

## CLINICAL PERFORMANCE

## IMPROVEMENT

### BENEFITS

- Improve outcomes by affecting treatment changes while patient is still receiving care
- Easily flag cases requiring followup
- Generate reports at the physician and nursing unit level to speed response to critical cases
- Bring core measure abstraction and management of care into a single, simultaneous process
- Get real-time patient information with a direct connection to your HIS

### FEATURES

- Concurrent reporting on core measure failures while patient is still hospitalized
- Focus reporting to identify areas requiring rapid intervention and improvement
- Reconciliation with final billed data to eliminate duplicated data entry
- Followup icon and notation area to ensure unresolved issues are not overlooked
- Ability to create specialized abstractor work lists

## Concurrent Abstraction

Truven Health CareDiscovery<sup>®</sup> Quality Measures, our best-in-class regulatory reporting solution, offers an optional module to support your quality improvement and reimbursement initiatives in a proactive way: Concurrent Abstraction. This module supports concurrent abstraction and offers preliminary concurrent reporting on core measure failures to identify areas in which care improvement is needed while the patient is still in the hospital.

### More Insight While Patients Are Onsite

The Concurrent Abstraction Module for Quality Measures enables you to abstract and manage cases while patients are still in-house and care is still actively being delivered. Being able to impact care prior to patient discharge gives your providers the opportunity to improve quality and outcomes — as well as increase patient satisfaction. Management of care is streamlined by documenting clinical information from medical records and analyzing the care currently being provided. This generates more timely feedback and reporting to quality

oversight committees, physicians, and nursing staff, which leads to process improvement throughout the facility as care happens.

### Actionable Data

With Concurrent Abstraction Focus Comparison and Focus Detail Reports, you can generate reports by individual physician or nursing unit to provide an overview of concurrent performance on each core measure. You also have the ability to benchmark or drill down to the case-level detail.

Concurrent Abstraction makes followup issues on all cases easier to track and manage through a note-posting feature and a followup icon. Strong followup plays an important role in improving patient outcomes.

### Expedite Your Concurrent Abstraction Process

Add additional efficiency to your concurrent abstraction process by connecting your hospital information system (HIS) using Expedite for Concurrent Abstraction.

*“We use Expedite for Concurrent Abstraction to sort by admit diagnosis, which decreases the number of cases I need to review. I love this tool; it’s easy to use.*

*Plus, Expedite presents a huge advantage in identifying potential failures in real time — ensuring our patients are getting the best care according to recommended guidelines and making certain that contraindications are in the patient’s record.”*

**Patricia Patschull, RN, BS, CPHQ**  
Quality Management  
Pomona Valley Hospital

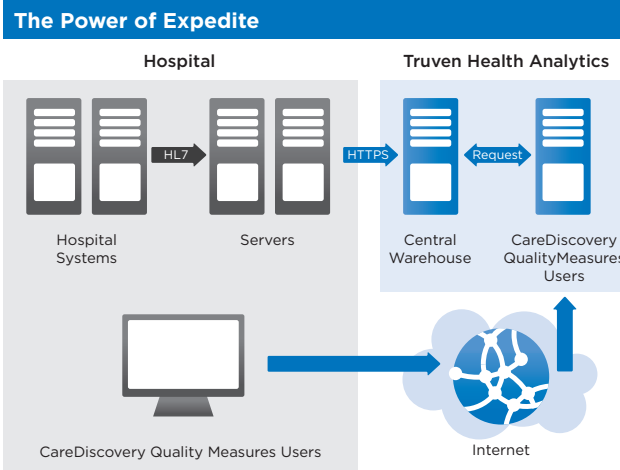
As an add-on feature to Concurrent Abstraction in CareDiscovery Quality Measures using an HL7 data feed, Expedite equips abstractors with the ability to quickly identify potential core measures cases and easily abstract them while the patient is still in the hospital. Save time and money by significantly decreasing the daily effort spent indentifying and creating concurrent cases.

### Save Time With Electronic Reconciliation

Concurrent Abstraction also enables reconciliation with final billed data, to eliminate double-entry of data and save much-needed time.

Once your final billed data are uploaded into Quality Measures, the Concurrent Abstraction tool combines abstracted information with the final billed data, allowing the user to do a final review before submission. This simultaneous quality-check improves accuracy and saves time spent re-entering data.

Efficient and reliable reporting to the Centers for Medicare & Medicaid (CMS) helps you secure your performance-based reimbursement — and Quality Measures helps you to ensure that your final data complies with regulatory reporting for final submission.



Expedite connects to your HIS using an HL7 data feed.

## FOR MORE INFORMATION

Send us an email at [info@truvenhealth.com](mailto:info@truvenhealth.com)  
or visit [truvenhealth.com](http://truvenhealth.com)

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### ABOUT TRUVEN HEALTH ANALYTICS

Truven Health Analytics delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry. Hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, and medical device companies have relied on us for more than 30 years. We combine our deep clinical, financial, and healthcare management expertise with innovative technology platforms and information assets to make healthcare better by collaborating with our customers to uncover and realize opportunities for improving quality, efficiency, and outcomes. With more than 2,000 employees globally, we have major offices in Ann Arbor, Mich.; Chicago; and Denver. Advantage Suite, Micromedex, ActionOI, MarketScan, and 100 Top Hospitals are registered trademarks or trademarks of Truven Health Analytics.

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