Core Measures
National Hospital Quality Measures

What are Core Measures?

- In July 2002, The Joint Commission (at that time known as JCAHO), along with CMS (Centers for Medicare and Medicaid Services) implemented a requirement that accredited hospitals collect and report data on standardized performance measures, called Core Measures.
- Core Measures are quality measures that inform the greatest positive impact on patient outcomes when hospitals demonstrate improvement on them.
- MHS collects and reports data to The Joint Commission and CMS on seven (7) core measures:
  1. Acute MI
  2. Heart Failure (HF)
  3. Pneumonia
  4. Immunization
  5. Surgical Care Improvement Project (SCIP)
  6. Venous Thromboembolism (VTE)
  7. Stroke
- Data is then publicly reported on CMS website: Hospital Compare - www.hospitalcompare.hhs.gov

Pneumonia

Pneumonia was among the initial four core measurements in 2001. The Joint Commission collaborated with the Centers for Medicare and Medicaid Services (CMS) as well as the Infectious Disease Society of America (IDSA), the American Thoracic Society (ATS), the American Society of Emergency Room Physicians (ASEP), and the Centers for Disease Control and Prevention (CDC) with respect to the performance measures for patients with pneumonia.

Pneumonia Measures:

- Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
- Initial Antibiotic Selection for Community Acquired Pneumonia (CAP) in Immunocompetent Patient

Immunizations

The immunization measures were developed as a result of recommendations in 2006 from a National Quality Forum (NQF) Immunization High-Growth panel that influenza and pneumococcal vaccination measures should apply to all patients regardless of diagnosis. In 2007 NQF and CMS endorsed the CMS Adult Immunization Task Force with a goal of developing influenza and pneumococcal measures that could cross care settings and would be applicable to all patients. Collaborative work then began between CMS and The Joint Commission to develop hospital measures that would address all hospitalized inpatients.

- Pneumococcal immunization – Overall Rate
- Pneumococcal Immunization – Age 65 and Older
- Pneumococcal Immunization – High Risk Populations (Age 5 through 64 years)
- Influenza Immunization

Surgical Care Improvement Project (SCIP)

SCIP is a national quality partnership of organizations interested in improving surgical care by significantly reducing surgical complications. SCIP measures are fully supported by evidence-based research across expert panel. Hospitals began collecting core measure data for SCIP in July 2014.

SCIP Measures:

- Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
- Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
- Surgery Patients with Appropriate Hair Removal
- Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero
- Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
- Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Acute Myocardial Infarction (AMI)

Pneumonia was among the initial four core measurements in 2001. The Joint Commission worked with the Centers for Medicare & Medicaid Services (CMS) on the AMI, and HF sets that were common to both organizations. Currently there are ten measures in the AMI measure set.

- Aspirin at Arrival (within 24 hours before or after hospital arrival)
- Aspirin Prescribed at Discharge
- ACEI or ARB for LVSD
- LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.
- Beta-Blocker Prescribed at Discharge
- Median Time to Fibinolysis
- Fibinolysis Therapy Received Within 30 Minutes of Hospital Arrival
- Median Time to Primary Percutaneous Coronary Intervention (PCI)
- Primary PCI Received Within 90 Minutes of Hospital Arrival
- Statin Prescribed at Discharge

Heart Failure

In May 2013, The Joint Commission announced four initial core measurement areas for hospitals, which included acute myocardial infarction (AMI) and heart failure (HF). Simultaneously, The Joint Commission worked with the Centers for Medicare & Medicaid Services (CMS) on the AMI, and HF sets that were common to both organizations.

Currently there are four measures in the HF measure set:

- Discharge Instructions (Written discharge instructions or other educational material addressing all of the following):
  1. Activity level
  2. Diet
  3. Discharge medications
  4. Follow-up appointment
  5. Weight monitoring
  6. What to do if symptoms worsen
- Documentation of Evaluation of left ventricular systolic (LVS) Function before arrival, during hospitalization, or is planned for after discharge.
- ACEI or ARB for LVSD
- Heart failure patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge.

Stroke

The stroke measures were developed in collaboration with the American Heart Association (AHA)/American Stroke Association (ASA)/Brain Attack Coalition (BAC) for use by Disease Specific Care (DSC)-certified primary stroke centers. The development process was guided by the expertise and advice provided by the NQF steering committee (SC) and the technical advisory panel (TAP). Six VTE measures were endorsed by the NQF in May, 2007 and aligned with the Centers for Medicare & Medicaid Services. The VTE measure set was approved as a core measure set for use in the Joint Commission’s program, and available for selection by hospitals to meet their four core measure set accreditation requirement effective May 1, 2009.

- Venous Thromboembolism Prophylaxis
- Discharged on Antithrombotic Therapy
- Anticoagulation Therapy for Atrial Fibrillation/Flutter
- Thrombolytic Therapy
- Anticoagulation Therapy By End of Hospital Day 2
- Discharged on Statin Medication
- Stroke Education
- Assessed for Rehabilitation

Venous Thromboembolism (VTE)

This measure was developed as a result of the National Consensus Standards for the Prevention and Care of Deep Vein Thrombosis (DVT) project between The Joint Commission and the National Quality Forum (NQF) that formally began in January 2000. The development process was guided by the expertise and advice provided by the NQF steering committee (SC) and the technical advisory panel (TAP). Six VTE measures were endorsed by the NQF in May, 2007 and aligned with the Centers for Medicare & Medicaid Services. The VTE measure set was approved as a core measure set for use in the Joint Commission’s program, and available for selection by hospitals to meet their four core measure set accreditation requirement effective May 1, 2009.

- Venous Thromboembolism Patients with Anticoagulation Overlap Therapy
- This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [s.c.]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for Discontinuation of Parenteral Therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to a prior to discontinuation of the parenteral anticoagulation therapy.
- Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram
- This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.
- Venous Thromboembolism Warfarin Therapy Discharge Instructions
- Hospital Acquired Potentially-Preventable Venous Thromboembolism
- This measure assesses the number of patients diagnosed with confirmed VTE during hospital admission (or within 30 days of admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnosis testing order date.

Core Measures Resources

- http://www.jointcommission.org/core_measure_sets.aspx
- www.hospitalcompare.hhs.gov
- www.QualityNet.org
- http://www.medicare.gov
MHS Patient Safety Bundles
CDC, IHI, National Patient Safety Goals

What are Bundles?

Care Bundles: a concept developed by the Institute for Healthcare Initiatives (IHI) encompass a set of evidence-based interventions to treat or prevent a specific cluster of symptoms (www.ihi.org).

Dr. Peter Pronovost is accredited with developing the 1st Care Bundle – He developed a checklist for insertion and management of CVC’s to ensure that key interventions recommended by the CDC 2002 guidelines were implemented every time a CVC was inserted.

A Care Bundle is a means to ensure that the application of all the interventions is consistent for all patients at all times thereby improving outcomes.

There is growing evidence that a combination or bundle of strategies produces better outcomes than a single intervention.

Central Line Associated Blood Stream Infections (CLABSI)

- Standard Precautions & Aseptic Technique
- A Central Line Insertion checklist that includes all the bundle elements should be used when inserting a central venous catheter.
  o Thoroughly prep the site with chlorhexidine before inserting an intravascular device (Chloraprep is the preferred product)
  o Use CHG impregnated sponge (e.g., Biopatch) at the central line catheter insertion site
- Maintain clean occlusive dressing
- Maintain a closed IV system at all times:
  o Use properly disinfect per access ports to access the system
  o Do not open the system to dress the patient. Use a gown with snaps or thread the bag through the sleeve of the garment
  o Change port access caps in conjunction with IV administration set changes per central line policies and procedures
- Scrub all ports including needless IV devices with alcohol swab for 15 seconds and allow to dry before use
- Flush protocol
- Label sites and tubing and change them according to IV policies
- Assess and document the need for the central line daily and remove as soon as possible
- Daily baths with chlorhexidine wipes

Hospital Acquired Pressure Ulcers (HAPU)

- Identify high risk patients using the Braden Skin Risk Assessment Tool and inclusion of certain high risk special populations
- Patients identified at risk will have the Pressure Ulcer Prevention Bundle initiated
- Appropriate skin assessment and documentation
- Charm bracelet and orange banner
- Obtain the Pressure Ulcer Prevention Bedside Kit
  o Kit has supplies for skin care, moisture control, and patient/family education
- Eliminate use of diapers as much as possible
- Eliminate use of TED hose as much as possible
- Bathing/Oral Hygiene
- Reduce/eliminate pressure
  o Initiate turning schedule using tool in the patients’ room (Turn Clock)
  o Obtain elbow and heel protectors as needed
  o Consider a specialty bed (use bed decision tree)
- A consult for the Dietitian will be initiated in EPIC for Braden scores less than or equal to 18, patients with existing wounds, home tube feeding, and special risk
- The RN will optimize nutrition and hydration. This may include IV hydration, enteral, and PO. Offerings of fluid should occur hourly while the patient is awake with adherence to fluid and diet restrictions. Patient should be weighed daily.
- Provide education to the patient and family on skin care and pressure ulcer prevention.
- Hourly Rounding (Purposeful)

Surgical Site Infections (SSI)

- Have patients shower or bathe with antiseptic the evening before and/or the morning of surgery.
- 2% Chlorhexidine with 70% Alcohol (Chloraprep) is the preferred skin preparation for all surgical procedures unless patient has a history of skin reaction to CHG or it is contra-indicated for the procedure
- Do not shave the operative site with a blade razor (48 hours prior to surgery). Use electric clippers with a disposable shaving head if hair must be removed.
- Prophylactic antibiotics should be administered 30 to 60 minutes prior to incision to allow for the establishment of bactericidal tissue and serum levels at the time of skin incision to reduce the risk of infection.
- Postoperative antibiotics should be avoided beyond 48 hours.

Fall Prevention

- Assess Patient’s Fall Risk using the Morse Fall Risk Assessment Tool and assess the Patient’s Risk for Injury using the ABCS tool
- Implement fall prevention interventions based on the patient’s fall risk level
  o Score of less than 50 on the Morse® Standard Risk Interventions
  o Score of 50 or more= High Risk for Fall Injury Prevention Interventions
  o Answer yes to A, B, C, or S means the patient is at risk for injury if they fall. Use the High Risk for Fall Injury Prevention Interventions along with consideration for the use of a floor mat or bed low to the floor
- Initiate Multidisciplinary Plan of Care and implement and document appropriate fall risk interventions
- These are the minimum fall prevention interventions to be used with all hospitalized patients

Standard Precautions
  o Orienting the Patient
  o Call light and other frequently needed objects in reach
  o Answer call light promptly
  o Encourage patients/family to call for help
  o Footwear–gray or brown color
  o Bed in the lowest position
  o Lock the bed/stretchers
  o Have the room and area clutter free
  o Clean up spills
  o Ticket to ride
  o Hourly Rounding with intent
  o Assist with personal hygiene and toileting as appropriate
  o Establish elimination schedule if appropriate
  o OT/PT consult if patient has a history of fall and/or mobility impairment

High Risk Precautions

Implement measures listed under standard risk and:
  o Yellow Footwear
  o Yellow Charm
  o Fall Signage – fall sign, STOP Sign
  o Remain with the patient while toileting
  o Frequent Observation
  o Bed/Chair Alarms
  o Have the patient on a gurney when transferring
  o Have the patient near the nurses’ station
  o Constant Observer
  o Floor Matt

Catheter-Related Urinary Tract Infections (CA-UTI)

- Identify signs and symptoms of UTI during admit – if+ collect urine; obtain physician order for UA/Culture if indicated. Send to lab in gray-top urine culture collection tube
- Minimize urinary catheter use and duration in all patients
- Use indwelling urinary catheters only when necessary, not for convenience. Consider alternatives to Foley catheters such as condom catheters and intermittent catheterization.
- Always sanitize hands and wear gloves for emptying urine
- Use aseptic techniques when inserting urinary catheter
- Maintain closed, sterile drainage at all times
- Do not irrigate the bladder without a physician’s order
- Wash the catheter-meatal junction with soap and water daily and as needed (e.g. after a stool)
- Maintain the urine drainage bag below the bladder, off the floor and no dependent loops in the tubing
- Use a securing device to prevent movement of the catheter
- Daily review of catheter necessity and prompt removal of device

MHS Policies related to Care Bundles

CLABSI:
- Maintenance of Central Venous Catheter, Clinical Guideline
- Central Line Associated Bloodstream Infections, Prevention Of
- Continuous and Intermittent IV Fluids And Medications, Tubing, Filters, Container Use and Change
- Declotting Central Venous Catheter

HAPU:
- Pressure Ulcer Prevention, Assessment and Care

SSI:
- Preoperative Prophylactic Antibiotic Administration Protocol, Adults
- Preoperative Skin Cleansing

Fall Prevention
- Fall Prevention, Adult Acute Care

CAUTI:
- Infection Prevention And Control Program
- Catheter Associated Urinary Tract Infection, Prevention Of