

September 11, 2017 | Volume 2 | Issue 9

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If you are interested in joining the 2018 learning collaboratives, please fill out our [interest form](#) and the E-QUAL team will contact you directly.

## **E-QUAL Publication**

**[Preliminary Performance on the New CMS Sepsis-1 National Quality Measure: Early Insights From the Emergency Quality Network \(E-QUAL\)](#)**

E-QUAL's first publication is a guide to EDs and policymakers on current CMS SEP-1 performance and ED sepsis best practices implementation.

## **E-QUAL Learning Collaboratives**

[Sepsis](#) | [Avoidable Imaging](#) | [Chest Pain](#)



# Improve Outcomes for patients with sepsis

## Sepsis Portal Activities

Register Today: [Sepsis Office Hours](#) - **LIVE** Webinar

September 26th, 2017 from 12:00 PM - 1:00 PM EST

As participants in the [Sepsis Wave II learning collaborative](#), please make sure to continue to complete the portal activities. We recommend that you complete one activity per month. At this time your site should be working on **Activity 9 "Tell your Success Story"**.

## Webinar Review



### Balancing Antibiotics Stewardship with Sepsis

Jessica Whittle, PhD, MD

Lauren Epstein, MD, MSc

Our webinar this month aimed to help care givers by:

- Illustrating that antibiotics should be targeted to the likely site of infection, even in a patient with sepsis.
- Restating the importance of resistances, local antibiograms, and emerging pathogens.
- Categorizing the important roles and benefits antibiotic stewardship can provide an ED.

[Watch Webinar](#)  
[Download Slide Deck](#)

## Sepsis eCME

### Fluid and Pressors Management - Including Challenging Cases and Exceptions

To view all of E-QUAL's Sepsis Initiative eCME, click [here](#).

## Sepsis Podcast

### New recommendations from the Surviving Sepsis Campaign, and What do they Mean for the Emergency Department?

To view all of E-QUAL's Sepsis Initiative podcasts, click [here](#).

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Reduce Avoidable Testing  
for low risk patients through implementation  
of Choosing Wisely Recommendations

## Avoidable Imaging Portal Activities

Register Today: [Avoidable Imaging Office Hours](#) - **LIVE** Webinar

September 28th, 2017 from 2:00 PM - 2:45 PM EST

As participants in the [Avoidable Imaging Wave II](#) learning collaborative, please make sure to continue to complete the portal activities. We recommend that you complete one activity per month. At this time your site should be working on **Activity 4 "Engage Leadership and Review Best Practices"**.

## Webinar Review

Head Trauma (Clinical Topic)  
Edward Melnick, MD, MHS  
Adam Sharp, MD, MS



Our webinar this month aimed to help care givers by:

- Illustrating that low risk adult head trauma patients do not benefit from head CTs.
- Discussing the role of traditional decision support in moderately decreased CT use.
- Stating the importance of focusing on doctor patient communication and the role of IT interfaces in facilitating this communication.

[Watch Webinar](#)  
[Download Slide Deck](#)  
[Download Supplemental Audio](#)

## Avoidable Imaging eCME

### [Working with Radiology to Reduce avoidable imaging: Misconceptions and Frustrations about Emergency Medicine and Radiology](#)

To view all of E-QUAL's Avoidable Imaging Initiative eCME, click [here](#).

## Avoidable Imaging Podcast

### [Working with Radiology to Reduce Avoidable Imaging](#)

To view all of E-QUAL's Avoidable Imaging Initiative podcasts, click [here](#).

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Improve The Value  
of ED chest pain evaluation by reducing avoidable  
testing and admissions of low risk patients

## Chest Pain Portal Activities

As participants in the [Chest Pain Wave I](#) learning collaborative, please make sure to continue to complete the portal activities. We recommend that you complete one activity

per month. At this time your site should be working on **Activity 2 "Benchmarking"**. The submission deadline for Activity 2 is **September 29th**. *To receive a benchmarking report, your site must complete Activity 2 by the deadline.*

## Webinar Review



### **Making the Most Out of an Observation Stay**

**Anwar Osborne, MD**

**Michael Granovsky, MD, CDC-CEDC**

Our webinar this month aimed to help care givers by:

- Analyzing the importance of observation units in an ED.
- Illustrating how observation services will be an expanding determinant of our success in bringing value to health care delivery.
- Discussing documentation requirements, patient financial responsibility, and single, bundled payments for Observation.

**[Watch Webinar](#)**  
**[Download Slide Deck](#)**

## Chest Pain eCME

### **[Risk Stratification Scores and Shared Decision Making](#)**

To view all of E-QUAL's Chest Pain Initiative eCME click [here](#).

## Chest Pain Podcast

### **[Risk Stratification Scores and Shared Decision Making](#)**

To view all of E-QUAL's Chest Pain Initiative podcasts click [here](#).

## Quality Tip of the Month



“Adding Clinical Decision Instruments to your EMR can result in more evidence-based imaging utilization.”

*Kevin Klauer, DO, EJD, TeamHealth*

Interested in providing Quality Tips from your experiences? Your tip will be highlighted and credited to you, as shown above. Please contact us at [equal@acep.org](mailto:equal@acep.org).

## Frequently Asked Questions



### Question:

How does participation in E-QUAL affect our site's ability to avoid MIPS penalties and gain bonuses?

### Answers:

For 2017, downward adjustment (or a penalty) can be avoided by participating in the program and completing at least one improvement activities (E-QUAL actually can earn you credit for more than one improvement activity) or submit one quality measure in the quality category (E-QUAL participation does not meet any Quality category requirements). However, to be eligible for any of the over \$500 million CMS is authorized to provide increase in payments (or bonuses), participation in the Quality category and full participation in Improvement Activity is likely required. The greater than 90-day requirement applies to both Quality and Improvement Activity categories to be eligible for

bonus. While CMS has not provided any detailed description of bonus eligibility, we believe that clinicians that receive full Improvement Activity Credit (40 points for 2017, possible through full participation in E-QUAL) and report multiple measures for the Quality Category for greater than 90 days (possible through CEDR, but again not based on E-QUAL) will likely score above national averages and receive bonus payments.

**For other questions please visit our updated [FAQ page](#). If your question has not been answered, please e-mail us at [equal@acep.org](mailto:equal@acep.org).**

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