An Overview of the National Hospital Quality Measures

A National Voluntary Hospital Reporting Initiative
What Are Hospital Quality Measures?

- The Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS) have required hospitals to monitor the care and treatment that they give to patients with certain medical conditions.

- These conditions are known as the National Hospital Quality Measures (NHQMs) or the “Core Measures.”
The Core Measures

1. Acute Myocardial Infarction (AMI) or heart attack
2. Heart failure (HF)
3. Pneumonia (PN)
4. Specific surgical procedures monitored under the Surgical Care Infection Prevention (SCIP)
Why Are The CORE Measures Important To Me?

- They are part of the national initiative to improve the quality of care in the nation’s hospitals.

- These measures represent evidence-based best practices for the treatment of these conditions.

- It is one of TRMC’s hospital-wide performance improvement activities.
What You Need To Know

- Continuous monitoring and sustained compliance of the “Core Measures” are part of the hospital-wide performance improvement activities at Trinitas.

- Monitoring results are reported on public websites for the Joint Commission, CMS, and the State of NJ:
  - www.nj.gov/health/hpr
  - www.hospitalcompare

- Patients and families can now compare our results with hospitals throughout the state and nation.

- TRMC currently reports 26 required quality measures for the Medicare Annual Payment Update.
VBP (Value-Based Purchasing)

VBP is a key policy mechanism that CMS has proposed. It transforms Medicare from a passive payer of claims to an active purchaser of care. VBP includes the principles of pay-for-performance (P4P).

• How Will This Affect Trinitas Regional Medical Center?
  • A portion of hospital payment will be contingent on actual performance on specified measures, rather than simply on a hospital’s reporting of data for these measures. Under VBP, payments to high-performing hospitals would be larger than those to lower-performing hospitals.

  • TRMC could gain or lose close to a million dollars ($900,000) in revenue depending on how high or low the hospital’s performance rates are. You may or may not know that 34.7% of our patients are Medicare.

  • The performance rates are reported to the public via the internet (Hospital Compare) and newspapers. Patients who are planning an admission will choose the highest-performing hospitals. TRMC currently ranks lowest in the performance rates in Union County.

  • Some of the measures within the Core Measure sets are included in pay-for-performance (VBP).
HOSPITAL QUALITY MEASURES
ACUTE MYOCARDIAL INFARCTION

- AMI-1_ASPIRIN AT ARRIVAL
- AMI-2_ASPIRIN PRESCRIBED AT DC
- AMI-3_ACEI/ARB FOR LVSD
- AMI-4_ADULT SMOKING CESSATION ADVICE/COUNSELING
- AMI-5_BETA BLOCKER PRESCRIBED AT DISCHARGE
- AMI-7_MEDIAN TIME TO FIBRINOLYSIS
- AMI-7a_FIBRINOLYTIC THERAPY RECEIVED WITHIN 30 MINUTES OF HOSPITAL ARRIVAL
- AMI-8_MEDIAN TIME TO PRIMARY PCI
- AMI-8a_PRIMARY PCI RECEIVED WITHIN 90 MINUTES OF HOSPITAL ARRIVAL
- AMI-9_INPATIENT MORTALITY

* AMI-6_BETA BLOCKER ON ARRIVAL WAS RETIRED
HOSPITAL QUALITY MEASURES
HEART FAILURE

- HF-1_DISCHARGE INSTRUCTIONS
  - ACTIVITY
  - DIET
  - FOLLOW-UP
  - MEDICATIONS
  - WHAT TO DO WHEN SYMPTOMS WORSEN
  - WEIGHT MONITORING
- HF-2_EVALUATION OF LEFT VENTRICULAR SYSTOLIC FUNCTION (LVSF)
- HF-3_ACEI OR ARB FOR LVS DYSFUNCTION
- HF-4_ADULT SMOKING CESSATION ADVICE/COUNSELING
HOSPITAL QUALITY MEASURES
PNEUMONIA (PN)

- PN-2_PNEUMOCOCCAL VACCINATION
- PN-3a_BLOOD CULTURES PERFORMED WITHIN 24 HRS PRIOR TO OR 24 HRS AFTER HOSPITAL ARRIVAL FOR PATIENTS TRANSFERRED OR ADMITTED TO THE ICU WITHIN 24 HRS OF HOSPITAL ARRIVAL
- PN-3b_BLOOD CULTURES PERFORMED IN THE EMERGENCY DEPT PRIOR TO INITIAL ANTIBIOTIC RECEIVED IN HOSPITAL
- PN-4_ADULT SMOKING CESSATION ADVICE/COUNSELING
- PN-5C INITIAL ANTIBIOTIC WITHIN 6 HRS OF HOSPITAL ARRIVAL
- PN-6 INITIAL ANTIBIOTIC SELECTION FOR CAP IN IMMUNOCOMPETENT PATIENTS
  - PN-6a INITIAL ANTIBIOTIC SELECTION FOR CAP IN IMMUNOCOMPETENT PATIENTS – ICU PATIENTS
  - PN-6b INITIAL ANTIBIOTIC SELECTION FOR CAP IN IMMUNOCOMPETENT PATIENTS – NON-ICU PATIENTS
- PN-7_INFLUENZA VACCINATION (REPORTED BY FLU SEASON ONLY_(September through March)
HOSPITAL QUALITY MEASURES
SURGICALCARE IMPROVEMENT PROJECT (SCIP)

• SCIP-1_PROPHYLACTIC ANTIBIOTIC RECEIVED WITHIN 1 HR PRIOR TO SURGICAL INCISION
• SCIP-2_PROPHYLACTIC ANTIBIOTIC SELECTION FOR SURGICAL PATIENTS
• SCIP-3_PROPHYLACTIC ANTIBIOTIC DISCONTINUED WITHIN 24 HRS AFTER SURGERY END TIME
• SCIP-4_CARDIAC SURGERY PATIENTS WITH CONTROLLED 6 AM POST-OPERATIVE BLOOD GLUCOSE
• SCIP-6_SURGERY PATIENTS WITH APPROPRIATE HAIR REMOVAL
• SCIP-9 URINARY CATHETER REMOVED ON POD 1 OR POD 2 WITH DAY OF SURGERY BEING DAY ZERO
• SCIP-10_SURGERY PATIENTS WITH PERIOPERATIVE TEMPERATURE MANAGEMENT
• SCIP-VTE-1_SURGERY PATIENTS WITH RECOMMENDED VENOUS THROMBOEMBOLISM PROPHYLAXIS ORDERED
• SCIP-VTE-2_SURGERY PATIENTS WHO RECEIVED APPROPRIATE VENOUS THROMBOEMBOLISM PROPHYLAXIS WITHIN 24 HRS PRIOR TO SURGERY TO 24 HRS AFTER SURGERY
• SCIP-CARD-2_SURGERY PATIENTS ON BETA BLOCKER PRIOR TO ADMISSION WHO RECEIVED A BETA-BLOCKER DURING THE PERI-OPERATIVE PERIOD
HOW YOU CAN HELP TRINITAS

AMI
- Timely documentation of aspirin on arrival.

HF
- Discharge Instructions
  - Match the meds on the Medication Reconciliation form with the meds listed on the written discharge instructions given to the patient.

PN
- Proper and timely documentation of blood cultures and antibiotics.
- Documentation of prior PPV and Flu vaccine status or documentation of date and time of PPV/flu vaccine administration in the e-MAR (SCM) if vaccine given during the hospital stay.
HOW YOU CAN HELP TRINITAS

-SCIP

• Peri-operative beta blocker
  • Document the date and time of the last dose of the beta blocker taken by the patient prior to arrival on the Medication Reconciliation form

• VTE Prophylaxis
  • Remind surgeon to order appropriate VTE prophylaxis
  • Timely documentation of date and time VTE prophylaxis was given on the e-MAR (SCM)

• Antibiotics discontinued within post-op guidelines
  • If any antibiotic is ordered to be given over 24 hrs after surgery, clarify with surgeon and remind him/her to document reason for this

• For PACU nurses, document temperature legibly in PACU assessment record
  • Timely documentation of the date and time a urinary catheter was discontinued
Reporting of Concerns

Employees who have concerns about the safety or quality of care provided at Trinitas Regional Medical Center should:

• Report these concerns to his/her manager or supervisor or the Department of Human Resources per applicable hospital policy.

• Allow for a timely review and response by the organization.

• Know that these concerns may also be reported to the Joint Commission.

• Know that disciplinary action will NOT be taken against any employee who reports safety or quality of care issues to the Joint Commission.