### HOSPITAL OUTPATIENT QUALITY MEASURES
#### ED-Throughput

<table>
<thead>
<tr>
<th>Set Measure ID #</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-18</td>
<td>Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
</tr>
<tr>
<td>OP-20</td>
<td>Door to Diagnostic Evaluation by a Qualified Medical Professional</td>
</tr>
<tr>
<td>OP-22</td>
<td>Left Without Being Seen*</td>
</tr>
</tbody>
</table>

#### OP ED-THROUGHPUT GENERAL DATA ELEMENT LIST

<table>
<thead>
<tr>
<th>General Data Element Name</th>
<th>Collected For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Time</td>
<td>All Records</td>
</tr>
<tr>
<td>Birthdate</td>
<td>All Records</td>
</tr>
<tr>
<td>CMS Certification Number&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>All Records</td>
</tr>
<tr>
<td>First Name</td>
<td>All Records</td>
</tr>
<tr>
<td>Hispanic Ethnicity</td>
<td>All Records</td>
</tr>
<tr>
<td>Last Name</td>
<td>All Records</td>
</tr>
<tr>
<td>National Provider Identifier&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Optional for All Records</td>
</tr>
<tr>
<td>Outpatient Encounter Date</td>
<td>All Records</td>
</tr>
<tr>
<td>Patient HIC#</td>
<td>Collected by CMS for patients with a Payment Source of Medicare who have a standard HIC number</td>
</tr>
<tr>
<td>Patient Identifier</td>
<td>All Records</td>
</tr>
<tr>
<td>Payment Source</td>
<td>All Records</td>
</tr>
<tr>
<td>Physician 1</td>
<td>Optional for All Records</td>
</tr>
<tr>
<td>Physician 2</td>
<td>Optional for All Records</td>
</tr>
<tr>
<td>Postal Code</td>
<td>All Records</td>
</tr>
<tr>
<td>Race</td>
<td>All Records</td>
</tr>
<tr>
<td>Sex</td>
<td>All Records</td>
</tr>
</tbody>
</table>

<sup>1</sup>Transmission Data Element  
<sup>2</sup>Defined in the Transmission Data Element List within the Hospital Outpatient Measure Data Transmission section of this manual

*Data entry for OP-22 will be achieved through the secure side of QualityNet.org via an online tool available to authorized users. Because the measure uses administrative data and not claims data to determine the measure’s denominator population, OP-22 is not included in the ED-Throughput Population.

#### OP ED-THROUGHPUT SPECIFIC DATA ELEMENT LIST

<table>
<thead>
<tr>
<th>OP ED Data Element Name</th>
<th>Collected For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Time</td>
<td>OP-18, OP-20</td>
</tr>
<tr>
<td>Discharge Code</td>
<td>OP-18, OP-20</td>
</tr>
<tr>
<td>E/M Code</td>
<td>OP-18, OP-20</td>
</tr>
<tr>
<td>ED Departure Date</td>
<td>OP-18</td>
</tr>
<tr>
<td>ED Departure Time</td>
<td>OP-18</td>
</tr>
<tr>
<td>ICD-10-CM Principal Diagnosis Code</td>
<td>OP-18</td>
</tr>
<tr>
<td>Outpatient Encounter Date</td>
<td>OP-18, OP-20</td>
</tr>
<tr>
<td>Provider Contact Date</td>
<td>OP-20</td>
</tr>
<tr>
<td>Provider Contact Time</td>
<td>OP-20</td>
</tr>
</tbody>
</table>

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Hospital OQR Specifications Manual  
Encounter dates 01-01-16 (1Q16) through 06-30-16 (2Q16) v9.0  

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OP-18 and OP-20 Hospital Outpatient Emergency Department Throughput Population

**ED-Throughput**
The population of the OP-18 and OP-20 measures is identified using 1 data element:

- *E/M Code*

Patients seen in a Hospital Emergency Department (E/M Code on Appendix A OP Table 1.0) are included in the OP-18 and OP-20 Hospital Outpatient Population and are eligible to be sampled if they have: An *E/M Code* on Appendix A, OP Table 1.0
ED Throughput Hospital Outpatient Population Algorithm
OP-18 and OP-20

Start OP-18 and OP-20
Population logic sub-routine

Run all cases that pass the General and Measure Set rules defined in the Data Processing Flow to determine which cases are in the population of the OP-18 and OP-20 measures.

On OP Table 1.0
(Appendix A) E/M Code

Not on OP Table 1.0
(Appendix A)

Patient is in the OP-18 and OP-20 Outpatient Population

Patient not in the ED Throughput Outpatient Population

Note: For information concerning sample size requirements for the OP-18 and OP-20 measure, refer to the Population and Sampling Specifications section in this manual.

Patient is eligible to be sampled for the OP-18 and OP-20 measures

Patient is not eligible to be sampled for OP-18 and OP-20 measures

Set OP Population Reject Case Flag – “No”

Set OP Population Reject Case Flag – “Yes”

Return to Data Processing Flow
(Data Transmission section) End

Variable Key:
OP Population Reject Case Flag
Algorithm Narrative for ED-Throughput Hospital Outpatient Population
(OP-18 and OP-20)

Variable Key: OP Population Reject Case Flag

1. Start ED-Throughput Initial Patient Population logic sub-routine. Process all cases that have successfully reached the point in the Transmission Data Processing Flow: Clinical which calls this Initial Patient Population Algorithm. Do not process cases that have been rejected before this point in the Transmission Data Processing Flow.

2. Check E/M Code.
   a. If the E/M Code is not on OP Table 1.0 (Appendix A), the patient is not in the ED Initial Patient Population and is not eligible to be sampled for the ED Throughput measure set. Set the Initial Patient Population Reject Case Flag to equal Yes. Return to Transmission Data Processing Flow in the Data Transmission section.
   b. If the E/M Code is on OP Table 1.0 (Appendix A), the patient is in the ED Initial Patient Population and is eligible to be sampled for the ED Throughput measure set. Set Initial Patient Population Reject Case Flag to equal No. Return to Transmission Data Processing Flow in the Data Transmission section.
Measure Information Form

Measure Set: Hospital Outpatient ED-Throughput

Measure ID #: OP-20

Outpatient Setting: Emergency Department

Performance Measure Name: Door to Diagnostic Evaluation by a Qualified Medical Professional

Description: Median Time from ED Arrival to Provider Contact for Emergency Department Patients

Rationale: Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. Reducing this time 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. According to a 2002 national U.S. survey, more than 90 percent of large hospitals report EDs operating "at" or "over" capacity. Overcrowding and heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. Approximately one third of hospitals in the U.S. report increases in ambulance diversion in a given year, whereas up to half report crowded conditions in the ED. In a recent national survey, 40 percent of hospital leaders viewed ED crowding as a symptom of workforce shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.

Type of Measure: Process

Improvement Noted As: A decrease in the median value

Continuous Variable Statement: Time (in minutes) from ED arrival to Provider Contact for patients discharged from the emergency department.

Included Populations:
- Any ED Patient from the facility’s emergency department

Excluded Populations:
- Patients who expired in the emergency department

Data Elements:
- Arrival Time
- Discharge Code
- E/M Code
- Outpatient Encounter Date
- Provider Contact Date
- Provider Contact Time

Risk Adjustment: No

Hospital OQR Specifications Manual
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Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10-CM diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy: There may be variation by provider, facility, and documentation protocol for chart-abstracted data elements.

Measure Analysis Suggestions: None

Sampling: Yes, for additional information see the Population and Sampling Specifications section.

Data Reported As: Aggregate measure of central tendency

Selected References:
**OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional Variable Statement:** Time (in minutes) from ED arrival to Provider Contact for patients discharged from the emergency department.

START

Run cases that are included in the ED Throughput Hospital Outpatient Population Algorithm and pass the edits defined in the Data Processing Flow through this measure.

Discharge Code

- 1, 2, 3, 4a, 4b, 4c, 4d, 5, or 7
- = 6 or 8

Provider Contact Date

- Missing
- = UTD

Non-UTD Value

Provider Contact Time

- Missing
- = UTD

Non-UTD Value

Arrival Time

- Missing
- = UTD

Non-UTD Value

**Measurement Value** = Provider Contact Date and Provider Contact Time minus Outpatient Encounter Date and Arrival Time (in minutes)

Case Will Be Rejected

- < 0 minutes

Measurement Value

- ≥ 0 minutes

In Measure Population

Note: There will be no category assignment E for this measure because it is a continuous variable.

STOP
Algorithm Narrative for OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional

Continuous Variable Statement: Time (in minutes) from ED arrival to Provider Contact for patients discharged from the emergency department.

1. Start processing. Run all cases that are included in the ED-Throughput Hospital Outpatient Population Algorithm and pass the edits defined in the Data Processing Flow through this measure. Proceed to ICD-10-CM Principal Diagnosis Code.

2. Check Discharge Code.
   a. If Discharge Code is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.
   b. If Discharge Code equals 6 or 8, the case will proceed to a Measure Category Assignment of B. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.
   c. If Discharge Code equals 1, 2, 3, 4a, 4b, 4c, 4d, 5, or 7, the case will proceed to Provider Contact Date.

3. Check Provider Contact Date.
   a. If Provider Contact Date is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.
   b. If Provider Contact Date equals UTD, the case will proceed to a Measure Category Assignment of Y. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.
   c. If Provider Contact Date equals non-UTD, the case will proceed to Provider Contact Time.

4. Check Provider Contact Time.
   a. If Provider Contact Time is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.
   b. If Provider Contact Time equals UTD, the case will proceed to a Measure Category Assignment of Y. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.
   c. If Provider Contact Time equals non-UTD, the case will proceed to Arrival Time.

5. Check Arrival Time.
   a. If Arrival Time equals UTD, the case will proceed to a Measure Category Assignment of Y. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.
   b. If Arrival Time equals Non-UTD Value, the case will proceed to Measurement Value.

6. Calculate the Measurement Value. Time in minutes is equal to the Provider Contact Date and Provider Contact Time (in minutes) minus the Outpatient Encounter Date and Arrival Time (in minutes).

7. Check Measurement Value.
   a. If Measurement Value is less than 0 minutes, the case will proceed to a Measure Category Assignment of X and will be rejected. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.
   b. If Measurement Value is greater than or equal to 0 minutes, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Return to Transmission Data Processing Flow: Clinical in the Data Transmission Section.