



# **INTEROPERABILITY AND EMEASURES OF CLINICAL QUALITY**

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- No financial disclosures
- The views expressed in this presentation are my own. They do not necessarily reflect the views of the Military Health System components (Air Force, Army, Navy or Defense Health Agency) or any other governmental agency.



## OBJECTIVES

- Identify the size and complexity of e-measure data elements
- Discuss what is involved in clinical quality data interoperability
- Make recommendations regarding design of e-measure reports



# SURVEY

- Do you have experience with documenting or collecting clinical quality data?
  - The Joint Commission's performance measurement and improvement initiative ORYX?
  - Health plan performance Healthcare Effectiveness Data and Information Set (HEDIS)?
  - Partnership for Patients initiative?
- Do you have experience with analytics for clinical quality data?
  - At what level of aggregation?
- Are you working on e-measures?



# OVERVIEW

- High level context
  - Why, what, when
- Scope
  - Size
  - Complexity
- Interoperability
  - Define success
- Reports
  - Time to delivery
  - Alternate approach



# PARTNERSHIP FOR PATIENTS

- Medical harm — injuries to patients associated with their care
  - 10 years after To Err Is Human
  - In excess of 25 events per 100 admissions
- Safety Goal
  - 40% reduction in hospital acquired conditions
- Transitions of Care Goal
  - 20% reduction in hospital readmissions
- Over 3 years - compared to 2010



# PATIENT SAFETY AREAS OF FOCUS

- Adverse Drug Events
- Catheter-Associated Urinary Tract Infections
- Central Line Associated Blood Stream Infections
- Injuries from Falls and Immobility
- Obstetrical Adverse Events
- Pressure Ulcers
- Surgical Site Infections
- Venous Thromboembolism
- Ventilator-Associated Pneumonia
- Readmissions



## DISCUSSION

- Are all areas of focus relevant to every size of hospital?
  - Large
  - Medium
  - Small
- What happens when all areas of focus are reported by every size of hospital?
  - Degree of variability



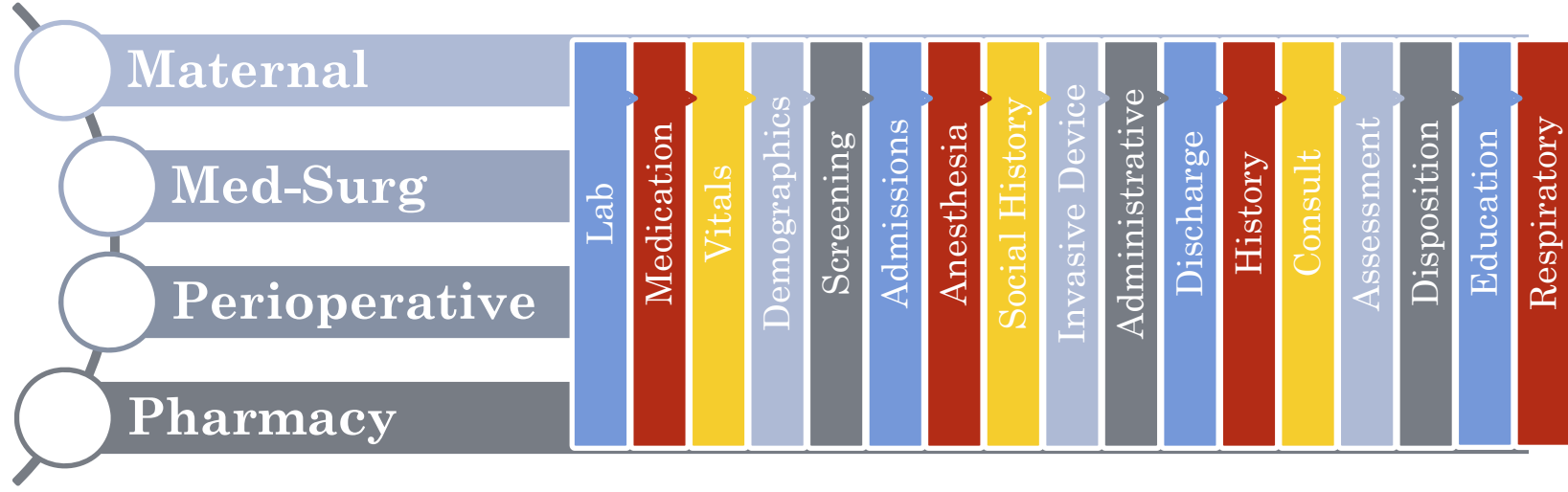


## DEPENDENCIES

- Communities of Practice (focus)
  - Define best practice
  - Create documentation
  - Alpha and Beta test
  - Disseminate
  - Implement
  - Report
- Clinical Advisory Groups (domain)
  - Define requirement
  - Create standardized documentation
  - Alpha and Beta test
  - Deploy
  - Implement
  - Create reports
  - Validate reports



# DATA DICTIONARY



# EXAMPLES OF REPORT

- See Spreadsheet of Mockups



## DISCUSSION

- Does the data type (unique data element vs. query name for a field) matter?
  - Will inconsistent historic use of a unique data element cause problems with interpreting reports?
- Can any one individual know all that is necessary to create a report?
  - Clinical quality subject matter expert
  - Clinical documentation subject matter expert
  - Configuration analyst



# CHALLENGES

- Time
- Resources
- Asynchronous implementation
- Training



# LESSONS LEARNED

- Filtered communication to leadership
  - How hard can it be?
  - Unrealistic expectations
- Attitude
  - This too shall pass
  - In it for the long haul
- Data Dictionary
  - Note which elements are used in reports
  - Synchronize changes with stakeholders



# DISCUSSION

- Local control of
  - Timing?
  - Configuration
- Feedback loop
  - Configuration Control



## NEXT STEPS

- Release 2.0
  - Must use new documentation before can load reports
  - Create training patients then filter out data?
  - Compare manual reports with eMeasure reports for 3 months
  - Institutionalize best practices
  - Process for change
- Speed up report creation by leveraging wireframes and data dictionary
- Pilot ORYX eMeasure





## DISCUSSION

- How will this change nursing practice?
- How will this change health care delivery?
- How will this change the cost of assessing and reporting quality measures?



# QUESTIONS & OBSERVATIONS

- Share your experiences

