-21</b>	
<b>Median Time to Pain Management for Long Bone Fracture</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	Pain Management
<b>Measure Description</b>	Median time patients who came to the emergency department with broken bones had to wait before receiving pain medication. Note: Hospital Compare described measure as "average number of minutes."
<b>Importance/Significance</b>	Patients with bone fractures continue to lack administration of pain medication as part of treatment regimens. When performance measures are implemented for pain management of these patients, administration and treatment rates for pain improve. Disparities continue to exist in the administration of pain medication for minorities and children.
<b>Improvement Noted As</b>	Decrease in median value (time)
<b>Data Reported To</b>	QualityNet via Outpatient CART/Vendor
<b>Data Available On</b>	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department for whom the following are also true: <ul style="list-style-type: none"> <li>• Patient age ≥ 2 years</li> <li>• An ICD-10-CM Principal Diagnosis Code for Long Bone Fracture</li> </ul>
<b>Sample Size Requirements</b>	<b>Quarterly</b> 0-80 - submit all cases If you have more than 80 cases, see the specifications manual.  <b>Monthly</b> Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Birthdate Discharge Code E/M Code Arrival Time ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date Pain Medication Pain Medication Date Pain Medication Time
<b>Encounter Period - Submission Deadline</b>	Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017
<b>Other Notes</b>	--

## PAIN MANAGEMENT ALPHABETICAL PAPER TOOL

*This paper abstraction tool is provided as an informal mechanism to aid hospital outpatient departments in the collection of Hospital Outpatient Quality Measures. It should be noted that skip logic is not contained within the paper abstraction tool. If there are any questions or concerns regarding use of this paper abstraction tool, please contact the Hospital Outpatient Quality Reporting Program Support Contractor (Hospital OQR Program SC) at oqrsupport@hsag.com.*

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**What was the earliest documented time the patient arrived at the outpatient or emergency department? (Arrival Time)** \_\_\_\_\_ HH:MM (with or without colon) or  UTD

**What is the patient's date of birth? (Birthdate)** \_\_\_\_\_  
MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

**CMS Certification Number** (Format six digits) \_\_\_\_\_

**Is the patient of Hispanic ethnicity or Latino? (Hispanic Ethnicity)**

- Yes Patient is of Hispanic ethnicity or Latino.  
 No Patient is not of Hispanic ethnicity or Latino or unable to determine from medical record documentation.

**What was the date the patient arrived in the hospital outpatient setting? (Outpatient Encounter Date)**  
\_\_\_\_\_ MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

**What was the number used to identify this outpatient encounter? (Patient Identifier)**  
\_\_\_\_\_

**What is the postal code of the patient's residence? (Postal Code)** \_\_\_\_\_  
Five or nine digits, HOMELESS or NON-US

**What is the patient's race? (Race)** (Select one option)

- 1 White: Patient's race is White or the patient has origins in Europe, the Middle East, or North Africa.  
 2 Black or African American: Patient's race is Black or African American.  
 3 American Indian or Alaska Native: Patient's race is American Indian/Alaska Native.  
 4 Asian: Patient's race is Asian.  
 5 Native Hawaiian or Pacific Islander: Patient's race is Native Hawaiian/Pacific Islander.  
 7 UTD: Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide).

**What was the patient's sex on arrival? (Sex)**  Female  Male  Unknown

## PAIN MANAGEMENT ALPHABETICAL PAPER TOOL

1. What was the patient's discharge code from the outpatient setting? (*Discharge Code*) (Select one option)

- 1 Home
- 2 Hospice – Home
- 3 Hospice – Health Care Facility
- 4a Acute Care Facility – General Inpatient Care
- 4b Acute Care Facility – Critical Access Hospital
- 4c Acute Care Facility – Cancer Hospital or Children's Hospital
- 4d Acute Care Facility – Department of Defense or Veteran's Administration
- 5 Other Health Care Facility
- 6 Expired
- 7 Left Against Medical Advice/AMA
- 8 Not Documented or Unable to Determine (UTD)

2. What was the E/M Code documented for this outpatient encounter? (*E/M Code*)

- 99281 Emergency department visit, new or established patient
- 99282 Emergency department visit, new or established patient
- 99283 Emergency department visit, new or established patient
- 99284 Emergency department visit, new or established patient
- 99285 Emergency department visit, new or established patient
- 99291 Critical care, evaluation and management

3. What was the ICD-10-CM code selected as the principal diagnosis for this record? (**ICD-10-CM Principal Diagnosis Code**) (Format eight digits, without a decimal point)

\_\_\_\_\_

4. Was there documentation the patient received oral, intranasal or parenteral pain medication during this emergency department visit? (*Pain Medication*)

- Yes There is documentation the patient received pain medication by an appropriate route during this emergency department visit.
- No There is no documentation the patient received pain medication by an appropriate route during this emergency department visit, or unable to determine from medical record documentation.

5. What is the date the earliest oral, intranasal or parenteral pain medication was administered? (*Pain Medication Date*) \_\_\_\_\_ MM-DD-YYYY (includes dashes) or  UTD

6. What is the time (military time) the earliest oral, intranasal or parenteral pain medication was administered? (*Pain Medication Time*) \_\_\_\_\_ HH:MM (with or without colon) or  UTD

7. What is the patient's Medicare/HIC number? (*Patient HIC#*) (Required for patients with a Payment Source of Medicare who have a standard HIC#. All alpha characters must be upper case.)

\_\_\_\_\_

## PAIN MANAGEMENT ALPHABETICAL PAPER TOOL

8. What is the patient's source of payment for this outpatient encounter? (*Payment Source*)

- 1 Source of payment is Medicare  
 2 Source of payment is Non-Medicare

9. What is the first physician identifier? (Physician 1)

\_\_\_\_\_

10. What is the second physician identifier? (Physician 2)

\_\_\_\_\_

<b>OP-22</b>	
<b>Patient Left Without Being Seen</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	ED Throughput
<b>Measure Description</b>	Percentage of patients who left the emergency department before being seen.
<b>Importance/Significance</b>	Reducing patient wait time in the ED helps improve access to care, increase capability to provide treatment, reduce ambulance refusals/diversions, reduce rushed treatment environments, reduce delays in medication administration, and reduce patient suffering.
<b>Improvement Noted As</b>	Decrease in the rate (percent)
<b>Data Reported To</b>	QualityNet via Online Tool
<b>Data Available On</b>	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b>	NA -This measure uses administrative data and not claims data to determine the measure's denominator population.
<b>Sample Size Requirements</b>	No sampling - report all cases
<b>Data Collection Approach</b>	Hospital tracking
<b>Data Elements</b>	NA
<b>Encounter Period -- Submission Deadline</b>	Q1-Q4 2015 (Jan-Dec) – May 15, 2016 Q1-Q4 2016 (Jan-Dec) – May 15, 2017
<b>Other Notes</b>	Definition of provider includes: <ul style="list-style-type: none"> <li>• Residents/interns</li> <li>• Institutionally credentialed provider</li> <li>• APN/APRNs</li> </ul>