

Pioneers in Quality

Expert to Expert Webinar Series

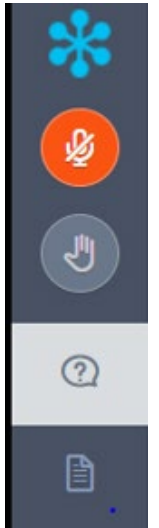
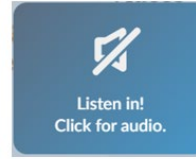
2023 Reporting Year

ED-2 Median Admit Decision Time to ED
Departure for Admitted Patients
(CMS111v11)

December 13, 2022

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2



Welcome!

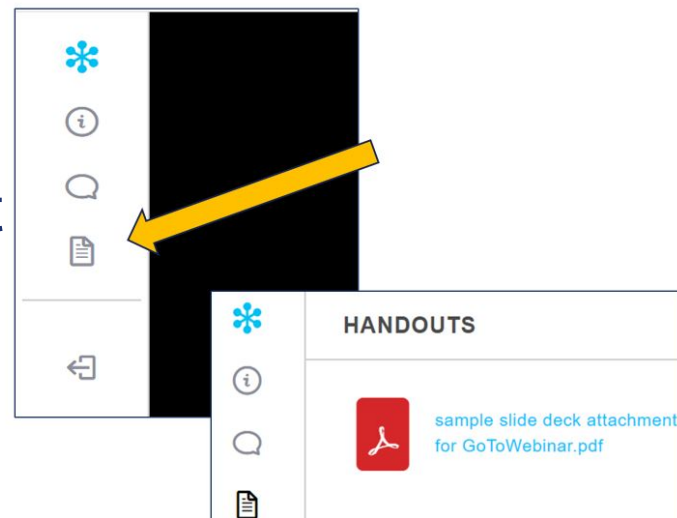
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first...**

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eCQMs"**

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Learning Objectives:

- ✔ Navigate to the measure specifications, value sets, measure flow diagrams and technical release notes
- ✔ Apply concepts learned about the logic and intent for the ED-2 eCQM
- ✔ Prepare to implement the ED-2 eCQM for the 2023 eCQM reporting period
- ✔ Identify common issues and questions regarding the ED-2 eCQM

Topics Not Covered in Today's Webinar

- ✘ Basic eCQM concepts
- ✘ Topics related to chart abstracted measures
- ✘ Process improvement efforts related to this measure
- ✘ eCQM validation

Disclosure Statement

These staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

- Susan Funk, MPH, LSSGB, Associate Project Director, Measurement Coordination and Outreach
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Pioneers in Quality Expert to Expert

Webinar Agenda: ED-2 eCQM

- Demonstrate navigation to measure specifications, value sets, measure flow diagrams and technical release notes
- Review the measure flow/algorithm
- Review changes made to the ED-2 eCQM
- FAQs
- Facilitated Audience Q&A Segment

eCQI Resource Center Website Demo

eCQI Resource Center Website <https://ecqi.healthit.gov/>



eCQM Resources	Short Description	Published
Implementation Checklist eCQM Annual Update	Implementation checklist ⁽¹⁾	--
Guide for Reading eCQMs 8.0 (PDF)	Assists implementers and measured entities with information on how to read eCQM specifications ⁽¹⁾	May 2022
Hospital Quality Reporting Table of eCQMs (PDF)	List of eCQMs available for use ⁽¹⁾	May 2022
eCQM Specifications for Hospital Quality Reporting (ZIP)	eCQM technical specifications ⁽¹⁾	May 2022
Measure Authoring Tool (MAT) Global Common Library (GCL) Technical Specifications and Technical Release Notes (ZIP)	MAT-CGL specifications and technical release notes ⁽¹⁾	May 2022
eCQM Value Sets ⁽²⁾	Value sets used in eCQMs ⁽¹⁾	May 2022
EH/CAH Pre-Rulemaking Value Sets CMS334 (ZIP)	Value sets used in CMS334v4 ⁽¹⁾	May 2022
eCQM Direct Reference Codes List ⁽²⁾	eCQM Direct Reference Codes used in eCQMs ⁽¹⁾	May 2022
Binding Parameter Specification (BPS) (ZIP) ⁽²⁾	Value set metadata ⁽¹⁾	May 2022
eCQM Logic and Implementation Guidance v6.0 (PDF)	Assists implementers and measured entities with how to use eCQMs and report issues ⁽¹⁾	May 2022
Technical Release Notes (PDF)	Year over year changes to eCQM logic and terminology ⁽¹⁾	May 2022
Technical Release Notes (ZIP)	Year over year changes to eCQM logic and terminology ⁽¹⁾	May 2022
Standards and tool versions used for reporting period	Tools and standards versions measure developers used to create eCQMs and versions of standards and tools used for their reporting ⁽¹⁾	May 2022
eCQM Flows (ZIP)	Assists implementers and measured entities with steps to take to calculate an eCQM ⁽¹⁾	Aug 2022
2023 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)	Format for reporting eCQMs to CMS ⁽¹⁾	May 2022
2023 CMS QRDA I Schematrons and Sample Files (ZIP)	Rules to validate eCQM reports with samples ⁽¹⁾	May 2022
eCQM Annual Update Pre-Publication Document (PDF)	Standards and code system versions for the eCQM Annual Update ⁽¹⁾	Mar 2022



Technical Overview

ED-2- Median Admit Decision Time to ED Departure for Admitted Patients (CMS111v11)

ED-2 Measure Description

Median time (in minutes) from admit decision time to time of departure from the emergency department (**ED**) for emergency department patients admitted to inpatient status

ED - 2 Measure Rationale

- Reducing the time patients remain in the emergency department (ED) can improve access to treatment and quality of care (Morley et al., 2018). Morley's study indicates that ED overcrowding contributes to poor patient outcomes, increased mortality, delayed assessment and care, increased inpatient length of stay, risk of readmission, reduced satisfaction, and exposure to error.

ED - 2 Measure Rationale Continued

- A review by Boudi et al. (2020) noted that ED boarding time (defined as the time between the decision to admit to inpatient and physical departure from the ED) is associated with adverse patient outcomes, such as delays in antibiotic administration, delays in pain medication administration, lower patient satisfaction, prolonged times to disposition among patients with acute asthma, and higher complication rates for cardiovascular events.
- Addressing critical gaps in patient throughput effectively and efficiently will shorten the length of stay and improve the delivery of safe, high-quality and patient-centered care.

ED-2 Changes from 2022 to 2023 - Clinical

Measure Components	2022 Reporting Year	2023 Reporting Year
Measure Description	-	Add ED acronym to measure description
Guidance	<p>“...the ED visit that is within 1 hour of the inpatient admission...”</p> <p>-</p>	<p>Replace 1 with one</p> <p>The decision to admit inpatient must be performed during the ED visit that is within one hour of the inpatient admission and prior to the patient departing the ED.</p> <p>Add statement to account for Acute Hospital at Home patients</p> <p>The measure population includes patients with inpatient hospitalizations and patients from Acute Hospital Care at Home programs, who are treated and billed as inpatients but receive care in their home.</p>

ED - 2 Changes from 2022 to 2023 - Technical

Measure Components	2022 Reporting Year	2023 Reporting Year
Initial Population function to calculate ED departure time	EDDepartureTime(Encounter "Encounter, Performed") Last(Encounter.facilityLocations Location where Location.code in "Emergency Department Visit" and Global."HasEnd"(Location.locationPeriod) return end of Location.locationPeriod sort asc	EDDepartureTime(Encounter "Encounter, Performed") Last(Encounter.facilityLocations Location where Location.code in "Emergency Department Visit" and Global."HasEnd"(Location.locationPeriod) return end of Location.locationPeriod sort ascending
Value sets	-	Remove inactive codes from Psychiatric/Mental Health Diagnosis Added 4 codes

ED - 2 Population Criteria

Initial Population	Measure Population	Measure Population Exclusions	Measure Observation	Stratification 1	Stratification 2
Inpatient hospitalizations ending during the measurement period with length of stay less than or equal to 120 days, where the patient received services during the preceding emergency department (ED) visit at the facility when a decision to admit inpatient was made prior to departing the ED	Initial Population	Emergency department encounters with an admission source in "Hospital Setting" (any different facility- by location or CCN) resulting in an inpatient stay	Median time (in minutes) from the Decision to Admit to inpatient to the time the patient physically departs the ED to inpatient hospitalization	All patients seen in the ED and admitted as an inpatient who do not have an inpatient encounter principal diagnosis (rank = 1) consistent with psychiatric/mental health disorders	All patients seen in the ED and admitted as an inpatient who have an inpatient encounter principal diagnosis (rank = 1) consistent with psychiatric/mental health disorders

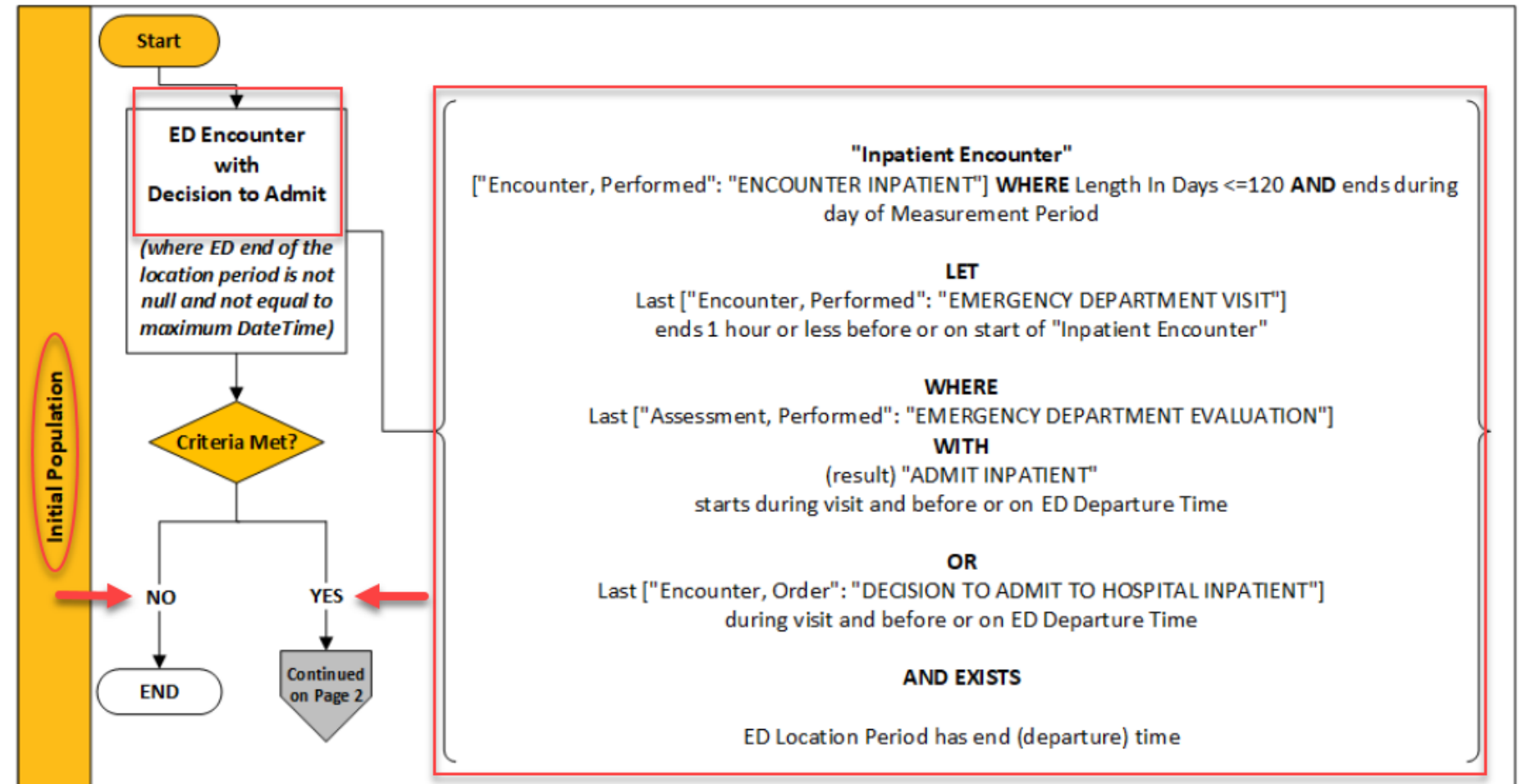
ED – 2 Measure Flow Diagrams

Measure Flow Diagram – Initial Population

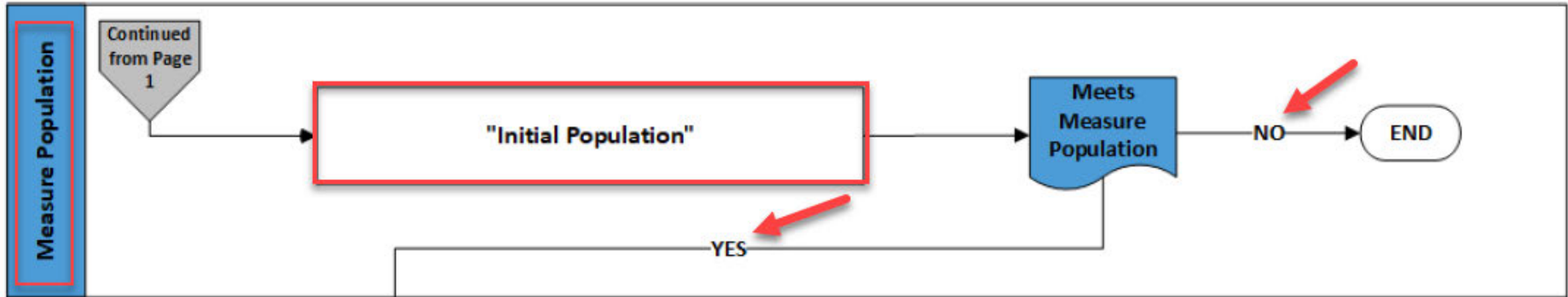
2023 eCQM Flow – CMS111v11: Median Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)*

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

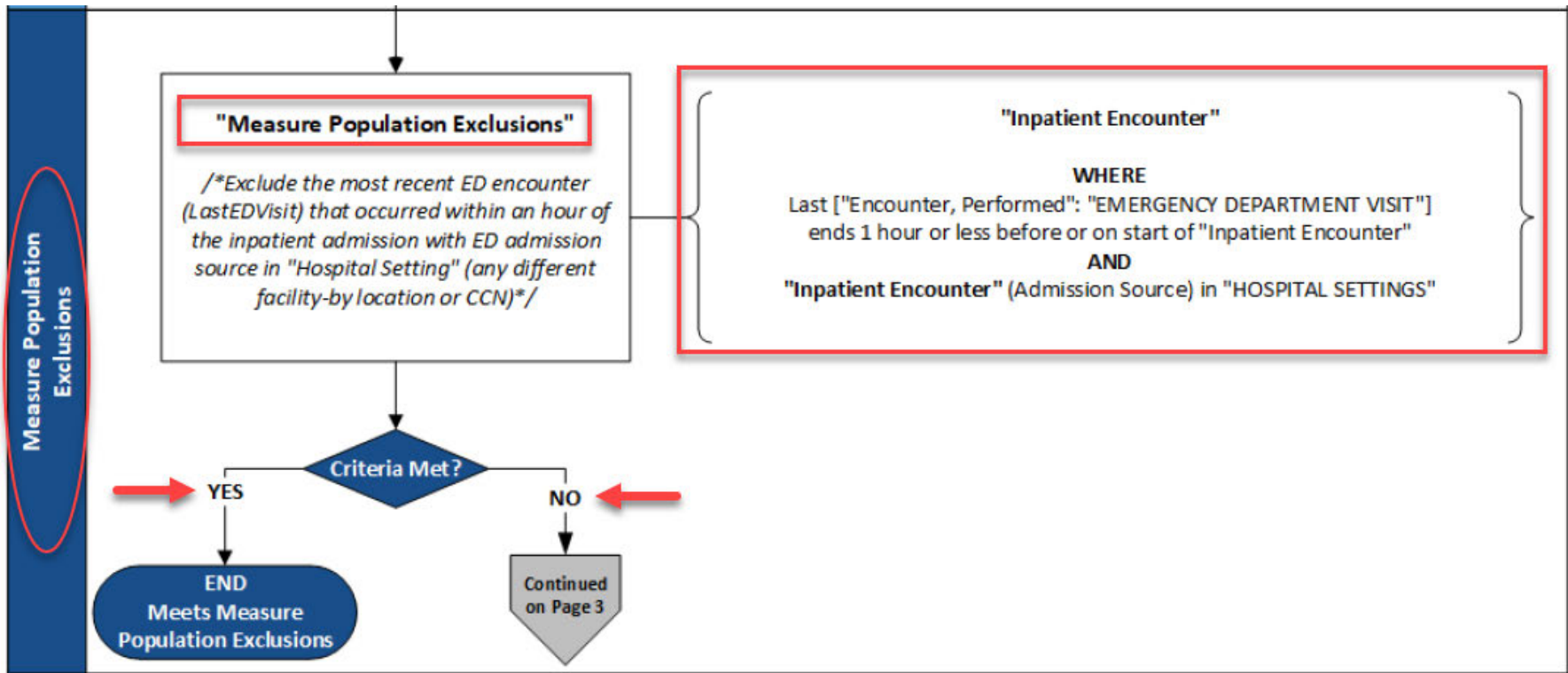
Measure Flow Diagram



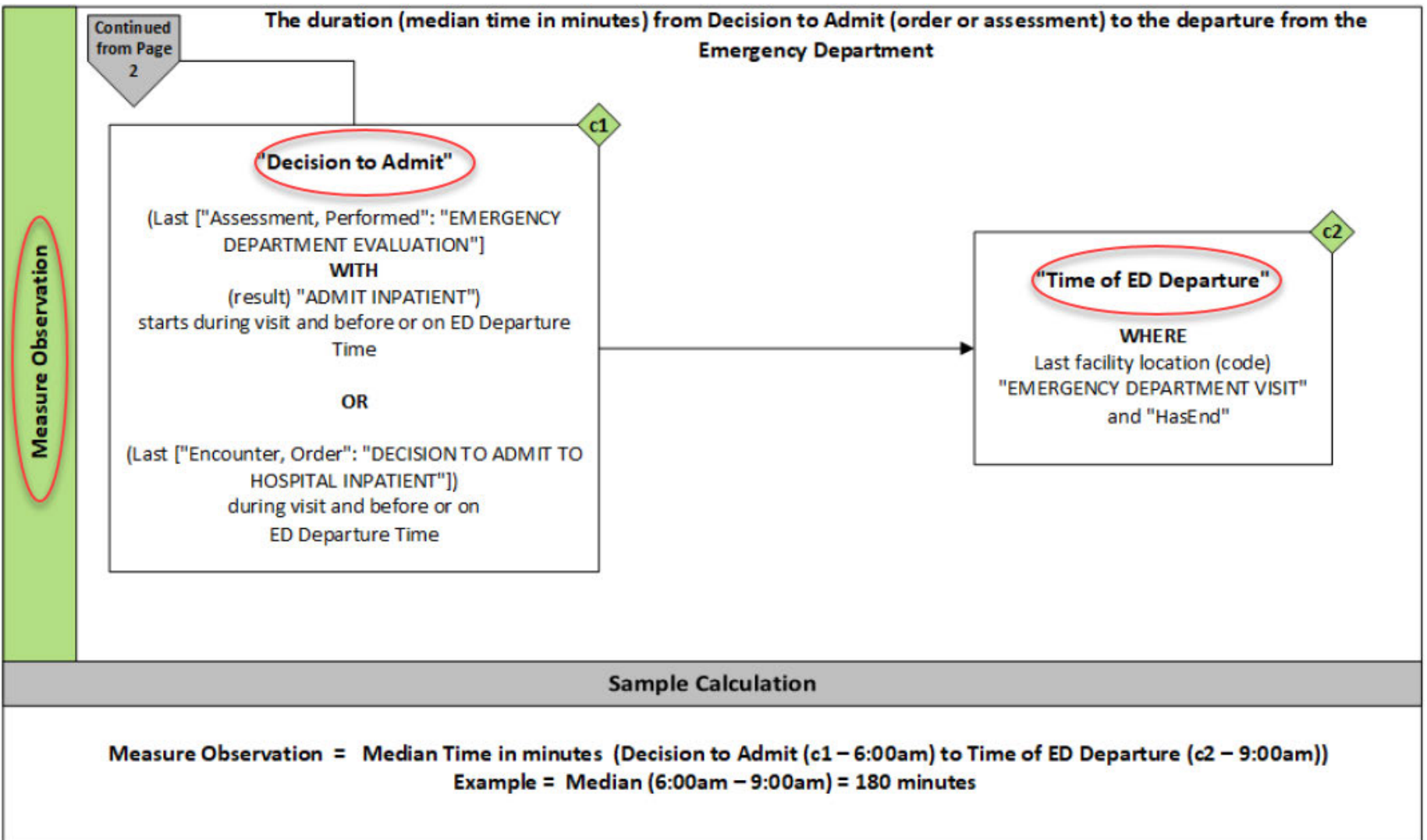
Measure Flow Diagram – Measure Population



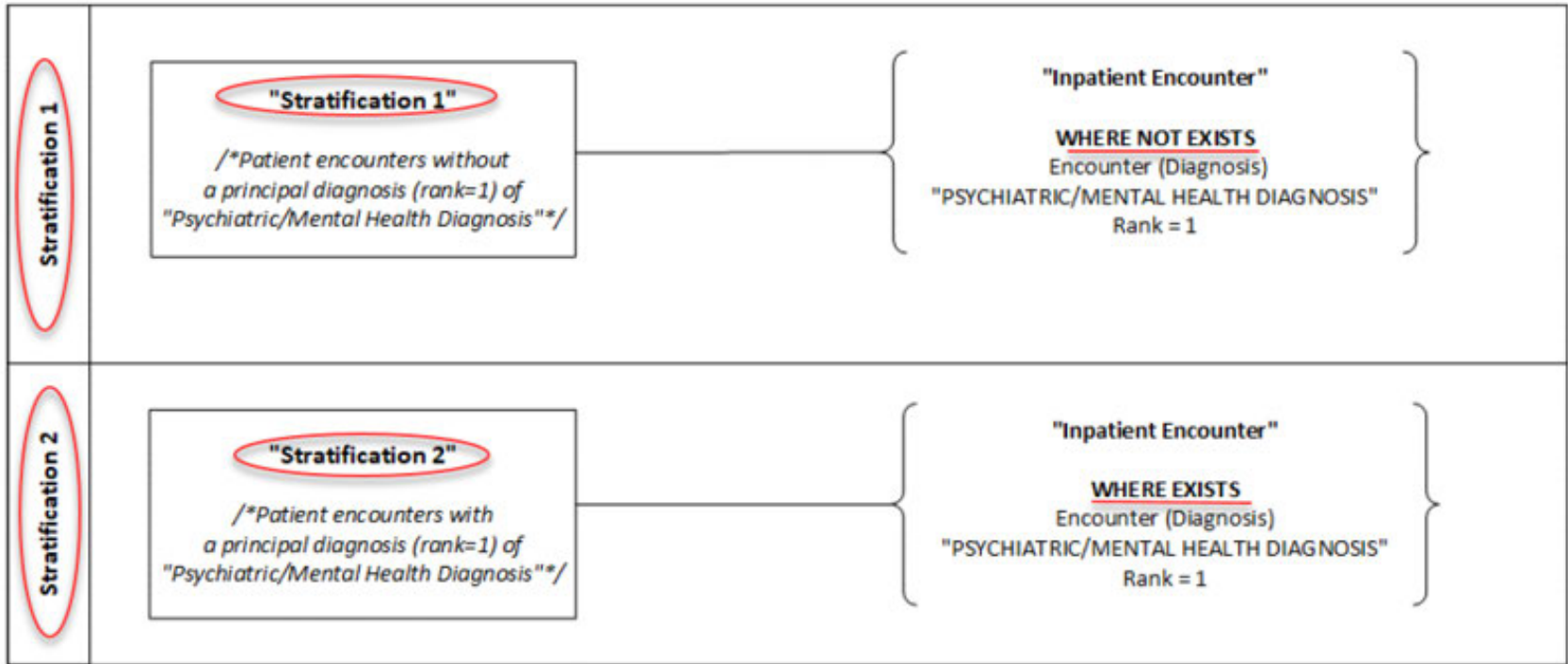
Measure Flow Diagram – Measure Exclusions



Measure Flow Diagram - Measure Observation



Measure Flow Diagram – Stratification



Measure Flow Diagram – ED – 2 Narrative

Measure Description	<p>This measure assesses the median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status</p>
Initial Population	<p>Start by identifying:</p> <ul style="list-style-type: none"> • Inpatient hospitalizations ending during the measurement period with length of stay less than or equal to 120 days • where the patient received services during the preceding emergency department (ED) visit at the facility when a decision to admit inpatient was made prior to departing the ED
Measure Population	<p>The measure population criteria is the same as the initial population</p>
Measure Population Exclusions	<p>The measure population exclusions criteria identify a subset of the measure population by excluding emergency department encounters with an admission source in "Hospital Setting" (any different facility - by location or CCN) resulting in an inpatient stay</p>

Measure Flow Diagram – Narrative Continued

<p>Measure Observation</p>	<p>The measure observation criteria identify the encounters from the measure population (that did not meet the measure population exclusions criteria) and calculates the median time (in minutes) from the Decision to Admit to inpatient to the time the patient physically departs the emergency department to inpatient hospitalization</p>
<p>Stratification 1</p>	<p>Stratification 1 is an aggregate of all patients seen in the emergency department and admitted as an inpatient who DO NOT have an inpatient encounter principal diagnosis (rank = 1) consistent with psychiatric/mental health disorders</p>
<p>Stratification 2</p>	<p>Stratification 2 is an aggregate of all patients seen in the emergency department and admitted as an inpatient who DO have an inpatient encounter principal diagnosis (rank = 1) consistent with psychiatric/mental health disorders</p>

ED -2 Logic

Initial Population Criteria

Inpatient hospitalizations

- ending during the measurement period
- length of stay less than or equal to 120 days
- ED visit preceding inpatient encounter at the facility
- decision to admit during ED encounter and prior to departing the ED

Initial Population

“ED Encounter with Decision to Admit”

“ED Encounter with Decision to Admit”

Global."Inpatient Encounter" EncounterInpatient

let LastEDVisit: LastEDEncounter(EncounterInpatient),

AdmitAssessment": "AdmitDecisionUsingAssessment"(EncounterInpatient)

where (Global."Normalize Interval" (AdmitAssessment.relevantDatetime,
AdmitAssessment.relevantPeriod) starts during LastEDVisit.relevantPeriod

Or

("AdmitDecisionUsingEncounterOrder"(EncounterInpatient).authorDatetime
during LastEDVisit.relevantPeriod))

and exists (LastEDVisit.facilityLocations Location

where Location.code in "Emergency Department Visit"

and Global."HasEnd" (Location.locationPeriod))



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“ED Encounter with Decision to Admit”

Global.Inpatient Encounter

["Encounter, Performed": "Encounter Inpatient"] EncounterInpatient
where "LengthInDays"(EncounterInpatient.relevantPeriod)<= 120
and EncounterInpatient.relevantPeriod ends during day of
"Measurement Period“

Global.LengthInDays(Value Interval<DateTime>)

difference in days between start of Value and end of Value

“ED Encounter with Decision to Admit”

LastEDEncounter(EncounterInpatient "Encounter, Performed")

Last(Global."ED Encounter" EDVisit

where EDVisit.relevantPeriod ends 1 hour or less before or on start
of EncounterInpatient.relevantPeriod

sort by end of relevantPeriod ascending)

Global.ED Encounter

["Encounter, Performed": "Emergency Department Visit"]

“ED Encounter with Decision to Admit”

AdmitDecisionUsingAssessment(EncounterInpatient
"Encounter, Performed")

Last(["Assessment, Performed": "Emergency Department
Evaluation"]) EDEvaluation

let LastEDVisit: "LastEDEncounter"(EncounterInpatient) where
EDEvaluation.result in "Admit Inpatient"

and
Global."NormalizeInterval"(EDEvaluation.relevantDatetime,
EDEvaluation.relevantPeriod) starts during
LastEDVisit.relevantPeriod and Global."NormalizeInterval"
(EDEvaluation.relevantDatetime,EDEvaluation.relevantPeriod)
starts before or on "EDDepartureTime"(LastEDVisit)sort by
start of Global."NormalizeInterval"(relevantDatetime,
relevantPeriod))

“ED Encounter with Decision to Admit”

Global.“NormalizeInterval”(pointInTime DateTime,
period Interval<DateTime>)

if pointInTime is not null then Interval[pointInTime,
pointInTime]

else if period is not null then period

else null as Interval<DateTime>

**AdmitDecisionUsingAssessment(EncounterInpatient "Encounter,
Performed")**

Last(["Assessment, Performed": "Emergency Department Evaluation"]
EDEvaluation

let LastEDVisit: "LastEDEncounter"(EncounterInpatient)

where EDEvaluation.result in "Admit Inpatient"

and **Global.**“NormalizeInterval”(EDEvaluation.relevantDatetime,
EDEvaluation.relevantPeriod) starts during LastEDVisit.relevantPeriod

“ED Encounter with Decision to Admit”

AdmitDecisionUsingEncounterOrder(EncounterInpatient "Encounter, Performed")

Last(["Encounter, Order": "Decision to Admit to Hospital Inpatient"]) AdmitOrder

let LastEDVisit:

"LastEDEncounter"(EncounterInpatient)

where AdmitOrder.authorDatetime during
LastEDVisit.relevantPeriod

and AdmitOrder.authorDatetime before or on
"EDDepartureTime"(LastEDVisit)

sort by authorDatetime)

“ED Encounter with Decision to Admit”

**EDDepartureTime(Encounter "Encounter,
Performed")**

Last(Encounter.facilityLocations Location

**where Location.code in "Emergency Department Visit"
and Global."HasEnd"(Location.locationPeriod)**

return

end of Location.locationPeriod

sort ascending)

Measure Population Criteria

Same as “Initial Population”



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Measure Population Exclusion Criteria

- Met the initial population criteria
- ED admission source in “Hospital Setting”



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Measure Population Exclusions

“Global.”Inpatient Encounter” EncounterInpatient where
“LastEDEncounter”(EncounterInpatient).admissionSource in
"Hospital Settings”



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Measure Observation Criteria

- Met Initial Population criteria
- Not excluded
- Decision to Admit to inpatient made
 - during the ED visit
 - before ED departure

Measure Observation

Median (duration in minutes of Interval

```
[Coalesce(start of Global."NormalizeInterval"  
("AdmitDecisionUsingAssessment"  
  (EncounterInpatient).relevantDatetime,  
"AdmitDecisionUsingAssessment"  
  (EncounterInpatient).relevantPeriod),  
"AdmitDecisionUsingEncounterOrder"  
  (EncounterInpatient).authorDatetime),  
"EDDepartureTime"("LastEDEncounter"  
  (EncounterInpatient)))]
```

Stratification 1 Criteria

- Met the Initial Population criteria
- No principal diagnosis of psychiatric/mental health disorders

Stratification 1

Global."Inpatient Encounter" EncounterInpatient
where not exists (EncounterInpatient.diagnoses
Diagnosis
where Diagnosis.code in "Psychiatric/Mental Health
Diagnosis"
and Diagnosis.rank = 1
)

Stratification 2 Criteria

- Met the Initial Population criteria
- Has a principal diagnosis of psychiatric/mental health disorders

Stratification 2

Global."Inpatient Encounter" EncounterInpatient
where exists (EncounterInpatient.diagnoses Diagnosis
where Diagnosis.code in "Psychiatric/Mental Health
Diagnosis"
and Diagnosis.rank = 1
)

Reason for Stratifying by "Psychiatric/Mental Health Diagnosis"

“Patients with behavioral health emergencies are stratified because often these situations are confounded by policies and practices in the community that are beyond the control of any individual hospital and present the hospital with quality and safety circumstances different from those of the acute medical patients (Joint Commission, 2012). Recent peer-reviewed studies also demonstrate the need for dedicated emergency mental health services, supplying evidence that the clinical needs for these patients substantively differ from the non-psychiatric population (American College of Emergency Physicians (ACEP), 2017; Lester, 2018).



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Frequently Asked Questions (FAQs) for ED - 2



Question 1:

A patient is *intended* to be an inpatient admit from the ED but is not moved to the floor because no beds are available and is then discharged from the ED without having been admitted to an inpatient floor, will the EHR discharge time for the ED be the time the patient left the ED?

Answer 1:

The discharge time is the time the ED visit ended and the time the patient physically left the ED is the departure time.

Question 2:

If a patient is admitted as an inpatient while in the ED, the location code would not have changed. How is the departure time determined?

Answer 2:

The logic determines ED departure time using the ED location code end time. If there is no ED departure time, the encounter is not included in the initial population.

Question 3:

What if multiple decision to admit assessments or orders exists, which one should be used?

Answer 3:

If there are multiple decisions to admit, the logic assess for the most recent assessment first. If no assessment exists, it looks at the last (most recent) order that occurred during the ED encounter and before departure that preceded the inpatient admission.

Question 4:

Regarding the ED-2 eCQM criteria of a decision to admit having to occur during the ED visit:

- Does the decision to admit need to occur during the ED visit or while the patient is physically located in the ED (what is the definition of 'during the ED visit')?

Answer 4:

Both. During the ED visit is the time between the start of the ED visit to the end of the ED visit.

Question 5: A patient is admitted from ED to observation while physically located in the ED, is he considered an ED patient or a non-ED patient when decision to admit to inpatient is made > 1 hour after the observation admission but while the patient is physically in the ED; is he included in the initial population (IP)?

Answer 5:

Whether the patient in the scenario described would be included in the Initial Population is dependent on the facility's specific medical record workflow and processes after the patient is discharged from the hospital inpatient encounter. If the facility **combines the time the patient was in the ED and the time the patient was in observation into a single ED encounter** and the decision to admit to inpatient was made during the ED visit and prior to the ED departure time, the patient should be in the measure IP.

Continued

Answer 5 Continued:

If the facility **combines the time the patient was in Observation and the time the patient was inpatient into a single inpatient encounter** and documentation indicates the decision to admit to inpatient was made during the ED visit and prior to the ED departure time, the patient should be in the measure IP.

If, however, the facility does not combine any of the encounters and there are three distinctly separate encounters and the decision to admit was made after the ED departure while in observation, then the patient will not be in the IP.

Additional Resources

eCQI Resource Center – EH Measures:

<https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms>

Teach Me Clinical Quality Language (CQL) Video Series

https://ecqi.healthit.gov/cql?qt-tabs_cql=2

- [Coalesce](#)
- [Normalize Interval](#)
- [Time Zone Considerations](#)
- [Latest, LatestOf, Earliest, EarliestOf, HasStart, HasEnd](#)

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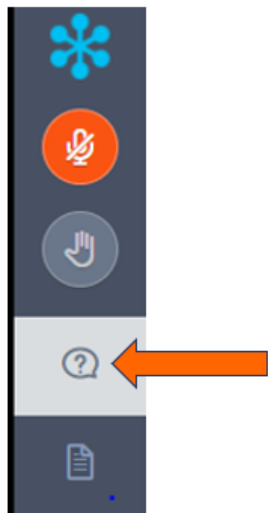
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ONC Issue Tracking System

<https://oncprojecttracking.healthit.gov/>



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Expert to Expert Webinars

The Joint Commission's Expert to Expert (EtoE) Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.

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RESOURCE



Expert to Expert Annual Update Webinars

- 2023 eCQM Annual Update Webinar series began in August with Joint Commission's PC-01 and PC-06 eCQMs and will continue until Jan 2023. The series incorporates expertise from The Joint Commission, Centers for Medicare & Medicaid Services, Mathematica, and other measure stewards to address the 2023 eCQM Annual Updates for: STK, VTE, PC, ED, Safe Opioid Use, and Hyper- and Hypo-Glycemia measures.
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Thank you for attending!



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Transcript

Expert to Expert Series: 2023 Annual Update Webinar for Emergency Department (ED-2) eCQM

Broadcast: December 13, 2022

00:03

Welcome everyone and thank you for joining us today for our Expert to Expert Series 2023 Annual Updates webinar for ED-2 Median Admit Decision Time to ED Departure for Admitted Patients.

00:20

Before we start, just a few comments about today's webinar platform. Audio is by Voice Over Internet Protocol only- Click the button that reads "Listen in! Click for audio!" Then use your computer speakers or headphones to listen. There are no dial in lines. Participants are connected in listen-only mode. Feedback or dropped audio are common for live streaming events. Refresh your screen or rejoin the event if this occurs.

00:47

We will not be recognizing the Raise a Hand or the Chat features.

00:52

To ask a question, click on the Question Mark icon in the Audience Toolbar. A panel will open for you to type your question and submit.

01:04

We would like to welcome you to our webinar. Before we get started, we do want to explain that this webinar is fairly technical in nature and requires a baseline understanding of eCQMs. Participant feedback from previous webinars indicated that the content may have been too technical for individuals that are new to eCQMs. If you are new to eCQMs, this content might be too technically advanced. For your comprehension, we recommend that those new to eCQMs visit the eCQI Resource Center. At the hyperlink listed on this slide, you will find a collection of resources to help you get started with eCQMs.

01:43

The slides are available now and can be found within the viewer toolbar. To access the slides, click the icon that looks like a document, select the file name, and the document will open in a new window. You can print or download and save the slides. Slides will also be available several weeks after the session at the link denoted on this slide. CE credit is offered for this webinar.

02:08

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02:49

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03:24

The learning objectives for this session are: navigate to the measure specifications, value sets, measure flow diagrams, and technical release notes; apply concepts learned about the logic and intent for the ED-2 eCQM; prepare to implement the ED-2 eCQM for the 2023 eCQM reporting; and Identify common issues and questions regarding the ED-2 eCQM.

03:54

This webinar does not cover these topics: Basic eCQM concepts, topics related to chart abstracted measures, process improvement efforts related to this measure and eCQM validation.

04:11

These staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with or ownership of organizations that provide grants, consultancies, honoraria, travel or other benefits that would impact presentation of today's webinar content.

Myself, Susan Funk, Angela Flanagan and Susan Yendro.

04:38

The agenda for today's discussion follows. Demonstrate navigation to the measure specifications, value sets, measure flow diagrams, and technical release notes. Review the measure flow, and algorithm. Review changes made to the ED-2 eCQM.

04:56

The FAQs and then a facilitated audience Q&A segment. We will now share a demo that illustrates navigation to the eCQI Resource Center to show the measure specifications, value sets, measure flow diagrams, and technical release notes.

05:25

Before we dive into the measure, we'd like to refer you to the eCQI Resource Center website, where you'll find the measure specifications, measure flows, value sets, technical release notes and much more for all the measures in this CMS program. So, let's take a look at that site.

05:42

Here's a landing page for the eCQI Resource Center. If you hover over the eQMs here, then you'll see your options for which you eQMs you'd like to select. We'll go with the Eligible Hospitals/Critical Access Hospital eQMs. And here you can select the reporting period of interest. We'll go with 2023. And there are multiple resources here. We'll focus on four of these today.

06:08

We'll look at the eCQM Specifications for Hospital Quality Reporting. eCQM and hybrid measure value sets, technical release notes and eCQM flows.

06:20

So, if I click on eCQM specifications. It downloads a zip folder. That we can double click on and open and then within add our other zip folders, with the map packages included, you can click on the one that you're interested in.

06:37

We'll do CMS 111, and this includes, all of the files contained for this measure. You have your JSON and XML files are included as well. And we'll open up the HTML.

06:52

Now this gray area is the header or metadata. It provides information like the measure name, if it was endorsed, the NQF number, measurement period, measure steward measure developer provides a description of the measure. All those pertinent information related to the measure, rationales and references and even guidance. And then here you'll see the narrative for the Initial Population and all the Population criteria.

07:24

And then we'll scroll down, and we have a table of contents for the logic sections. And here we have the Population criteria. The defined statements are also referred to as definitions. And then we have functions. Followed by terminology, data criteria, and the supplemental data elements.

07:48

This document is the source of truth. The logic is the source of truth. So, I went through this quickly, but I wanted you to be aware of how to locate the document and have a basic understanding of its contents.

08:00

So, we'll go back to the Resource Center. And take a look at the value sets. Click on here, takes me to this page here. I've already signed into UMLS or VSAC. You'll need to sign into it before you can open these packages and download them, and I'll click here and we'll take a look at the value sets that are sorted by CMS ID. You have a couple of different options here and we'll use the Excel format. Click on it to open it. We'll take a look at this spreadsheet.

08:37

Several measures are listed here, but we'll go to CMS111. We'll see that the CMS ID is listed here. Along with the NQF number if there was one, the value set name, the object identifier, or the OID.

08:55

The QDM category. Definition version, expansion versions, purpose statements. A lot of information is included in this document that you may find relevant.

09:06

Alright, so we'll close that and go back to the Resource Center again. Let's take a look at the technical release notes. You have a couple of options here. You can either open the PDF file containing the TRNs for all the measures or a zip file containing TRNs in separate Excel files. We'll go with this one that is separate. And again, I'll click on it. You go to the measure of interest CMS 111 again. And in here the Technical Release Notes that first column is a narrative part of the Technical Release Notes, and then the next column is a type of TRN.

09:50

If it was the header, the logic or value set, and then, the measure section and the source of change. So, these are grouped together. These TRNs. If it was related to the header or the logic, you'll see how those are grouped together. Participant feedback from previous webinars asked for a concise list of changes to the measure, so we hope this meets your needs in addition to the information we'll cover in the webinar.

10:16

Now we'll take a look at the measure flows. The last link is for eCQM flows, we'll click on it. Again, it downloads a zip file for us. We can click on it again, go to the measure of interest and we'll go to CMS111.

10:32

We'll be walking through the measure flows later in the presentation, but let's look at the measure flow at a high level. Please note that the eCQM flows are designed to assist in interpretation of the eCQM logic and calculation methodology for performance rates.

10:47

The eCQM flows provide an overview of each of the Population criteria components and associated data elements that lead to the Inclusion or Exclusion into the measure. These flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the eCQM specification.

11:09

So, at the top you can see the CMS number and the version of the measure. The diagrams include a horizontal row for every Population that is applicable to the measure and this measure includes the Initial Population, the Measure Population, Measure Population Exclusion, and Measure Observation. And this particular measure, since it's a continuous variable, it does include Stratifications.

11:36

You will see the algorithm guiding you through each of the Population. For example, a diamond is used to indicate a question or decision. And input/output symbols are used for denoting the inputs and outputs. After the flow diagrams here you will find a sample calculation and after this, this page here will show you the narrative of each of the Populations. So, stay tuned for more details on the measure flows later in the presentation. And we'll go back to that presentation now.

So, Angela, we will now go over to you as our presenter for the rest of the session and we'll give Angela just a moment to bring up her screen and we'll continue on.

12:39

Okay Angela, we can see your screen. I think you just need to unmute yourself and you should be ready to go. Thank you.

Alright. Thank you, Susan.

12:53

So hello, as noted earlier, I am Angela Flanagan. I'm a measure developer. And although our team did not write the ED 2 measure, we have provided maintenance for it for the past several years.

13:06

The ED-2 measure assesses the Median time (in minutes) from admit decision time to time of departure from the emergency department (ED) for emergency department patients admitted to inpatient status. It is a continuous variable measure and patients are stratified by those with the principal diagnosis consistent with psychiatric or mental health disorders and those without a mental health disorder.

13:35

You'll note the acronym ED is in RED. We inserted this after the words emergency department so the acronym could be used and the remainder of the header and in the logic to save space and time. The color red is used throughout the presentation to indicate changes made from version 10 to version 11.

13:55

So, let's talk about the reason for this measure. So, Morley did a study called the Emergency Department Crowding, A Systematic Review of Causes, Consequences, and Solutions. And he discovered that several of these studies had already identified negative consequences of ED crowding, including poor patient outcomes and the inability of staff to adhere to guideline recommended treatments.

14:26

And Boudi performed another review of studies in 2020, The Association Between Boarding and the ED and in Hospital Mortality. Of the 12 studies eligible for a descriptive analysis for this descriptive analysis study, six studies found an association between ED boarding and in hospital mortality, but five did not show an association. Although these studies did reflect a tendency toward an association between ED boarding and in hospital mortality, because ED boarding is associated with adverse patient outcomes such as delays in antibiotic administration, delays in pain medication administration,.. lower patient satisfaction, prolonged times to disposition among patients with acute asthma, and higher complication rates for cardiovascular events.

15:24

So, there were minimal changes made to the measure for the 2023 reporting period and these are based on implementer vendor feedback, standard changes and attempt to harmonize across measures. So, the clinical changes included adding the ED acronym that was mentioned in the measure description. Adding in the guidance section, we replaced the number 1 with the word one. And we also added a statement to account for acute hospital at home patients to ensure that all inpatients are included. Technical changes include a replacing asc, the abbreviation for ascending, with the word ascending for ease of reading in the ED departure time, encounter, encounter performed function.

16:21

There were four inactive codes removed. They were from both the ICD10 and SNOMED CT and we added one SNOMED CT code and three ICD10 CM codes to align with the ED obstructed measures using the mental disorder code table set 7.01.

16:48

So, the Population criteria names are a bit different. ED-2 is a continuous variable measure, which means the measure includes a variable that may take on any value in an interval. The variable in ED-2 is the minutes between Decision to Admit to end patient time and ED departure time. Since this time will vary from encounter to encounter, makes it a continuous variable. And continuous variable measures that Initial Population is roughly equivalent to the denominator in proportion measures. And then Measure Population may be a subset of the Initial Population, or in this case the same as the Initial Population and is roughly equivalent to the numerator in a proportion measure.

17:39

So, let's review this. The measure narratives. So, the Initial Population captures inpatient hospitalizations that ended during the measurement period. At a length of stay of 120 days or less who hadn't ED visit that ended within an hour of the start of the inpatient admission. With the Decision to Admit to inpatient that was made during the ED visit and before the patient physically departed the ED.

18:08

The measure, Population Exclusion, excludes ED visits with an admission source in hospital setting. That's the value set and any different facility by location or CCN resulting in an inpatient stay. And you may be aware that CCN is the CMS Certification Number.

18:31

Measure Observation describes the computation to be performed on the data element of the measure Population, calculating the Median time in minutes from the Decision to Admit inpatient to the time the patient physically departs the ED to end patient hospitalization.

18:53

And then the Stratification describes the strata for the measure to be evaluated. So, ED-2 evaluates two groups, patients with a principal diagnosis of a psychiatric and mental health disorder and those without a mental health disorder.

19:13

So, before we dig into the logic, let's take a deeper dive into these measure flow diagrams. These provide a high-level view of the measure.

19:25

As mentioned before, the purpose of the measure flow diagrams is to highlight the relevant data criteria and are organized to help interested parties to interpret the logic and understand how performance rates are calculated. These eCQM flows are intended to be an additional resource to help hospitals implement eCQMs. These are not intended to replace the eCQM specifications. These eCQM flows are condensed representation of the measure specifications and may not include all of the definitions, data elements, functions and timing criteria. So, at the top of the document as a header it indicates this is the measure flow diagram for the 2023 eCQM and provides a CMS number, version number and measure name. Below the name and to the far-left side of the diagram is the name of the Population criteria which is color-coded. This is a fairly small measure, but some measures, as you are probably aware, are large and have multiple Population criteria, so the color coding is necessary to follow the flows for the larger measures.

20:37

To the right of the color-coded Population criteria is a define statement, and to the right side of that statement is an expression. And we have, we have bolding, the define statements that are included and we bolded some of the filters, the relationships, the let clauses and comparison operators. And then all of this is enclosed in one set of curly braces.

21:07

The arrows direct the users to the through the steps of the measure flow. So more specifically, this diagram reflects “ED Encounter with Decision to Admit,” which is identifier/name of the expression which is shown on the left-hand side of the diagram.

21:26

The “ED Encounter Decision to Admit” expression is on the right side indicates that the Initial Population includes inpatient encounters that are less than or equal to 120 days during the measurement. And was preceded by an ED visit where an assessment performed when assessment was performed with the result to admit. Or an order was documented that indicates a Decision to Admit to inpatient. And the ED location includes the time the patient departed the ED.

22:01

The red arrows to the right of the colored Population criteria bar and to the left and bottom of the curly braces indicates that if the Initial Population criteria is not met, processing ends. If the Initial Population is met, the encounter is, and the Initial Population note the "Yes" indicates continued to page 2.

22:28

So now we check the measure Population criteria. Note the continued from page one has it's an off-page reference symbol at the top left of the swimlane, and the Swimlane is the largest rectangle on the page which serves to divide the steps of each Population criteria. The Measure Population indicates that if the encounter was included in the Initial Population. That is, it has an ED encounter just before an inpatient encounter with a Decision to Admit. Then processing continues following the "Yes" Arrow, moving on to the Measure Exclusions. But if they encounter does not meet the Initial Population, processing stops as indicated by the no and end.

23:22

To the square filled with the color blue to the far left, with the red circle around the name and a case that this is a swimlane for the Measure Population Exclusions. Then the small black arrow at the top of the Swimlane points to the defined statement Measure Population

23:36

Exclusions and the comment below it enclosed in slashes and asterisks. Stating that this criterion excludes the most recent ED encounter that (LastEDVisit) that occurred within an hour of the inpatient admission. With an ED admission source in Hospital Settings value set.

24:02

So that visit is excluded if that code for the ED admission source is in that value set hospital settings. And below the diagram, using a "decision" symbol, ask if the criteria was met. If yes, the encounter is excluded from the Measure Population. If there was no admission source, or if it is not in the value set, the Exclusion is not met, then processing continues to Measure Observation. Note the continued-on Page 3 and the off-page reference symbol. And this Swimlane to the far left filled in the pastel green color, designates this as the Measure Observation.

24:47

At the top, the lane reads the duration (median time in minutes) from Decision to Admit, order or assessment to the departure from the emergency department. This criteria includes 2 statements that are used to calculate the Measure Observation.

25:04

On the left, the time this Decision to Admit was made. That it can be an assessment or an order, and on the right, the most recent ED visit to the time of the ED departure. The bottom of the diagram and below the Swimlane that's provided the sample calculation. This is the duration in minutes between the Decision to Admit. So. If the Decision to Admit was at 0600 hours and the ED departure was at 0900 hours, that's 180-minute duration.

25:43

Now, the Median time in minutes comes into play when there are multiple Measure Observations. So, for example, if you had the departure time minus the Decision to Admit to inpatient for one encounter with 60 minutes, the second encounter was 240 minutes, and the third encounter was 360 minutes, then the Median time is 240 minutes.

26:12

These two swimlanes indicate the Stratification 1 and Stratification 2 and using the same layout as Initial Population and the Measure Population and Exclusions, including the identifier name and a comment between the Slash and Asterix and the logic on the right in the curly braces.

26:33

Stratification 1 are inpatient encounters that followed the last ED visit who do not have an inpatient encounter. Principal Diagnosis rank one consistent with the psychiatric and mental health disorders or inpatient encounters Stratification two, are those who do have an inpatient encounter that follow the last ED visit who have a principal diagnosis of a rank equal to 1 consistent with the psychiatric mental health disorders. Each Population in the measure is reported both without Stratification and by each Stratification criteria.

27:19

Other swimlanes are used. There is no flow diagram on this page. The swimlanes include the narrative text for each Population criteria. Each Population criteria color does align with the Population criteria colors used in the flow diagram. And the remaining criteria on this page also using swimlanes for the narrative text for Measure Observation and Stratification 1 and 2.

27:53

Okay, so now we can examine the logic. The Initial Population, as mentioned, is described as, Inpatient hospitalizations. Ending during the measurement. With a length of stay less than or equal to 120 days. Where the patient receives services during the preceding emergency department visit at the facility when a Decision to Admit inpatient was made prior to departing the ED.

27:59

The Initial Population logic uses a define statement ED encounter with Decision to Admit. This expression indicates that there is an inpatient encounter that is during the measurement period and is less than or equal to 120 days. Then the let clause indicates that the last ED Encounter has documentation that an admit assessment was performed that resulted in the need to admit the patient and was during the last ED visit period. Which is the admission to discharge. If an assessment was not performed during the ED visit, this part of the expression evaluates if in order to admit the patient was signed during the ED visit.

29:27

Then evaluates at the ED location is documented using one of the codes in the emergency department visit value set. And lastly, if the ED location in time is documented. Meaning the time the patient physically departed or left the ED. This statement includes other statements which are shown here in double quotation marks. We will look at these on subsequent slides.

29:55

So this is the logic for the Initial Population represented by clinical quality language, also CQL and the Quality Data Model (QDM). These data elements are used to create the logical expressions for the Initial Population criteria. And if you are familiar with this logic from 2022 reporting period, I can tell you that this section of the logic was not changed in 2023.

30:27

These two define statements include the term Global. Global is an alias for a library (MAT Common Global library) that is included in the ED measure.

30:38

The MAT Common Global Library contains CQL expressions used across measures and allows measure developers to harmonize logic expressions. Together, these two statements calculate the length of the inpatient stay in the days to determine if the stay was equal to or less than 120 days because the measure only includes inpatient encounters that are less than or equal to 120 days and that in during the measurement.

31:11

These two define statements in the initial population statement ED Encounter with Decision to Admit evaluate for the most recent, the last ED encounter that is within an hour of the inpatient encounter. The “Emergency Department Visit” value set is used to identify the ED encounters. If there are multiple ED encounters within an hour prior to the inpatient admission, these will be sorted by the end date time or the discharge date of the ED visit.

31:47

Okay, so the Decision to Admit can be met with either an assessment or an order. The measure will first to determine if an assessment was performed using one of the codes for the “Emergency Department Evaluation” value set.

32:08

Then the Let clause evaluates that the assessment resulted in the Decision to Admit inpatient using a code from the value set. Then if that assessment was performed during the last ED visit and before the patient physically departed the ED. So, if there are multiple admit decisions using an assessment, these will be sorted by the start time and the last one or most recent one will be used in the Measure Observation Calculation.

32:44

So here again, the statement includes a few other statements which are shown here in double quotation marks. We have already talked about the "LastEDEncounter"(EncounterInpatient) which simply identifies the most recent ED visit. So, let's discuss the Global."Normalize Interval".

33:04

“NormalizeInterval” is used when a datatype includes both relevantDatetime (point in time) and relevantPeriod (interval period) timing attributes. Types of timing attributes The normalize interval function is meant to account for differences in the EHR vendors, how they capture the timings of the measure criteria and to decrease the implementation burden due to the variable using a timing attributes for the same QDM data type. Normalize interval is also part of the Global library because several measures use this define statement. For the AdmitDecisionUsingAssessment statement, Normalize Interval is used with Assessment Performed relevantDatetime and relevantPeriod. So, if the relevantPeriod is returned use it, if relevantDatetime is returned use the datetime for both beginning and ending times of the interval.

34:09

We continue to look at statements within the “ED Encounter with Decision to Admit” that is used in the Initial Population. The second part of the “Decision to Admit” is an order. “AdmitDecisionUsingEncounterOrder(EncounterInpatient "Encounter, Performed") assesses for an encounter order with the code from the “Decision to Admit to Hospital Inpatient” value set. If the order and code are present, then it determines if the order was made during the ED visit and before the patient physically departed the ED. If there are multiple orders with codes from the value set, the expression will sort by the author date time. The default sorting is ascending, so if the expression does not indicate ascending or descending, it will sort ascending.

35:04

This expression includes two other statements within it, the first one being last ED encounter. Which is the same statement used with the assessment performed which was we discussed earlier, that is simply assessing for the last or the most recent ED visit before an inpatient encounter. The second statement is the ED departure time, which we have not yet addressed, and it pertains to both the assessment performed and the encounter order. So, let's take a look at it.

35:36

The ED departure encounter performed is evaluating the time the patient physically departed the emergency department and includes another statement. Global."HasEnd" The expression first assesses for the encounter location if it is a code from the emergency department visit value set. And if it is, does encounter location have an end time documented? If so, this is the time used to determine when the patient physically left the ED to determine if the Decision to Admit the assessment or an order was made prior to this time. The purpose of the has end function is to check if the interval has an ending boundary specified. So, the end of the interval is not null and not the maximum date time value.

36:34

The Measure Population narrative is the same as the Initial Population. Of the encounter is meeting the Initial Population criteria, determine if any of the ED visits have an admissi source with code for the values that hospital setting, and if so, these encounters are excluded. The intent is to exclude encounters of patients transferred from another ED or observation setting and transfers to your ED from outside hospital where the patient was inpatient or outpatient. This applies even if the facility as part of your hospital system. Your hospitals freestanding or satellite emergency department. Has shared medical records or provider or as in close proximity. This is why the narrative indicates any different facility by location or CCN, resulting in an inpatient stay. These would be excluded.

37:42

Again, if you're familiar with the 2022 version of this measure, there are no changes to the measure Population Exclusions statement. Basically, was a patient admitted from another source, another hospital transferred from another ED. So, we have already gone over the Globalinitial patient and if you recall the soon codes inpatient encounters with a length of stay less than or equal to 120 days that ended during the measurement period. The Exclusion also reuses the last ED encounter expression which assesses for the most recent ED visit that ended within an hour of the start of the inpatient encounter.

38:23

So, the Measure Observation, is the Median time in minutes from the Decision to Admit to inpatient to the time the patient physically departs to ED to end patient hospitalization. No changes in this defined statement from the previous year. Measure Observation provides the instruction on how to compute the performance Median of the duration in minutes. The Median operator evaluates the Decision to Admit to departure in minutes. So here we're looking at the interval, that is the time or author date time of when the Decision to Admit the assessment or the order was made to the time the patient physically departed of the ED. The term Coalesce as an operator that returns the first non-null expression among two or more expressions.

39:21

So, if there is an assessment perform that's captured the admit decision. The relevant date timer, relevant period is used to calculate the start time. If the assessment is null, then the expression will evaluate the time the Decision to Admit. To admit was signed, then result of the ED departure time before or on the last ED encounter within an hour of the encounter inpatient is the end time of the interval. So, the time the Decision to Admit was made to the departure time.

40:08

Stratification 1 encounters meeting the Initial Population are stratified by its principal diagnosis, encounters that indicate no principal diagnosis of psychiatric health, mental health disorders, and those that do. Stratification describes the strata for which the measure is being evaluated. Encounters that have met the Initial Population will be stratified. The expression begins with confirming that there is an inpatient encounter, which we discussed earlier encounters with the length of stay of less than or equal to 120 days during the measurement period. That do not have a principal diagnosis of psychiatric and mental health diagnosis, and this is captured using Diagnosis code with a Diagnosis rank equal to 1.

41:01

Encounters Median Initial Population are stratified by its principal diagnosis. If the encounter has a principal diagnosis indicating psychiatric and mental health disorders, Stratification describes the strata for which the measures to be evaluated.

41:18

The only difference between Stratification 1 and 2 is the word, not. So not, is not included here because on the Stratification 1, they would not have a psychiatric or mental health disorder. But for Stratification 2, we're looking for those who do have a principal diagnosis of a mental health disorder.

41:45

So, you might be wondering why the measure stratifies by mental health disorders. And the reason for this is patients with behavioral health emergencies are stratified because of the situations are confounded. These situations may be confounded by policies and practices in the community that are beyond the control of the individual hospital and present the hospital with quality and safety circumstances differences from those of an acute medical patients.

42:15

Recent peer-reviewed studies also demonstrate the need for dedicated emergency mental health services, supplying evidence that clinical needs for these patients substantially different from the non-psychiatric population.

42:31

Okay, so now we'll take a look at some questions we've received. These are primarily from JIRA tickets, so question 1:

"A patient is *intended* to be an inpatient admit from the ED, but is not moved to the floor because no beds are available and is then discharged from ED without having been admitted to the inpatient floor. Will the EHR discharge time for the ED be the time the patient left the ED?"

43:04

So, the discharge time is the time the ED visited, the ED visit ended, and the time the patient physically left the ED is the departure time. So, to make this more clear, encounters, we'll have an admission and discharge time and that's the encounter start and end times and then they'll have arrival and departure times. And for this we're looking for facility location start and end times.

43:44

Question two. "If a patient is admitted as an inpatient while in the ED, the location code would not have changed. So how is it departure time determined?"

Well, the logic determines the ED departure time using the ED location code in time. If there is no ED departure time, the encounter is not included in the Initial Population.

44:09

And question three,

"If multiple Decision to Admit assessment or orders exist, which one should be used?"

If there are multiple decisions to admit, the logic assesses for the most recent assessment first. If there is no assessment, it looks for the last or (most recent) order that occurred during the ED Encounter and before the patient left the ED.

44:36

And question four "Regarding the ED-2 eCQM criteria of a Decision to Admit having to occur during the ED visit. Does the Decision to Admit need to occur during the ED visit or while the patient is physically located in the ED? What is the definition between during ED visit?"

So both during the ED visit, during the ED visit, the time between the start of the ED visit to the end of the ED visit. That's the definition for what is during the ED visit. That's a start and end time, the admission and discharge of the ED visit. And then I as I mentioned on the previous slide, the departure time is used the end of the facility location time. So, both are needed to meet the measure and of the Initial Population.

45:34

And question five. "A patient is admitted from ED to observation while physically located in the ED. Is he considered an ED patient or non-ED patient when Decision to Admit to end patient is made greater than one hour after the observation admission but while the patient is physically in the ED, is he included in the Initial Population?"

So, whether the patient is in the scenario described would be included in the initial if they'd be included in the Initial Population is dependent on the facilities specific medical record flow and processes after the patient is discharged from the hospital. So, if the facility combines the time the patient was in the ED and the time the patient was in observation into a single ED encounter on the Decision to Admit to inpatient was made during the ED visit and prior to the ED departure time, the patient should be in the measurement period. So, this is, can be a complicated question to answer because it depends on your hospital processes. After the patient has been discharged, what does the record look like? So, this one?

46:58

Also, this question also asks about observation time. Inpatient into a single inpatient encounter. So, if the facility combines a patient, it was an observation and the time the patient was an inpatient into a single inpatient encounter. And the and the documentation indicates that the Decision to Admit was made during the ED visit and prior to the ED departure. The patient should be in the measure. However, if the facility's not combine any of these encounters, and there are three distinctly separate encounters. And the Decision to Admit was made after the ED departure, while in observation then the patient will not be in the Initial Population. Okay, back to you, Susan.

47:49

Great. Thank you so much, Angela, for your presentation.

47:57

We've included an additional resource slide here to direct our audience to the eCQI Resource Center, the Eligible Hospital Measures page. The Teach Me Clinical Quality Language Video Series which includes shorts on several Clinical Quality Language concepts and that are listed on the slide. The Pioneers in Quality landing page, Expert to Expert webinar series landing page and the ONC issue tracking system and that's where clinical and technical questions about these eCQMs should be addressed.

48:30

With that, if you can move to the next slide. We'll now go into our live Q&A segment. As a reminder, you can submit your questions via the question pane. You will click on the question mark in the audience toolbar and that will open a panel for you to type and submit your question. If possible, include a slide reference number and all questions that we do not answer verbally during the live event will be written via a written follow up Q&A document and the follow up document will be posted on The Joint Commission website, several weeks after this live event and with that, I'll turn it over to Susan and Marilyn to begin to facilitate the live Q&A.

Great. Thank you, Susan.

49:15

So first I want to start with, we've received a number of questions regarding whether the measure is to be reported for 2023. And so, we just want to make sure we clarify this one.

49:27

So, in the final IPPS rule, CMS has removed the ED-2 measure from the program for calendar year 2024. So, the measure does remain as an optional measure that may be selected to meet the eCQM requirements for 2023 and the measure is both available in the CMS program as well as The Joint Commission program.

49:58

We also received questions about whether Joint Commission plans to retire the measure and The Joint Commission is taking under consideration the fact that CMS is retiring it and we will make that announcement when we post our 2024 ORYX requirements, which is typically around October. So, around October of 2023 we'll post that information. So, stay tuned for more information on that and I hope that clarifies once again the ED Measure is an optional measure available in 2023 for both CMS and TJC programs, and the measure is retired for CMS starting in 2024. So, thank you.

50:44

Thank you, Susan. Okay, next question,

"Can you please speak to how observation patients are handled? Will they be excluded in some facilities but not others due to different EHR interpretation of ED visit, observation visit and inpatient visit?"

The answer to that is observation status is an outpatient status and is therefore not included in the Initial Population of this measure.

51:16

Okay, the next question is,

"What is ED throughput?"

ED throughput refers to the time it takes for the patient to move through ED. In other words, the length of stay from arrival to departure.

51:35

Okay, "How are the eCQMs evaluated and how often?"

The answer to that is eCQMs undergo an annual update for which clinical guidelines, best practices, standards, and terminology are evaluated to determine if and what revisions need to be made to the measures.

51:58

Okay a couple questions about departure time. So, this one is,

"Please clarify departure time, is it time patient leaves the department or time patient arrives on admitting unit?"

52:10

Departure time is the time the patient physically leaves the emergency department.

Okay. "If a patient is an inpatient status and is still in the ED, how is the Median Time from Decision to Admit to ED departure calculated?"

52:32

So, per the ED-2 CMS111 version 11 specifications, ED departure time Decision to Admit time after discharge from inpatient hospitalization, the record is assessed to determine if ED discharge time is within an hour of inpatient admission time, and if so, then determine if the Decision to Admit time was during the ED Encounter and before. The patient physically left the ED, so if so, then the Decision to Admit time is subtracted from the ED departure time to obtain the duration in minutes.

53:16

Okay this question asks, "We've noticed our eCQM time is different, lower than our chart abstracted time."

So, chart abstracted and eCQM measures are not the same. There are differences in calculation expected because of that. The chart abstracted measure can be abstracted from multiple sources such as paper or electronic structured or unstructured data, whereas the eCQMs can only use structured data that is electronically documented.

53:52

Okay. "Do you give consideration for ED patients who are held longer than usual because of 5150? In other words, danger to self or others."

This measure is stratified by patients with and without a principal diagnosis consistent with psychiatric or mental health disorders. Stratification 1 is equal to patients who do not have a principal psych or mental health disorder diagnosis and. Stratification 2 is patients who do have a principal psych or mental health disorder diagnosis.

54:31

Okay, the next question is, "Why does the transaction time get recorded instead of the documentation time with a third-party registration system?"

And we cannot comment on EHR or third-party systems. So, we suggest that you would follow up with your vendor representative for further information on any discrepancies that you might be seeing within those systems.

Okay,

55:00

"What is the difference between ED-2 which is an eCQM and OP-18 which is a CMS chart abstracted measure?"

So, the answer to that is ED-2 is an eCQM and is part of CMS' hospital inpatient quality reporting program. It assesses the Median admit decision time to ED departure time for admitted patients. The OP-18 measure is not an eCQM. It is a chart abstracted and part of CMS' hospital outpatient quality reporting program. The OP-18 measure assesses the Median time from ED arrival to ED departure for discharged ED patients.

55:53

Okay. Thank you, Marilyn for helping with these questions and thank you to our Subject Matter Experts in the background answering all the questions. I will now turn it over to Susan to close out the webinar.

56:07

Great. Thank you, Susan and Marilyn for facilitating the Q&A segment and to the all the content experts in the background. We'll post responses to any of these questions that we didn't address during the live broadcast via a written document that will be posted online when it's available. All webinar, all Expert to Expert webinar recording links, slides, transcripts and Q&A documents can be accessed for previous and On Demand webinars on The Joint Commission web page.

56:37

And the link to to all of those can be found on this slide. So, the slides, transcripts and Q&A documents can all be found from this same link.

56:44

The 2023 eCQM Annual Update Webinar series began in August with an On Demand webinar addressing Joint Commissions PC-01 and -06 eCQMs and it'll continue until February 2023. The series incorporates expertise from Joint Commission, CMS, Mathematica, and other measure stewards to address the 2023 eCQM Annual Updates for the measures listed on this slide and information will be available at the link displayed on this slide as each webinar is offered. So, you'll be able to register by visiting this link and then just locating which session.

57:24

Before the session concludes, a few words about the CE survey. We use your feedback to inform future content and assess the quality of our educational programs. Tomorrow, an automated e-mail sent from to the participants e-mail address you used to register will include the survey link. At the end of the survey, when you click submit, you are redirected to a page from which you can print or download a PDF CE certificate. An automated e-mail will also be sent to you that includes the link to a printable, downloadable PDF CE certificate.

57:59

Thank you to everyone that took part in this webinar today, our presenters for presenting, our content experts in the background and that we're answering the submitted questions. And to all of you that are attended. Have a wonderful day.