



maryland
health services
cost review commission

ED LOS Subgroup Meeting

April 12, 2024

HSCRC Quality Team

Subgroup 1 Members

First and Last Name	Title and Organization
Amanda Wright	Director of Patient Care Services – Northwest Hospital
Anene Onyeabo	Senior Analyst, Quality & Health Improvement - MHA
Brenda Watson	Advanta Government Services
Dan Lauth	Manager, Data Analytics and MedStar Health
David Goodmansen	Director of Performance Improvement
Dr. Peter Hill	Senior Vice President of Medical Affairs at John Hopkins
Grace Kaeding	CRISP Representative
James McGarvey	Clinical Analyst Frederick Health Hospital
Jennifer Kramer	Executive Director of Emergency and Vascular Services
Kristen Geissler	Managing Director, BRG
Laura Fortman/Yvette Hicks backup	Systems Architect, Johns Hopkins Emergency Medicine
Lauren Small	IT Director at Frederick Health
Margarita Noel/Laura Wieber backup	Quality Engineer and Epic Liaison
Michael Staley	Executive Director; Quality and Accreditation at Meritus Medical Center
Mike Ward	UMMS Case Mix Manager
Shivani Bhatt	Sr. Data Analyst, hMetrix
Sophia Batallas/Theron Pappas backup	System Quality Director & Director of Data Analytics
Stephanie Cleaveland	Assistant CNO and Director of Emergency Services
Wendy Helms	Clinical Director Emergency Services, Trauma, and Forensic UPMC Western Maryland
Zahid Butt	Medisolv
Courtney Carta/Teresa Brown	MHCC

Thank you to the industry and stakeholders for contributing your interest, time, and expertise to this work.

Workgroup information can be found on the HSCRC website:

<https://hscrc.maryland.gov/Pages/E-D-length-of-stay-workgroup.aspx>

Workgroup Learning Agreements

- **Be Present** – Make a conscious effort to know who is in the room, become an active listener. Refrain from multitasking and checking emails during meetings.
- **Call Each Other In As We Call Each Other Out** – When challenging ideas or perspectives give feedback respectfully. When being challenged - listen, acknowledge the issue, and respond respectfully.
- **Recognize the Difference of Intent vs Impact** – Be accountable for our words and actions.
- **Create Space for Multiple Truths** – Seek understanding of differences in opinion and respect diverse perspectives.
- **Notice Power Dynamics** – Be aware of how you may unconsciously be using your power and privilege.
- **Center Learning and Growth** – At times, the work will be uncomfortable and challenging. Mistakes and misunderstanding will occur as we work towards a common solution. We are here to learn and grow from each other both individually and collectively.

REMINDER:
These
workgroup
meetings are
recorded.

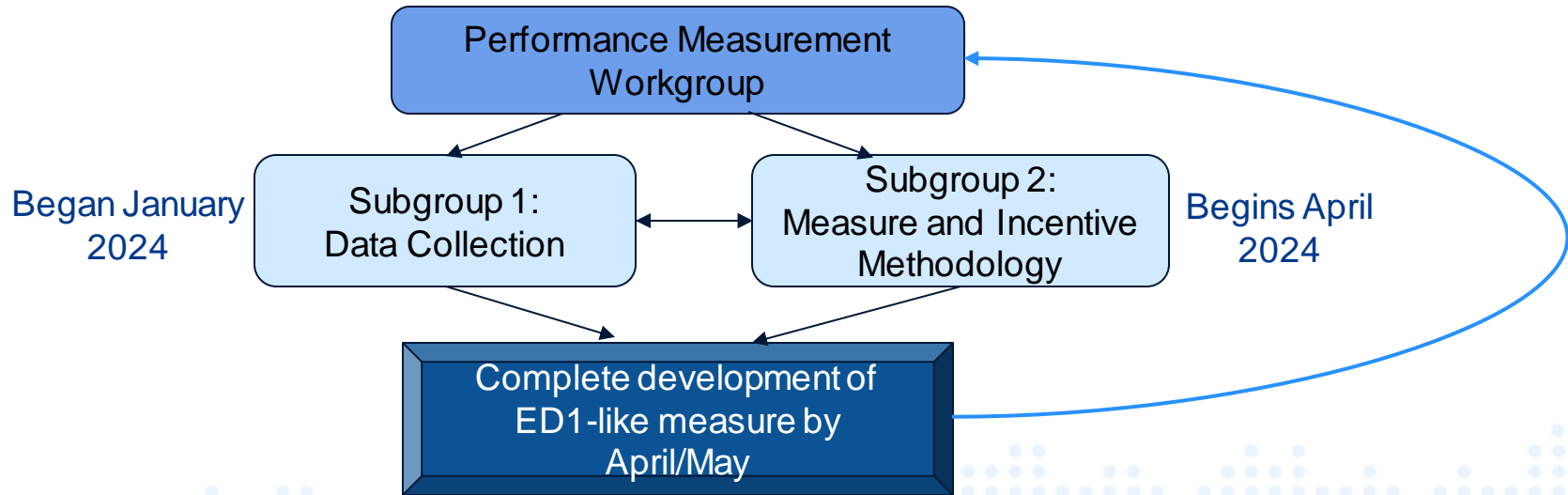
Agenda

- ✓ Review goal of subgroup
- ✓ ED-1 Specifications
- ✓ Reporting Timelines
- ✓ Next Steps and Opportunities

Quality Based Reporting (QBR): ED LOS Measure Development Plan

Objective:

- Subgroup 1: Develop mechanism to collect ED length of stay for **admitted patients**
- Subgroup 2: Develop ED LOS measure and incentive methodology for RY 2026 QBR



What Are We Trying To Accomplish In Today's Meeting?

- Finalize ED1 measure specifications
 - Inclusion/exclusions
 - Date and time stamps
 - Observation
- Data Submission Requirements (DSR) and Timeline for data submission
 - Ad-hoc historical data and ongoing case-mix submissions
 - Data checks/error reporting
 - This will also be reviewed at quarterly data forum
- Outpatient ED Wait times (OP-18) discussion
- Next steps for ED1 Subgroup 2



ED Patient Arrival (Time and Date)
Pre Registration / Sign-In

HH:MM or UTD
MM-DD-YYYY or UTD

Care Process

ED Patient Departure* (Time and Date)

HH:MM or UTD
MM-DD-YYYY or UTD

*Departure = time / date the
patient physically leaves the ED



Self-Present



EMS



Transfer



Registration



Triage



ED Bed



Inpatient Admission



Observation

Outpatient Data (OP-18)



Discharge



Death

Patient initially placed in
Observation then moved to
Inpatient Admission

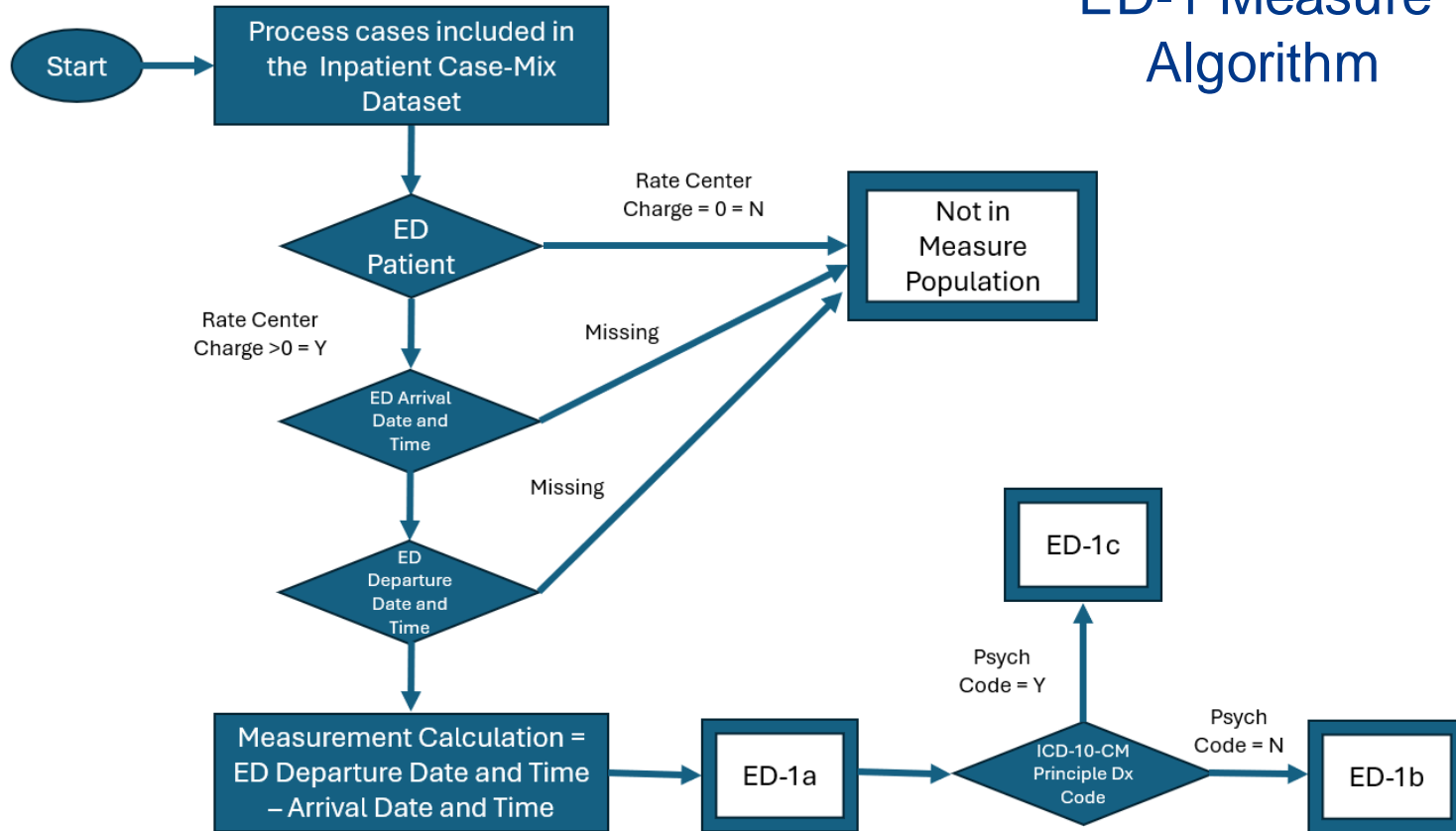
Measure Description

Measure Name:	HSCRC ED1
Description	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department or observation
Population	All ED patients who are admitted to Inpatient bed and discharged from hospital during reporting period
Exclusions	Patients who are discharged from ED or OBS to community/transfers Deaths? Pediatric EDs? Pediatric cases? LOS > 120 days?

Specifications for Joint Commission on ED Departure Date/Time and Observation:

- For patients who are placed into observation outside the services of the emergency department, abstract the date of departure from the emergency department.
- For patients who are placed into observation under the services of the emergency department, abstract the date of departure from the observation services (e.g., patient is seen in the ED and admitted to an observation unit of the ED on 01-01-20xx then is discharged from the observation unit on 01-03-20xx abstract 01-03-20xx as the departure date).

ED-1 Measure Algorithm



Ad-Hoc Data Submission Requirements (DSR)

Data Elements	Description	Rationale
Medicare Provider Number	Hospital Medicare ID	Required for matching
Medical Record Number	Patient's medical record number assigned by hospital	
Patient Account Number	Patient admission number	
From Date of Service	First day of patient encounter or visit	
Thru Date of Service	Date of patient discharge	
ED Arrival Date	Date patient arrived at ED (i.e., sign-in, pre-registration)	New Variables for ED-1
ED Arrival Time	Time patient arrived at ED (HHMM in military time)	
ED Departure Date	Date patient departed ED (i.e., physically left the ED)	
ED Departure Time	Time patient departed ED (HHMM in military time)	
Optional Variables		
Observation Status Date	EHR timestamp for when patient enters observation status; could be in or outside of the ED	To be able to examine impact of observation status on ED length of stay/boarding
Observation Status Time	EHR timestamp for when patient enters observation status; could be in or outside of the ED	
IP Unit Arrival Date	Date patient arrived at IP unit (HHMM in military time)	To be able to ensure we have data on total wait time if needed
IP Unit Arrival Time	Time patient arrived IP unit ED (i.e., physical arrive at unit)	

Data Submission and Reporting Timeline

Should HSCRC try to collect CY2022 data?

- Between 1st and 2nd adhoc submissions, check data quality:
1. Data error checks
 2. Match ad hoc data with Case-Mix data; provide match rate.
 3. Revise DSR, if needed
 4. Request statewide or hospital specific resubmissions

Tasks	Key Dates
Finalize ED-1 Measure specifications and algorithm	May 2024
1st Adhoc submission window opens: Submit CY23 & Jan-Mar 2024 (15 months data)	July 2024
Release summary level statewide report on ED-1 median length of stay	September/October 2024
2nd Adhoc submission window opens: Submit Apr-Sept 2024 (6 months data)	December 2024
Starting in Jan 2025 regular case-mix submissions will include ED-1 variables	January 2025
Final data submission (Oct-Dec 24) will use regular case-mix DSR that includes ED-1 variables	March 2025
Release summary level statewide report on ED-1 median length of stay	April/May 2025
Final RY26 QBR Revenue Adjustments	January 2026 (preliminary July 2025)

Adhoc DSR and Error Checks

Data Items						Data Quality				
Data Item	Data Item Name	Description	HSCRC Variable	Data Type	Max Length	Format	Required Field	Edit Check Level (Warning/Error/Fatal Error/Cross Edit Error) FY22	Cross Edit Error Variable	Quality Threshold 10%: Monthly 5%: Quarterly
1	Medicare Provider Number	Enter the Medicare provider number assigned to the hospital. NNNNNN = MEDICARE PROVIDER NUMBER (SEE "Provider ID" TAB FOR CODES)	HOSPID	NUM	6	See "Provider ID"	Yes	Fatal error: If value is missing or invalid (alpha or special characters)	N/A	100% Complete
2	Medical Record Number	Enter the unique medical record number assigned by the hospital for the patient's medical record. The unique medical record number is to be assigned permanently to the patient and may not change regardless of the number of admissions for that particular patient during the patient's lifetime. LEADING ZEROES/SPACES ARE NOT REQUIRED. NNNNNNNNNNN = PATIENT'S MEDICAL RECORD NUMBER	MRNUM	CHAR	11	No alpha or special characters.	Yes	Fatal error: If value is missing or invalid (alpha or special characters)	N/A	100% Complete
3	Patient Account Number	Enter the unique number assigned by the hospital for this patient's admission. For Commission reporting requirements, this number is related to a single admission, and will change with each encounter or visit reported. LEADING ZEROES/SPACES ARE NOT REQUIRED. NNNNNNNNNNNNNNNNNNN = PATIENT ACCOUNT NUMBER	PATACT	CHAR	18	No alpha or special characters.	Yes	Fatal Error: If value is missing, invalid (alpha or special characters), all 9's or all 0's	N/A	100% Complete
4	From Date of Service	Enter the month, day, and year for the first day of the specific patient encounter or visit. For example, for April 2, 2007, enter 04022007 (mmddyyyy). The From Date must be before the Through Date. MMDDYYYY = MONTH, DAY, YEAR	FR_DATE	DATE	8	No alpha or special characters.	Yes	Fatal error: If value is missing or invalid (alpha or special characters) Fatal error: If value is after Thru Date	Thru Date of Service	100% Complete
5	Thru Date of Service	Enter the month, day, and year for the last day covering the specific patient encounter, visit or the date of discharge. For example, for April 3, 2007, enter 04032007 (mmddyyyy). The Through Date must be after the From Date and be in the current reporting period. MMDDYYYY = MONTH, DAY, YEAR	TH_DATE	DATE	8	No alpha or special characters.	Yes	Fatal error: If value is missing or invalid (alpha or special characters) Fatal Error: If value reported is outside of reporting period	N/A	100% Complete
6	ED Arrival Date	Enter the month, day, and year for the specific patient ED arrival date. For example, for April 2, 2023, enter 04022023 (mmddyyyy). MMDDYYYY = MONTH, DAY, YEAR	ED_ARRIVAL_DATE	DATE	9	No alpha or special characters.	Yes	Fatal error: If value is missing or invalid (alpha or special characters) or not valid date Fatal Error: If value reported is after Departure date	N/A	100% Complete
7	ED Departure Date	Enter the month, day, and year for the specific patient ED Departure date. For example, for April 2, 2023, enter 04022023 (mmddyyyy). MMDDYYYY = MONTH, DAY, YEAR	ED_DEPART_DATE	DATE	10	No alpha or special characters.	Yes	Fatal error: If value is missing or invalid (alpha or special characters) or not valid date	N/A	100% Complete
8	ED Arrival Time	Enter the hour and minute for the ED arrival date. For Example, for 02:30 PM, enter 1430 (hhmm). HHMM= HOUR, MINUTE	ED_ARRIVAL_TIME	NUM	4	No alpha or special characters.	Yes	Fatal error: If value is missing or invalid (not valid time)	N/A	100% Complete
9	ED Departure Time	Enter the hour and minute for the ED departure date. For Example, for 02:30 PM, enter 1430 (hhmm). HHMM= HOUR, MINUTE	ED_DEPART_TIME	NUM	4	No alpha or special characters.	Yes	Fatal error: If value is missing or invalid (not valid time)	N/A	100% Complete

Outpatient ED Length of Stay

Replicate additional time stamps on Outpatient Case Mix Tape?

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Subgroup 2: QBR Measure and Incentive Structure

- RY26 QBR recommendation:
 - Within Person and Community Engagement Domain, add ED wait time measure weighted at 10 percent.
 - Decisions still to be made for CY 2024 performance:
 - Which ED1 measure strata should be used for payment?
 - Should incentive be for improvement only? Or improvement and attainment?
 - What performance standards will we use? Threshold/benchmarks?
 - Should measure be risk-adjusted? What additional data is needed for risk adjustment?
 - Minimum cell sizes? Missing data?

Next Steps/Opportunities

- Finalize and communicate measure specifications
- Finalize data submission requirements and timelines for data collection

**1st Meeting of Subgroup 2:
April 26, 2024**