

Inpatient Quality Measures at-a-Glance

Mandatory Requirements

Healthcare providers face the upcoming Hospital Inpatient Quality Reporting (HIQR) program updates, effective January 1, 2012. Quantros continuously updates its Regulatory Reporting Management (RRM) solution with the new mandatory measures to ensure compliance and reimbursement from the Centers for Medicare & Medicare Services (CMS). Quantros is prepared to enable you to report the mandatory measures sets with Quantros RRM™. The modules include:

- Emergency Department (ED), which includes two measures (available now)
- Immunization (IMM), which includes two measures (available January 1, 2012)

Immunization Facts

Benefits

The Centers for Disease Control and Prevention (CDC) estimates pneumococcal infection causes 5,000 deaths annually in the U.S., and 2.4 million days of hospitalization. Immunization can prevent these outbreaks, and Quantros can help facilities monitor the effectiveness of their vaccination programs. Acute care hospitals (especially children's hospitals and departments) can leverage the data the Immunization module captures.

Details

The Pneumococcal Immunization prevention measures address acute-care, high-risk hospitalized inpatients, aged 65 and older. Such patients were screened for the receipt of 23-valent pneumococcal polysaccharide vaccine, and were vaccinated prior to discharge. The numerator captures two activities: screening and the intervention of vaccine administration. The module captures the following as numerator events: patients with documented contraindications to PPV23; patients who were offered and declined PPV23; and patients who received PPV23 anytime in the past.

Measure ID#	Measure Short Name
IMM-1a	Pneumococcal Immunization (PPV23) – Overall Rate
IMM-1b	Pneumococcal Immunization (PPV23) – Age 65 and Older
IMM-1c	Pneumococcal Immunization (PPV23) – High Risk Populations (Age 6 through 64 years)
IMM-2	Influenza Immunization

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Emergency Department Facts

Benefits

Lack of insurance, increasing population and diminished access to EDs is forcing the number of patient visits to existing facilities to rise. This strains ED resources, increasing the length of time between registration and treatment. Studies indicate that patient satisfaction is based on ED wait times. Cutting wait times can increase treatment access and improve healthcare delivery. Additionally, for conditions such as pneumonia or AMI, administration of timely antibiotics or thrombolytics/PCI is critical.

Details

These cover the median time from ED arrival to departure for admission to the hospital. These ED National Hospital Inpatient Quality Measures provide the information to support improvement at the point of care or service.

Measure ID #	Measure Short Name
ED-1a	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Overall Rate
ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Reporting Measure
ED-1c	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Observation Patients
ED-1d	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Psychiatric/Mental Health Patients
ED-2a	Admit Decision Time to ED Departure Time for Admitted Patients – Overall Rate
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients – Reporting Measure
ED-2c	Admit Decision Time to ED Departure Time for Admitted Patients – Psychiatric/Mental Health Patients

Quantros RRM is your source for Clinical Quality Measures and Meaningful Use compliance and reimbursement. Visit the Quantros website at: www.quantros.com/rrm-mandatory-measure-modules

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