How to enter OP-18 into CART

South Dakota
Association of Healthcare Organizations

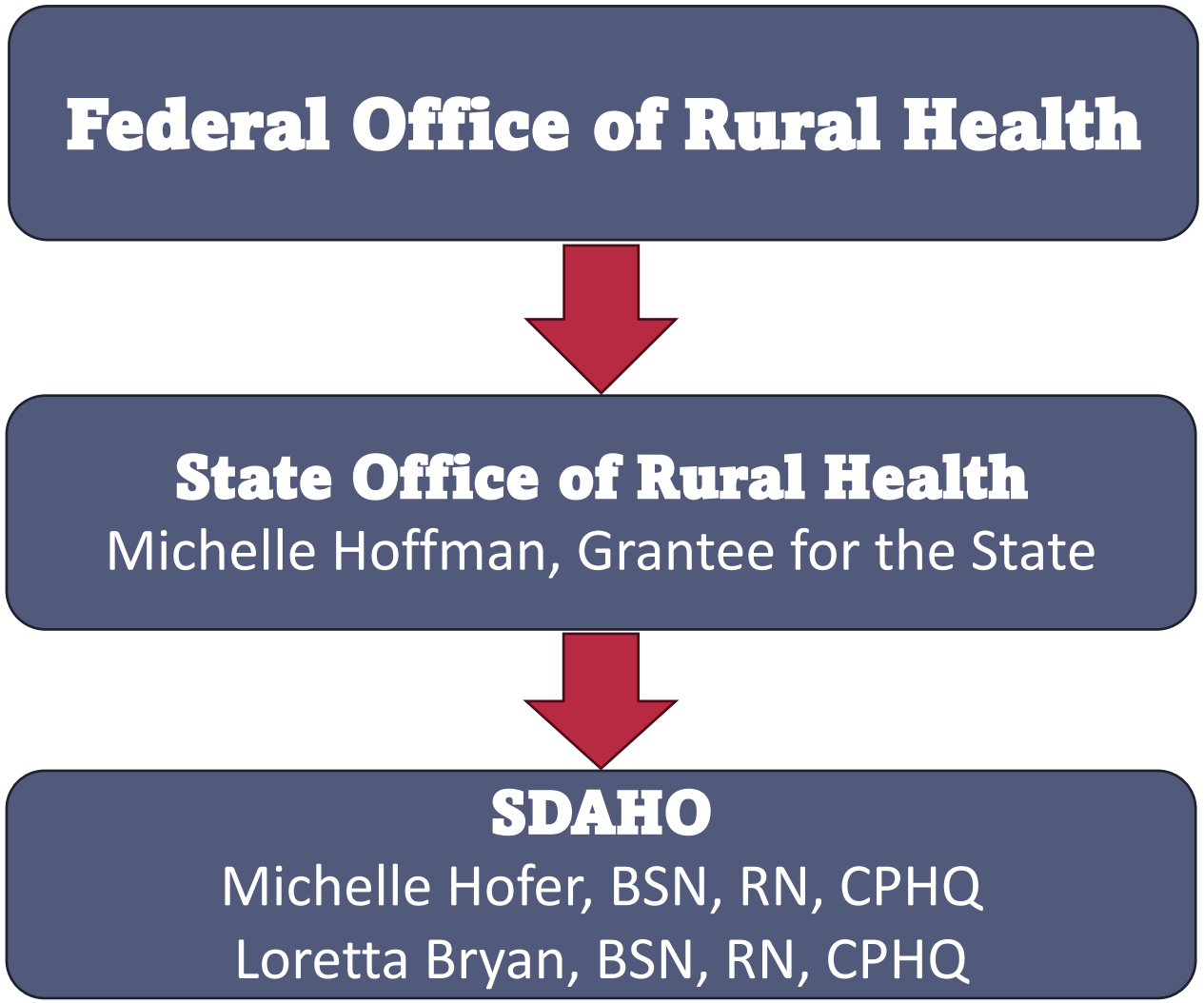
Ever feel this way??

Objectives

- What is OP-18?
- What does CART look like?
- Learn how to enter OP-18 data into CART
- How to troubleshoot when entering data into CART
- How to download data out of CART and upload your data into HARP
- How to verify your data was accepted in HARP

South Dakota
Association of Healthcare Organizations

Program Levels



Initial login page looks like this

Once you click inside quality integration page, scroll down until you see this.

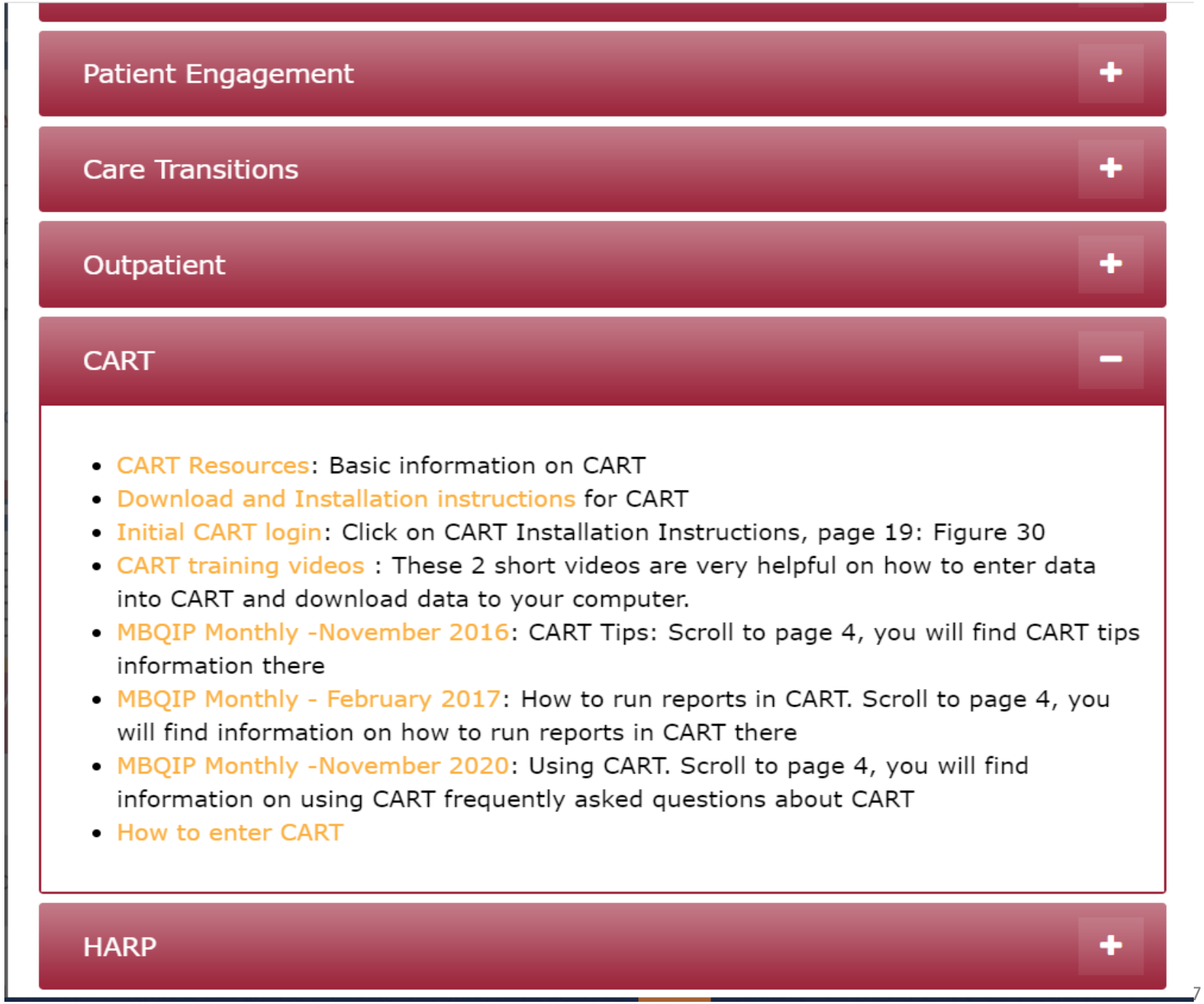
Click on MBQIP/FLEX button

Once inside the button, you will see this.

Under each category is data needed to enter FLEX/MBQIP data.

This is what you will see when you click on the “+” on CART.

These slides will be located under “How to enter CART data”



OLD Core MBQIP Measures

No longer one from each domain, but ALL measures need to be completed.

Core MBQIP Measures			
Patient Safety/Inpatient	***Patient Engagement***	***Care Transitions***	***Outpatient***
HCP/IMM-3 (formerly OP-27): Influenza Vaccination Coverage Among Healthcare Personnel (HCP) **Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey	**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** *The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:* • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care *The survey also includes screener questions and demographic items. The survey is 29 questions in length.*	**Emergency Department Transfer Communication (EDTC)** *1 composite; 8 elements* • **All EDTC Composite** • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results	~~AMI:~~ • ~~**OP-2:** Fibrinolytic Therapy Received within 30 minutes~~ • ~~**OP-3:** Median Time to Transfer to another Facility for Acute Coronary Intervention~~ Completed **ED Throughput** • **OP-18:** Median Time from ED Arrival to ED Departure for *Discharged* ED Patients • **OP-22:** Patient Left Without Being Seen

NEW Proposed Core MBQIP Measures

MBQIP Measure Topic Areas

- Building from existing MBQIP measures ★ (Now organized by 5 measure topic areas instead of 4 "domains")
- 12 measures in total, 9 of the measures are reported once annually (* denotes annual submission)
- 3 of the measures are reported quarterly (~ denotes quarterly submission)

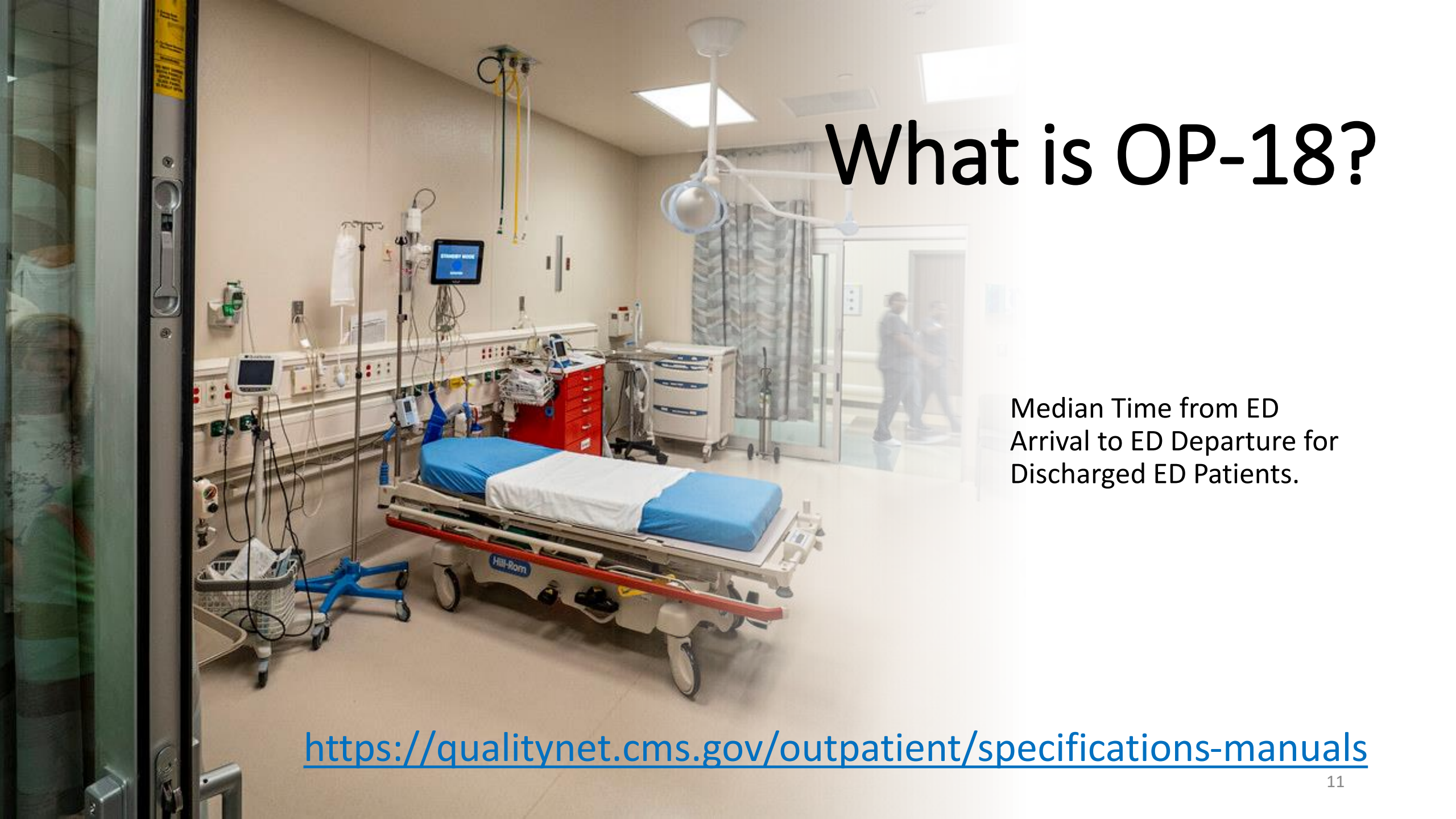
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
• *CAH Quality Infrastructure Implementation**	• Healthcare Personnel Influenza Immunization* ★ HCP/IMM-3	• Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)~ ★	• *Hybrid All-Cause Readmissions* (required starting in 2025)*	• Emergency Department Transfer Communication (EDTC)~ ★
• *Hospital Commitment to Health Equity* (required CY 2025)*	• Antibiotic Stewardship Implementation* ★		• *SDOH Screening* (required CY 2025)*	• OP-18 Time from Arrival to Departure~ ★
	• *Safe Use of Opioids (eCQM)**		• *SDOH Screening Positive* (required CY 2025)*	• OP-22 Left without Being Seen* ★

GOAL= Have all hospitals reporting on OP-18 by **February 1st, 2024**.

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period and Due Date			
				Q2 / 2023 Apr 1 - Jun 30	Q3 / 2023 Jul 1 - Sep 30	Q4 / 2023 Oct 1 - Dec 31	Q1 / 2024 Jan 1 - Mar 31
Population & Sampling	Population & Sampling Submission (CMS inpatient and outpatient measures)	Outpatient	HQR via HARP Log In	November 1, 2023	February 1, 2024	May 1, 2024	August 1, 2024 (Anticipated)
HCP/IMM-3[3]	Influenza vaccination coverage among health care personnel	Patient Safety/ Inpatient	NHSN	N/A	N/A	May 15, 2024 (Q4 2023/Q1 2024 aggregate)	
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety/ Inpatient	NHSN	March 1, 2024[4] (Calendar year 2023 data)			March 1, 2025[4] (Calendar year 2024 data)
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Engagement	HQR via Vendor	October 4, 2023	January 3, 2024	April 4, 2024	Early July 2024 (Anticipated)
EDTC[5]	Emergency Department Transfer Communication	Care Transitions	As directed by state Flex program	July 31, 2023	October 31, 2023	January 31, 2024	April 30, 2024
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Outpatient	HQR via Outpatient CART/Vendor	November 1, 2023	February 1, 2024	May 1, 2024	August 1, 2024 (Anticipated)
OP-22	Patient left without being seen	Outpatient	HQR via HARP Log In	May 15, 2024 (Calendar year 2023 aggregate)			May 15, 2025 (Calendar year 2024 aggregate)

We encourage everyone to have this somewhere on their desk to refer to often.

https://www.ruralcenter.org/resources/data-reporting-and-use#reporting-reminders
then scroll down to MBQIP Data Submission Deadlines



What is OP-18?

Median Time from ED Arrival to ED Departure for Discharged ED Patients.

https://qualitynet.cms.gov/outpatient/specifications-manuals

Rationale for OP-18

This measure is an indicator of hospital quality of care and shows that shorter lengths of stay in the ED lead to improved clinical outcomes.

Negative Effects:

Significant ED overcrowding has numerous downstream effects, including:

1. Prolonged patient waiting times
2. Rushed and unpleasant treatment environments
3. Increased suffering for those to wait
4. Potential poor patient outcomes.

Positive Effects:

Quality improvement efforts aimed at reducing ED overcrowding and length of stay have been associated with increase in:

1. ED patient volume
2. Decrease in number of patients who leave without being seen
3. Reduction in Cost
4. Increased in patient satisfaction.

Data you will need to enter in to CART

OP ED-Throughput General Data Element List

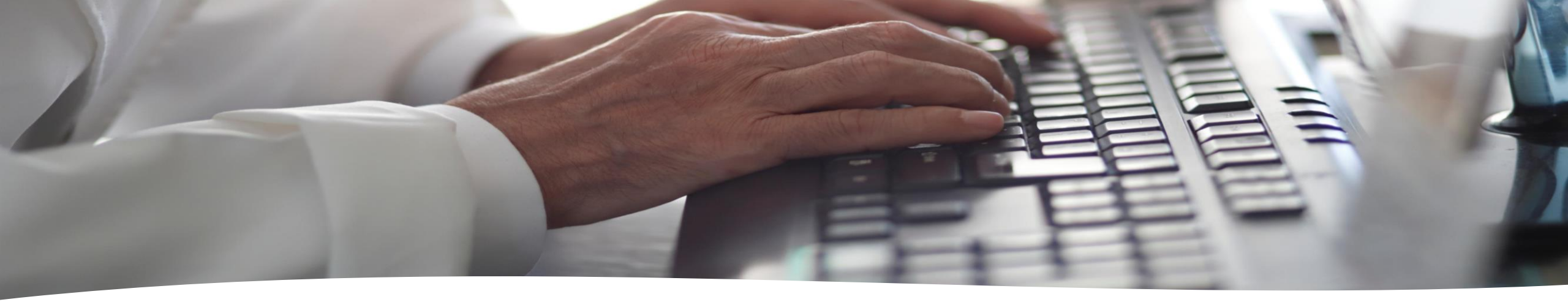
General Data Element Name	Collected for:
Arrival Time	All Records
Birthdate	All Records
CMS Certification Number ǂ, ‡	All Records
First Name	All Records
Hispanic Ethnicity	All Records
Last Name	All Records
National Provider Identifier ǂ, ‡	Optional for All Records
Outpatient Encounter Date	All Records
Patient Identifier	All Records
Payment Source	All Records
Physician 1	Optional for All Records
Physician 2	Optional for All Records
Postal Code	All Records
Race	All Records
Sex	All Records

ǂ Transmission Data Element

‡ Defined in the Transmission Data Element List within the Hospital Outpatient Measure Data Transmission section of this manual.

OP ED-Throughput Specific Data Element List

OP ED Data Element Name	Collected for:
Arrival Time	OP-18
Discharge Code	OP-18
E/M Code	OP-18
ED Departure Date	OP-18
ED Departure Time	OP-18
ICD-10-CM Principal Diagnosis Code	OP-18
Outpatient Encounter Date	OP-18



EPIC Users:

- **How to get your EPIC report:**
  - Run One **Report CI566** (Future Sanford/Clinical/Clinical Reports). This report shows all patients who had an ED encounter, no matter where they went from the ED.
  - The initial patient population for OP-18 is patients seen in the ED and **not admitted as an inpatient at your facility** (even if your policy is to discharge and readmit to your facility for an ER –they only count in this measure if they left your ED at discharge and went to another facility), and who have an E/M code. Most E/M codes will display on the One Report (ED Visit level 1-5 or critical care). Look at the "Disposition" column of the One Report to identify any patients who were admitted to a hospital. Delete/scratch off these patients from the list because they should not be counted in your initial patient population.
  - Refer to slides under MBQIP/FLEX button on our website for "How to run an EPIC report for OP-18"

Information provided by Julie Girard, Improvement Advisor at Sanford Vermilion Medical Center

Table 3: Sample Size Requirements per Quarter per Hospital for OP-18

Population Per Quarter	**0–900**
Quarterly Sample Size	63
Monthly Sample Size	21
Population Per Quarter	**≥ 901**
Quarterly Sample Size	96
Monthly Sample Size	32

This data was found in the Specs manual page 4-6. There is also a link to our specs manual on our website.

Most of you fall under 0-900 – quarterly sample size of 63 and monthly = 21. If you have less than 63 patients/ quarter leave your ED, then you *cannot* sample and must enter all your patients for that month. The HARP slides have specific examples on sampling.

How many patient do you enter every quarter?

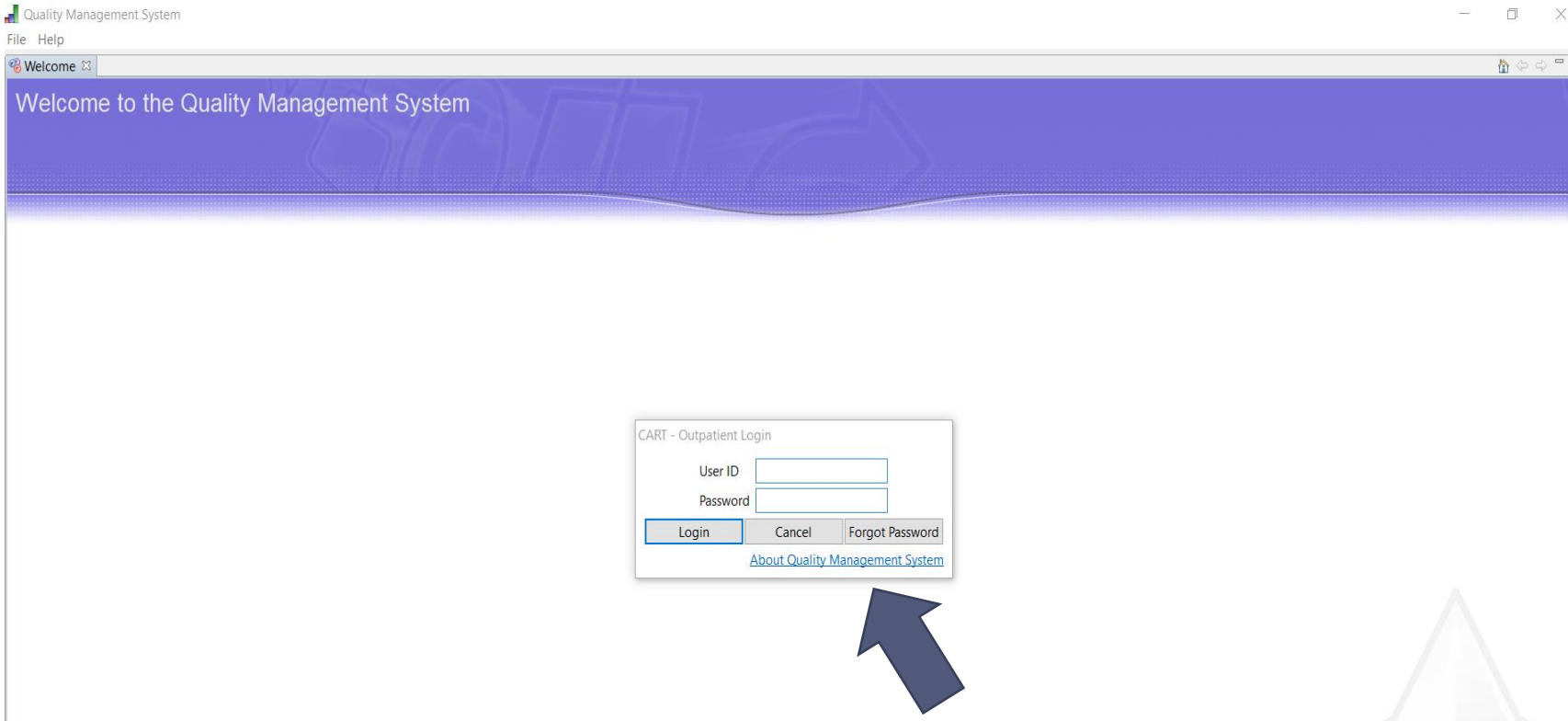
What the icon on my screen looks like:

This is what you will see while the program is loading on your computer

QualityNet

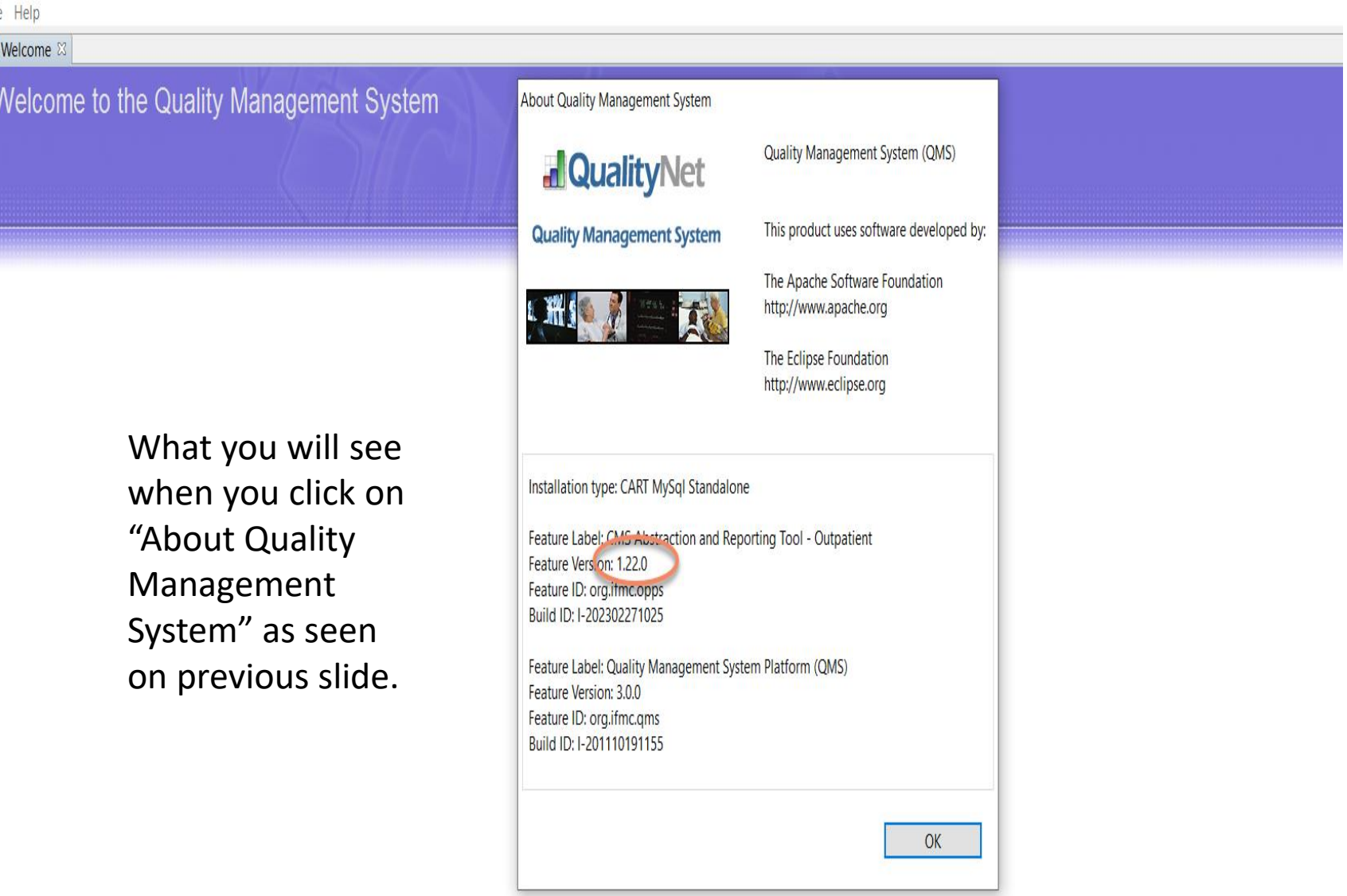
Quality Management System

What your Login page will look like:



REMEMBER: CART is a standalone program that will only be used by you. The data you enter will be saved in a file on your computer only.

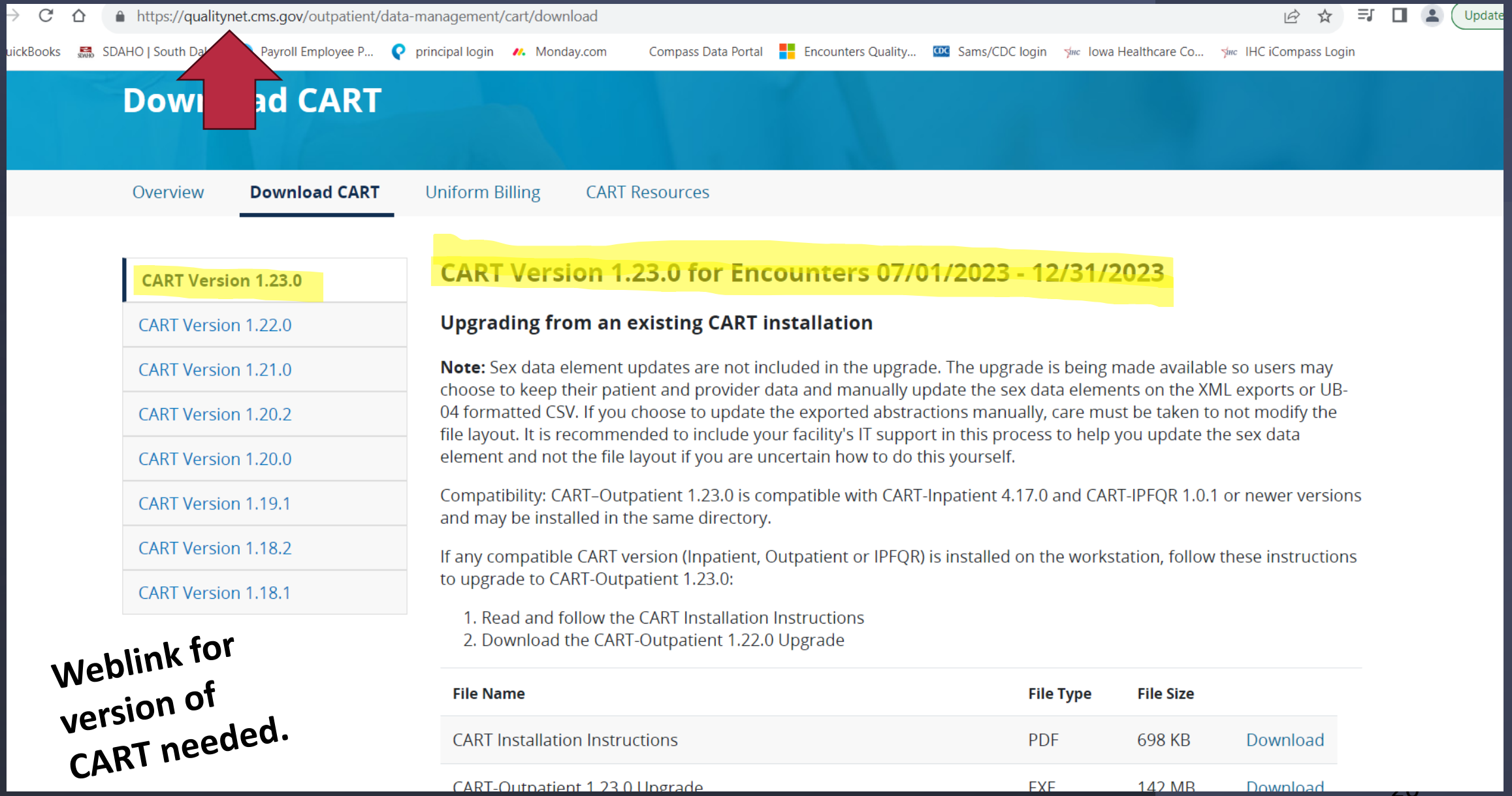
Put user ID and Password in here. If you click on "About Quality Management System" it will tell you current version of CART.



What you will see when you click on "About Quality Management System" as seen on previous slide.

This example shows I have version 1.22.0

This will show you what your current version of CART is on your computer.



Weblink for version of CART needed.

Home / Hospitals - Outpatient / Data Management / CART /

Download CART

Overview | **Download CART** | Uniform Billing | CART Resources

- CART Version 1.23.0
- **CART Version 1.22.0**
- CART Version 1.21.0
- CART Version 1.20.2
- CART Version 1.20.0
- CART Version 1.19.1
- CART Version 1.18.2
- CART Version 1.18.1

CART Version 1.22.0 for Encounters 04/01/2023 - 12/31/2023

Upgrading from an existing CART installation

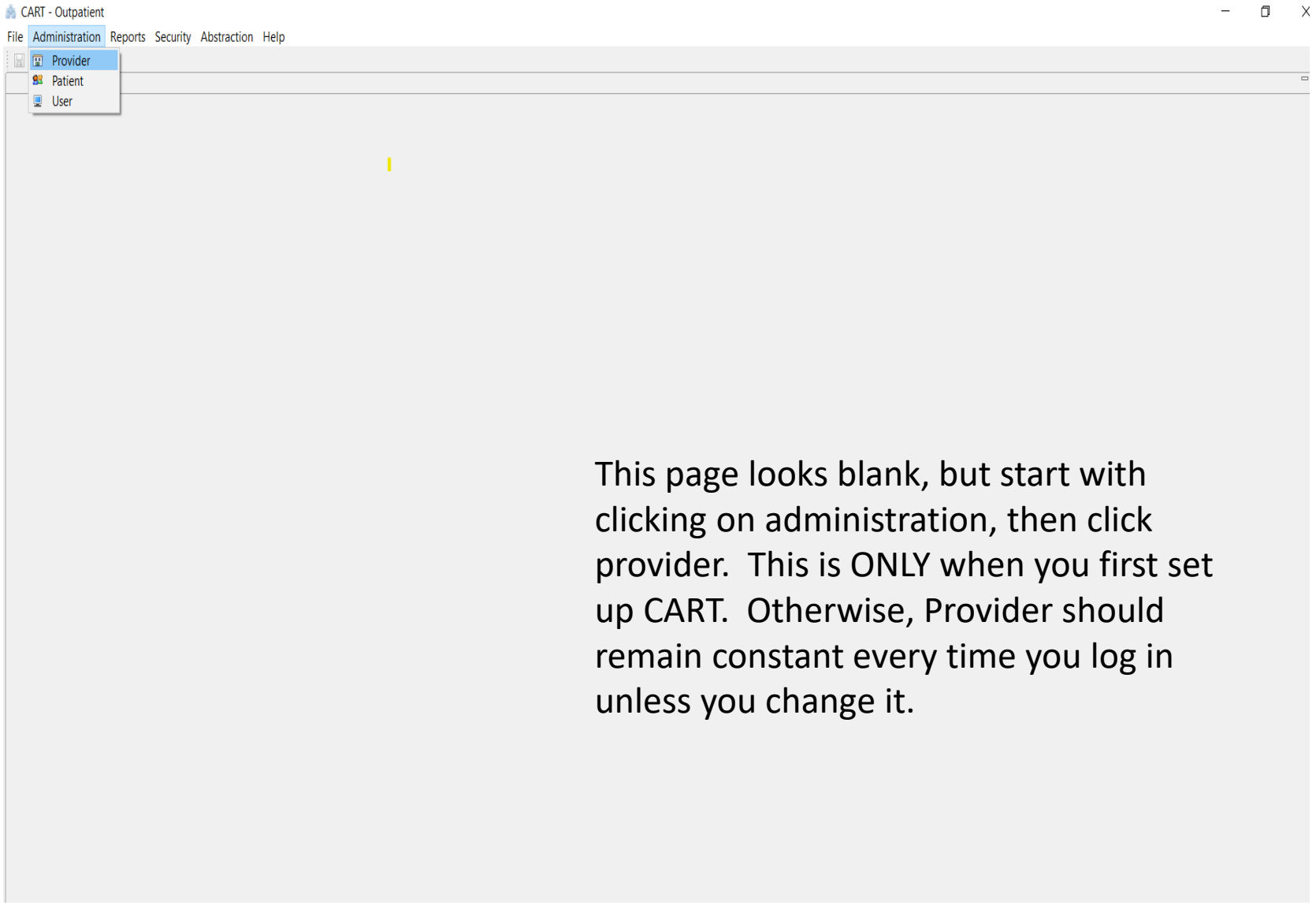
Compatibility: CART–Outpatient 1.22.0 is compatible with CART-Outpatient 1.13.0. It is also compatible with CART-Inpatient 4.17.0 and CART-IPFQR 1.0.1 or newer versions and may be installed in the same directory.

If any compatible CART version (Inpatient, Outpatient or IPFQR) is installed on the workstation, follow these instructions to upgrade to CART-Outpatient 1.22.0:

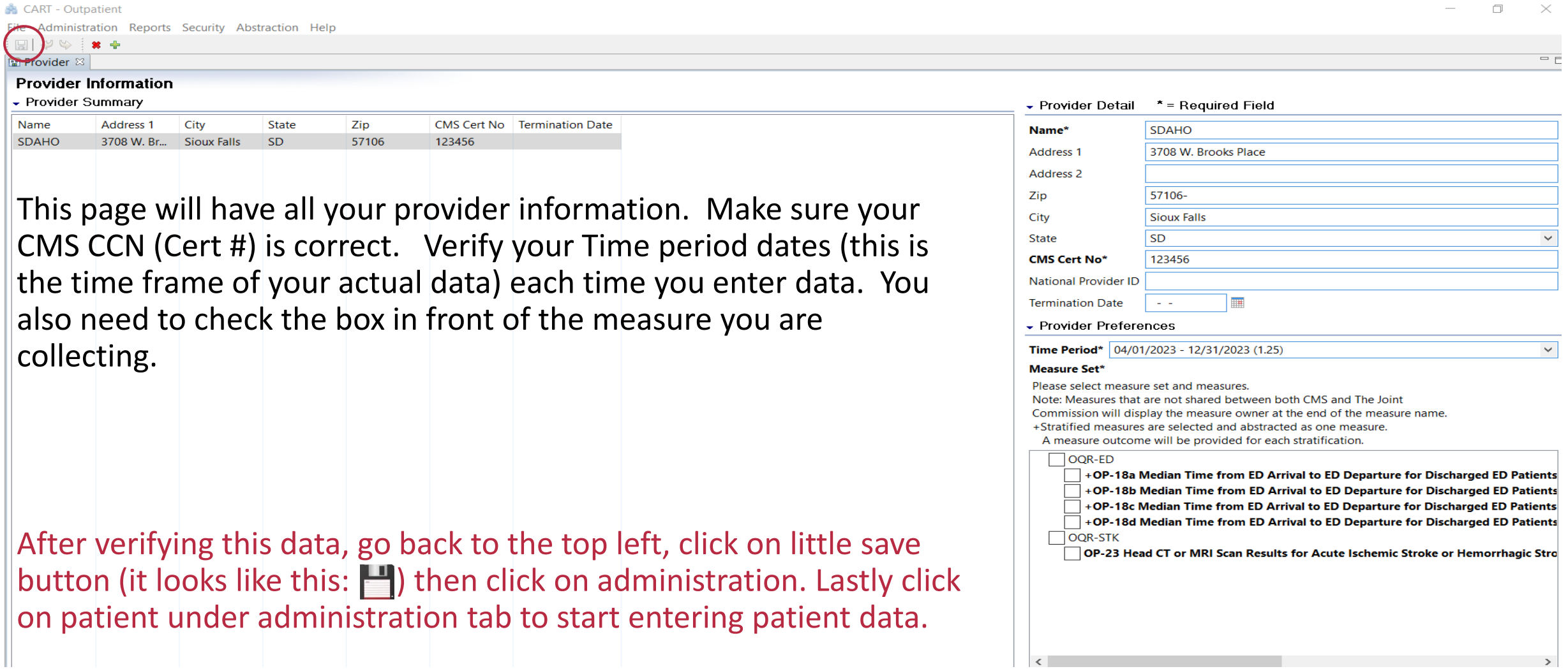
1. Read and follow the CART Installation Instructions
2. Download the CART-Outpatient 1.22.0 Upgrade

File Name	File Type	File Size	
CART Installation Instructions	PDF	698 KB	Download
CART-Outpatient 1.22.0 Upgrade	EXE	163 MB	Download

What initial login page will look like



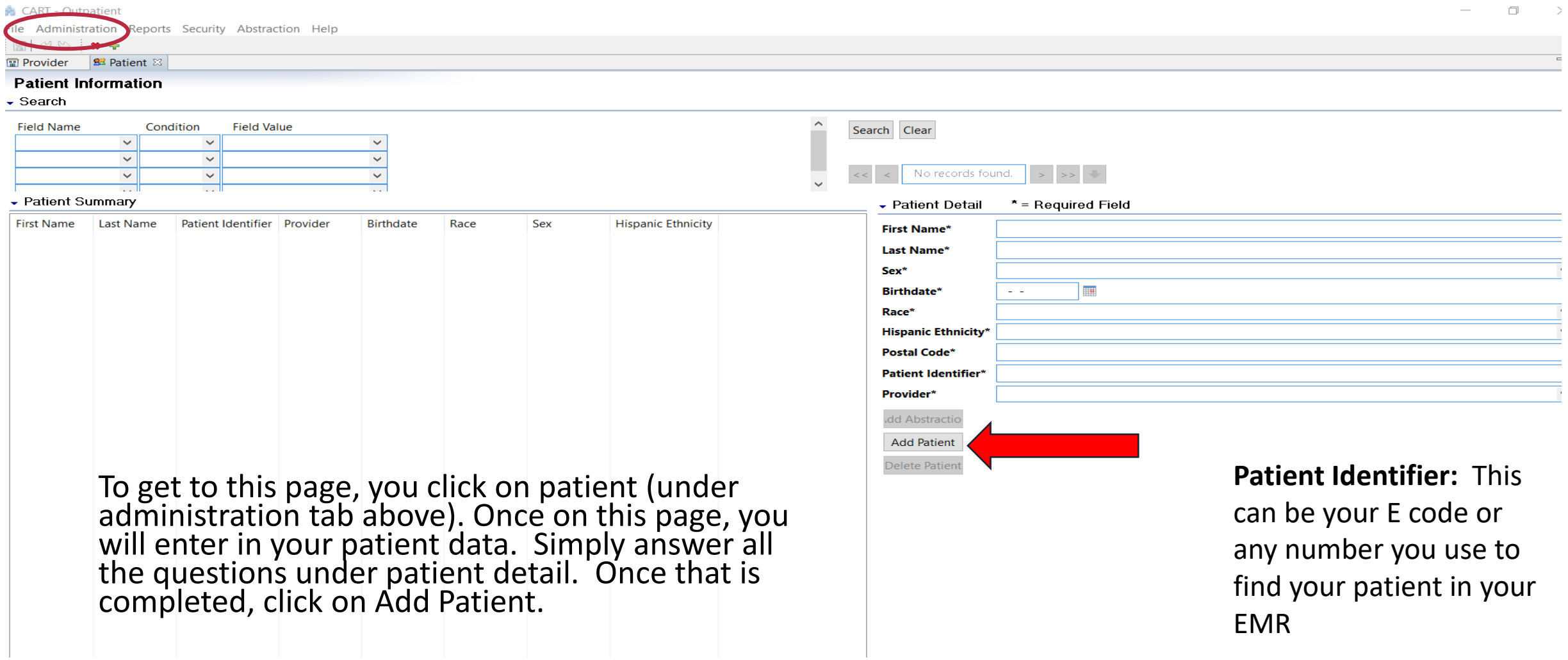
This page looks blank, but start with clicking on administration, then click provider. This is ONLY when you first set up CART. Otherwise, Provider should remain constant every time you log in unless you change it.



This page will have all your provider information. Make sure your CMS CCN (Cert #) is correct. Verify your Time period dates (this is the time frame of your actual data) each time you enter data. You also need to check the box in front of the measure you are collecting.

After verifying this data, go back to the top left, click on little save button (it looks like this: 💾) then click on administration. Lastly click on patient under administration tab to start entering patient data.

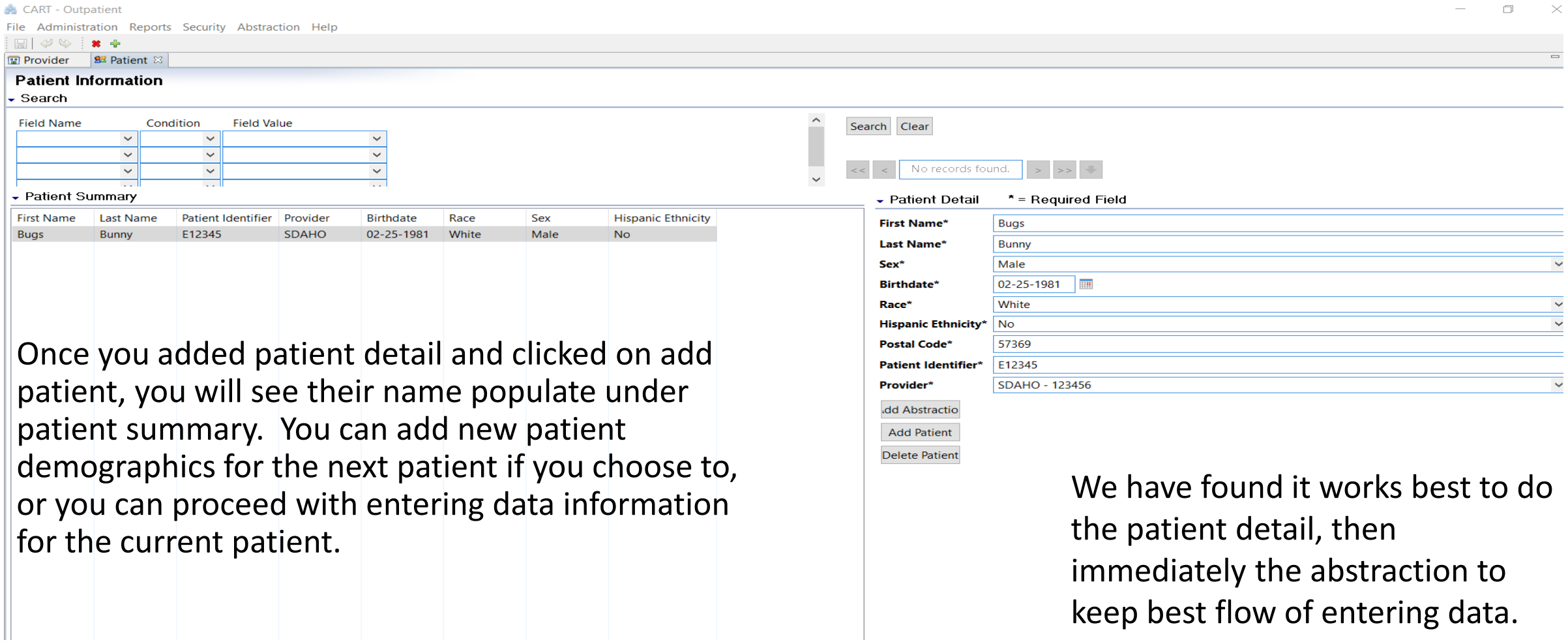
Provider Page



To get to this page, you click on patient (under administration tab above). Once on this page, you will enter in your patient data. Simply answer all the questions under patient detail. Once that is completed, click on Add Patient.

Patient Identifier: This can be your E code or any number you use to find your patient in your EMR

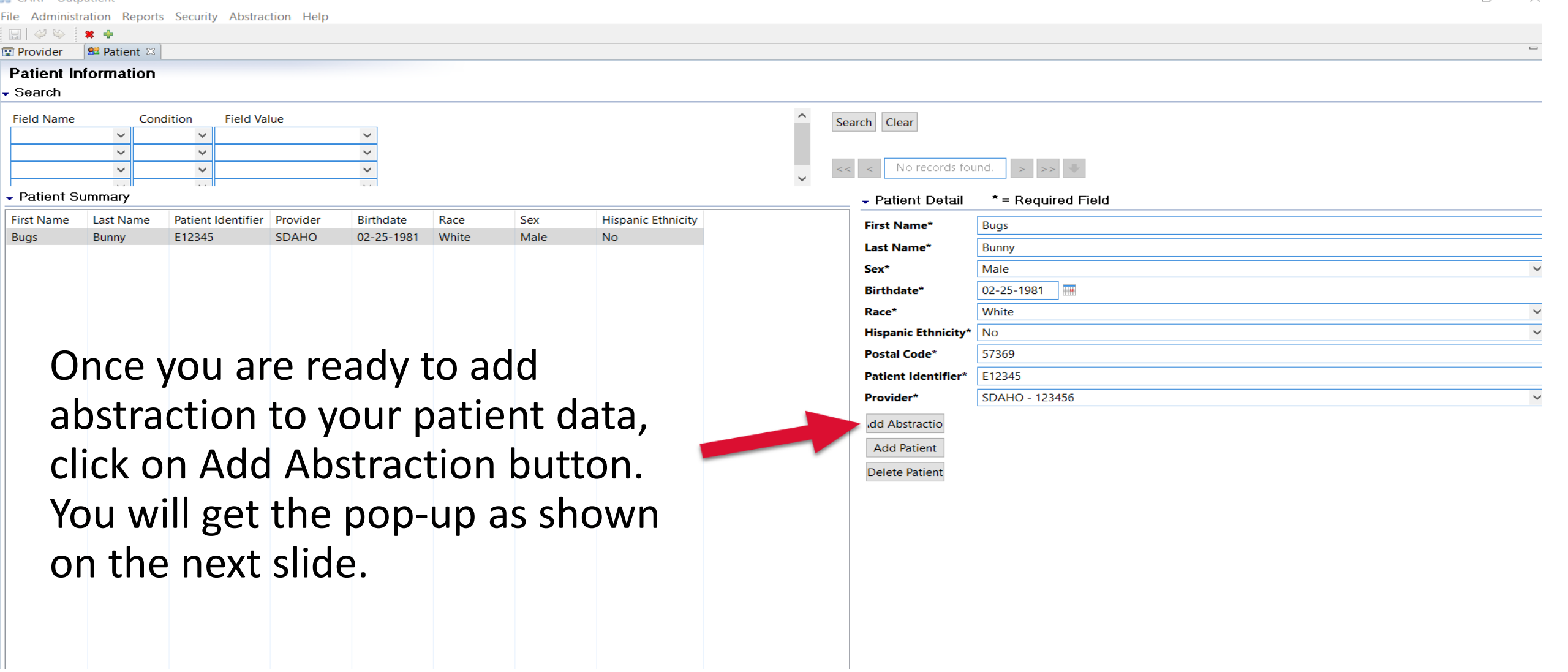
Patient information screen



Once you added patient detail and clicked on add patient, you will see their name populate under patient summary. You can add new patient demographics for the next patient if you choose to, or you can proceed with entering data information for the current patient.

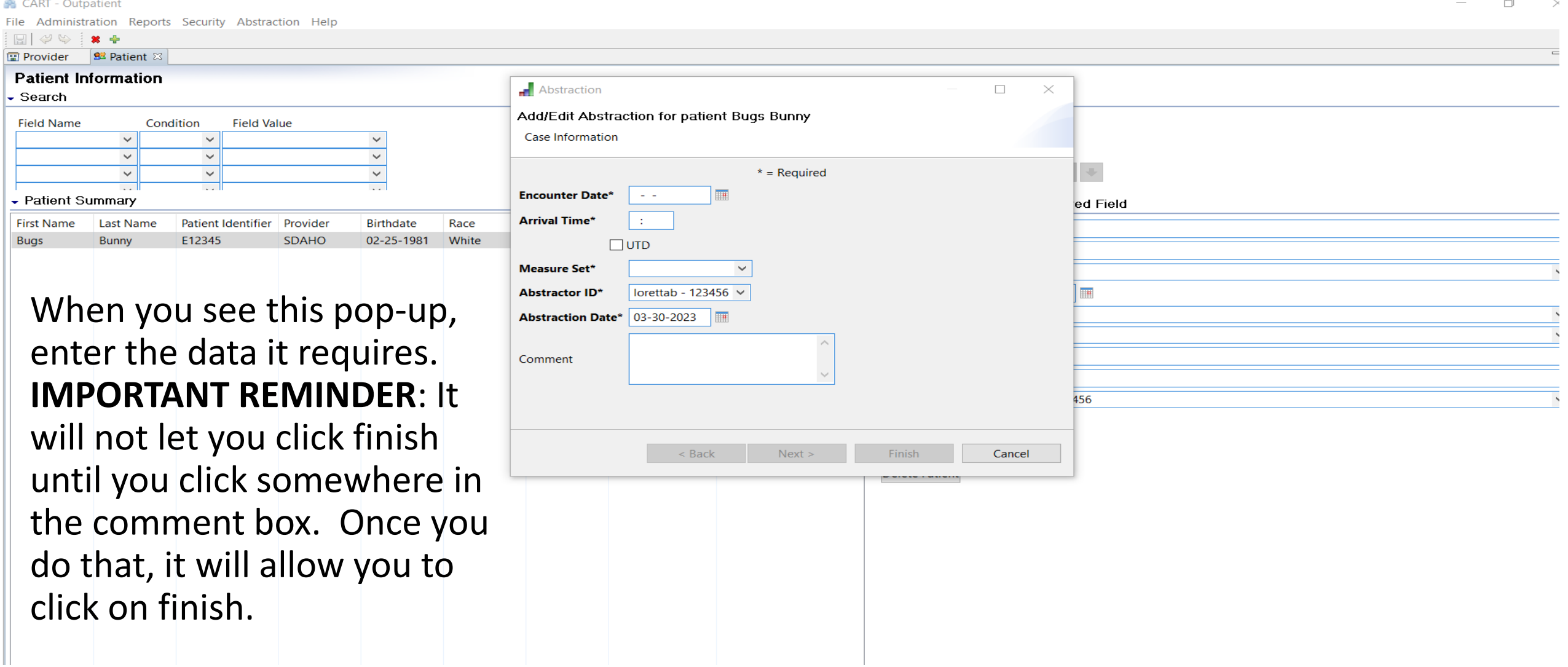
We have found it works best to do the patient detail, then immediately the abstraction to keep best flow of entering data.

Once you add patient, your screen will look like this:



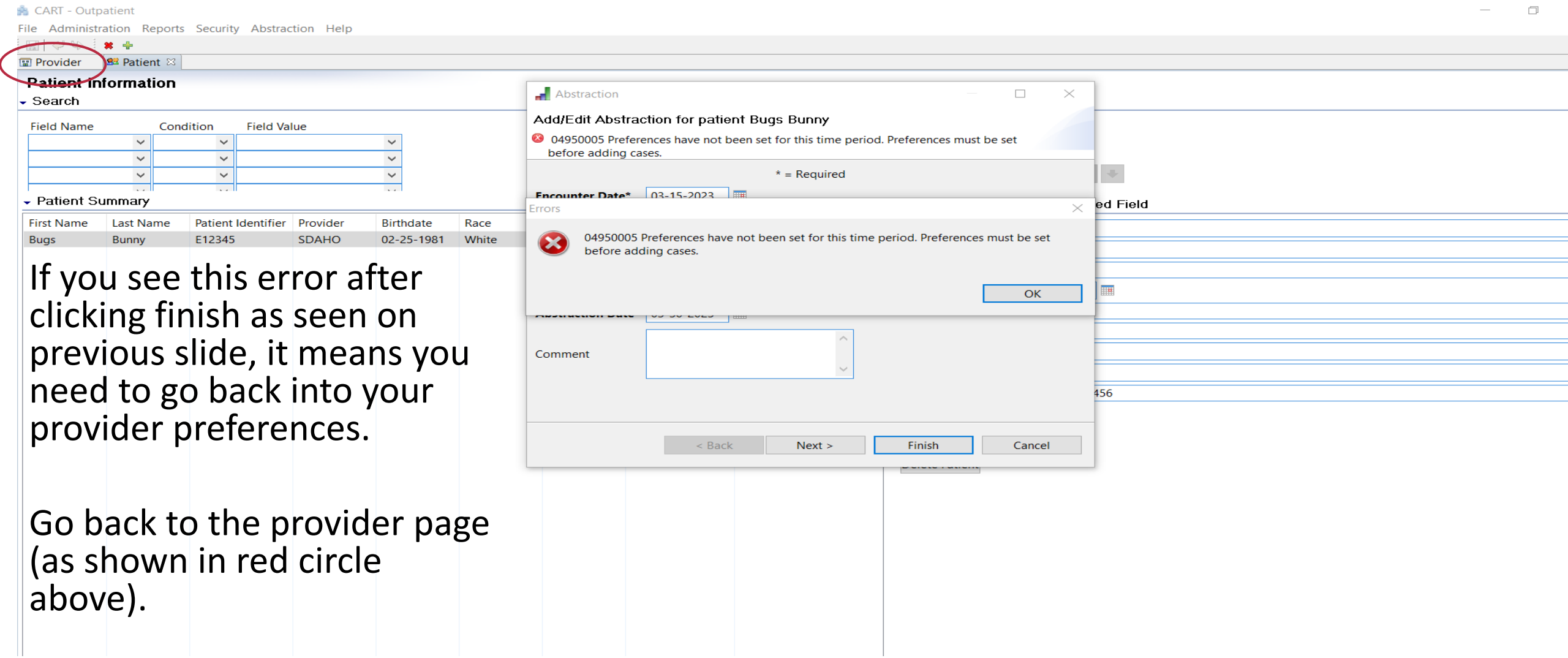
Once you are ready to add abstraction to your patient data, click on Add Abstraction button. You will get the pop-up as shown on the next slide.

Ready to add your abstraction data:



When you see this pop-up, enter the data it requires. **IMPORTANT REMINDER**: It will not let you click finish until you click somewhere in the comment box. Once you do that, it will allow you to click on finish.

Enter data into the pop-up abstraction



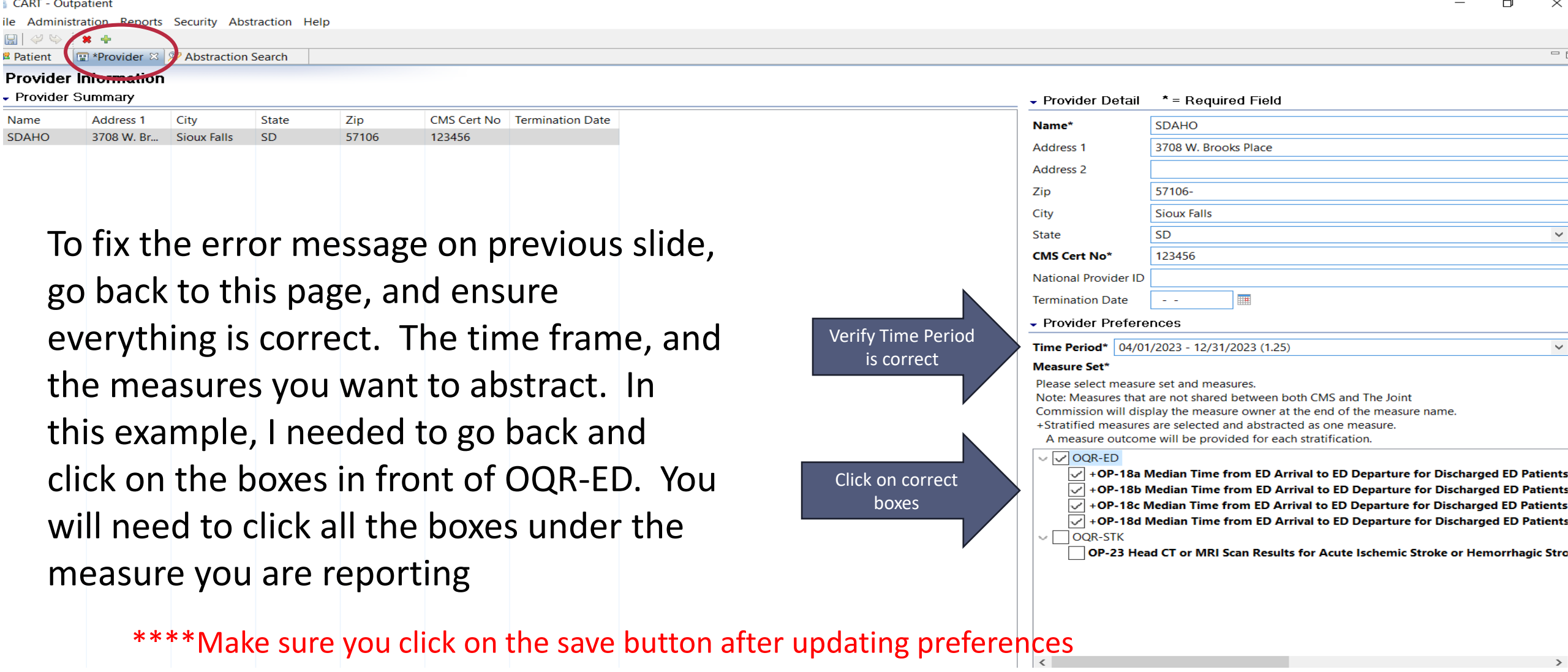
If you see this error after clicking finish as seen on previous slide, it means you need to go back into your provider preferences.

Go back to the provider page (as shown in red circle above).

What do you do if you get this error?

How to fix the error

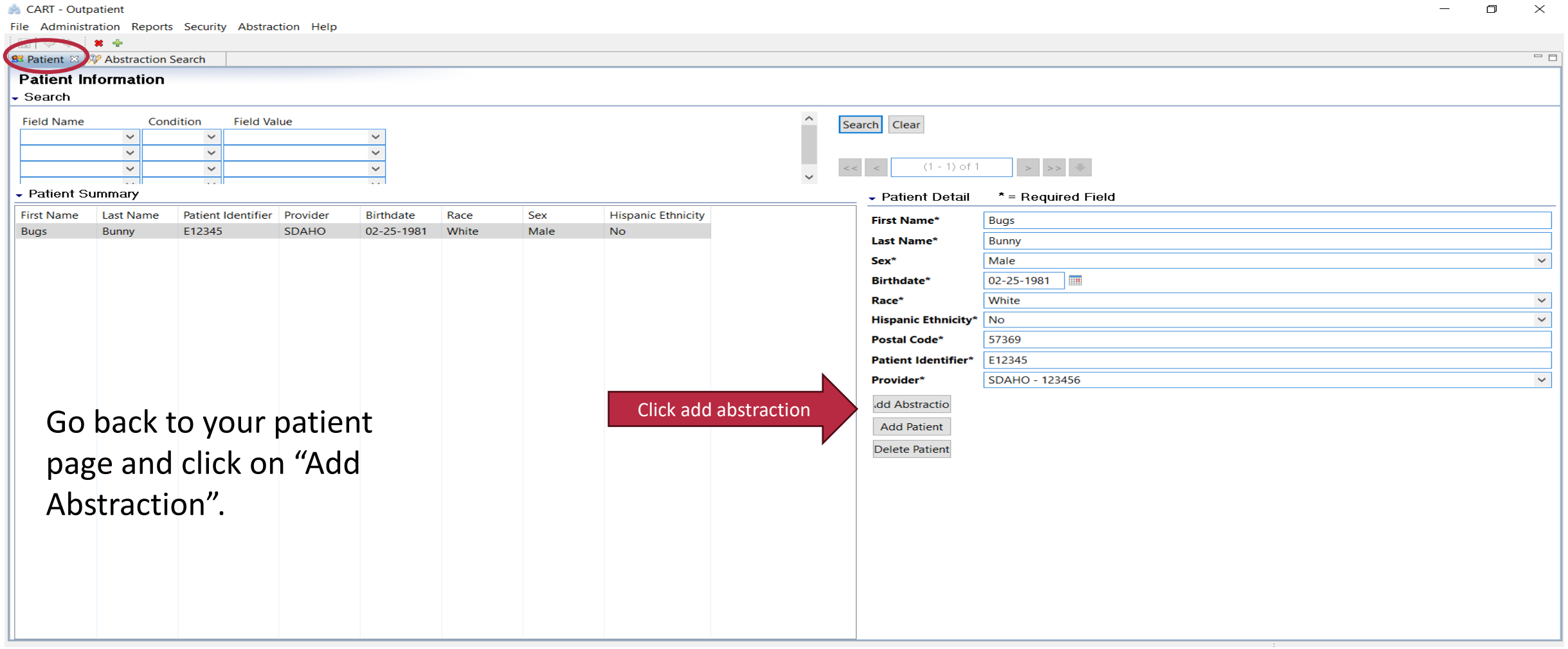
To fix the error message on previous slide, go back to this page, and ensure everything is correct. The time frame, and the measures you want to abstract. In this example, I needed to go back and click on the boxes in front of OQR-ED. You will need to click all the boxes under the measure you are reporting



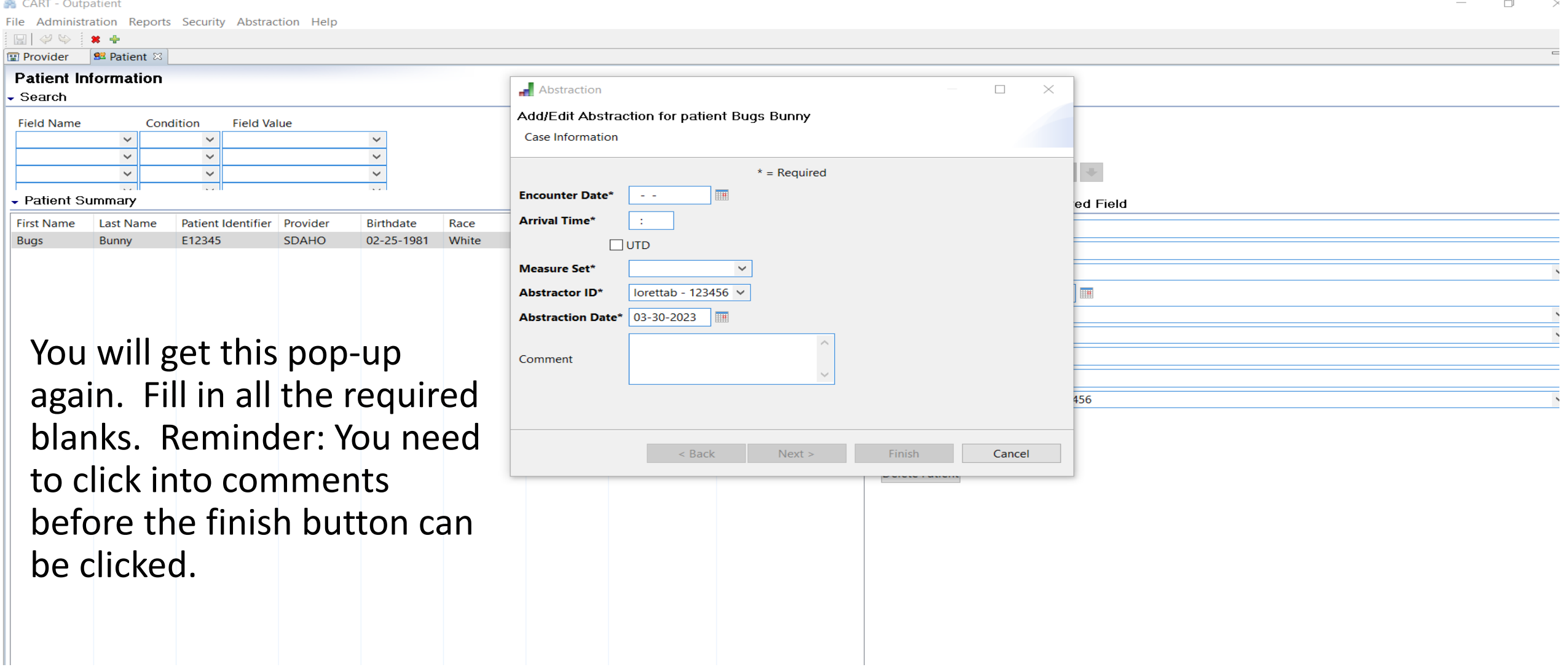
Verify Time Period is correct

Click on correct boxes

****Make sure you click on the save button after updating preferences

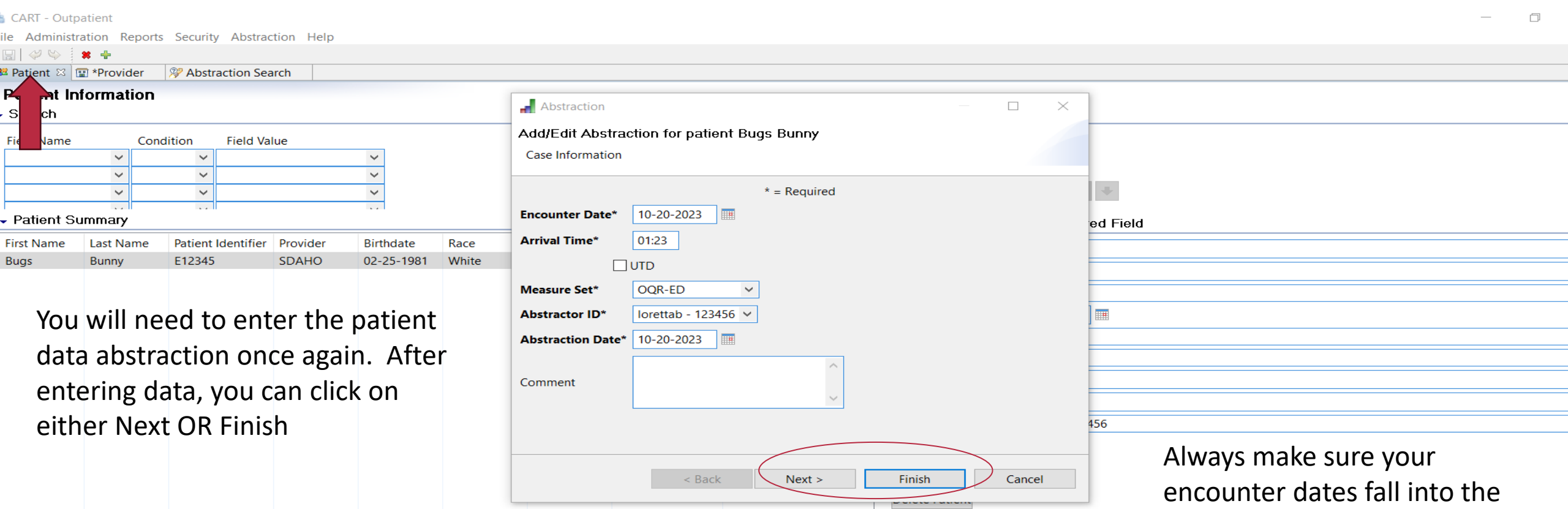


After error, you need to add your abstraction again



You will get this pop-up again. Fill in all the required blanks. Reminder: You need to click into comments before the finish button can be clicked.

Complete the pop-up again.



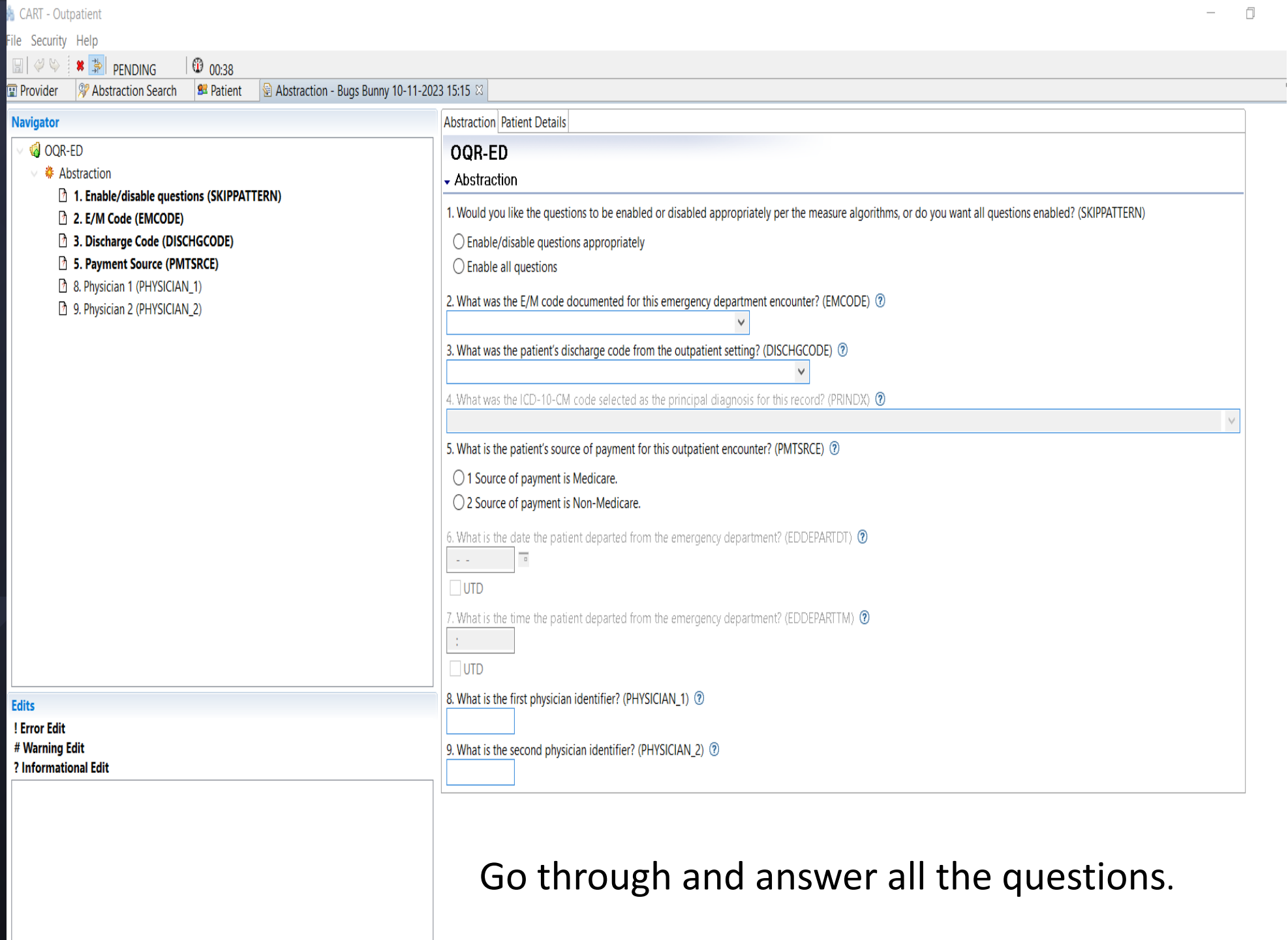
You will need to enter the patient data abstraction once again. After entering data, you can click on either Next OR Finish

Always make sure your encounter dates fall into the time frame you selected on the provider page.

Your encounter date is the date the patient was seen, the abstraction date is the date you are entering the data into CART

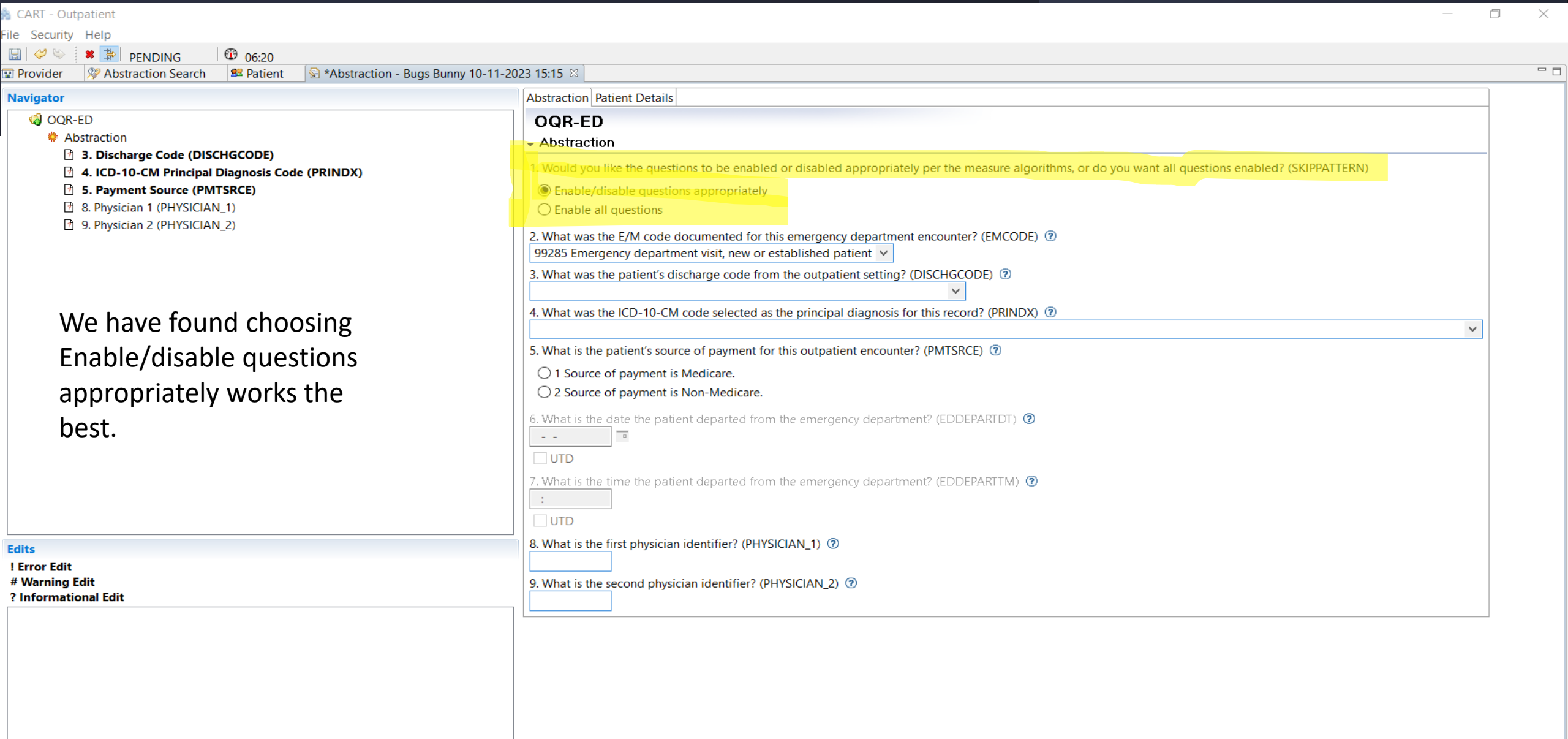
Need to enter pop up data once again

Abstraction data screen

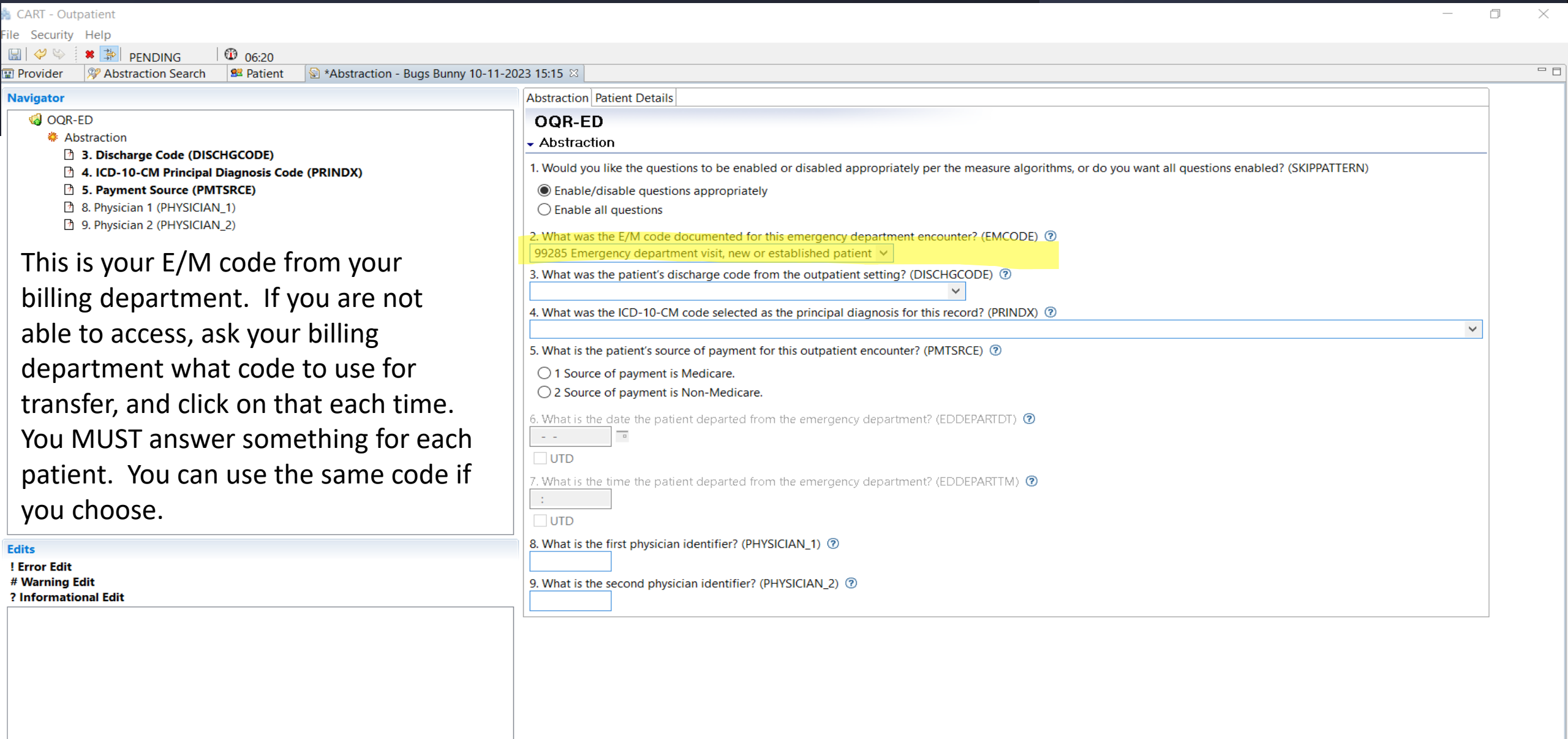


Go through and answer all the questions.

How to answer #1

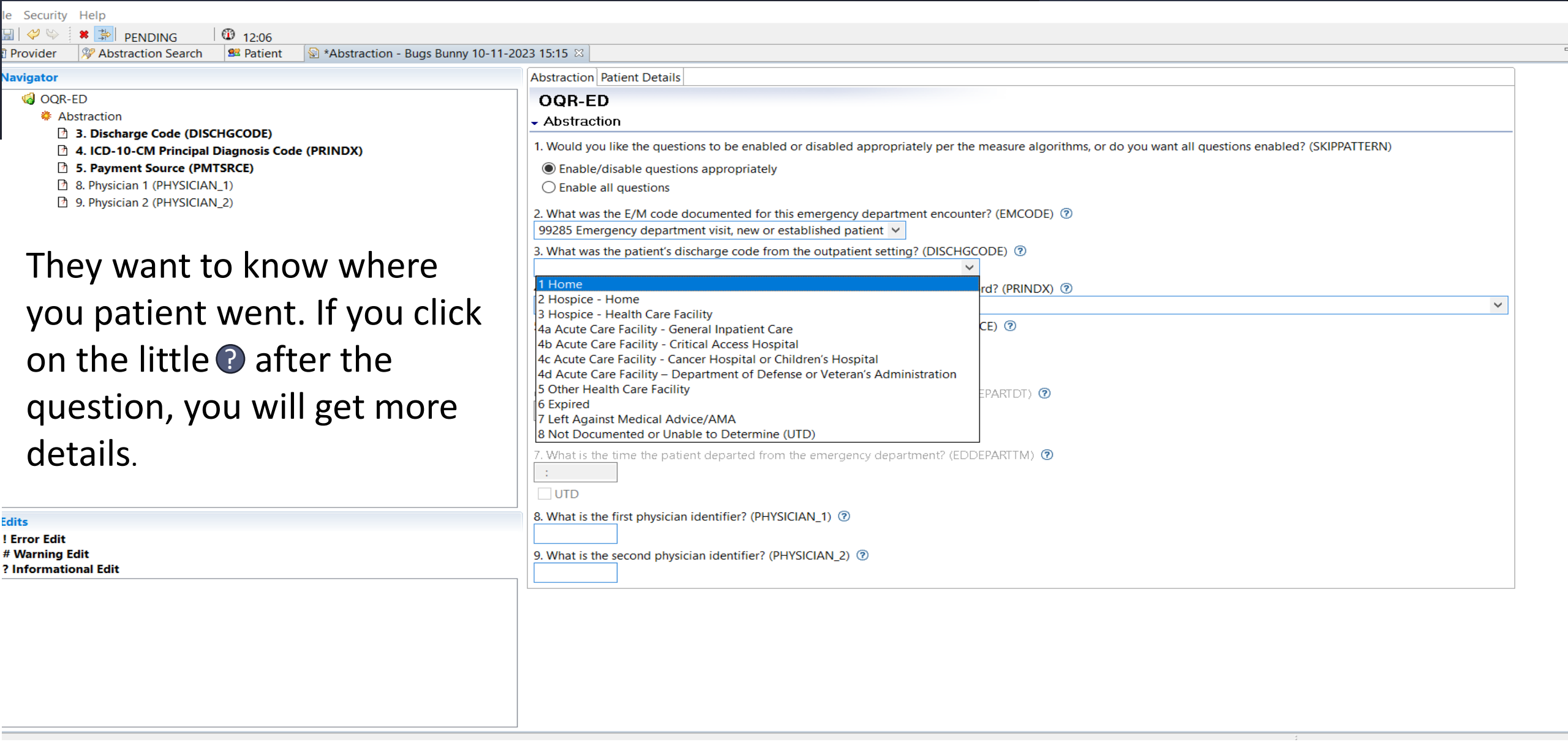


How to answer #2



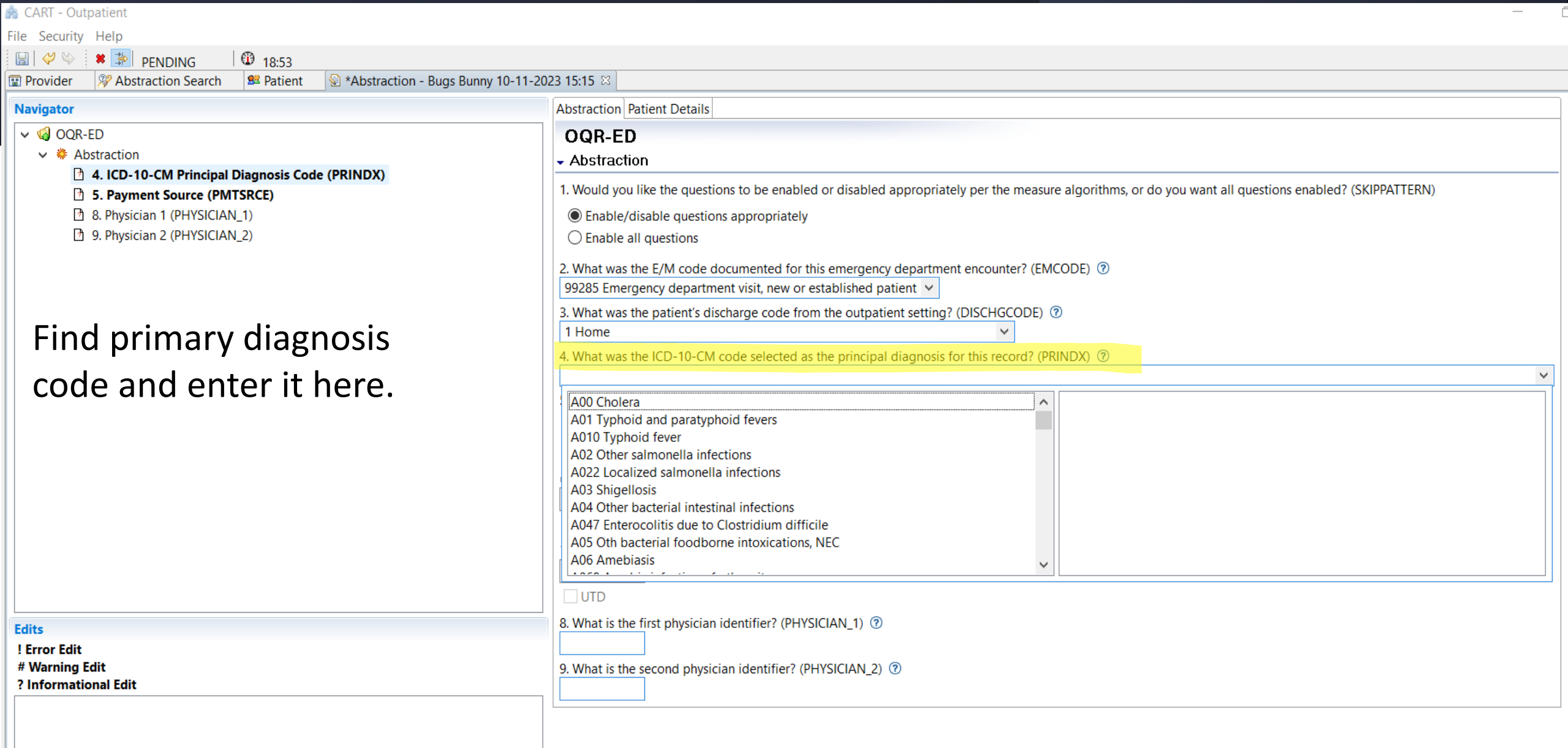
This is your E/M code from your billing department. If you are not able to access, ask your billing department what code to use for transfer, and click on that each time. You MUST answer something for each patient. You can use the same code if you choose.

How to answer question #3

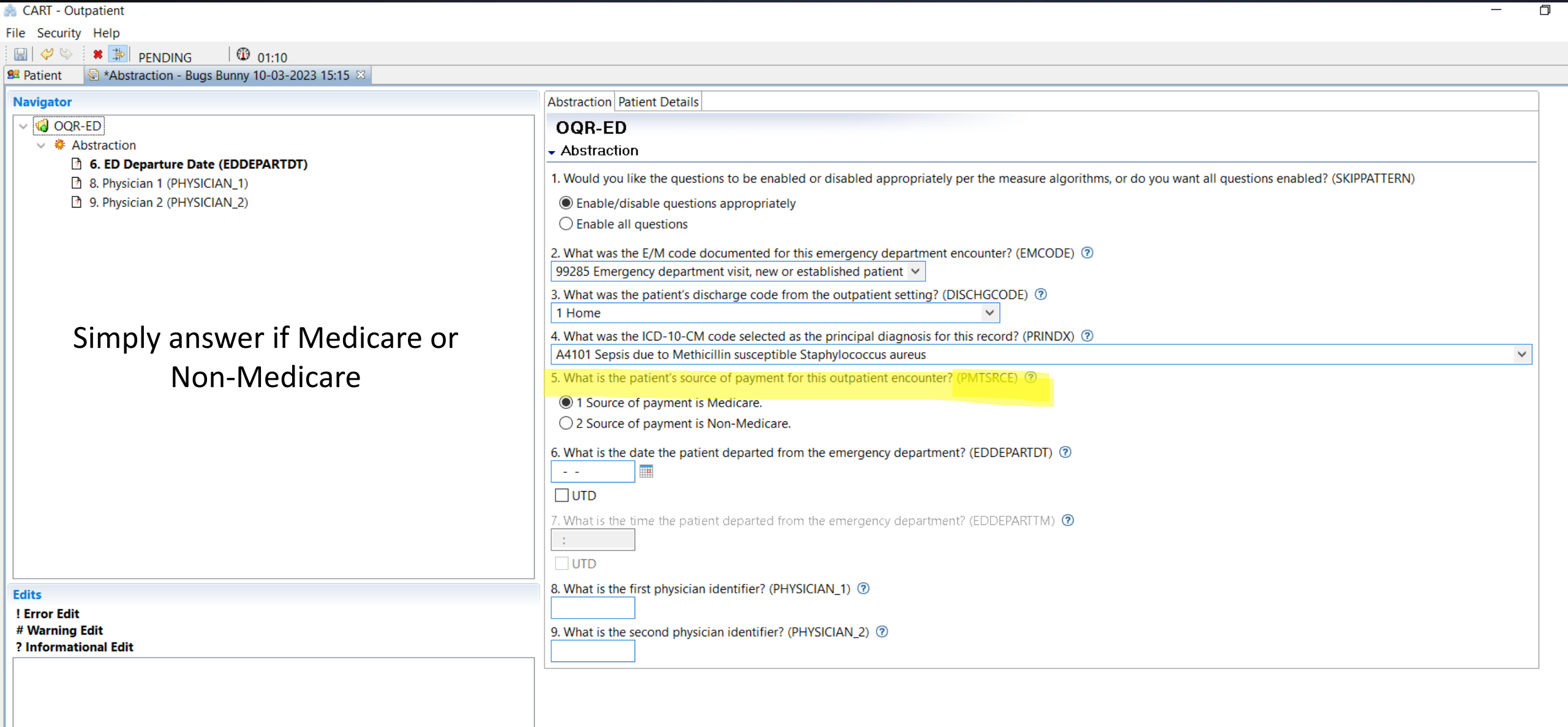


They want to know where you patient went. If you click on the little ? after the question, you will get more details.

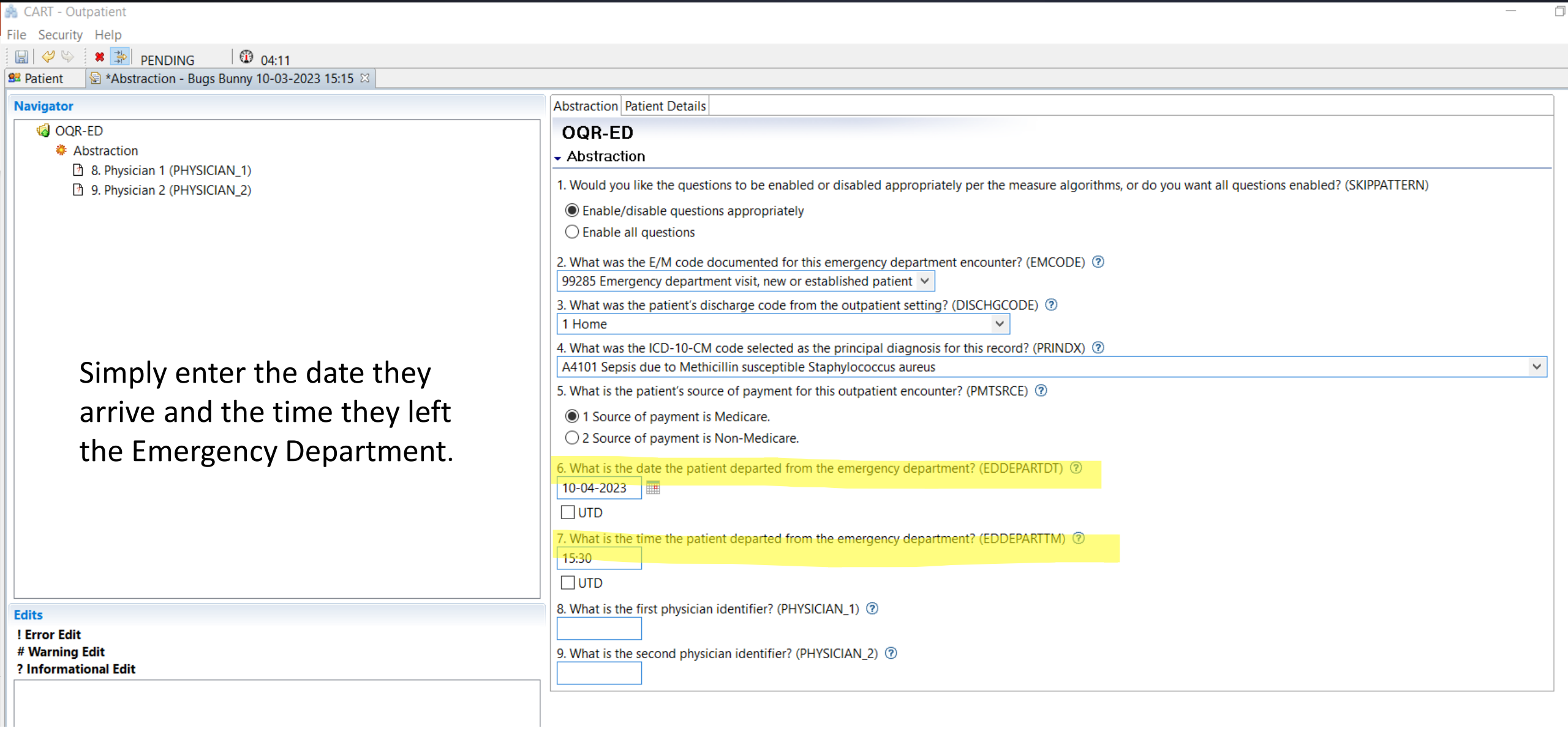
How to answer #4



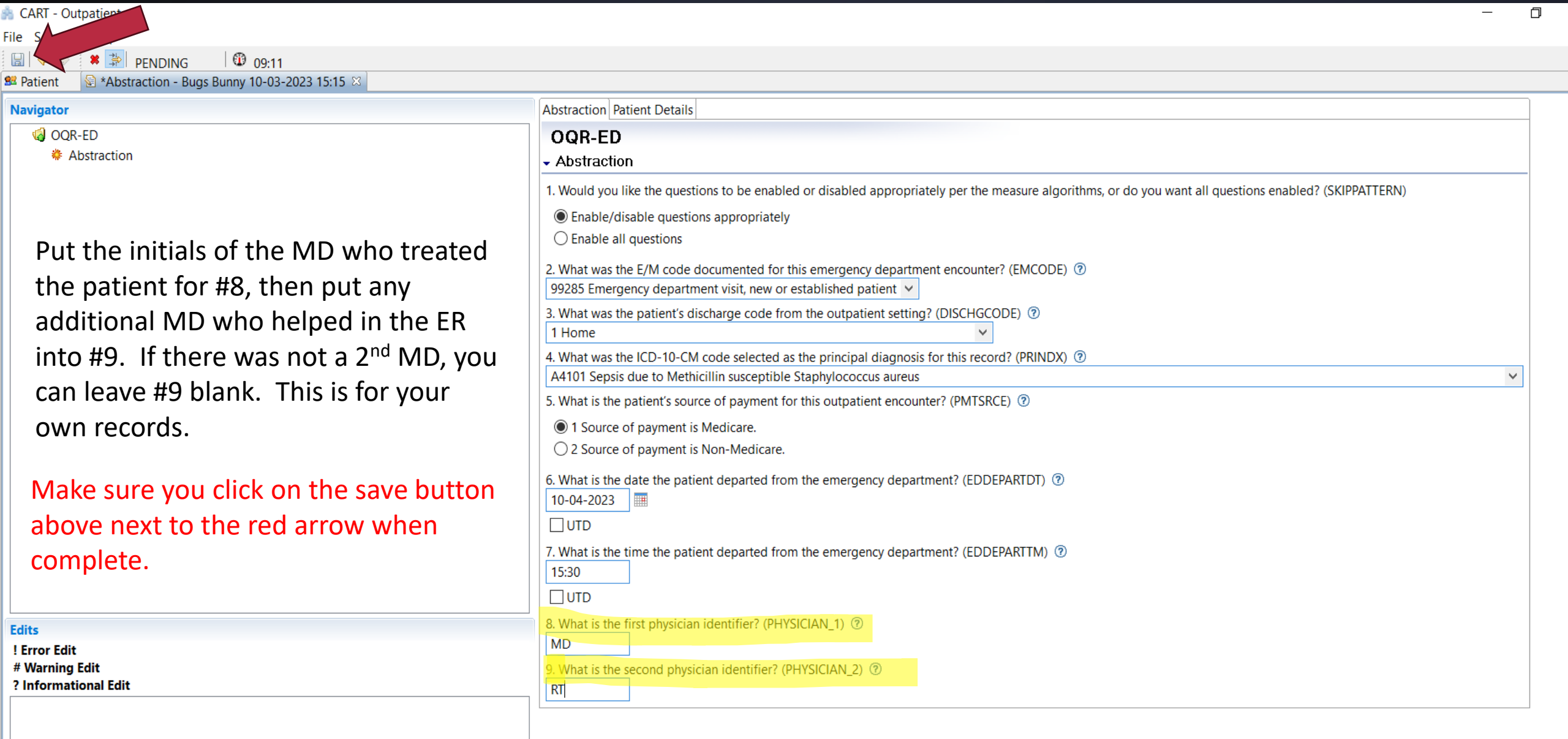
How to answer question #5



How to answer questions #6 and #7

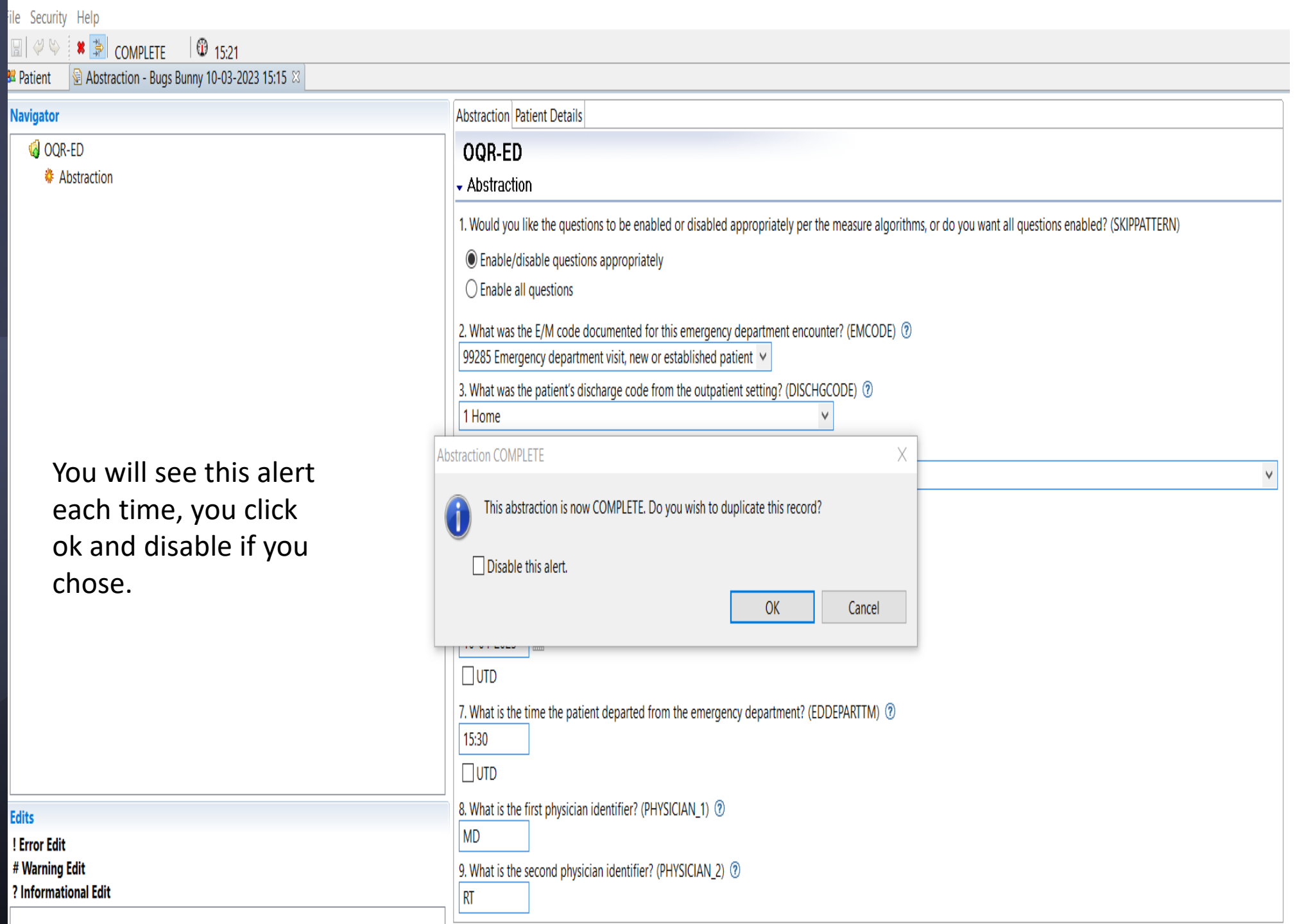


How to answer questions # 8 and #9

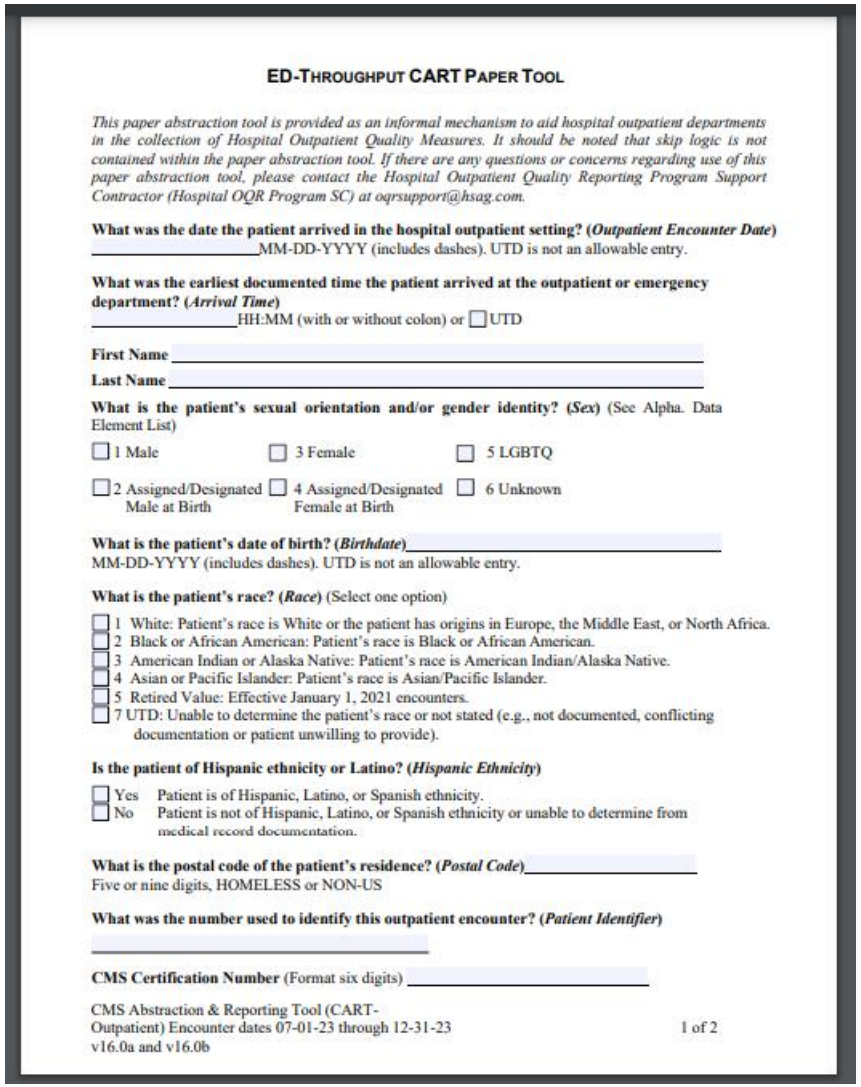


Alert:

You will see this alert each time, you click ok and disable if you chose.



OP-18 Paper Abstraction Tool



ED-THROUGHPUT CART PAPER TOOL

This paper abstraction tool is provided as an informal mechanism to aid hospital outpatient departments in the collection of Hospital Outpatient Quality Measures. It should be noted that skip logic is not contained within the paper abstraction tool. If there are any questions or concerns regarding use of this paper abstraction tool, please contact the Hospital Outpatient Quality Reporting Program Support Contractor (Hospital OQR Program SC) at oqrsupport@hsag.com.

What was the date the patient arrived in the hospital outpatient setting? (*Outpatient Encounter Date*)
_____MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

What was the earliest documented time the patient arrived at the outpatient or emergency department? (*Arrival Time*)
_____HH:MM (with or without colon) or ☐ UTD

First Name _____

Last Name _____

What is the patient's sexual orientation and/or gender identity? (*Sex*) (See Alpha. Data Element List)

☐ 1 Male ☐ 3 Female ☐ 5 LGBTQ

☐ 2 Assigned/Designated Male at Birth ☐ 4 Assigned/Designated Female at Birth ☐ 6 Unknown

What is the patient's date of birth? (*Birthdate*)_____
MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

What is the patient's race? (*Race*) (Select one option)

☐ 1 White: Patient's race is White or the patient has origins in Europe, the Middle East, or North Africa.
☐ 2 Black or African American: Patient's race is Black or African American.
☐ 3 American Indian or Alaska Native: Patient's race is American Indian/Alaska Native.
☐ 4 Asian or Pacific Islander: Patient's race is Asian/Pacific Islander.
☐ 5 Retired Value: Effective January 1, 2021 encounters.
☐ 7 UTD: Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide).

Is the patient of Hispanic ethnicity or Latino? (*Hispanic Ethnicity*)

☐ Yes Patient is of Hispanic, Latino, or Spanish ethnicity.
☐ No Patient is not of Hispanic, Latino, or Spanish ethnicity or unable to determine from medical record documentation.

What is the postal code of the patient's residence? (*Postal Code*)_____
Five or nine digits, HOMELESS or NON-US

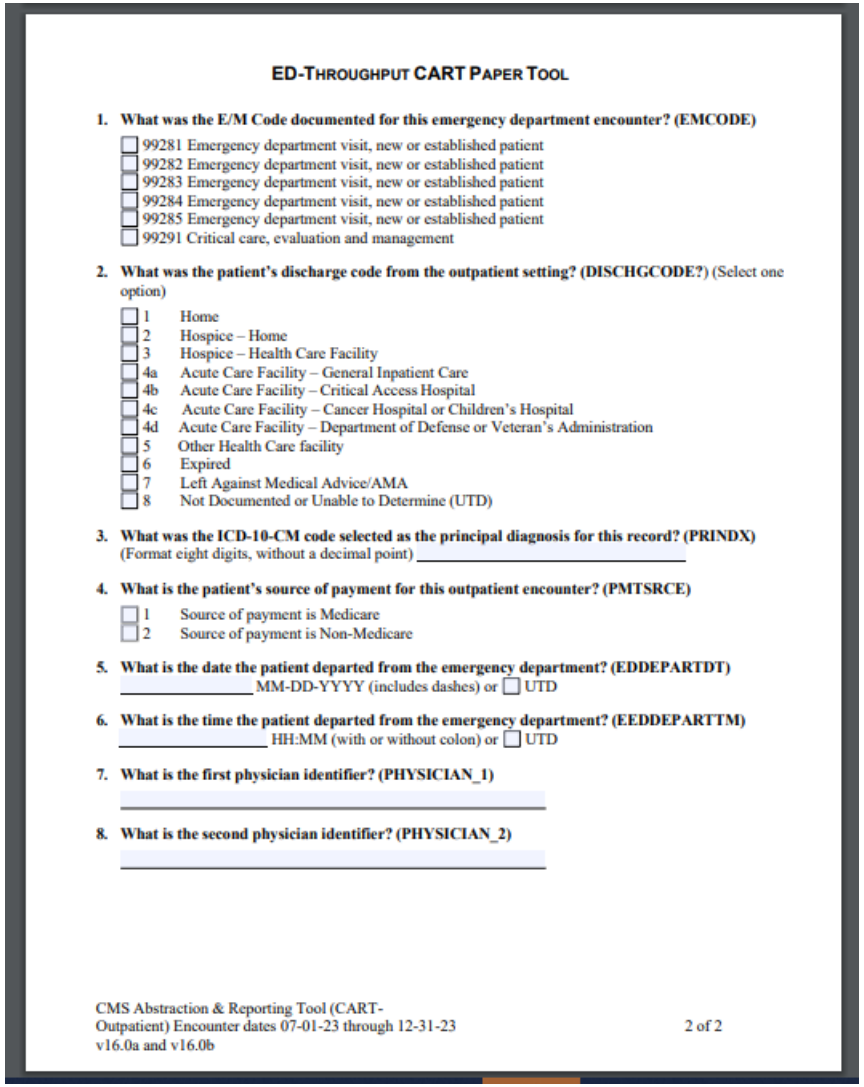
What was the number used to identify this outpatient encounter? (*Patient Identifier*)

_____

CMS Certification Number (Format six digits) _____

CMS Abstraction & Reporting Tool (CART-Outpatient) Encounter dates 07-01-23 through 12-31-23 v16.0a and v16.0b

1 of 2



ED-THROUGHPUT CART PAPER TOOL

1. **What was the E/M Code documented for this emergency department encounter? (EMCODE)**
   ☐ 99281 Emergency department visit, new or established patient
   ☐ 99282 Emergency department visit, new or established patient
   ☐ 99283 Emergency department visit, new or established patient
   ☐ 99284 Emergency department visit, new or established patient
   ☐ 99285 Emergency department visit, new or established patient
   ☐ 99291 Critical care, evaluation and management
2. **What was the patient's discharge code from the outpatient setting? (DISCHGCODE?)** (Select one option)
   ☐ 1 Home
   ☐ 2 Hospice – Home
   ☐ 3 Hospice – Health Care Facility
   ☐ 4a Acute Care Facility – General Inpatient Care
   ☐ 4b Acute Care Facility – Critical Access Hospital
   ☐ 4c Acute Care Facility – Cancer Hospital or Children's Hospital
   ☐ 4d Acute Care Facility – Department of Defense or Veteran's Administration
   ☐ 5 Other Health Care facility
   ☐ 6 Expired
   ☐ 7 Left Against Medical Advice/AMA
   ☐ 8 Not Documented or Unable to Determine (UTD)
3. **What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX)**
   (Format eight digits, without a decimal point) _____
4. **What is the patient's source of payment for this outpatient encounter? (PMTSRCE)**
   ☐ 1 Source of payment is Medicare
   ☐ 2 Source of payment is Non-Medicare
5. **What is the date the patient departed from the emergency department? (EDDEPARTDT)**
   _____ MM-DD-YYYY (includes dashes) or ☐ UTD
6. **What is the time the patient departed from the emergency department? (EEDDEPARTTM)**
   _____ HH:MM (with or without colon) or ☐ UTD
7. **What is the first physician identifier? (PHYSICIAN_1)**
   _____
8. **What is the second physician identifier? (PHYSICIAN_2)**
   _____

CMS Abstraction & Reporting Tool (CART-Outpatient) Encounter dates 07-01-23 through 12-31-23 v16.0a and v16.0b

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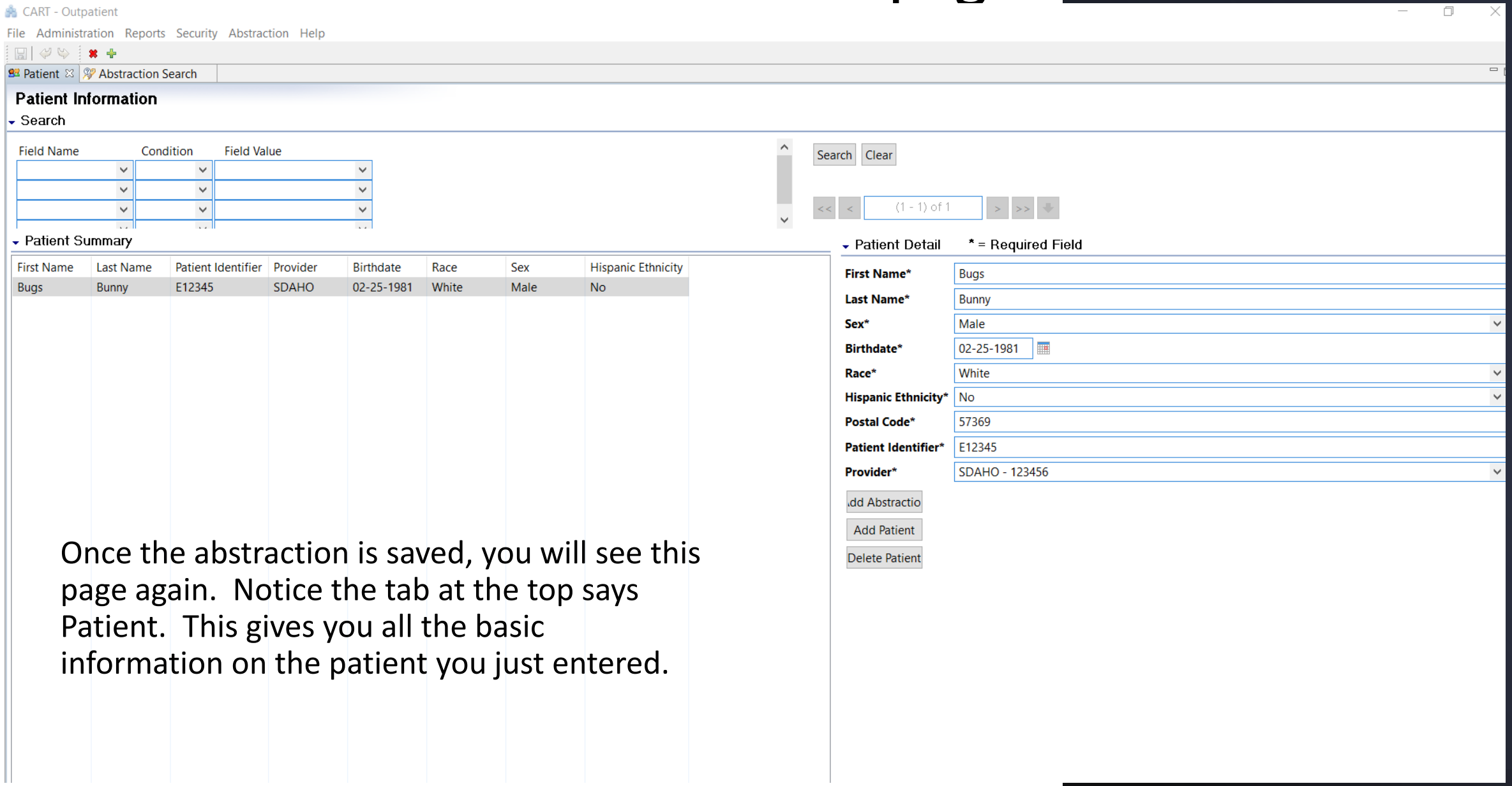
Website to find paper abstraction tool:

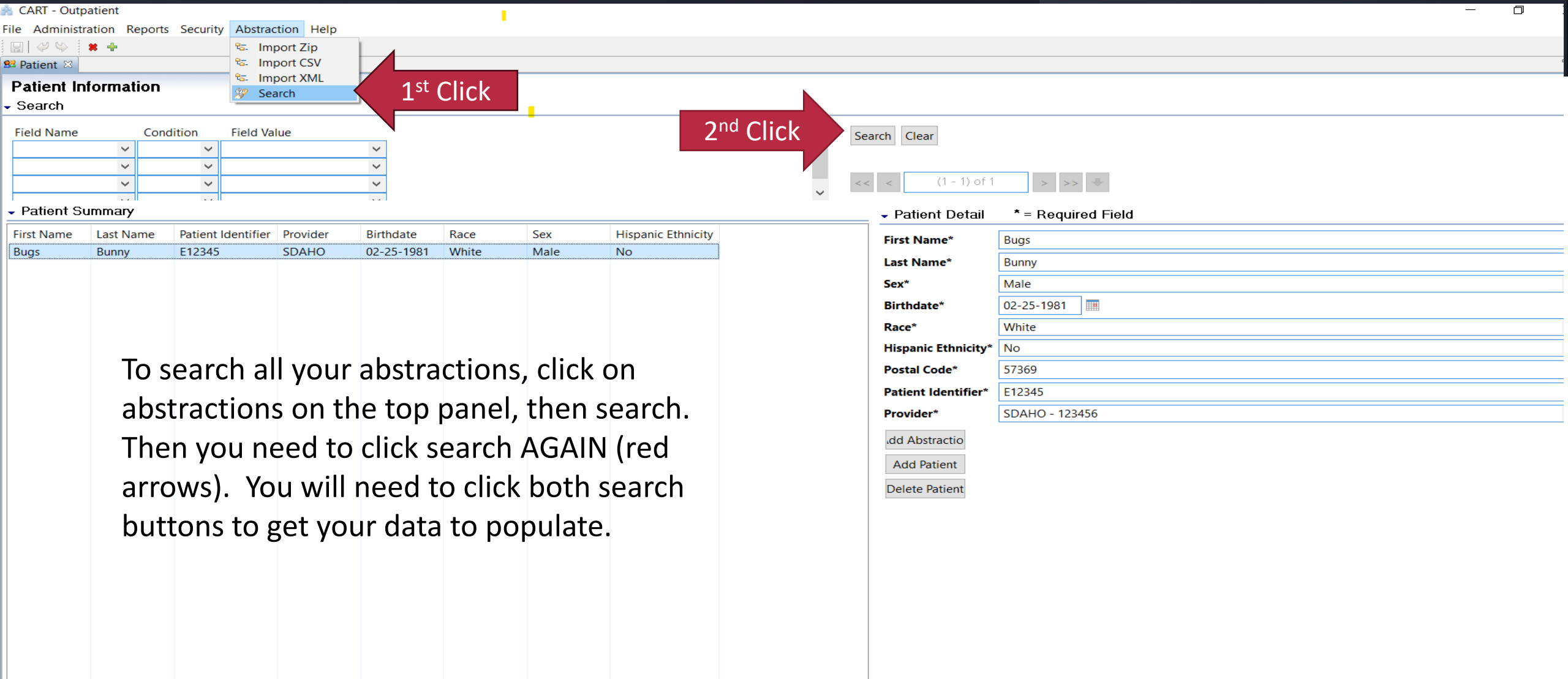
https://qualitynet.cms.gov/outpatient/data-management/abstraction-resources

Patient data page



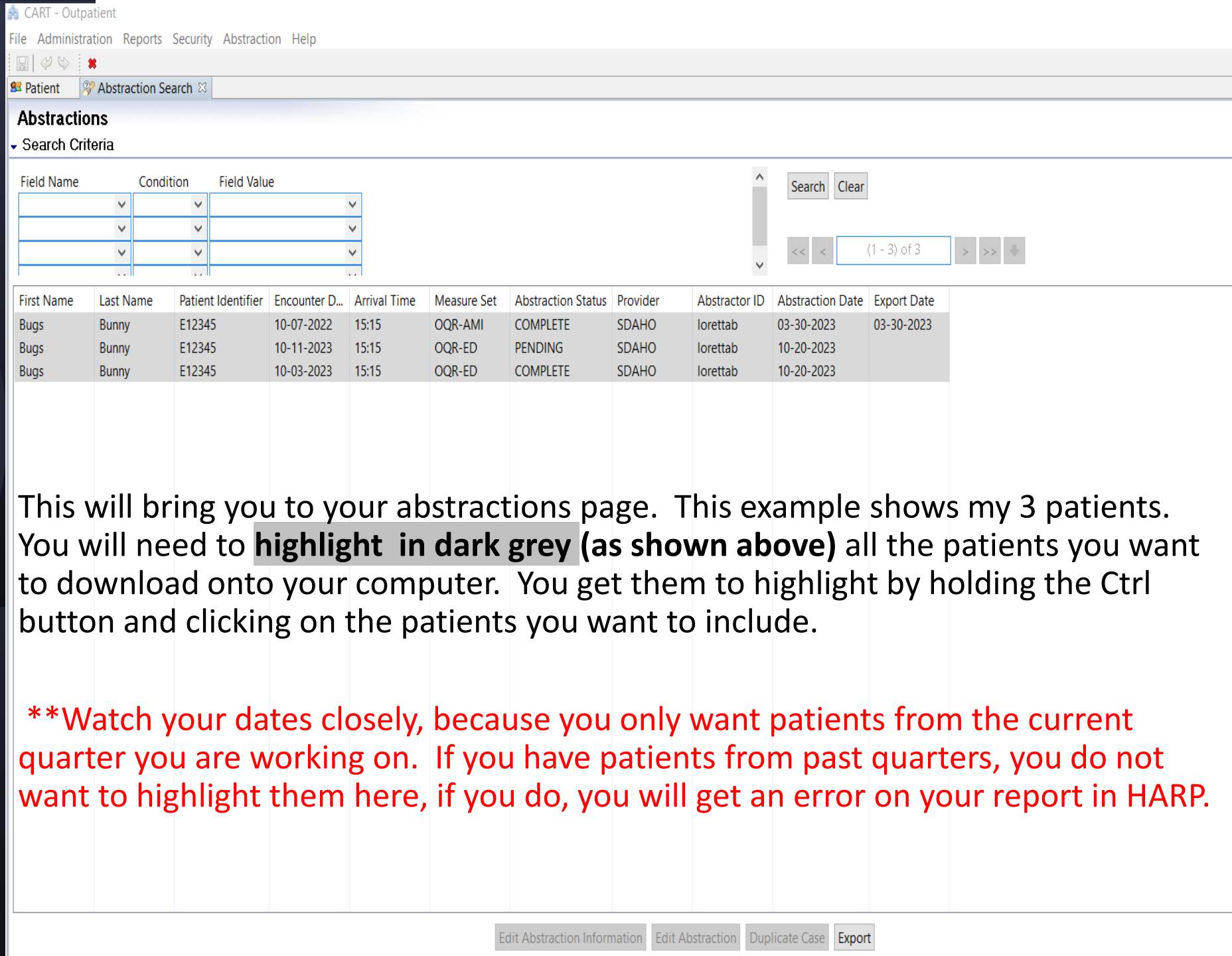
Once the abstraction is saved, you will see this page again. Notice the tab at the top says Patient. This gives you all the basic information on the patient you just entered.

How to search all abstractions



To search all your abstractions, click on abstractions on the top panel, then search. Then you need to click search AGAIN (red arrows). You will need to click both search buttons to get your data to populate.

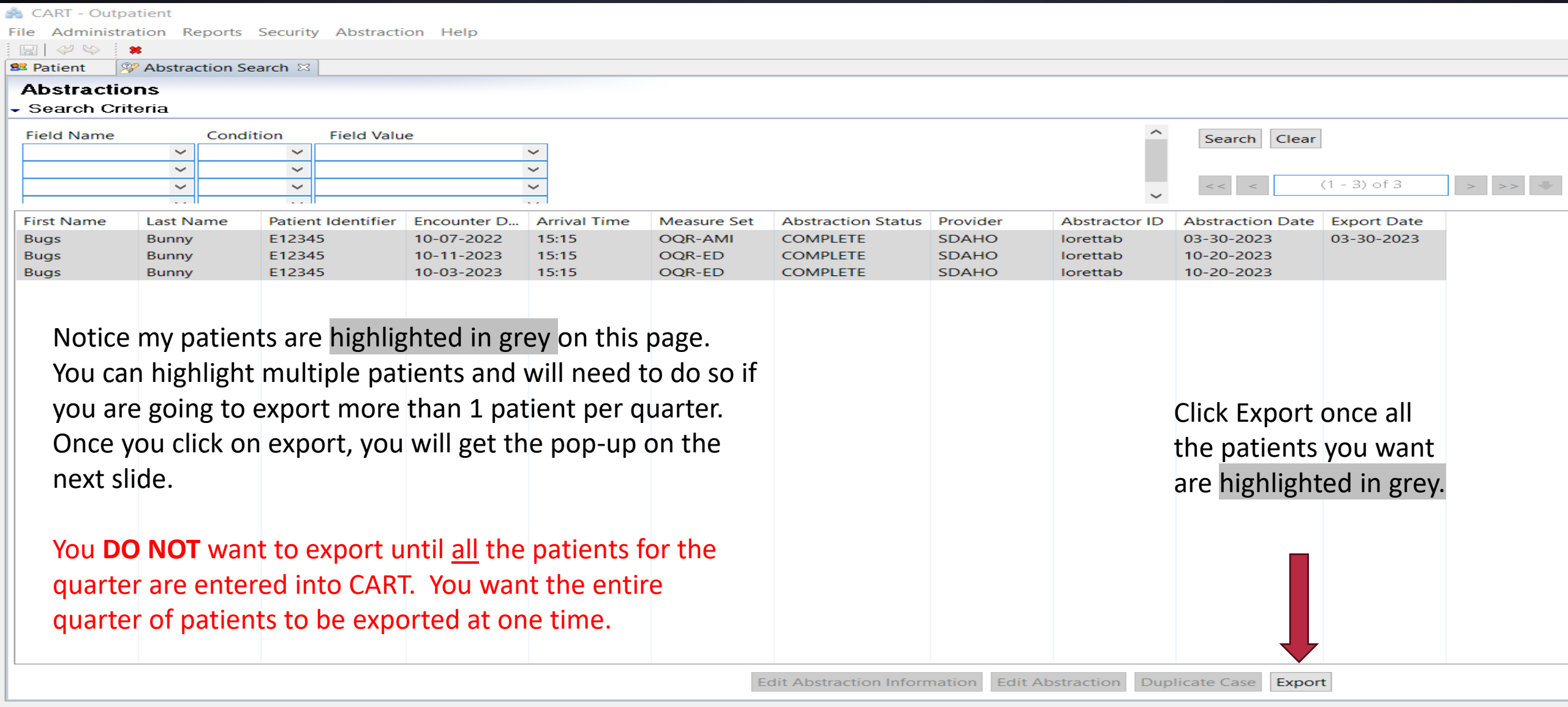
Abstractions search page



This will bring you to your abstractions page. This example shows my 3 patients. You will need to **highlight in dark grey (as shown above)** all the patients you want to download onto your computer. You get them to highlight by holding the Ctrl button and clicking on the patients you want to include.

**Watch your dates closely, because you only want patients from the current quarter you are working on. If you have patients from past quarters, you do not want to highlight them here, if you do, you will get an error on your report in HARP.

Exporting your data

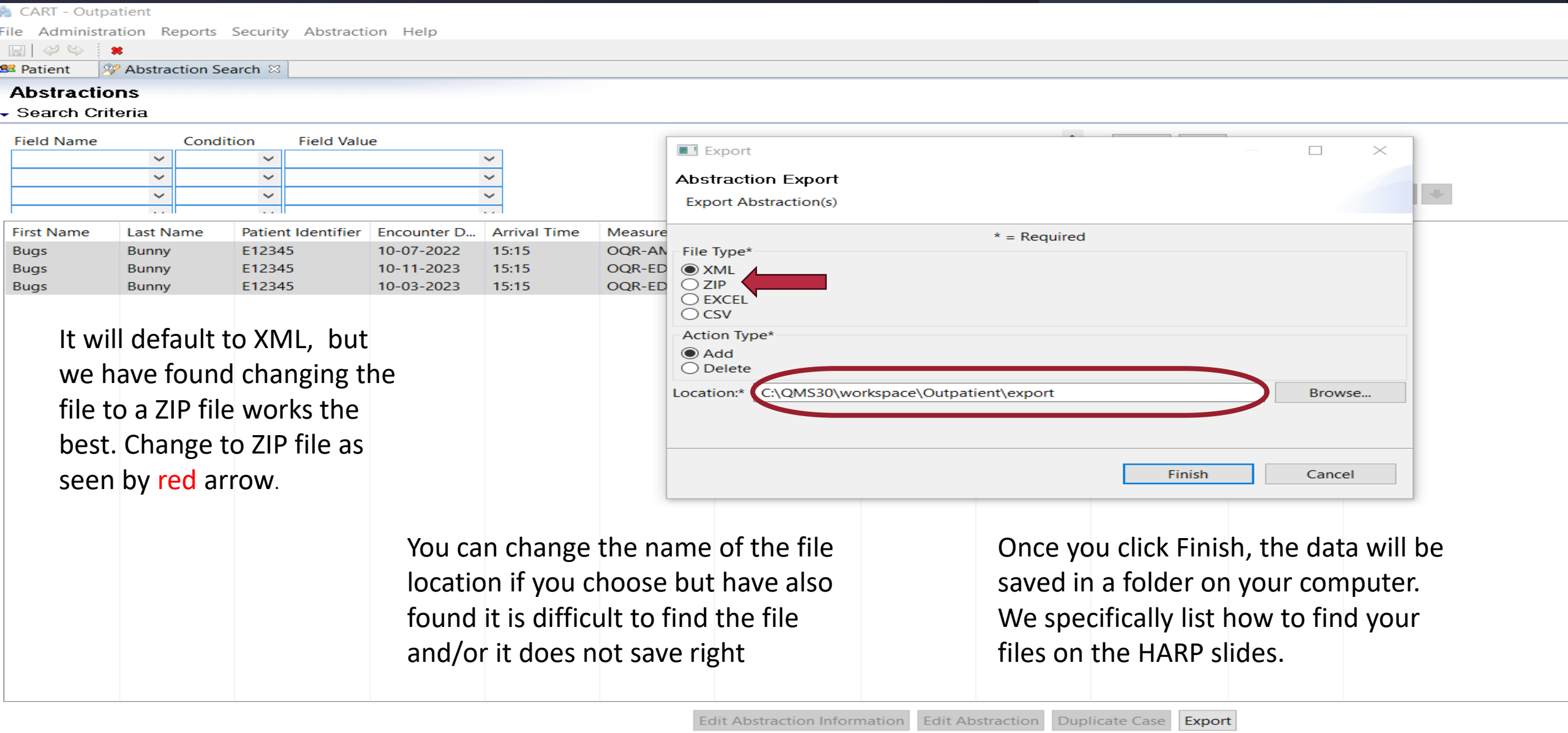


Notice my patients are highlighted in grey on this page. You can highlight multiple patients and will need to do so if you are going to export more than 1 patient per quarter. Once you click on export, you will get the pop-up on the next slide.

You **DO NOT** want to export until all the patients for the quarter are entered into CART. You want the entire quarter of patients to be exported at one time.

Click Export once all the patients you want are highlighted in grey.

Change to **ZIP** file type

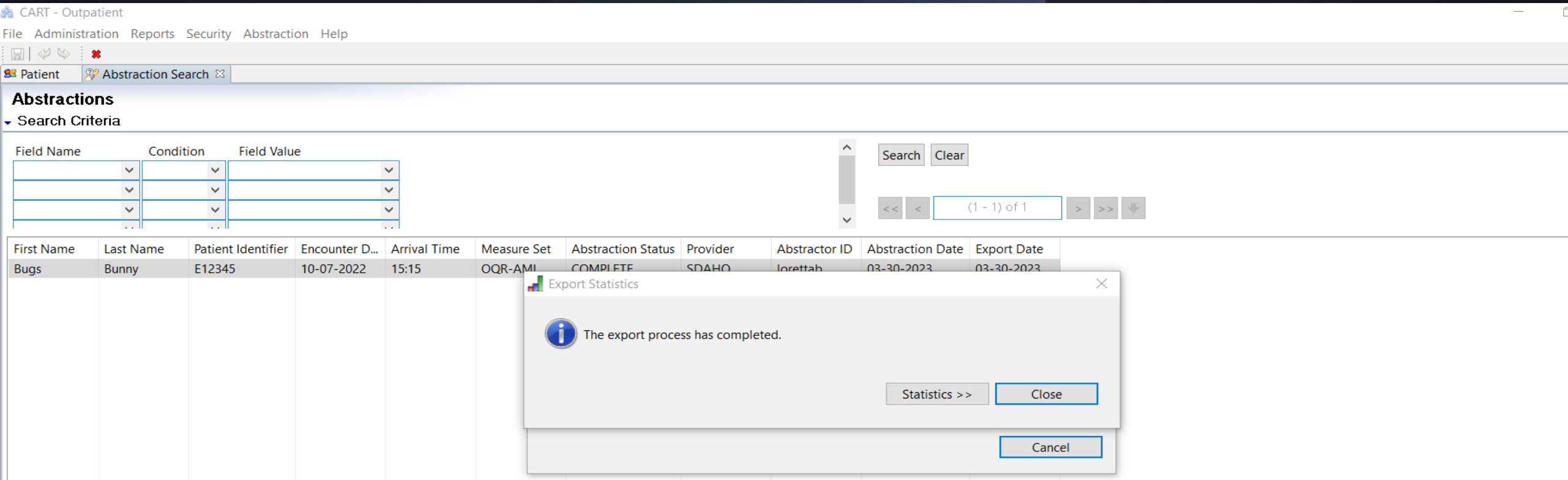


It will default to XML, but we have found changing the file to a ZIP file works the best. Change to ZIP file as seen by red arrow.

You can change the name of the file location if you choose but have also found it is difficult to find the file and/or it does not save right

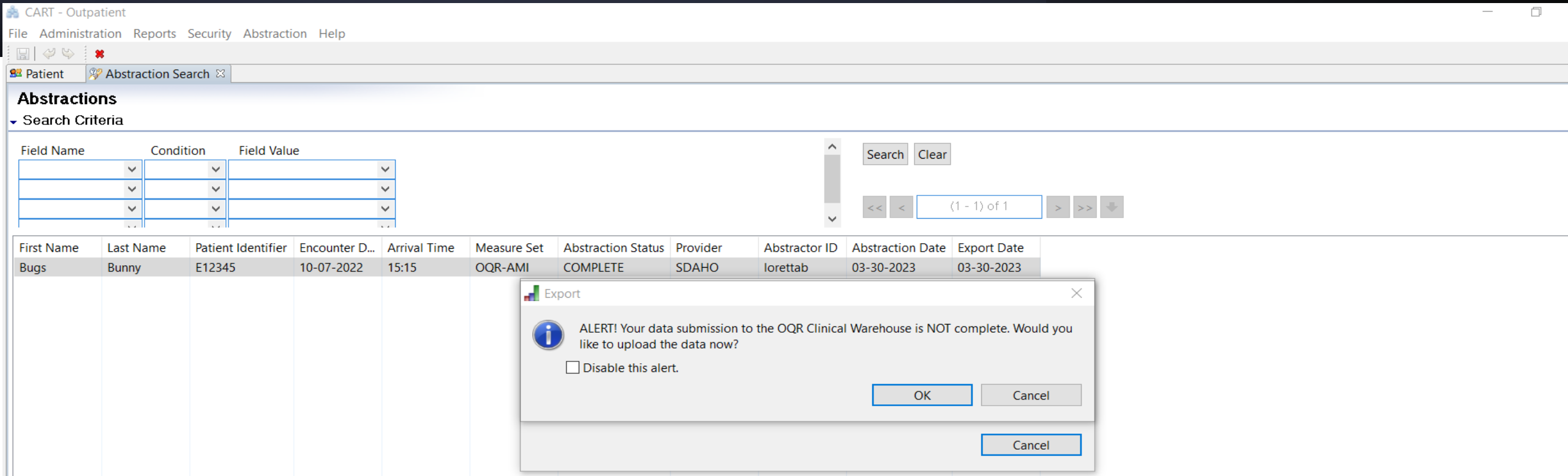
Once you click Finish, the data will be saved in a folder on your computer. We specifically list how to find your files on the HARP slides.

Pop-up



You will get this pop-up, just click close

Another pop-up



A 2nd pop-up will appear. We recommend disabling this alert because it leads you to the OLD warehouse and it has now changed to HARP. You can also just click Cancel each time if you choose.

Celebrate Yourself!

You have successfully entered data into CART. This process can be confusing and cause stress. We realize the program is not new and can be hard to navigate.

- **Few reminders:**

1. Make sure you are using the correct CART version for the dates you are entering. If you find you have a newer version of CART than what the data is you are entering, please contact your SDAHO consultant. See slides 20 & 21 for link and correct dates needed for each quarterly submission.
2. Refer to our website: https://sdaho.org/quality-integration/ under the CART section for more information on CART resources.
3. Go to the slides next on “How To Enter Data into HARP”

Congratulations!

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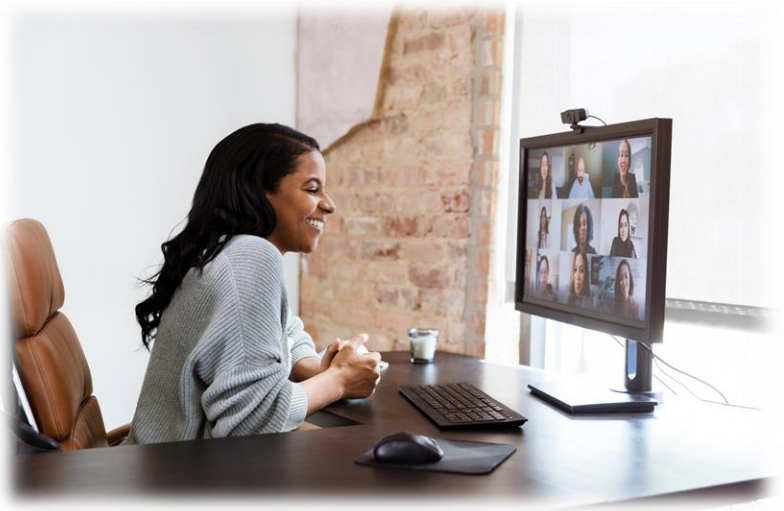
Reach out to your consultant if you get stuck, we do not want you spending hours entering this data when it could be solved with one simple question.