# How to enter OP-18 into CART



Association of Healthcare Organizations

# JUST GOT TO ENTER DATA INTO CRM

FINISHED

# Ever feel this way??

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



Association of Healthcare Organizations

Objectives

# Program Levels

### **Federal Office of Rural Health**

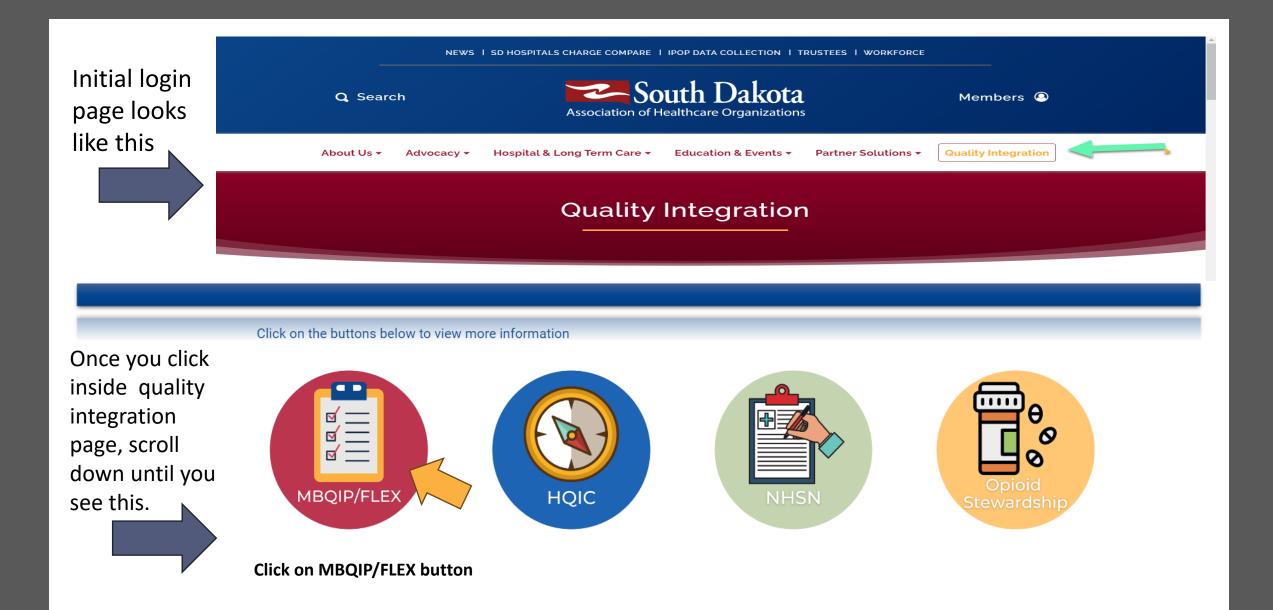


### **State Office of Rural Health**

Michelle Hoffman, Grantee for the State

**SDAHO** Michelle Hofer, BSN, RN, CPHQ Loretta Bryan, BSN, RN, CPHQ





# Once inside the button, you will see this.

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

Patient Safety/Inpatient	+
Patient Engagement	+
Care Transitions	+
Outpatient	+
CART	+
HARP	+
Hospital Outpatient Specifications Manuals	+
Quality Improvement Tools	+

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

These slides will be located under "How to enter CART data"

Patient Engagement		
Care Transitions		
Outpatient		
CART		
<ul> <li>CART training videos : into CART and downloa</li> <li>MBQIP Monthly -Novem information there</li> <li>MBQIP Monthly - Febru will find information on</li> </ul>	on instructions for CAR on CART Installation I hese 2 short videos an data to your compute per 2016: CART Tips: ry 2017: How to run r now to run reports in C per 2020: Using CART.	Instructions, page 19: Figure 30 re very helpful on how to enter er. Scroll to page 4, you will find C/ reports in CART. Scroll to page 4 CART there Scroll to page 4, you will find

#### HARP

### **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 ED Throughput • OP-18: Median Time from ED Arrival to ED Departure for <i>Discharged</i> ED Patients • OP-22: Patient Left Without Being Seen	



### NEW Proposed Core MBQIP Measures

#### **MBQIP Measure Topic Areas**

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



### GOAL= Have all hospitals reporting on OP-18 by February 1<sup>st</sup>, 2024.

				Encounter Period and Due Date			
				Q2 / 2023	Q3 / 2023	Q4 / 2023	Q1 / 2024
Measure ID	Description	MBQIP Domain	Reported To	Apr 1 - Jun 30	Jul <mark>1 -</mark> Sep 30	Oct 1 - Dec 31	Jan 1 - Mar 31
	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 <sup>3</sup>	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, 2025 <sup>4</sup> (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 <sup>5</sup>	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, 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.

General Data Element Name	Collected for:	
Arrival Time	All Records	
Birthdate	All Records	
CMS Certification Number <sup>‡</sup> , <sup>‡</sup>	All Records	
First Name	All Records	
Hispanic Ethnicity	All Records	
Last Name	All Records	
National Provider Identifier <sup>‡</sup> , <sup>‡</sup>	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	

**OP ED-Throughput General Data Element List** 

<sup>‡</sup> Transmission Data Element

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

0	P ED-Throughp	ut Spe	cific I	Data I	Element List	

OB 18
OP-18

Data you will need to enter in to CART



# **EPIC Users**:

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



### • 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 <u>not</u> 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"

### 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
Population Per Quarter Quarterly Sample Size	≥ <b>901</b> 96

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 <u>cannot</u> 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





### 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.



User ID Password		
Login	Cancel	Forgot Password
		Management Syster

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

#### Welcome 🛛

Velcome to the Quality Management System

QualityNet

About Quality Management System

**Quality Management System** 

This product uses software developed by:

OK

L #1 1 1

Installation type: CART MySql Standalone

The Apache Software Foundation http://www.apache.org

Quality Management System (QMS)

The Eclipse Foundation http://www.eclipse.org

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

Feature Label: CMS Abstraction and Reporting Tool - Outpatient
Feature Version: 1.22.0
Feature ID: org.itmc.opps
Build ID: I-202302271025
Feature Label: Quality Management System Platform (QMS)
Feature Version: 3.0.0
Feature ID: org.ifmc.qms
Build ID: I-201110191155

This example shows I have version 1.22.0

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

→ C 🏠 🌢 https://qualitynet.cms.gov/outpatient/dat	a-management/cart/download		12 ☆ 13	Update	
uickBooks 🔜 SDAHO   South Dal 🛛 Payroll Employee P 🤇	principal login 🚜 Monday.com 🛛 Compass Data Portal <table-cell-rows> Encounters Quality 🚾 Sams/CDC login 🕬 Iowa Hea</table-cell-rows>	ealthcare Co 🥍	rc IHC iCompass Login		
Down ad CART					
Overview Download CART	Uniform Billing CART Resources				
CART Version 1.23.0	CART Version 1.23.0 for Encounters 07/01/2023 - 12/31/20	023			
CART Version 1.22.0	Upgrading from an existing CART installation				
CART Version 1.21.0	<b>Note:</b> Sex data element updates are not included in the upgrade. The upgrade is being made available so users may choose to keep their patient and provider data and manually update the sex data elements on the XML exports or UB-				
CART Version 1.20.2	04 formatted CSV. If you choose to update the exported abstractions manually, care must file layout. It is recommended to include your facility's IT support in this process to help you	be taken to n	not modify the		
CART Version 1.20.0	element and not the file layout if you are uncertain how to do this yourself.	in update the	Sex data		
CART Version 1.19.1	Compatibility: CART–Outpatient 1.23.0 is compatible with CART-Inpatient 4.17.0 and CART-I and may be installed in the same directory.	-IPFQR 1.0.1 o	or newer versions		
CART Version 1.18.2	If any compatible CART version (Inpatient, Outpatient or IPFQR) is installed on the workstat	ition, follow th	nese instructions		
CART Version 1.18.1	to upgrade to CART-Outpatient 1.23.0: 1. Read and follow the CART Installation Instructions				
suchlink for	2. Download the CART-Outpatient 1.22.0 Upgrade				
Webinne webinne	File Name File Type	File Size			
Weblink for version of CART needed.	CART Installation Instructions PDF	698 KB	Download		
CANI	CART-Outpatient 1 23 0 Upgrade EXE	142 MB	Download	20	

Home / Hospitals - Outpatient / Data Management / CART /

#### **Download CART**

Overview	Download CART	Uniform Billing	CART Resources
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#### 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:

Read and follow the CART Installation Instructions
 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

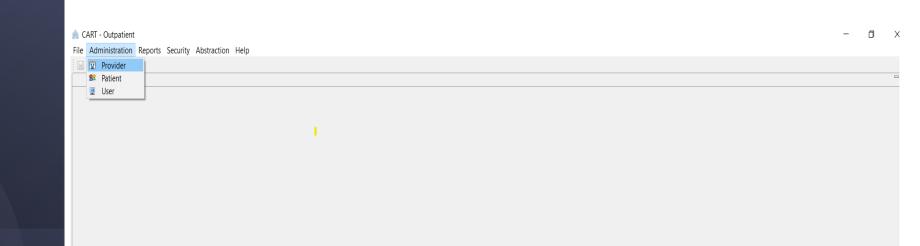
CART Version 1.20.2 CART Version 1.20.0 CART Version 1.19.1 CART Version 1.18.2 CART Version 1.18.1

CART Version 1.23.0

CART Version 1.22.0

CART Version 1.21.0

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.

8	CART - Outpatient		$\times$
F	Administration Reports Security Abstraction Help		
(			
C C			-
	Provider Information		
	Provider Summary     _ Provider Detail * = Required Field		

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.

123456

CMS Cert No Termination Date

Name

SDAHO

Address 1

3708 W. Br...

City

Sioux Falls

State

SD

Zip

57106

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.

Name*	SDAHO	
Address 1	3708 W. Brooks Place	
	STUG W. DIOUKS Place	
Address 2		
Zip	57106-	
City	Sioux Falls	
State	SD	~
CMS Cert No*	123456	
National Provider ID		
Termination Date		
<ul> <li>Provider Prefere</li> </ul>	DCOS	
+Stratified measures A measure outcom	lay the measure owner at the end of the measure name. are selected and abstracted as one measure. e will be provided for each stratification.	
+OP-18b N +OP-18c N	Nedian Time from ED Arrival to ED Departure for Discharged ED Pat Nedian Time from ED Arrival to ED Departure for Discharged ED Pat Nedian Time from ED Arrival to ED Departure for Discharged ED Pat Nedian Time from ED Arrival to ED Departure for Discharged ED Pat	ient ient

Provider Page

CARL - Outpatient

e Administration Reports Security Abstraction Help

📰 Provider 🛛 😫 Patient 🖂

#### Patient Information

#### Search

<ul> <li>Search</li> </ul>											
Field Name	Conc V	dition Field Va	alue	~				^	Search Clear		
	~	~		~					No records	found. > >> 🔸	
	~	<u> </u>		~				~	KK K MOTOCOIDS		
<ul> <li>Patient St</li> </ul>	ummary								Patient Deta	il * = Required Field	
First Name	Last Name	Patient Identifier	Provider	Birthdate	Race	Sex	Hispanic Ethnicity	,	First Name*		
									Last Name*		
									Sex*		
									Birthdate*		
									Race*		
									Hispanic Ethnici	ty*	
									Postal Code*		
									Patient Identifie	r*	
									Provider*		
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									Add Patient		
									Delete Patient		
	Το σο	t to this	naga		lick or	natio	nt (und	or			Patient Identifier: This
	10 gC		puge	, you c							can ha your E cada ar
	admi	nistratio	on tab	above	e). Onc	ce on t	nis page	e, you			can be your E code or
	will enter in your patient data. Simply answer all							er all			any number you use to
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.							nco the	nt is			
	the q	uestion	s unu								find your patient in your
	comp	oleted, d	CIICK OI	n Add	Patien	t.					, , ,
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### Patient information screen

🙈 CART - Outpatient

File Administr	ation Report	s Security Abstra	ction Help							
🔛   💝 😂	* 🕂									
🔛 Provider	😫 Patient 🖂									8
Patient In	formation									
- Search										
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✓ Patient St	Immary							•	🗕 🗸 Patient Detail	* = Required Field
First Name	Last Name	Patient Identifier	Provider	Birthdate	Race	Sex	Hispanic Ethnicity		First Name*	Bugs
Bugs	Bunny	E12345	SDAHO	02-25-1981	White	Male	No			
									Last Name*	Bunny
									Sex*	Male 🗸

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.

First Name*	Bugs	
Last Name*	Bunny	
Sex*	Male	~
Birthdate*	02-25-1981	
Race*	White	~
Hispanic Ethnicity*	No	~
Postal Code*	57369	
Patient Identifier*	E12345	
Provider*	SDAHO - 123456	~
dd Abstractio		
Add 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:

File Administr	ation Report	s Security	Abstraction Help					
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📰 Provider	😫 Patient 🖂							
Patient In	formation							
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First Name	Last Name	Patient Id	entifier Provider	Birthdate	Race	Sex	Hispanic Ethnicity	First Name* Bugs
Bugs	Bunny	E12345	SDAHO	02-25-1981	White	Male	No	
_	,							Last Name* Bunny
								Sev* Male

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.

	* = Required Field	
First Name*	Bugs	
Last Name*	Bunny	
Sex*	Male	~
Birthdate*	02-25-1981	
Race*	White	~
Hispanic Ethnicity	* No	~
Postal Code*	57369	
Patient Identifier	• E12345	
Provider*	SDAHO - 123456	~
dd Abstractio		
Add Patient		
Delete Patient		

Ready to add your abstraction data:

😤 CART - Outpatient

File Administration Reports Security Abstraction Help

# Image: Image

L	Field Name		Conditio	n	Field Val	ue				
L		~		$\sim$			~			
L		~		~			$\sim$			
L		~		~			~			
L										
	First Name	Last Na	me Pa	atient	Identifier	Provider	Birthdate	Race		
	Bugs	Bunny	E1	12345		SDAHO	02-25-1981	I White		
Ш	Dugs	Dunny	-	12010		50/110	02 23 150	· ·····		

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.

Abstraction – D X	
Add/Edit Abstraction for patient Bugs Bunny Case Information	
* = Required Encounter Date*  Arrival Time*  UTD	ed Field
Measure Set*     Ionettab - 123456 v       Abstraction Date*     03-30-2023	
Comment	456
< Back Next > Finish Cancel	

### Enter data into the pop-up abstraction

🐁 CART - Outpatient

🔛 Provid Datio

	ile	Administration	Reports	Security	Abstraction	He
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ile Administration Reports Security Abstraction Help			
📰 Provider 🛛 😫 Patient 🖂			
Patient Information Search	Abstraction	– 🗆 X	
Field Name Condition Field Value	Add/Edit Abstraction for patient Bugs Bunny		

Field Name		Cond	ition	F	ield Val	ue		
	~			-			$\sim$	
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	~			-			~	
<ul> <li>Patient Su</li> </ul>	mmary							
First Name	Last Na	me	Patie	nt Ide	ntifier	Provider	Birthdate	Race
Bugs	Bunny	E1234		45		SDAHO	02-25-1981	White

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).

Abstraction	-	- 🗆 ×	1
Add/Edit Abstrac	tion for patient Bugs Bunny		
04950005 Prefere before adding cas	nces have not been set for this time period. Preferences mu es.	ist be set	
	* = Required		-
Encounter Date*	03-15-2023	×	ed Field
04950005 P	references have not been set for this time period. Preferenc	res must be set	
64950005 P before add	ing cases.	ies must be set	
		ОК	
Comment	<u>^</u>		
	~		
			456
			_
	< Back Next > Finish	Cancel	

## What do you do if you get this error?

CART - Outpatient

 ile Administration Reports Security Abstraction Help

 Image: Security Abstraction Help

City

Sioux Falls

State

SD

Provider Summary

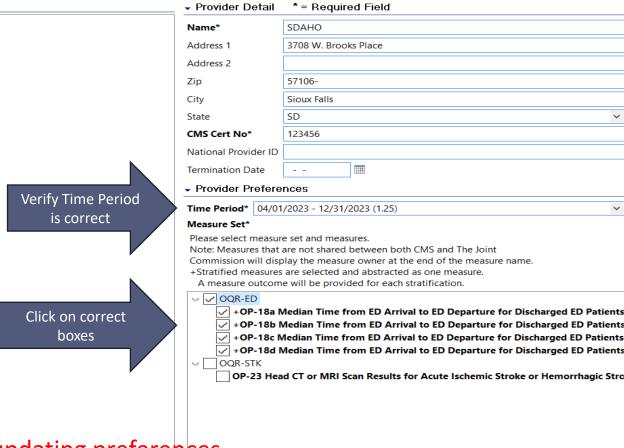
**SDAHO** 

Name Address 1

3708 W. Br...

Zip CMS Cert No Termination Date 57106 123456

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



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

### How to fix the error

- 1

🙈 CART - Outpatient

File Administ	ration Report 🙁 🕂	s Security Abstra	ction Help								
🕺 Patient 🕺	Pabstraction	Search									- [
Patient Ir	nformation										
<ul> <li>Search</li> </ul>											
Field Name	> >	dition Field Va	lue	> > >				<ul><li>Se</li><li>✓</li></ul>	Clear           <         (1 - 1) of 1		
First Name	Last Name	Patient Identifier	Provider	Birthdate	Race	Sex	Hispanic Ethnicity		<ul> <li>Patient Detail</li> </ul>	* = Required Field	
Bugs	Bunny	E12345	SDAHO	02-25-1981	White	Male	No		First Name*	Bugs	
	,								Last Name*	Bunny	
									Sex*	Male	~
									Birthdate*	02-25-1981	
									Race*	White	~
									Hispanic Ethnicity*		~
									Postal Code*	57369	
									Patient Identifier*	E12345	
									Provider*	SDAHO - 123456	~
_							Click add	abstraction	dd Abstractio		
Go	back <sup>·</sup>	to your	patier	nt			Chek due		Add Patient		
									Delete Patient		
bag	ze and	l click or	h "Ado								
Ab	stracti	on".									
7 (10)		011 1									

# After error, you need to add your abstraction again

😤 CART - Outpatient

File Administration Reports Security Abstraction Help

# Image: Provider Image: Patient ⊠ Patient Information ✓ Search Field Name Condition Field Value

	~	~		$\sim$				
Patient Summary								
First Name	Last Name	Patient Identifier	Provider	Birthdate	Race			
Bugs	Bunny	E12345	SDAHO	02-25-1981	White			

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.

ľ	Abstraction				
_		ction for patient Bugs Bunny			
		* = Required			
	Encounter Date*				e
	Arrival Time*	:			
	Measure Set*	UTD			
		v Iorettab - 123456 ∨			ī
	Abstraction Date*				
		^			
	Comment	~			
		< Back Next >	Finish	Cancel	
				<b>.</b>	

### Complete the pop-up again.

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ile Administra	ation Reports	Security Abstrac	tion Help				
	* +						
🗷 Patient 🖂 🖪	*Provider	💖 Abstraction Sea	irch				
Parantini Sch	ormation					Abstraction – 🗆 🔿	<
Fie Name	Cond	dition Field Va	luo.			Add/Edit Abstraction for patient Bugs Bunny	
ric valle	×		lue	~		Case Information	
	~	×		~		* = Required	*
- Patient Su	immary					Encounter Date* 10-20-2023	ed Field
First Name	Last Name	Patient Identifier	Provider	Birthdate	Race	Arrival Time* 01:23	
Bugs	Bunny	E12345	SDAHO	02-25-1981	White		
						Measure Set* OQR-ED V	
You	will ne	ed to ent	er the	patient		Abstractor ID* lorettab - 123456 V	] 📖
				•		Abstraction Date* 10-20-2023	
data	a abstra	action on	ce agai	n. Afte	r		
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eith	er Next	t OR Finis	h				456

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

Next >

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Cancel

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🖫 Provider 🛛 💖 Abstraction Search 🛛 📽 Patient 🔄 Abstraction - Bugs Bunny		_
Navigator	Abstraction Patient Details	
<ul> <li>QQR-ED</li> <li>Abstraction</li> <li>A function (Clubbatter)</li> </ul>	OQR-ED Abstraction	
<ul> <li>1. Enable/disable questions (SKIPPATTERN)</li> <li>2. E/M Code (EMCODE)</li> </ul>	1. Would you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN)	
<ul> <li>3. Discharge Code (DISCHGCODE)</li> <li>5. Payment Source (PMTSRCE)</li> <li>8. Physician 1 (PHYSICIAN_1)</li> <li>9. Physician 2 (PHYSICIAN_2)</li> </ul>	Enable/disable questions appropriately Enable all questions 2. What was the E/M code documented for this emergency department encounter? (EMCODE) ③ 3. What was the patient's discharge code from the outpatient setting? (DISCHGCODE) ③ 4. What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX) ④ 5. What is the patient's source of payment for this outpatient encounter? (PMTSRCE) ⑦ 1 Source of payment is Medicare. 2 Source of payment is Non-Medicare. 6. What is the date the patient departed from the emergency department? (EDDEPARITOT) ⑦ 7. What is the batent departed from the emergency department? (EDDEPARITIM) ⑦ I UTD	
Edits	8. What is the first physician identifier? (PHYSICIAN_1) ⑦	
! Error Edit # Warning Edit ? Informational Edit	9. What is the second physician identifier? (PHYSICIAN_2) ⑦	

Abstraction

data screen

Go through and answer all the questions.

# How to answer #1

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ile Security Help			
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Navigator	Abstraction Patient Details		
<ul> <li>OQR-ED</li> <li>Abstraction</li> <li>3. Discharge Code (DISCHGCODE)</li> <li>4. ICD-10-CM Principal Diagnosis Code (PRINDX)</li> <li>5. Payment Source (PMTSRCE)</li> <li>8. Physician 1 (PHYSICIAN_1)</li> <li>9. Physician 2 (PHYSICIAN_2)</li> </ul>	OQR-ED         • Abstraction         1. Would you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN)         • Enable/disable questions appropriately         • Enable all questions         2. What was the E/M code documented for this emergency department encounter? (EMCODE) ③	_	
We have found choosing	99285 Emergency department visit, new or established patient  3. What was the patient's discharge code from the outpatient setting? (DISCHGCODE)  4. What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX)	~	
Enable/disable questions appropriately works the	<ul> <li>5. What is the patient's source of payment for this outpatient encounter? (PMTSRCE) </li> <li>1 Source of payment is Medicare.</li> <li>2 Source of payment is Non-Medicare.</li> </ul>		
best.	6. What is the date the patient departed from the emergency department? (EDDEPARTDT) ③ UTD		
	7. What is the time the patient departed from the emergency department? (EDDEPARTTM) ⑦		
Edits	8. What is the first physician identifier? (PHYSICIAN_1) ⑦		
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# How to answer #2

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Abstraction	- Abstraction		
<ul> <li>3. Discharge Code (DISCHGCODE)</li> <li>4. ICD-10-CM Principal Diagnosis Code (PRINDX)</li> </ul>	1. Would you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN)		
5. Payment Source (PMTSRCE)	Enable/disable questions appropriately		
8. Physician 1 (PHYSICIAN_1)	O Enable all questions		
9. Physician 2 (PHYSICIAN_2)	2. What was the E/M code documented for this emergency department encounter? (EMCODE) ③		
This is your E/M code from your	99285 Emergency department visit, new or established patient 🐱		
	3. What was the patient's discharge code from the outpatient setting? (DISCHGCODE) ?		
billing department. If you are not			
able to access, ask your billing	4. What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX) ③	~	
	5. What is the patient's source of payment for this outpatient encounter? (PMTSRCE) ③		
department what code to use for	○ 1 Source of payment is Medicare.		
•	○ 2 Source of payment is Non-Medicare.		
transfer, and click on that each time.	6. What is the date the patient departed from the emergency department? (EDDEPARTDT) 1		
You MUST answer something for each			
C			
patient. You can use the same code if	7. What is the time the patient departed from the emergency department? (EDDEPARTTM) ②		
you choose.			
you choose.			
Edits	8. What is the first physician identifier? (PHYSICIAN_1) ③		
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? Informational Edit	9. What is the second physician identifier? (PHYSICIAN_2) ⑦		

# How to answer question #3

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<ul><li>QR-ED</li><li>Abstraction</li></ul>	OQR-ED		
<ul> <li>3. Discharge Code (DISCHGCODE)</li> <li>4. ICD-10-CM Principal Diagnosis Code (PRINDX)</li> <li>5. Payment Source (PMTSRCE)</li> <li>8. Physician 1 (PHYSICIAN_1)</li> <li>9. Physician 2 (PHYSICIAN_2)</li> </ul>	<ul> <li>1. Would you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN) <ul> <li>Enable/disable questions appropriately</li> <li>Enable all questions</li> </ul> </li> <li>2. What was the E/M code documented for this emergency department encounter? (EMCODE) ? </li> <li>99285 Emergency department visit, new or established patient </li> </ul>		
They want to know where	3. What was the patient's discharge code from the outpatient setting? (DISCHGC	CODE) ⑦ 	
you patient went. If you click	2 Hospice - Home 3 Hospice - Health Care Facility 4a Acute Care Facility - General Inpatient Care 4b Acute Care Facility - Critical Access Hospital	CE) ⑦	
on the little <b>?</b> after the	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	EPARTDT) 🕐	
question, you will get more	6 Expired 7 Left Against Medical Advice/AMA 8 Not Documented or Unable to Determine (UTD)		
details.	7. What is the time the patient departed from the emergency department? (EDE	DEPARTTM) 🕐	
Edits	8. What is the first physician identifier? (PHYSICIAN_1) ⑦		
! Error Edit # Warning Edit ? Informational Edit	9. What is the second physician identifier? (PHYSICIAN_2) ⑦		

### How to answer #4

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V 🔞 OQR-ED	OQR-ED						
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4. ICD-10-CM Principal Diagnosis Code (PRINDX)							
5. Payment Source (PMTSRCE)	1. Would you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN)						
8. Physician 1 (PHYSICIAN_1)	Enable/disable questions appropriately						
9. Physician 2 (PHYSICIAN_2)	○ Enable all questions						
	2. What was the E/M code documented for this emergency department encounter? (EMCODE) ⑦ 99285 Emergency department visit, new or established patient v						
<u> </u>	3. What was the patient's discharge code from the outpatient setting? (DISCHGCODE) ⑦						
Find primary diagnosis	1 Home						
	4. What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX) ③						
code and enter it here.	✓						
	A00 Cholera						
	A01 Typhoid and paratyphoid fevers						
	A010 Typhoid fever						
	A02 Other salmonella infections A022 Localized salmonella infections						
	A03 Shigellosis						
	A04 Other bacterial infections						
	A047 Enterocolitis due to Clostridium difficile						
	A05 Oth bacterial foodborne intoxications, NEC						
	A06 Amebiasis						
Edits	8. What is the first physician identifier? (PHYSICIAN_1) ⑦						
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### How to answer question #5

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<ul> <li>✓ Ø OQR-ED</li> <li>✓ ♣ Abstraction</li> </ul>	OQR-ED Abstraction						
<ul> <li>6. ED Departure Date (EDDEPARTDT)</li> <li>8. Physician 1 (PHYSICIAN_1)</li> <li>9. Physician 2 (PHYSICIAN_2)</li> </ul>	<ul> <li>1. Would you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN)</li> <li>Enable/disable questions appropriately</li> <li>Enable all questions</li> </ul>						
	<ul> <li>2. What was the E/M code documented for this emergency department encounter? (EMCODE) </li> <li>99285 Emergency department visit, new or established patient </li> <li>3. What was the patient's discharge code from the outpatient setting? (DISCHGCODE) </li> </ul>						
Simply answer if Medicare or Non-Medicare	Home     4. What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX) ⑦     A4101 Sepsis due to Methicillin susceptible Staphylococcus aureus     5. What is the patient's source of payment for this outpatient encounter? (PMTSRCE) ⑦     ① 1 Source of payment is Medicare.     ① 2 Source of payment is Non-Medicare.	~					
	6. What is the date the patient departed from the emergency department? (EDDEPARTDT) ③ UTD 7. What is the time the patient departed from the emergency department? (EDDEPARTTM) ③ : UTD UTD						
Edits	8. What is the first physician identifier? (PHYSICIAN_1) ⑦						
! Error Edit # Warning Edit ? Informational Edit	9. What is the second physician identifier? (PHYSICIAN_2) ⑦						
		]					

### How to answer questions #6 and #7

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Abstraction B. O. Division 1 (DUVGIGIANI 1)	- Abstraction	
<ul> <li>8. Physician 1 (PHYSICIAN_1)</li> <li>9. Physician 2 (PHYSICIAN_2)</li> </ul>	1. Would you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN)	
	Enable/disable questions appropriately	
	O Enable all questions	
	2. What was the E/M code documented for this emergency department encounter? (EMCODE) ⑦	
	99285 Emergency department visit, new or established patient 🗸	
	3. What was the patient's discharge code from the outpatient setting? (DISCHGCODE) ③	
	1 Home	
	4. What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX) ⑦ A4101 Sepsis due to Methicillin susceptible Staphylococcus aureus	~
Simply enter the date they	5. What is the patient's source of payment for this outpatient encounter? (PMTSRCE) ③	
arrive and the time they left	<ul> <li>I Source of payment is Medicare.</li> </ul>	
	<ul> <li>Source of payment is Medicare.</li> <li>2 Source of payment is Non-Medicare.</li> </ul>	
the Emergency Department.		
	6. What is the date the patient departed from the emergency department? (EDDEPARTDT) ③ 10-04-2023	
	7. What is the time the patient departed from the emergency department? (EDDEPARTTM) ⑦	
	15:30	
Edits	8. What is the first physician identifier? (PHYSICIAN_1) ③	
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# Warning Edit	9. What is the second physician identifier? (PHYSICIAN_2) 🕐	
? Informational Edit		

### How to answer questions # 8 and #9

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Patient 🔄 *Abstraction - Bugs Bunny 10-03-2023 15:15 🖂		
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<ul> <li>ØQR-ED</li> <li>Abstraction</li> </ul>	OQR-ED - Abstraction	
Put the initials of the MD who treated	<ol> <li>Would you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN)</li> <li>Enable/disable questions appropriately</li> <li>Enable all questions</li> </ol>	
the patient for #8, then put any additional MD who helped in the ER	<ul> <li>2. What was the E/M code documented for this emergency department encounter? (EMCODE) </li> <li>99285 Emergency department visit, new or established patient </li> <li>3. What was the patient's discharge code from the outpatient setting? (DISCHGCODE) </li> <li>1 Home </li> </ul>	
into #9. If there was not a 2 <sup>nd</sup> MD, you can leave #9 blank. This is for your own records.	<ul> <li>4. What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX) ⑦</li> <li>A4101 Sepsis due to Methicillin susceptible Staphylococcus aureus</li> <li>5. What is the patient's source of payment for this outpatient encounter? (PMTSRCE) ⑦</li> <li> ① 1 Source of payment is Medicare. ○ 2 Source of payment is Non-Medicare.</li></ul>	]
Make sure you click on the save button above next to the red arrow when complete.	<ul> <li>6. What is the date the patient departed from the emergency department? (EDDEPARTDT) <sup>(2)</sup></li> <li>10-04-2023 <sup>(2)</sup></li> <li>UTD</li> <li>7. What is the time the patient departed from the emergency department? (EDDEPARTTM) <sup>(2)</sup></li> <li>15:30 <sup>(2)</sup></li> <li>UTD</li> </ul>	
Edits ! Error Edit # Warning Edit ? Informational Edit	8. What is the first physician identifier? (PHYSICIAN_1) ⑦ MD 9. What is the second physician identifier? (PHYSICIAN_2) ⑦ RT	

Navigator QQR-ED Abstraction	Abstraction Patient Details OQR-ED  Abstraction  Nould you like the questions to be enabled or disabled appropriately per the measure algorithms, or do you want all questions enabled? (SKIPPATTERN)  Enable/disable questions appropriately
	Enable/disable questions appropriately
	<ul> <li>Enable all questions</li> <li>What was the E/M code documented for this emergency department encounter? (EMCODE) (2)</li> </ul>
You will see this alert each time, you click ok and disable if you chose.	99285 Emergency department visit, new or established patient   3. What was the patient's discharge code from the outpatient setting? (DISCHGCODE) ③   1 Home     Abstraction COMPLETE     X     It is abstraction is now COMPLETE. Do you wish to duplicate this record?     Disable this alert.     OK   Cancel
	UTD 7. What is the time the patient departed from the emergency department? (EDDEPARTTM) ⑦ 15:30
Edits	8. What is the first physician identifier? (PHYSICIAN_1) ⑦

Alert:

### **OP-18** Paper Abstraction Tool

ED-THROUGHPUT CART PAPER 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 fogic 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 ogrsupport@hsag.com.         What was the date the patient arrived in the hospital outpatient setting? (Outpatient Encounter Date)	<ul> <li>What was the E/M Code documented for this emergency department encounter? (EMCODE)         <ul> <li>99281 Emergency department visit, new or established patient</li> <li>99282 Emergency department visit, new or established patient</li> <li>99283 Emergency department visit, new or established patient</li> <li>99284 Emergency department visit, new or established patient</li> <li>99285 Emergency department visit, new or established patient</li> <li>99281 Critical care, evaluation and management</li> </ul> </li> <li>What was the patient's discharge code from the outpatient setting? (DISCHGCODE?) (Select one option)         <ul> <li>I Home</li> <li>Hospice – Health Care Facility</li> <li>A coute Care Facility – General Inpatient Care</li> <li>A cute Care Facility – Critical Access Hospital</li> <li>A cute Care Facility – Cancer Hospital or Children's Hospital</li> <li>A cute Care Facility – Cancer Hospital or Children's Hospital</li> <li>A cute Care Facility – Bepartment of Defense or Veteran's Administration</li> <li>Other Health Care facility</li> <li>Expired</li> <li>Not Documented or Unable to Determine (UTD)</li> </ul> </li> <li>What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX) (Format eight digits, without a decimal point)</li> </ul>	Website to find paper abstraction tool:
MM-DD-TYYY (includes dishes). OTD is not an allowable entry.          What is the patient's race? ( <i>Race</i> ) (Select one option)                 1 White: Patient's race? ( <i>Race</i> ) (Select one option)                 2 Black or African American: Patient's race is Black or African American.                 3 American Indian or Alaska Native: Patient's race is Black or African American.                 3 American Indian or Alaska Native: Patient's race is Asian/Pacific Islander.                 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, 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? ( <i>Postal Code</i> )         Five or nine digits, HOMELESS or NON-US	<ul> <li>4. What is the patient's source of payment for this outpatient encounter? (PMTSRCE) <ul> <li>Source of payment is Medicare</li> <li>Source of payment is Non-Medicare</li> </ul> </li> <li>5. What is the date the patient departed from the emergency department? (EDDEPARTDT) <ul> <li>MM-DD-YYYY (includes dashes) or UTD</li> </ul> </li> <li>6. What is the time the patient departed from the emergency department? (EEDDEPARTTM) <ul> <li>HH:MM (with or without colon) or UTD</li> </ul> </li> <li>7. What is the first physician identifier? (PHYSICIAN_1) <ul> <li>8. What is the second physician identifier? (PHYSICIAN_2)</li> </ul> </li> </ul>	https://qualitynet.cms. gov/outpatient/data- management/abstraction on-resources

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

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

2 of 2

### Patient data page

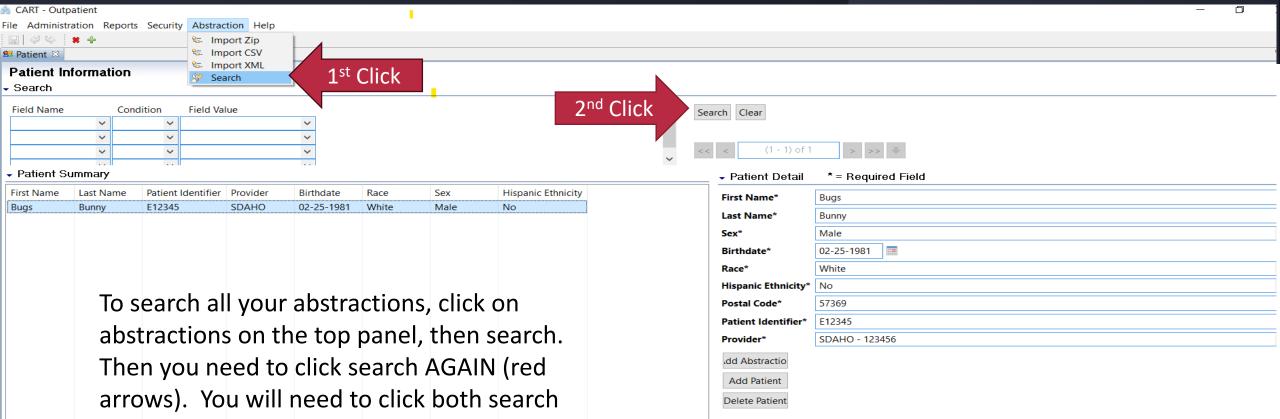
### 🚵 CART - Outpatient

File Administration Reports Security Abstraction Help

information on the patient you just entered.

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<ul> <li>Patient S</li> </ul>	Summary					1				<ul> <li>Patient Detail</li> </ul>	* = Required Field	
First Name	Last Name	Patient Identifier	Provider	Birthdate	Race	Sex	Hispanic Ethnicity			First Name*	Bugs	
Bugs	Bunny	E12345	SDAHO	02-25-1981	White	Male	No			Last Name*	Bunny	
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### How to search all abstractions



buttons to get your data to populate.

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Bugs	Bunny	E12345	10-11-2023	15:15	OQR-ED	PENDING	SDAHO	lorettab	10-20-2023		
Bugs	Bunny	E12345	10-03-2023	15:15	OQR-ED	COMPLETE	SDAHO	lorettab	10-20-2023		

# 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

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### Change to **ZIP** file type

🏝 CART - Outpatient

### File Administration Reports Security Abstraction Help \* 🕺 Patient Abstractions Search Criteria Field Name Condition Field Value Export $\times$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ Abstraction Export $\sim$ $\sim$ $\sim$ Export Abstraction(s) First Name Last Name Patient Identifier Encounter D... Arrival Time Measure \* = Required Bugs Bunny E12345 10-07-2022 15:15 OQR-AN File Type\* Bugs Bunny E12345 10-11-2023 15:15 OQR-ED XML OOR-ED ◯ ZIP Bugs Bunny E12345 10-03-2023 15:15 O EXCEL ○ CSV It will default to XML, but Action Type\* Add we have found changing the Delete Location:\* C:\QMS30\workspace\Outpatient\export Browse. file to a ZIP file works the best. Change to ZIP file as seen by red arrow. Finish Cancel You can change the name of the file Once you click Finish, the data will be location if you choose but have also saved in a folder on your computer. found it is difficult to find the file We specifically list how to find your and/or it does not save right files on the HARP slides.

## Pop-up

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### Another pop-up

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							he data now?	o the OQR Clinica	I Warehouse is NOT	Canc	cel	

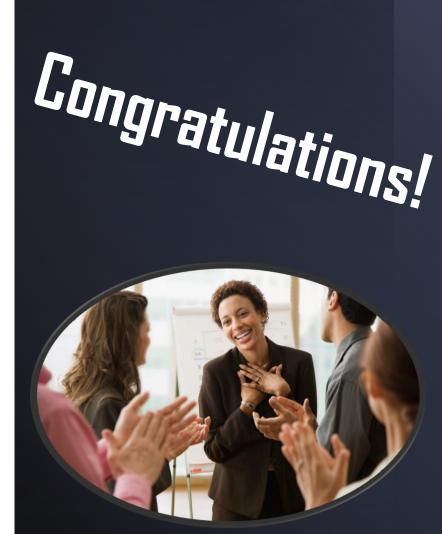
A 2<sup>nd</sup> pop-up will appear. We recommend disabling this alert because it leads you to the OLD warehouse and it has now changed to HARP. You can also just click Cancel each time if you choose.



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"



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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.

