Appendix B: QCDR Audit Tool

MPOG QCDR Audit Tool

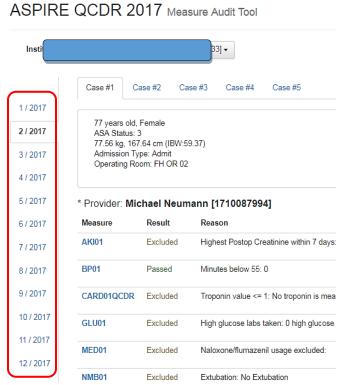
The QCDR Audit Tool is only accessible to QCDR Champions and ACQRs at participating sites via the following link: https://www.aspirecqi.org/AppSuite/QCDR/MeasureAudit. For more information about the MPOG QCDR program, please see the MPOG website: https://mpog.org/quality/qcdr/

Sites participating in the QCDR program are required to audit a minimum of 5 cases per month or 60 cases per year for each group (TIN). Cases and providers are randomly sampled. Only participating providers are included in the sampling. For example, if a site has opted for ASPIRE to report for attendings only, residents and CRNAs will not be sampled. All cases must be reviewed by the time MPOG submits data to CMS. Any documentation entered into the audit tool is subject to further audit by CMS. Please do NOT include Protected Health Information (PHI) in any comments submitted via the tool.

- 1. Access the QCDR Audit Tool: https://www.aspirecqi.org/AppSuite/QCDR/MeasureAudit
- 2. Log into the application using your ASPIRE username and password:



3. The audit tool will display and defaults to opening the current month. Select the month from the tabs on the left side of the screen to begin case review. All QCDR measures for all cases (5) must be reviewed for each month (60 cases in total) before the tool is considered complete.

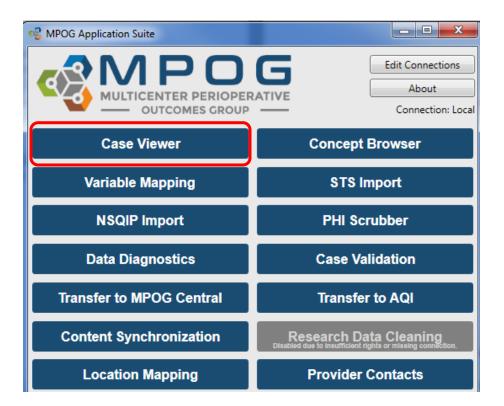


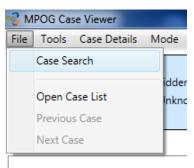
4. After selecting a month to begin review, the tool will default to opening Case #1. Begin

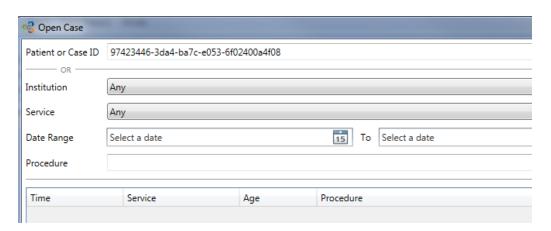
review by copying the MPOG Case ID from the right side of the banner.

| MPOG Case ID: f157f448-03b0-139a-e053-6f02400ab765 Cor | ру |
|--------------------------------------------------------|------|
| MPOG Patient ID: 1e523508-388f-e611-abfa-005056bc7717 | Сору |
| AIMS Case ID: AIMS Patient ID | |

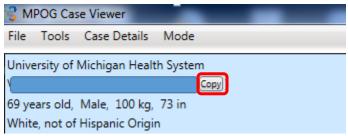
5. Paste the MPOG Case ID into Case Viewer in the MPOG Application Suite:



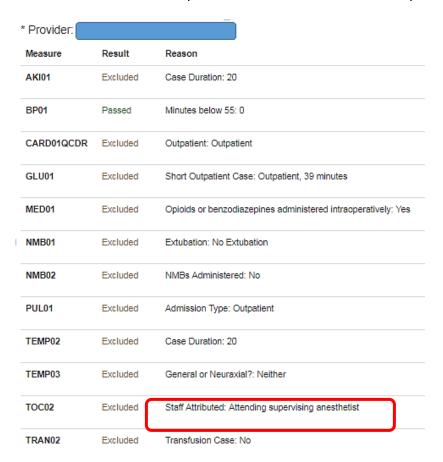




6. Open the case to retrieve the MRN from the banner in MPOG Case Viewer. Click copy.



- 7. Paste the MRN into your site's anesthesia information management system (AIMS) or electronic health record to begin case review. To expedite review, the use of two monitors is recommended. Open the electronic health record on one screen and the QCDR Audit tool on the second monitor.
- 8. During case review, please note that the review of each measure is specific to the provider listed. For example, the case may have been excluded specifically for the selected provider due to staff attribution rules. See measure specifications for details related to provider attribution.



9. For this provider, the case was excluded for AKI01 because the case duration was less than 30 minutes. To confirm this, compare the case duration noted in the QCDR Audit Tool (20 minutes) to the case duration listed in the electronic health record. If the case duration is confirmed, click 'Yes' on the right side of the tool. See step 10 if a discrepancy was noted.



10. If a discrepancy is noted between the audit tool and the electronic health record, select 'No' and enter a comment to describe what was found in the EHR documentation. Upon clicking 'Submit,' this comment will be sent to the Coordinating Center for further review. Please do not include any Protected Health Information (PHI), including MRN, in the comments section. When the MPOG QI coordinators have reviewed the case, they will enter a comment in response to the discrepancy. The reviewer who originally placed the comment will receive an email notifying them that a comment was added. Click on the link within the email to open the case and review the comment. If additional action is needed, please submit an additional comment or take steps to address the data quality issue. When all data accuracy issues have been remedied, the site reviewer will be asked to 'Mark as Resolved.' Any data accuracy issues must be resolved before submission of performance data to CMS.

