



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

Addendum to User Manual

Version 11.0 Patch 3
June 2011

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

Table of Contents

1.0	Introduction.....	1
1.1	Summary of Changes	1
2.0	Patch 3 Details	2
2.1	Added New Stage 1 Meaningful Use Hospital Performance Measure Report	2
2.2	Running the Hospital Meaningful Use Report	6
	Contact Information	15

1.0 Introduction

Patch 3 provides enhancements to version 11.0 of the Clinical Reporting System software (namespace: BGP).

Please review these changes and add a copy of them to any printed documentation your site may be using for the Clinical Reporting System Version 11.0. These changes will be integrated into future versions of the software and user manual and will no longer be considered an addendum at the time of the next release.

1.1 Summary of Changes

Patch 3 of the Clinical Reporting System Version 11.0 contains the changes listed below. There are no logic changes to existing performance measures for any report.

- Added new 2011 Hospital Clinical Quality Measures Reports.

2.0 Patch 3 Details

2.1 Added New Stage 1 Meaningful Use Hospital Performance Measure Report

Added new Stage 1 Meaningful Use Hospital Performance Measure Report for a selected reporting period using the performance measure logic being released in CRS version 11.0 Patch 3.

For instructions on running this report, please follow the steps in Section 2.2.

Table 2-1: Content of the 15 Hospital Performance Measure Topics

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Emergency Department Measures		
Median Time/ED Arrival to ED Departure/Admitted Patients (ED-1) (NQF 0495)	1) Not Applicable.	<p>A. All ED Patients except Patients with Mental Disorder or Placed into Observation Status:</p> <ol style="list-style-type: none"> MU searches for all hospitalization visits, defined with Service Category of "H" and finds matching ED patient records, defined with a clinic code of 30, in the Emergency Department (ER VISIT) file in which the elapsed time between ED Arrival Time (ER_VISIT.ADMISSION TIMESTAMP) and Inpatient Admission Time (VISIT.VISIT/ADMIT DATE&TIME) is less than 24 hours MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is excluded from the numerator. MU performs the calculation ED Departure Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time. MU calculates the median value from the set of Elapsed Time from ED Visit to ED Departure Time. If the set is empty, then MU reports a zero value. <p>B. ED Patients Placed into Observation Status:</p> <ol style="list-style-type: none"> MU searches through the emergency department file (ER VISIT) during the report time period and then determines if a

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
		<p>subsequent inpatient admission (PATIENT_MOVEMENT.DATE/TIME) occurred within 24 hours. MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is not considered.</p> <p>2. MU identifies the set of patients who are placed into observation status. Patients in observation status can be identified by checking the PATIENT MOVEMENT.WARD or WARD.SPECIALTY files for an observation specialty.</p> <p>3. MU performs the calculation ED Departure Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time.</p> <p>4. MU calculates the median value from the set of Elapsed Time from ED Visit to ED Departure Time. If the set is empty, then MU reports a zero value</p> <p>C. ED Patients with a Mental Disorder:</p> <p>1. MU searches through the emergency department file (ER VISIT) during the report time period and then determines if a subsequent inpatient admission (PATIENT_MOVEMENT.DATE/TIME) occurred within 24 hours.</p> <p>2. MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is not considered.</p> <p>3. MU identifies the set of patients who have a primary diagnosis code identifying them as having a mental disorder. ICD-9 codes for mental disorders are identified with taxonomy "Mental Disorders".</p> <p>4. MU performs the calculation Inpatient Admission Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time.</p> <p>5. MU calculates the median value from the set of Elapsed Time from ED Visit to</p>

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
		ED Departure Time. If the set is empty, then MU reports a zero value
Median Time/ED Admit Decision to ED Departure/Admitted Patients (ED-2) (NQF 0497)	1) Not Applicable	Median elapsed time from emergency department admission decision time to time of departure from the emergency room for patients admitted to the facility from the emergency department. Numerators are stratified as follows: A) All ED patients except patients with mental disorders or placed into observation status B) ED patients placed into observation status C) ED patients with a mental disorder
Stroke Measures		
Discharged on AntiThrombolytic Therapy (STK-2) (NQF 0435)	1) Number of inpatient discharges for ischemic stroke patients	1) Number of inpatient discharges for ischemic stroke patients prescribed antithrombolytic therapy at hospital discharge.
Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-3) (NQF 0436)	1) Number of inpatient discharges for ischemic stroke patients with documented atrial fibrillation/flutter.	1) Number of inpatient discharges for ischemic stroke patients prescribed antithrombolytic therapy at hospital discharge.
Thrombolytic Therapy (STK-4) (NQF 0437)	1) Number of inpatient discharges for acute ischemic stroke patients whose time of arrival is within 2 hours (≤ 120 minutes) of time last known well.	1) Number of inpatient discharges for acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (≤ 180 minutes) of time last known well.
Thrombolytic Therapy by End of Hospital Day 2 (STK-5) (NQF 0438)	1) Number of inpatient discharges for ischemic stroke patients..	1) Number of inpatient discharges for ischemic stroke patients who had antithrombolytic therapy administered by end of hospital day 2.
Discharged on Statin Medication (STK-6) (NQF 0439)	1) Number of inpatient discharges for ischemic stroke patients with an LDL cholesterol ≥ 100 , or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival.	1) Number of inpatient discharges for patients prescribed statin medication at hospital discharge.
Stroke Education (STK-8) (NQF 0440)	1) Number of inpatient discharges for ischemic stroke or hemorrhagic stroke patients discharged home.	1) Number of inpatient discharges for ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following: --Activation of emergency medical system

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
		--Need for follow-up after discharge --Medications prescribed at discharge --Risk factors for stroke --Warning signs for stroke
Assessed for Rehabilitation (STK-10) (NQF 0441)	1) Number of inpatient discharges for ischemic or hemorrhagic stroke patients.	1) Number of inpatient discharges for ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services.
VTE Measures		
VTE Prophylaxis (VTE-1) (NQF 0371)	1) Number of inpatient discharges for all patients	1) Number of inpatient discharges for patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given --the day of or the day after hospital admission --the day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission.
Intensive Care Unit (ICU) VTE Prophylaxis (VTE-2) (NQF 0372)	1) Number of inpatient discharges for all patients.	1) Number of inpatient discharges for patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: --the day of or the day after ICU admission (or transfer) --the day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)
VTE with Anticoagulation Overlap Therapy (VTE-3) (NQF 0373)	1) Number of inpatient discharges for patients with confirmed VTE who received warfarin.	1) Number of inpatient discharges for patients who received overlap therapy.
VTE UFH with Dosages/Platelet Count Monitoring by Protocol (VTE-4) (NQF 0374)	1) Number of inpatient discharges for patients with confirmed VTE receiving IV UFH therapy.	1) Number of inpatient discharges for patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
VTE Discharge Instructions (VTE-5) (NQF 0375)	1) Number of inpatient discharges for patients with confirmed VTE discharged on warfarin therapy.	1) Number of inpatient discharges for patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: --compliance issues --dietary advice --follow-up monitoring --potential for adverse drug reactions and interactions
Incidence of Potentially-Preventable VTE (VTE-6) (NQF 0376)	1) Number of inpatient discharges for patients who developed confirmed VTE during hospitalization.	1) Number of inpatient discharges for patients who received no VTE prophylaxis prior to the VTE diagnostic test order date.

2.2 Running the Hospital Meaningful Use Report

1. Logging into CRS and Accessing the Main Menu

For detailed instructions on logging into CRS and accessing the main menu for your location, please refer to Section 4.2 of the CRS Version 11.0 User Manual.

2. Accessing the Reports Menu

In the next screen (Figure 2-1), the user will select the CRS 2011 Option “RPT” to access the Reports menu:

Figure 2-1. Accessing the Reports menu

```

*****
**      IHS/RPMS CRS 2011      **
**  Clinical Reporting System  **
*****
                        Version 11.0 Patch 3

                        DEMO IHS CLINIC

RPT  Reports ...
SET  System Setup ...
AO   Area Options ...

You have 69 PENDING ALERTS
      Enter "UA to jump to VIEW ALERTS option

Select CRS 2011 Option:

```


3. Selecting the Meaningful Use Reports Category

In the Reports screen (Figure 2-2), the user will enter the Reports Option “MUP” to run one of the Meaningful Use Performance Measure Reports.

Figure 2-2. Entering the Meaningful Use Reports category

```
*****
**   IHS/RPMS CRS 2011   **
**   Reports Menu       **
*****
Version 11.0 Patch 3

DEMO IHS CLINIC

NTL   National GPRA & PART Reports ...
LOC   Reports for Local Use: IHS Clinical Measures ...
OTH   Other National Reports ...
TAX   Taxonomy Reports ...
MUP   Meaningful Use Performance Measure Reports ...

You have 69 PENDING ALERTS
      Enter "UA to jump to VIEW ALERTS option

Select Reports Option: █
```

4. Entering a Hospital Sub-category of Reports

In the subsequent screen, the user will choose from the two Meaningful Use Performance Measure Reports Options (Figure 2-3). The user will enter option “HOS” for Hospital measures for Stage 1.

Figure 2-3. Entering the Hospital Reports sub-category

```
*****
**   IHS/RPMS CRS 2011   **
**   Meaningful Use Reports Menu   **
*****
Version 11.0 Patch 3

DEMO IHS CLINIC

EP     EP Performance Measures Report Stage 1
HOS    Hospital Performance Measures Report Stage 1

You have 69 PENDING ALERTS
      Enter "UA to jump to VIEW ALERTS option

Select Meaningful Use Performance Measure Reports Option: █
```

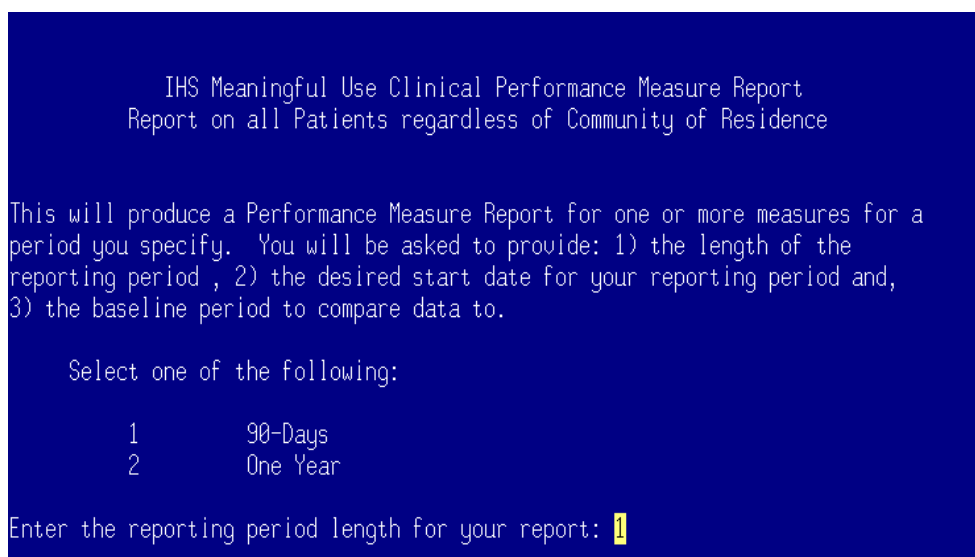
Warning: The Meaningful Use reports do not verify that the Hospital covered in the reports meets the CMS EHR Incentive Program eligibility criteria. The Hospital must make that determination.

5. Selecting the Reporting Period Length

In the next screen (Figure 2-4), the user will enter the reporting period length for the report from the two options available:

- 1) 90-Days
- 2) One Year

Figure 2-4. Entering the reporting period length



IHS Meaningful Use Clinical Performance Measure Report
Report on all Patients regardless of Community of Residence

This will produce a Performance Measure Report for one or more measures for a period you specify. You will be asked to provide: 1) the length of the reporting period, 2) the desired start date for your reporting period and, 3) the baseline period to compare data to.

Select one of the following:

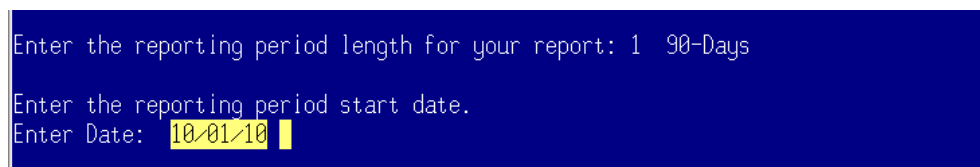
1	90-Days
2	One Year

Enter the reporting period length for your report: **1**

6. Entering the Reporting Period Start Date

Once the user enters the reporting period length, the screen will prompt for a start date to the reporting period (Figure 2-5):

Figure 2-5. Entering the start date for the reporting period



Enter the reporting period length for your report: 1 90-Days

Enter the reporting period start date.

Enter Date: **10/01/10**

7. Entering the Baseline Year

After a start date is defined, the user will then be prompted to enter a baseline year. A baseline year of 2008 was entered in the example below (Figure 2-6).

Figure 2-6. Baseline Year

```
Enter the reporting period start date.  
Enter Date: 10/01/10 (OCT 01, 2010)  
  
Enter the Baseline Year to compare data to.  
Use a 4 digit year, e.g. 1999, 2000  
Enter Year (e.g. 2000): 2000
```

8. Selecting Hospital Measures

At this point, the end user must enter one of the following options to identify which Hospital Measures to include in the reporting results (Figure 2-7):

- HOS: All Hospital Measures
- SEL: Selected Measures (User Defined)

Figure 2-7. Entering the type of measures to include in the report

```
The date ranges for this report are:  
Report Period:      Oct 01, 2010 to Dec 29, 2010  
Previous Year Period: Oct 01, 2009 to Dec 29, 2009  
Baseline Period:    Oct 01, 2009 to Dec 29, 2009  
  
Select one of the following:  
  
HOS      All Hospital Measures  
SEL      Selected Measures (User Defined)  
  
Which set of Measures should be included in this report:
```

If the user opts to select individual measures, the next screen will be presented (Figure 2-8):

Figure 2-8. Entering individual measures to include in the report

RPMS Session
 RPMS Enter EHR for username, no password.
 HOSPITAL MEASURE SELECTION May 14, 2011 21:37:19 Page: 1 of 1
 IHS Meaningful Use Performance Measures
 * indicates the performance measure has been selected

- 1) ED-1 - Median time from ED Arrival to ED Departure for Admitted Pts
- 2) ED-2 - Median time from decision to admit until admission time
- 3) Stroke-2 - Ischemic Stroke - Discharged on Antithrombolytic Therapy
- 4) Stroke 3 - Ischemic Stroke - Anticoagulation for A-fib/flutter
- 5) Stroke 4 - Ischemic Stroke - Thrombolytics within 3 hours of onset
- 6) Stroke-5 - Antithrombolytic Therapy by end of day 2
- 7) Stroke Measure: Discharged on Statin Medication, STK-6
- 8) Stroke 8 - Stroke Education
- 9) Stroke measure: Assessed for Rehabilitation, STK-10
- 10) VTE Measure: VTE Prophylaxis, VTE-1
- 11) VTE Measure: Intensive Care Unit (ICU) VTE Prophylaxis, VTE-2
- 12) VTE Measure: Venous Thromboembolism Patients w/Anticoag Therapy, VTE-3
- 13) VTE Measure: VTE Patients Receiving UFH with Platelet Monitor, VTE-4
- 14) VTE Measure: Venous Thromboembolism Discharge Instruction, VTE-5
- 15) VTE Measure: Incidence of Potentially-Preventable VTE, VTE-6

Enter ?? for more actions

S Select Measure D De Select Measure Q Quit
 Select Action: +//

9. Selecting Inclusion/Exclusion of Patient Lists

The user must next enter yes or no (Y/N) to indicate if Patient Lists should be displayed with the report (Figure 2-9).

Figure 2-9. Patient Lists option

Which set of Measures should be included in this report: HOS All Hospital Measures

PATIENT LISTS
 Do you want patient lists for any of the measures? N//

a. Selecting Patient List(s)

If the user has opted to include Patient Lists, the next screen allows the user to identify which Patient Lists to include (Figure 2-10), per the following:

- S (Select List): This allows the user to select individual Patient List(s) to include in the report results. The user will be prompted to identify the number(s) of the relevant Patient List(s). The following are acceptable entries:
 - The number for a single Patient List
 - The number range for multiple (sequential) Patient Lists, using a hyphen (e.g. 1-3)

- The numbers of multiple (non-sequential) Patient Lists, separated by commas (e.g. 1, 3).
- A (All Lists): Will include all Patient Lists in the report results

Figure 2-10. Entering the type of Patient Lists to display

```
Select List Type.  
NOTE: If you select All Patients, your list may be  
hundreds of pages and take hours to print.  
  
Select one of the following:  
  
D      Pts. Not in numerator  
N      Pts in numerator  
A      All Patients  
  
Choose report type for the Lists: : █
```

10. Selecting a Report Output Type

After the user indicates whether to include or exclude Patient Lists, the Report Output Type must be entered per the following options (Figure 2-11):

- P: Print Report on Printer or Screen
- D: Create Delimited output file (for use in Excel)
- B: Both a Printed Report and Delimited File
- X: Create an XML output file

For detailed instructions on completing Report Outputs for types P and D, please refer to Sections 5.2.2.1 and 5.2.2.2 (respectively) of the CRS Version 11.0 User Manual.

Note: If the user imports the output file generated with Option D (Delimited Output File) into Excel, the column types (in Excel) must be changed from the default “General” format to “Text” format.

Figure 2-11. Entering the Report Output Type for an XML output file

```

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

      Select one of the following:

      P      Print Report on Printer or Screen
      D      Create Delimited output file (for use in Excel)
      B      Both a Printed Report and Delimited File
      X      Create an XML output file

Select an Output Option: P// █

```

For Report Output Type X (Create an XML output file), the user is able to view the output file onscreen, as well as create a file.

11. Creating a XML Output Onscreen

a. Selecting to View the XML Output File Onscreen

To create an onscreen output XML file, the user must first enter the S (SCREEN) option (Figure 2-12).

Figure 2-12. Entering the onscreen XML output type

```

Select an Output Option: P// X Create an XML output file

You have selected to create a XML output file.  You can have this
output file created as a text file in the pub directory,
OR you can have the XML output display on your screen so that
you can do a file capture.  Keep in mind that if you choose to do a
screen capture you CANNOT Queue your report to run in the background!!

      Select one of the following:

      S      SCREEN - XML output will display on screen for capture
      F      FILE - XML output will be written to a file in pub

Select output type: S// S █

```

b. By-passing the Device Selection

When prompted to enter a device, the user should hit “Enter” (Figure 2-13). The default value of “Virtual” will populate.

Figure 2-13. By-passing the Device Selection

```
Select output type: S// SCREEN - XML output will display on screen for capture

DEVICE: HOME//
```

c. By-passing the Right Margin Setting

Next, the user should by-pass the Right Margin setting by hitting “Enter”; the default value of 80 will be maintained (Figure 2-14).

Figure 2-14. By-passing the Right Margin setting

```
Select output type: S// SCREEN - XML output will display on screen for capture

DEVICE: HOME//   Virtual   Right Margin: 80//
```

d. Reviewing the XML Output Onscreen

The XML output will be generated onscreen for the user to review (Figure 2-15). This is the final step in the XML Output Onscreen process.

Figure 2-15. Reviewing the XML Output Onscreen

```
DEVICE: HOME//   Virtual   Right Margin: 80//

<?xml version="1.0" encoding="UTF-8" ?>
<submission type="PQRI-REGISTRY" option="TEST" version="2.0" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:noNamespaceSchemaLocation="Registry_Payme
nt.xsd">
  <file-audit-data>
    <create-date>04-05-11</create-date>
    <create-time>20:12:41</create-time>
    <create-by>USER, SUPER</create-by>
    <version>1.0</version>
    <file-number>1</file-number>
    <number-of-files>1</number-of-files>
  </file-audit-data>
  <registry>
    <registry-name>Sample Registry Name</registry-name>
    <registry-id>123456789</registry-id>
    <submission-method>B</submission-method>
  </registry>
  <measure-group ID="X">
    <provider>
      <npi>1234567893</npi>
      <tin>UNKNOWN</tin>
    </provider>
    <waiver-signed>Y</waiver-signed>
    <encounter-from-date>10-01-10</encounter-from-date>
    <encounter-to-date>12-29-10</encounter-to-date>
```

12. Creating a XML Output File**a. Selecting to Create A XML Output File**

To create a XML output file, the user must first enter the F (FILE) option (Figure 2-16).

Figure 2-16. Entering the XML output file type

```
Select an Output Option: P// X Create an XML output file

You have selected to create a XML output file. You can have this
output file created as a text file in the pub directory,
OR you can have the XML output display on your screen so that
you can do a file capture. Keep in mind that if you choose to do a
screen capture you CANNOT Queue your report to run in the background!!

Select one of the following:

      S      SCREEN - XML output will display on screen for capture
      F      FILE - XML output will be written to a file in pub

Select output type: S// F
```

b. Selecting the Queue Option for XML Output File Generation

The user will be prompted to indicate if the file generation should be generated immediately (“N”), or queue for generation (“Y”) (Figure 2-17). In the example below, the user has entered “N”.

Figure 2-17. Selecting Queue option for XML Output File generation

```
Select output type: S// FILE - XML output will be written to a file in pub

When the report is finished your XML output will be found in the
C:\TMP directory. The filename will be XML.SU.110405.2014.xml

Won't you queue this ? Y// N
```

c. Creation of XML Output File

The XML Output File will be generated and copied to the location identified on screen (Figure 2-18). This is the final step in the XML Output File generation process.

Figure 2-18. Reviewing the XML Output File creation

```
Won't you queue this ? Y// NO

DOS File Being Created'
Please Standby - Copying Data to DOS File C:\TMP\XML.SU.110405.2014.xml
QATEST 14d2>
```


Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

Fax: (505) 248-4363

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

E-mail: support@ihs.gov