Abstracting OP-22
Screen Shots

Provided on SHIP Quarter Webinar
March 17, 2020
ED Patient left without being seen:

• What was the total number of patients who left without being evaluated by a physician/APRN/PA? ___________ (numerator)

• What was the total number of patients who presented to the ED? ___________ (denominator)
Hospital Quality Reporting: My Tasks

CMS is making improvements to QualityNet based on user feedback. We are creating a new interface that improves the way you submit, review and track the status of data. Continue using this My Tasks page to enter web-based data, view submission and feedback reports, and other tasks available here.

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<tr>
<th>User Role Management</th>
<th>Hospital Reporting Inpatient/Outpatient</th>
<th>Manage Measures</th>
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<tbody>
<tr>
<td>Create User</td>
<td>View / Edit Population and Sampling</td>
<td>View/Edit Structural/Web Based Measures/Data Acknowledgement (CASA)</td>
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<td>Approve User</td>
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<td>Edit User</td>
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<tr>
<td>Manage Notice of Participation</td>
<td>Report Authorizations</td>
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<td>View/Edit Notice of Participation, Contacts, Case Reports</td>
<td>View/Request/Approve Access</td>
<td>Online Survey Entry</td>
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<tr>
<td>Vendor Authorization</td>
<td>The Measure Designation Application is no longer applicable for Inpatient reporting and has been retired.</td>
<td>EHR Incentive Program Hospital eCQM Reporting</td>
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<tr>
<td>Authorize Vendors To Submit Data</td>
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A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

The Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability Program promotes the meaningful use of certified electronic health record technology (CEHRT) to support patient engagement and the electronic exchange of health information. The program highlights CMS's commitment to interoperability, patient access to health information to make fully informed health care decisions, and reducing provider burden.

The DACA is an annual requirement for providers participating in the Hospital IQI, IPOR, and PCHOR Programs to electronically acknowledge that the data submitted to these programs by or on behalf of the providers are accurate and complete to the best of their knowledge.

Select a Program

- Inpatient Structural Measures/DACA
- Inpatient Web-Based Measures
- **Outpatient Web-Based Measures**
- Promoting Interoperability Registration/Disclaimer
- Promoting Interoperability Attestation/Disclaimer
- Promoting Interoperability Objectives
- Promoting Interoperability Clinical Quality Measures
Web-based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-based measures information will encourage facilities to improve the quality of care provided to all patients.

**Payment Year:**
- 2021

For Paperwork Reduction Act Notice, see Specifications Manual.

NOTE: Proceeding with data submission will change a Provider’s status to Participating if they are currently Not Participating or Withdrawn.
## Outpatient Web-Based Measures

### Submission Period
01/01/2020 - 05/15/2020

### With Respect to Reporting Period
01/01/2019 - 12/31/2019

## Web-Based Measures | PY 2021

Use the horizontal scroll bar in the middle of this page to scroll completely to the right to view and edit the remaining data submissions.

<table>
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<th>Provider ID</th>
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<th>OP-29</th>
<th>OP-31</th>
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<tbody>
<tr>
<td></td>
<td>Incomplete</td>
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</table>
Web-Based Measures | PY 2021 _required field

For Hospital Outpatient Quality Reporting participating providers, the Web-Based Measures question(s) and their applicable child question(s) are required in order to fulfill the Annual Payment Update (APU) requirement. The Centers for Medicare & Medicaid Services (CMS) is requesting these items be available for all providers.

OP-22: Left Without Being Seen

**Numerator**

* What was the total number of patients who left without being evaluated by a physician/APN/PA?

**Denominator**

* What was the total number of patients who presented to the ED?
OP-22: Left Without Being Seen

Numerator

* What was the total number of patients who left without being evaluated by a physician/APN/PA?

1

Denominator

* What was the total number of patients who presented to the ED?

3000

Results

Percentage of patients who left without being evaluated.

0%
OP-22

- Submitted directly in QualityNet
- Submission deadline: May 15, 2020
- “View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)”
  - Payment year: 2021
  - Submission period: 01/01/2020 – 05/15/2020
  - Reporting period: 01/01/2019 – 12/31/2019
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