

Telehealth Network Grant Program (TNGP) Performance Measures Focusing on Tele-emergency Services Performance Improvement and Measurement System (PIMS)

As discussed in Section IV.2.ii of this NOFO, all recipients will be required to report data collected on an annual basis in the Performance Improvement Measurement System (PIMS). HRSA will provide additional information if awarded.

PROPOSED MEASURES

Please Note: *The following Tele-emergency measures are proposed, have not been finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that will be required.*

Tele-ED consultation:	
Numerator: Identify the total # of patients that received tele-ED consultation at the originating site, resulting in averted transfer , as a result of the grant	
Denominator: Identify the total # of patients that received a tele-ED consultation, or no tele-ED consultation, during visit to originating site resulting in a transfer to distant site	
Decrease by 5 percent the distant site ED utilization rate due to the implementation of telehealth per each budget period year.	
30-day ED re-admission rate:	
Decrease by 5 percent the 30-day emergency department re-admission rate due to the implementation of telehealth per each budget period year.	
Averted transfer:	
Recipient must identify total number of tele-ED consultations that resulted in averted inpatient transfer and admission (for tele-ED patients who were treated and released only).	
I. For that total patient population, indicate the mode of transportation to the receiving inpatient facility that to which the tele-ED patient would most likely have been taken (for tele-ED patients with averted transfer only).	
Air	Enter total number of patients
Ambulance	Enter total number of patients
Boat	Enter total number of patients
Personal car	Enter total number of patients
Other	Enter total number of patients
II. For that total patient population, indicate the distance (in miles) to the most likely receiving inpatient facility (for tele-ED patients who averted transfer only). Calculate total distance (in miles) for each mode of transportation.	
Reason for originating site visit:	
Stroke:	
I. Indicate the total number of tele-consultations as a result of stroke being main reason for the patient visits.	
a. Out of that total number, indicate number of patients eligible for tissue plasminogen activator (tPA), for patients with diagnosis of stroke only.	

II. Increase by 5 percent from baseline the number of tele-consulted patients, who have been diagnosed with stroke, by utilizing telehealth per each budget period year.

Mental/Behavioral Health:

- I. Indicate total number of tele-consultations as a result of Mental/Behavioral Health being main reason for the patient visits.
- II. Increase by 5 percent from baseline the number of tele-consulted patients, who have been diagnosed with mental/behavioral health, by utilizing telehealth per each budget period year.

Tele-emergency service(s) Utilization:

Instructions

- If applicable and desired, use the table provided under this section to complete responses.
- Hospital utilization tracking should be specific to the targeted patient population (full patient panel) identified in your grant project’s awarded application proposal, **that were served with Tele-emergency service(s).**
- If any responses under this section are not applicable or you chose to not report, please respond “N/A.”
- Please refer to language outlined further below for specific calculation instructions for completion of measure responses and for definitions of all terminology included under this section.

Hospital Utilization	Numerator	Denominator	Calculation (%)
Emergency Department (ED) Utilization Rate			
30-Day Emergency Department (ED) Re-Admission Rate			
30-Day Hospital Re-Admission Rate			

Emergency Department (ED) Utilization Calculation

Numerator / Denominator = Emergency Department Utilization (ED)

Numerator = Total number of patient ED admissions

Numerator Inclusion Criteria

- ED admissions are counted for patients within your grant project’s specified target patient population (full patient panel) only.
- ED admissions are to be counted with respect to your grant project’s specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.

- ED admission are counted as ED admissions that occurred within the current grant project reporting period of performance timespan.
- Multiple ED admissions for the same patient *is* included in this value. Ex. Ms. Doe was admitted to the ED and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2) for this numerator.

Denominator = Total number of unique individuals from your project's target patient population (full patient panel) who received direct services during this project performance period reporting.

Denominator Inclusion Criteria

- Value reported should be consistent with the same numerical value reported for the numerator reported for measure 1.
- The total number reported includes the total number of unique individual patients only. No patient should be counted more than once.

30-Day Emergency Department (ED) Re-Admission Calculation

Numerator / Denominator = 30-Day Emergency Department (ED) Re-Admission

Numerator = Total number of patient 30-Day ED re-admissions

Numerator Inclusion Criteria

- 30-day ED re-admission of patients include patients within your *project's specified target patient population (full patient panel) only.*
- 30-day ED admissions are to be counted with respect to your *grant project's specified related disease condition(s) only.* This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.
- 30-day ED re-admissions that occurred within the current grant project reporting period of performance timespan.
- Duplicate 30-day ED re-admission for the same patient *is* included in this value. Ex. Ms. Doe was admitted to the ED within 30 days on two different accounts within the budget period timeframe. Ms. Doe's 30-day ED re-admissions would be counted as a total of two (2) for this numerator.

Denominator = Total number of patient ED admissions

Denominator Inclusion Criteria

- ED admissions are counted for patients within your grant project's *specified target patient population (full patient panel) only.*
- ED admissions are to be counted with respect to your *grant project's specified related disease condition(s) only.* This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.
- ED admission are counted as ED admissions that occurred within the current grant project reporting period of performance timespan.

- Multiple hospital re-admissions for the same patient is included in this value. Ex. Ms. Doe was admitted to the ED and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2).
- Value reported should be consistent with same value reported for the numerator used for the calculation of the Emergency Department Admission Rate in the previous measure.

30-Day Hospital Re-Admission Calculation

Numerator / Denominator = 30-Day Hospital Re-Admission
--

Numerator = Total number of patient 30-day hospital re-admissions

Numerator Inclusion Criteria

- 30-day hospital re-admission of patients include patients within your grant project's specified intervention patient population only.
- 30-day hospital admissions are to be counted with respect to your grant project's specified intervention focus only (this is not intended to be all-cause re-admissions but specific to conditions related to grant project).
- 30-day hospital re-admissions that occurred within the current grant budget reporting period timespan.
- Duplicate 30-day hospital re-admission for the same patient is included in this value. Ex. Ms. Doe was admitted to the ED within 30 days on two different accounts within the budget period timeframe. Ms. Doe's 30-day hospital re-admissions would be counted as a total of two (2) for this numerator.

Denominator = Total number of patient hospital admissions

Denominator Inclusion Criteria

- Hospital admissions count patients within your grant project's specified target patient population (full patient panel) only.
- Hospital admissions are to be counted with respect to your grant project's specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.
- Hospital admission are counted as hospital admissions that occurred within the current grant project reporting period of performance timespan.
- Multiple hospital admissions for the same patient is included in this value. Ex. Ms. Doe was admitted to the hospital and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2).

Public Burden Statement: The purpose of this collection is to use a performance measurement tool to collect data from grantees receiving funds under the Telehealth Network Grant Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915 -0311 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (Section 330I of the Public Health Service Act. The Health Care Safety Net Amendments of 2002 (Public Law 107-251) amended the Public Health Service Act by adding Section 330I)]. [If this information collection includes information protected by any form of confidentiality then explain this confidentiality and cite the authority.] Public reporting burden for this collection of information is estimated to average 1 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.