

## **MBQIP New Required Measures ED-1 and ED-2 Summary**

### **Addition to MBQIP**

The Federal Office of Rural Health Policy (FORHP) is adding two CMS Hospital Compare Measures as core measure requirements for the Medicare Beneficiary Quality Improvement Project (MBQIP):

- ED-1 - Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2 - Admit Decision Time to ED Departure Time for Admitted Patients

These metrics help continue to focus improvement efforts on timeliness of care in the ED, and incorporate communication and alignment of processes with inpatient units for timely transfer of patients to an inpatient bed once an admit decision has been made.

The large majority of Critical Access Hospitals (CAHs) are likely to have cases that meet the measure criteria, and the data collection and submission process will be familiar to most facilities.

The first quarter of required reporting for CAHs is 3Q 2017 (submission deadline February 15, 2018).

### **Background:**

Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. In recent times, many EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations.

Considered ED Throughput measures, ED-1 and ED-2 have been included as optional measures in the Outpatient MBQIP Domain since FY 2015, and in calendar 2016, 47% (630) of CAHs nationally reported both measures. The measures are chart-abstracted, and reported to QualityNet quarterly via CART or a vendor tool.

ED-1 and ED-2 are corollary to the Outpatient Throughput measures (OP-18, OP-20). The Outpatient ED Throughput measures include patients that are discharged or transferred from the ED. Patients included in the ED-1 and ED-2 measures are admitted for an inpatient stay from the ED.

*Note:* CMS considers ED-1 and ED-2 to be Inpatient measures, since the population for the measures is patients with an inpatient stay.

**Discussion:**

A significant number of CAHs are already reporting the ED-1 and ED-2 measures even though they are not required by MBQIP. The most recent data available on ED-1 and ED-2 measures is from 2015. Based on the increases in reporting across other measures, we anticipate that the number of CAHs reporting ED-1 and ED-2 will likely be higher when more current data is available (although the increase in reporting is likely to be lower than that of the required MBQIP measures). See details below:

- In Q4 2015, 753 CAHs were reporting the Outpatient ED Throughput Measures (OP-18 and OP-20). A year later (Q4 2016), that had increased to 930 CAHs.
- In Q1 2017, 630 CAHs reported on ED-1 and ED-2.

The reporting process for the ED-1 and ED-2 measures will be familiar to the majority of CAHs, since they are reported to QualityNet via CART or a vendor tool. The data collection process also aligns well with the IMM-2 measure which is already required for MBQIP. The population for the ED and IMM measures are drawn from all adult inpatient stays during the given quarter. Submission of the ED-1 and ED-2 in the 'non-flu season' quarters of each year (Q2 and Q3) will address the somewhat confusing requirement for CAHs to report on all measures every quarter. Currently CAHs would have to enter and submit population data for the non-flu season quarters to meet that requirement for IMM-2, which isn't an effective use of time or effort.

CAHs are likely to have wide variance in the number of cases that need to be abstracted for ED-1 and ED-2. CAHs with less than 152 cases per quarter are required to abstract 100% of the population. CAHs with 153-764 patients per quarter can do a sample of 153 cases. The number of cases that need to be abstracted is not insignificant, but a limited number of data elements is collected on each case. For more information on the ED-1 and ED-2 measure, please review the [MBQIP Fact Sheets](#).

**Next Steps**

FORHP encourages CAHs to collaborate with their state Flex Coordinators and other partners as appropriate to improve timeliness of care for patients that are admitted from the ED.

- See the [MBQIP Quality Reporting Guide](#) for information on the process to submit ED-1/ED-2.
- View the [online MBQIP abstraction training](#) for the ED-1/ED-2 measures
- Report ED-1 and ED-2 starting with Q3 2017 discharges (submission deadline February 15, 2018)
- Consider implementation of best practices for improving timeliness of care for patients that are admitted from the ED in the [CAH Quality Improvement Implementation Guide and Toolkit](#) (updates to include best practices for ED-1 and ED-2 will be available in late 2017).