

Core/Quality Measures Reference Sheet

07-01-16 through 12-01-16

Discharges

CMS Expanded Measure Sets	
<p>STROKE (This addresses both primary stroke diagnoses as well as strokes that occur during hospitalization, i.e. post-op)</p> <ul style="list-style-type: none"> VTE Prophylaxis Antithrombotics at discharge Anticoagulation at discharge for atrial fibrillation IV tPA (arrival 2 hr, treat 3 hr) Antithrombotic end of Day 2 Lipids drawn, treat with Statin prescribed at Discharge Patient receives stroke education which include: <ul style="list-style-type: none"> Personable modifiable risk factors for stroke How to activate EMS for stroke Stroke warning S&S Their prescribed medications Need for F/U after discharge Assessed for Rehab Dysphagia screen prior to PO intake 	
<p>VTE</p> <p>VTE 5 (Applies to patients diagnosed with confirmed VTE that are discharged home on warfarin with written discharge instructions that address all 4 criteria.)</p> <ol style="list-style-type: none"> Discharge instructions Address Compliance Issues (Include all): <ul style="list-style-type: none"> Taking warfarin as instructed Monitoring warfarin with scheduled PT/INR blood draws. Discharge instructions Address Dietary advice (Include all): <ul style="list-style-type: none"> Consistent amount of food with Vitamin K rather than avoidance. Avoid major changes in dietary habits or notify health professional before changing habits. Discharge Instructions Address follow-up monitoring (Include all): <ul style="list-style-type: none"> Information about plans to monitor warfarin post discharge Discharge Instructions Address Potential for adverse drug reactions and interactions (Include all): <ul style="list-style-type: none"> Diet and meds that affect the PT/INR level Do not take or discontinue any medications or over-the-counter medications except on advice from physician or pharmacist Warfarin increases risk of bleeding. <p>VTE 6 (Applies to patients diagnosed with confirmed VTE during hospitalization (not present on admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date)</p>	
<p>PC MEASURES</p> <ul style="list-style-type: none"> Antenatal Steroid Therapy Initiated (document that steroid was given): Patients at risk of preterm delivery at ≥ 24 and < 34 weeks gestation receiving antenatal steroids prior to delivering preterm newborns Documented Reason for Not Initiating Antenatal Steroid Therapy <ul style="list-style-type: none"> Reasons for not initiating the use of antenatal steroid therapy can be documented by physician/APN/PA Medications used: Betamethasone, Dexamethasone 	

STROKE		
Fibrinolytic Agents		
Abbokinase Activase Alteplase Anistreplase Anisoylated Plasminogen-Streptokinase Activator Complex	APSAC Eminase Kabikinase Retavase Reteplase rPA (RPA) Streptase	Streptokinase Tenecteplase Tissue plasminogen Activator TNKase tPA (TPA)
Anticoagulant Medications - Stroke		
Argatroban Arixtra Coumadin Dabigatran Dabigatran etexilate Dalteparin	Enoxaparin Fondaparinux Fragmin Heparin I.V. Innohep Jantoven Lepirudan	Lovenox Pradaxa Refludan Rivaroxaban Tinzaparin Warfarin Warfarin Sodium Xarelto
Warfarin		
Coumadin Jantoven	Warfarin Warfarin Sodium	
Statins		
Advicor Altoprev Atorvastatin Atorvastatin/amlodipine Caduet Crestor Fluvastatin Fluvastatin XL Juvissync	Lescol Lescol XL Lipitor Livalo Lovastatin Lovastatin/ niacin Mevacor Pitavastatin Pravachol	Pravastatin Rosuvastatin Simcor Simvastatin Simvastatin/ezetimibe Simvastatin/ niacin Simvastatin/ sitagliptin Vytorin Zocor
Recommendations for Fibrinolytic Agents, Anticoagulants, Warfarins and Statins are constantly evolving. This list of medications is subject to change. Please consult www.qualitynet.org for any updates.		

Questions?

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Emergency Department National Hospital Inpatient Quality Measures	
ED-1A	Median time from ED arrival to ED departure for admitted ED patients - overall rate
ED-2a	Admit decision time to ED departure time for admitted patients - overall rate
Immunization National Hospital Inpatient Quality Measures	
IMM-2	Influenza Immunization: Patient's influenza vaccination status during this hospitalization

CRITERIA
SEVERE SEPSIS
<p>To establish a presence of severe sepsis, there must be:</p> <p>1. 3 Criteria all of which must be met within 6 hours of each other:</p> <p>I. Documentation of a suspected source of clinical infection</p> <p>II. Two or more manifestations of systemic infection according to SIRS criteria, which are:</p> <ul style="list-style-type: none"> • Temperature > 38.3 C/101 F or < 36.0 C/96.8 F • Heart rate > 90 • Respiration > 20 per minute • WBC > 12,000 or < 4,000 or > 10 % bands <p>III. Organ dysfunction, evidenced by any one of the following:</p> <ul style="list-style-type: none"> • SBP < 90, or MAP < 65, or a SBP decrease of more than 40 pts • CR > 2.0, or urine output < 0.5 mL/kg/hour for 2 hours • Bilirubin > 2 mg/dL (34.2 mmol/L) • Platelet count < 100,000 • INR > 1.5 or a PTT > 60 sec • Lactate > 2mmol/L (18.0 mg/dL) • Acute respiratory failure evidenced by new need for invasive/ non-invasive mechanical ventilation. <p>Note: If above criteria for severe sepsis are not met but there is physician/ APN/PA documentation of severe sepsis or septic shock, this is acceptable per CMS</p>
SEPTIC SHOCK
<p>To establish the presence of septic shock, there must be:</p> <p>1. Documentation of severe sepsis present</p> <p style="text-align: center;">AND</p> <p>2. Tissue hypoperfusion persists in the hour after crystalloid fluid administration evidenced by either:</p> <ul style="list-style-type: none"> • SBP < 90 or • mean arterial pressure < 65 or • a decrease in SBP by > 40 points from the last previously recorded SBP considered normal for the patient <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Initial lactate is ≥ 4 mmol/L <p>Note: If above criteria for septic shock are not met but there is physician/ APN/PA documentation of septic shock, this is acceptable per CMS.</p>

Broad Spectrum Antibiotics	
Antibiotic Monotherapy (Table 5.0)	
Doribax	Cefepime
Doripenem	Maxipime
Eratopenem	Ceftaroline fosamil
Invanz	Teflaro
Imipenem/Cilastatin	Avelox
Meropenem	Levaquin
Merrem	Levofloxacin
Primaxin	Moxifloxacin
Cefotaxime	Ampicillin/sulbactam
Claforan	Piperacillin/tazobactam
Ceftazidime	Ticarcillin/clavulanate
Ceftriaxone	Timentin
Fortaz	Unasyn
Rocephin	Zosyn
Combination Antibiotic Therapy	
Column A	Column B
Aminoglycosides	Cephalosporins (1st and 2nd generation
OR	+
Aztreozam	Clindamycin IV OR
OR	Daptiomycin OR
Ciprofloxacin	Glycopeptides OR
	Linezolid OR
	Macrolides OR
	Penicillins

INTERVENTIONS
SEVERE SEPSIS
<ul style="list-style-type: none"> • Received within 3 hours of presentation or severe sepsis: <ul style="list-style-type: none"> ○ Initial lactate level measurement ○ Broad spectrum or other antibiotics administered intravenously ○ Blood cultures drawn prior to antibiotics • Received within 6 hours of presentation of severe sepsis: <ul style="list-style-type: none"> ○ Repeat lactate level measurement only if initial lactate level is elevated (>2 mmol/L or >18.0 mg/dL) <p>Note: Persistent Hypotension is defined as two or more consecutive blood pressure readings in the one hour following administration of crystalloid fluids of either:</p> <ul style="list-style-type: none"> • SBP < 90 or MAP < 65 or • A decrease in SBP > 40 points from the last previously recorded SBP considered normal for the patient in addition to physician/APN/PA documentation about the SBP decrease.
SEPTIC SHOCK
<ul style="list-style-type: none"> • Received within 3 hours of presentation of septic shock: <ul style="list-style-type: none"> ○ Resuscitation with 30 ml/kg crystalloid fluids • Received within 6 hours of presentation of septic shock if hypotension persists after fluid administration: <ul style="list-style-type: none"> ○ Vasopressors • Received within 6 hours of presentation of septic shock if hypotension persists after fluid administration or initial lactate ≥ 4 mmol/dL: <ul style="list-style-type: none"> ○ Repeat volume status and tissue perfusion assessment consisting of either: <ol style="list-style-type: none"> A focused exam including all of the following: <ul style="list-style-type: none"> • Vital signs • Cardiopulmonary exam • Capillary refill evaluation • Peripheral pulse evaluation • Skin examination <p style="text-align: center;">OR</p> <p>II. Any 2 of the following 4:</p> <ul style="list-style-type: none"> • Central venous pressure measurement • Central venous oxygen measurement • Bedside cardiovascular ultrasound • Passive leg raise exam or fluid challenge

Tobacco Treatment	
Set Measure ID #	Measure Short Name
TOB-1	Patients screened within the first day of admission for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within past 30 days.
TOB-2	Tobacco users within past 30 days who received or refused counseling to quit during hospital stay.
TOB-2A	Tobacco users who received cessation medication or had reason for not receiving medication documented during hospital stay.
TOB-3	Outpatient counseling appointment made or patient refused counseling at discharge.
TOB-3A	Patients who received, refused or had reason for not receiving cessation medication at discharge.