



## CASE STUDY

**Using Data Validation to Detect  
Differences Between Electronic and  
Abstracted Quality Measures**

*Wooster Community Hospital  
Wooster, OH*

# WOOSTER COMMUNITY HOSPITAL

*Wooster, OH*

## VITALS

**Wooster Community Hospital**

**Location:** Wooster, Ohio

**Size:** 172 beds

**Type:** Community Owned Hospital

**Facilities:** This hospital offers services from four additional locations in the Wooster, OH area, including Wooster Medical Oncology and Infusion Center

## Using Data Validation to Detect Differences Between Electronic and Abstracted Quality Measures

### The Challenge

CMS recently mandated submission of 4 of the 28 available electronic quality measures (eCQMs) for hospitals to fulfill part of their Inpatient Quality Reporting (IQR) program requirements. The team at Wooster Community Hospital understood the significance of this change and implemented a process to validate, monitor and ultimately improve their eCQM results long before this requirement.

In the initial review, Karen McLaughlin, Clinical Systems Analyst at Wooster Community Hospital, discovered that more than half of the 16 eCQMs had performance rates below 50% and the results were not in alignment with the abstracted measure results. “A few of them were even at zero,” said Karen. “Obviously, there was a problem.”

### The Solution

Wooster had implemented Medisolv’s ENCOR quality reporting and management solution for both electronic and abstracted quality measures. Using the advanced features of the applications, they were able to review and compare measures side-by-side in the shared dashboard tool. They easily identified significant gaps between the eCQM results and their abstracted counterparts.

Karen’s approach was to first evaluate and troubleshoot the measures with the most significant differences in performance rates. She then identified several patients that were failing the electronic measures (and passing the abstracted) and spent time reviewing their clinical documentation in the EHR. In doing so, she confirmed that for the patients in question, the appropriate documentation had in fact been completed.

“That meant something was either wrong in the ENCOR configuration or something was wrong with the nomenclature mapping,” Karen noted. She investigated further and discovered that the third party vendor they were using for nomenclature mapping had associated codes that were not a part of the qualifying value sets to several key data elements. This resulted in lower than expected results in several of the eCQMs.

Karen worked closely with Medisolv’s Director of eMeasures Solutions, Kristen Beatson, to correct the identified mapping issues. “She has a huge amount of knowledge, she will point me in the right direction and then I take it from there. She’s been a good resource for helping me find things. And once I updated the mapping, the eCQM results improved.”

After reviewing and comparing all eCQM results, Karen interviewed the staff and the feedback she received was that certain clinical workflows were cumbersome and inefficient. Additionally, there was confusion around how to properly capture some of the required data in a structured format. To address these issues changes were made to the clinical documentation incorporating best practices in consultation with Medisolv clinical specialists. We required completion of questions primarily for improvements in patient safety or quality of care rather than to simply comply with a specific eCQM requirement.

## Results

Efforts of the team at Wooster Community Hospital have resulted in improved eCQM rates which are consistent with their excellent quality of care and are now in alignment with the abstracted measure results.

“When I first started here, some of our electronic measures were at zero percent. Now, most of them are in the 70s, 80s, and 90s. To me, that’s a huge deal. I couldn’t have done it without the Medisolv products.”

The clinicians at Wooster now have a better understanding of the eCQMs and the new methodologies for data capture, leading to improved compliance and documentation.

Support from Medisolv was also critical to Wooster’s success, “First and foremost, you can have the best product in the world, and if you don’t have the support behind it, it’s not going to work for you,” Karen explains. “When I work with these eCQMs and get into them like I’ve had to, Kristen’s guidance has been a phenomenal help.”



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- Karen McLaughlin,  
Clinical Systems Analyst







## Lessons learned

Karen now reviews her eCQM results almost daily, using the dashboard to compare numbers month to month and the patient details to view specifics. This practice that has paid off:

“A couple of weeks ago, my numbers dropped by 10 to 15 percent.” She discovered that a problem with the RxNorm mapping due to an update from another system caused a drop in the results for several of the measures. Regular review of eCQM results with appropriate software tools is key to understanding the measures and identifying and resolving issues. “It takes two seconds to check my numbers in the morning. Medisolv has a very nice program where you open it up, and boom, there are your numbers. If you don’t keep an eye on your data, and you wait weeks before you look at it, you’re not going to have a clue to what’s going on.”

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## Conclusion

Reporting both abstracted and electronic data through a single software solution allows Wooster’s quality team to better monitor the status of every measure and quickly identify the cause of anomalies.

Early adoption of eCQM software, coupled with proactive problem solving and diligent monitoring by Karen McLaughlin, has positioned Wooster at the forefront of the eCQM curve. Wooster is well-prepared to meet the new 2016 requirement to report four eCQMs for the Inpatient Quality Reporting program.

“We’re proud of what we’re doing here,” admits Karen, reflecting on the results so far. “I couldn’t have done it without Medisolv. It’s been a team effort.”



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has earned the exclusive endorsement of the  
American Hospital Association.**

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