



**Progressive
HUDDLE**

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QUALITY NET REPORTING

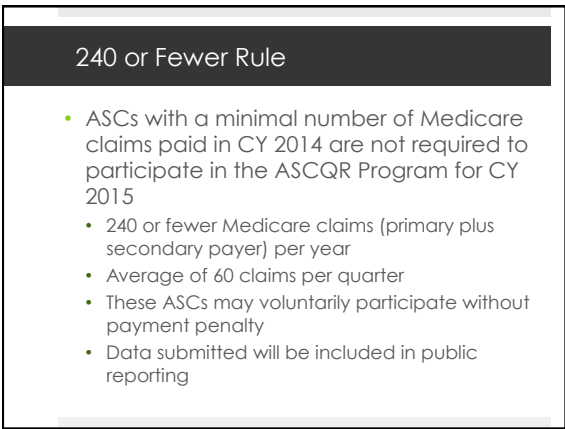


Sarah Martin, MBA, RN, CASC
Progressive Huddle
May 18, 2015

ASCQR

- ASC Quality Reporting started in 2012
- Types of Reporting Mechanisms
 - Claim-based
 - Web-based
 - NHSN: Questions related to NHSN enrollment or reporting contact NHSN Helpdesk NHSN@cdc.gov.
- Who participates
 - All entities subject to the ASC Fee Schedule (ASCFS)





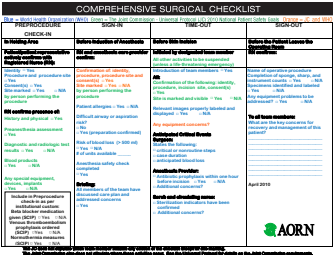


QualityNet History: 2013

- ASC-6: Use of Surgical Safety Checklist
 - Begin use on 1/1/13
- ASC-7: Report Case Volumes
 - Specific Codes
 - Specific Specialties: Eye, Ortho, Pain, GI

Available on eSupport

- Compliance/Quality Reporting/Safe Surgery Checklist



The screenshot shows a detailed surgical checklist with columns for 'CHECK IN', 'Before induction of anesthesia', 'Before skin incision', and 'Before the Patient Leaves the OR'. It includes various checkboxes and text fields for patient identification, antibiotic administration, and equipment checks. The AORN logo is visible at the bottom right of the form.

QualityNet 2014: New Measures Added

- ASC-8: Influenza Vaccine Coverage Among Healthcare Workers (HCW)
 - Measured from 10/1/14 thru 3/31/15
 - Reporting Deadline **Extended to August 15, 2015**
 - HCW are included if physically present in the facility for **at least 1 working day**
 - Reported through NHSN vs. through QualityNet portal

Available on eSupport

- Compliance/Quality Reporting/Data Reporting



[NHSN Healthcare Personnel Vaccination Module Influenza Vaccination Summary](#)
[NHSN Guidance Letter for ASC Enrollment & Reporting into NHSN](#)
[NHSN Facility Enrollment & Set-Up Checklist for ASCs](#)
[VF-8R Patient Questionnaire \(for Measure ASC-11\)](#)
[Quality Reporting G-Codes](#)
[Navigating QualityNet: Where to Find What You Need When You Need It \(ppt presentation\)](#)

ASC-9: "Look-Forward" GI Measure

- ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
 - Patients aged ≥ 50 and ≤ 75
 - No polyps removed or biopsies taken
 - Next colonoscopy: minimum of 10 years
 - Documented in Progress Note
 - Operative Note
 - Nurse can document F/U in nurse's note if aware
 - Less than 3 years:
 - Physician's report should explain why

ASC-10: "Look Backward" GI Measure

- ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
 - Patients aged ≥ 50 and ≤ 75
 - History of polyps
 - 3 years or more since previous colonoscopy
 - Less than 3 years
 - Documented in History and Physical
 - Can be in documentation by a clinician other than physician
 - Reasons can be medical or systems related, i.e. lost records

ASC-11: Ophthalmology Measure

- ASC-11: Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery Measure
 - 18 years and older
 - With both a preop and postop Visual Function Test
 - Within 90 days post surgery
 - If no Preop test performed, exclude from data collection
 - If no Postop test performed, exclude from data
 - Recommend a recognized test, but ASC can create their own and collect the data
 - This is a **VOLUNTARY** measure

New Measure for 2015, ASC-12

- ASC-12 Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
 - Leading causes of hospital visits:
 - abdominal pain, abdominal distension, nausea, vomiting, pulmonary, and cardiovascular complications
 - Most severe causes of hospital visits:
 - colonic perforation and gastrointestinal bleeding

ASC-12 Measure Specifics

- Medicare patients age 65 and older
- All-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy.
- Hospital visit is defined as any emergency department (ED) visit, observation stay, or unplanned inpatient admission
- Exclusions – colonoscopies for patients with history of inflammatory bowel disease (IBD) and diverticulitis
- Test Run of this measure taking place in 2015

ASC-12: Risk Adjustment Variables

- Concomitant Endoscopy
- Polypectomy during Procedure
- Chronic Heart Failure
- Ischemic Heart Disease
- Stroke/TIA
- Chronic Lung Disease
- Metastatic Cancer
- Liver Disease
- Iron Deficiency Anemia
- Disorders of Fluid, Electrolyte, Acid Base
- Pneumonia
- Psychiatric Disorders
- Drug and Alcohol Abuse/Dependence
- Age by Arrhythmia Interaction

ASC-9, 10 and 11 Sampling Size

Sample Size Requirements Per Year Per ASC for ASC-9, ASC-10, or ASC-11

Population and Sampling Guidelines	Number of Cases
Population Per Year	0-900
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	≥ 901
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	8

*Voluntary submission of data for ASC-11 began on January 2015.
 **For ASCs with fewer than 63 cases, the total population of cases is required.

2015 ASCQR Measures

Measures	Reporting Period	Payments Affected
ASC-1: Patient Burn	January 1, 2015 thru December 31, 2015	CY 2017
ASC-2: Patient Fall	January 1, 2015 thru December 31, 2015	CY 2017
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	January 1, 2015 thru December 31, 2015	CY 2017
ASC-4: Hospital Admission/Transfer	January 1, 2015 thru December 31, 2015	CY 2017
ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	January 1, 2015 thru December 31, 2015	CY 2017
ASC-11: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	January 1, 2015 thru December 31, 2015	N/A
ASC-6: Safe Surgery Checklist Use	January 1, 2015 – December 31, 2015	CY 2017
ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures	January 1, 2015 – December 31, 2015	CY 2017
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	October 1, 2015 – March 31, 2016	CY 2017
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2015 – December 31, 2015	CY 2017
ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	January 1, 2015 – December 31, 2015	CY 2017
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	January 1, 2015 thru December 31, 2015	Voluntary

How ASCQR Data Impacts Payments

- Data from 2013 impacts 2015 payments
- Data from 2014 impacts 2016 payments
- Data from 2015 impacts 2017 payments
- Non-reporting of data results in up to a 2% reduction in annual ASC payment update, starting in 2015

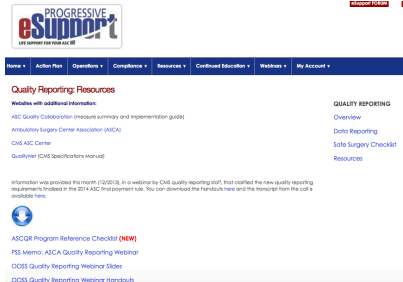
QualityNet FYIs

- Submission Period, January 1, 2016 – August 15, 2016 for all measures but influenza
- Must log in to QualityNet site every 60 days to maintain "active status"
- Sign up for the ASC listserve on the QualityNet site to receive updates via email

<http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>

Available on eSupport

- Compliance/Quality Reporting/Resources



The screenshot shows the Progressive eSupport website interface. At the top, there is a navigation bar with links for Home, Action Plan, Downloads, Compliance, Resources, Continued Education, Webinars, and My Account. The main content area is titled "Quality Reporting/Resources" and includes a "PROGRESSIVE eSupport" logo. Below the logo, there are two columns of links. The left column lists "ASC Quality Collaborator Overview Summary and Implementation guide", "Ambulatory Surgery Center Association (ASCA)", "GSI ASC Center", and "QualityNet (QNet) Specifications Manual". The right column lists "QUALITY REPORTING", "Overview", "Data Reporting", "Site Surgery Checklist", and "Resources". At the bottom, there is a note about information published in March 2015 regarding the new quality reporting requirements for the 2014 ASC final payment, along with links for "ASCQR Program Reference Checklist (NEW)", "FSI Memo: ASCA Quality Reporting Webinar", "OIGS Quality Reporting Webinar Slides", and "OIGS Quality Reporting Webinar Handouts".

Next QualityNet Webinar

May 27, 2015

Understanding the Web-Based Measures

2PM – 3PM ET

www.qualitynet.org

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 - Or call us! (855) 777-4272



Questions??

Email your questions regarding today's content to:

info@pss4asc.com



Mark your calendars!

Join us next time for:

Inservices & Employee Education

July 20, 2015
11AM PT/2PM ET

Leanne Gallegos, RN, BSN
Progressive Surgical Solutions



Progressive RIDDLE

Brought to you by **PROGRESSIVE eSupport**

Mark your calendars!

A NEW webinar series
PROGRESSIVE HALF TIME

Friday, August 28, 2015
11AM PT/2PM ET

INFECTION CONTROL CASE STUDY
Regina Boore, RN, BSN, MS, CASC

\$75
FREE for eSupport members!!



Progressive HALF TIME

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