Quality.
The Discipline to Win.
“It’s not wanting to win that makes you a winner; it’s refusing to fail.”

Peyton Manning, the first NFL quarterback to achieve 200 career wins (regular and post-season) and hold five NFL MVP awards

To win continuously even when the game and players are always changing, requires focus, discipline and refusing to fail. Your healthcare organization now has to adopt the same steel-willed attitude as you are being called upon to not only improve the quality of care but to prove that you are doing so to succeed under health reform.

Indeed, with value-based care prompting a never-before-seen focus on quality, you are striving to reduce readmissions, enhance clinical care, improve outcomes, and reduce costs—all while diligently documenting your efforts.
With so many demands for performance information, it’s hard to keep your clinical team focused on improving patient care instead of struggling with data. Fortunately, Nuance provides what you need: concurrent surveillance, reporting, and measurement that helps improve outcomes. In short, you get rich, reliable information fast so you can improve patient care and financial performance. In fact, we provide this feedback daily (not monthly or quarterly). The end result: You can truly understand how your clinical care is stacking up in near real time, and make much-needed improvements on the fly.

Solutions to Measure, Monitor and Improve Quality

Nuance provides a full range of products and services to help you measure, monitor, and improve quality, including quality measures reporting, performance analytics and improvement services, risk management, and patient safety organization reporting.

**Quality Measures**
Improve core measure compliance with daily updates and eCQMs

**Clinical and Financial Analytics**
Monitor and improve performance in real-time

**Performance Improvement Services**
Understand documentation issues

**Risk Management**
Improve incident reporting up to 50%

**Patient Safety Reporting**
Protect provider confidentiality while enhancing patient safety

**Nuance Clintegrity Quality Management Solutions**
#1 KLAS Category Leader for Quality Management 2014, 2015/2016 & 2017

Quality Measures

Improve core measure compliance. Monitor, measure, and improve quality in real time.

How can you improve patient care in the here and now with quality data that is three months old? You can’t—stale data just won’t cut it. Clintegrity™ Quality Measures provides the performance data you need while patients are still occupying a bed—not 90 days after they’ve been discharged.

You can get out in front of the curve and provide accurate and complete core measure data as required by regulatory agencies such as the Joint Commission (TJC), the Centers for Medicare and Medicaid Services (CMS), and the Hospital Quality Alliance—as well as to the increasing number of registries that consumers and payers are now tracking.

Put time back on your side
Our web-based solution expertly manages data so you can focus on care improvement. Our software catches mistakes and automatically sends notifications of data element errors—giving you plenty of time to correct inaccuracies. Time-consuming abstracting tasks are greatly reduced, as the system automatically identifies patients who fall into core measure categories.

Electronic Clinical Quality Measures
While all electronic health records (EHRs) are required to be certified to submit electronic clinical quality measures (eCQMs) using the standard QRDA I file format, problems may arise—from formatting of the files or data elements to pulling from the wrong field in the EHR—which may ultimately lower your hospital’s payment rate. Clintegrity Quality Measures helps to ensure accurate eCQM submissions with reporting that identifies where errors occur in the QRDA I file and allows for corrections to the file before submission to CMS and TJC.

Key benefits
– Daily core measures processing and performance dashboard updates
– True concurrent abstraction
– Real-time trending
– Correct eCQM errors before submission
– Meet all CMS and TJC core measure needs: inpatient, outpatient, physicians, and LTC
– Automated reporting for TJC, CMS, registries, and state initiatives

Quality measures
– Inpatient
– Outpatient
– Long term care
– Physician (PQRS)
– Inpatient psychiatric (HBIPS)
Clinical and Financial Analysis
Real-time analytics to improve and monitor clinical and financial performance.

Quality care is the Super Bowl of the value-based care world, as it drives optimal reimbursement. To deliver the best patient care, though, you need to know exactly where you stand – in real time – so you can make improvements and catch mistakes before anything falls through the cracks. Quick identification and correction of performance issues can lead to reduced readmissions and hospital-acquired conditions. What’s more, with real-time self-awareness, you can proactively manage costly physician practices and improve value-based purchasing performance.

The problem: The data required to create reliable, accurate, and timely reports is often old, incorrect, fragmented, and difficult to pull from multiple systems.

The solution: Clintegrity™ Performance Analytics and Clintegrity™ Clinical Analytics. These comprehensive, customizable decision support tools enable enhanced trend and data reporting, give you access to performance data, and help you understand information about the costs, quality, and profitability of healthcare services rendered. What’s more, because no single report fits everyone’s needs to monitor performance, you can easily design and run reports for multiple stakeholders to fit their specific needs. With the ability to determine service line profitability at your fingertips, you can better meet the demands of today’s changing healthcare financial environment.

Which Clintegrity Analytics solution is right for me?
The primary difference in Clintegrity Performance Analytics and Clinical Analytics is access to financial information. If your primary focus is clinical improvement, Clintegrity Clinical Analytics may be right for you. If you need to benchmark, assess, or project costs; assess profitability; or prioritize improvement opportunities by profitability, Clintegrity Performance may be right for you. See what is included in each solution:

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<tr>
<th>Features</th>
<th>Clintegrity Clinical Analytics</th>
<th>Clintegrity Performance Analytics</th>
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<td>Clinical outcomes</td>
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<tr>
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<td>Leapfrog reporting</td>
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<td>✔</td>
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<td>Customized physician profiles</td>
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Key benefits
– Improves clinical and financial performance
– Enhances reporting with customizable benchmarking data
– Simplifies capture of Leapfrog survey data
– Turnkey solution – we build your databases
– Generates performance reports easily for multiple stakeholders
Clintegrity Clinical and Performance Analytics

Dashboards and reports improve decision making throughout the organization.

It takes a team to monitor, measure, and improve quality. That’s why numerous departments throughout the hospital use Clintegrity Analytics solutions:

**Executives and the Board**
- Readmissions daily trending
- Hospital-acquired condition daily trending
- Patient safety indicators (PSI) daily trending
- Inpatient quality indicator (IQC) daily trending
- Mortality rates

**Quality and Outcomes**
- Predicted readmissions daily
- CMS Hospital Quality Star Ratings measures
- National Hospital Quality Measures
- Hospital-acquired Conditions
- PSI-90

**Health Information Management**
- Cases with hospital-acquired conditions
- Clinical measures by ICD-10 code
- Clinical outcome measurement by ICD-10 code

**Finance and Revenue Cycle**
- Cost and length of stay benchmarks and outcomes
- Cost center resource consumption
- Patient charge and cost analysis
- Outpatient resource consumption
- Value-based purchasing year-to-date estimate

**Perioperative Services**
- Surgical complications
- Surgeon case volumes
- Same-day surgery volume, readmission, complications
- Readmission rates for hip, knee and CABG
- Post-op infection rates and mortality

**Credentialing Staff**
- Physician readmission rates
- Physician mortality and complication rates
- National Hospital Quality Measures Compliance
- Average LOS by physician
- Cost per case
- Service utilization
- Physician credentialing
- Ongoing Professional Practice Evaluation (OPPE)

Performance Improvement Services

Is it really a performance issue? Or is it a documentation issue? Understand the difference.

You believe you’re doing a great job, but sometimes your numbers don’t reflect the actual care given. Our coding experts, backed by years of experience teaching hospitals how to recode in ICD-10 and conducting coding audits, can readily identify where you’ll see the biggest improvement opportunities in both care delivery and documentation. Our team assesses the key drivers and issues affecting your performance and develops a detailed, thorough response to address them.

Our experts bring quality and health information management together by comparing your performance data with coded cases so you can determine what is truly a quality of care issue, and can prioritize remediation efforts. With decades of experience, we’ll help ensure that your clinical coding accurately reflects your good works.
Risk Management
Taking the pain out of healthcare incident reporting and management.

We’ve all done something wrong – turned ourselves in – and then heard the following: “Make sure it doesn’t happen again. Ever.” The words carry a certain sting, whether delivered from a parent, teacher, or boss. Healthcare organizations can relate. When things go wrong, you need to not only report the incident, but immediately figure out how to prevent a recurrence of the unwanted event. The challenge: You need to make healthcare incident reporting easy and accessible while also capturing the unique information needed to improve care.

Clintegrity™ Risk Management, powered by Clarity HealthSafetyZone Portal, can help you go beyond merely treating the symptoms and instead help you identify the root cause and failure mode. You can analyze trends and identify opportunities for interventions to reduce risk and increase reimbursements. In fact, maintaining efficiency in managing safety information can lead you toward improved overall patient safety outcomes.

You can transform virtually any reporting, education, and safety process – from adverse events and patient complaints to safety drills, discharge callbacks, code reviews, and more – into simple electronic processes that can be accessed system-wide. This highly customizable solution enables you to effectively communicate and share knowledge across departments or locations.

Key benefits
– Increases incident reporting up to 50%
– Enables compliance with external reporting requirements
– Reduces the risk of claims
– Streamlines incident management and patient safety organization reporting
– Fosters collaboration and integration
– Identifies opportunities for interventions

Patient Safety Reporting
Protect healthcare provider confidentiality while enhancing quality and patient safety nationally.

Assessing and improving patient safety outcomes in healthcare delivery requires shared learning. Voluntarily collecting and reporting quality and patient safety information to a Patient Safety Organization (PSO) can enhance quality and safety nationally.

Nuance simplifies PSO reporting through partnership with the Clarity PSO. The Clarity PSO offers healthcare providers the opportunity to participate in patient safety and quality improvement efforts without the risk of losing the protection of data confidentiality or the fear of discovery in the case of potential litigation.

Using the Clarity PSO, you can meet participation requirements for the Healthcare Insurance Marketplace and gain federal legal privilege and confidentiality protections for any patient safety data reported to the PSO. The Clarity PSO is integrated with Clintegrity Risk Management for streamlined workflow and easy reporting. In addition, when Clarity PSO is used with Clintegrity Risk Management solutions, clients have access to reporting tools with AHRQ Common Format template capabilities.

Key benefits
– Meets participation requirements for the Healthcare Insurance Marketplace
– Federal legal privilege and confidentiality protections
– Evidence-based recommendations from subject matter experts
– Affordable support for quality and safety departments
– Continued advancement in fostering a culture of safety
Focus on quality of care, not data management.

Nuance’s Clintegrity Quality Management solutions benefit patients, staff, physicians, and your bottom line by enabling staff time to be reallocated to more meaningful quality work, better reporting, and appropriate reimbursement.

What’s more, our solutions are flexible enough to meet all of today’s challenges. Customizable and real-time data and trending information enable your team to improve the quality of care, substantiate outcomes, and strategically evaluate your organization’s risks and opportunities.

Our quality management solutions can help you automate processes to maximize resources and reimbursement, which means you can spend less time on administrative tasks and more time improving the care and safety of every patient.

To learn more about how Nuance Healthcare can help you improve financial performance, raise the quality of care, and increase clinician satisfaction, please contact us at 877-805-5902 or visit nuance.com/healthcare.

“It’s like Nuance cares about our patients as much as we care about them.”

Kristina Liwoch, Quality Data Analyst, Shore Medical Center

About Nuance Communications, Inc.

Nuance Communications, Inc. is a leading provider of voice and language solutions for businesses and consumers around the world. Its technologies, applications and services make the user experience more compelling by transforming the way people interact with devices and systems. Every day, millions of users and thousands of businesses experience Nuance’s proven applications. For more information, visit www.nuance.com/healthcare or call 1-877-805-5902. Connect with us through the healthcare blog, What’s next, Twitter and Facebook.