

Joint Commission/CMS Quality Measures

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Why Must We Document Joint Commission/CMS Quality Measures?

- ◆ Documentation as well as monitoring of performance for Joint Commission/CMS Quality Measures is a requirement for LSUHSC-S to maintain its Joint Commission/CMS accreditation.
- ◆ LSUHSC-S receives a 2% reimbursement from CMS and their “Pay for Performance” program.

What are Joint Commission /CMS Quality Measures?

Core Measures

- ◆ Acute Myocardial Infarction (AMI)
- ◆ Heart Failure (HF)
- ◆ Pregnancy Related (PR)
- ◆ Pneumonia (PN)
- ◆ Surgical Care Improvement Project (SCIP)

Documentation of Joint Commission/CMS Quality Measures

- **Acute Myocardial Infarction (AMI)**

The following indicators should be documented on each case:

- Aspirin prescribed within 24 hours before or after arrival or contraindication documented
- Beta Blocker prescribed within 24 hours of arrival or contraindication documented
- Aspirin prescribed at discharge or contraindication documented
- Beta Blocker prescribed at discharge or contraindication documented
- ACE inhibitor or ARB prescribed at discharge in patients with left ventricular systolic dysfunction (EF < 40%)
- Documentation of smoking cessation advice/counseling (includes prescription for patches/gum/meds/classes, handouts, videos)
- Smoked anytime during the year prior to arrival
- Mortality (document cause of death)

Documentation of Joint Commission/CMS Quality Measures

■ Heart Failure (HF)

The following indicators should be documented on each case:

- Discharge Instructions
 - Address activity level
 - Address type of diet
 - Address follow-up appointments (date, time, and location)
 - Address list of medications
 - Address worsening symptoms that may require a return to ER or clinic
 - Address the need for weight monitoring
- Documentation of LVS function (before arrival, during hospitalization or as planned for after discharge)
- Documentation of ACEI or ARB prescribed at discharge for patient with (LVEF < 40% or described as "moderate" or "severe" systolic dysfunction) or contraindication documented for BOTH ACEI and ARB
- Documentation of adult smoking cessation advice/counseling (smoked anytime during the year prior to arrival)

Documentation of Joint Commission/CMS Quality Measures

■ Pneumonia (PN)

The following indicators should be documented on each case:

- Oxygenation assessment with ABG or pulse oximetry within 24 hours prior to or after hospital arrival
- Pneumococcal vaccination (patients age 65+)
- Blood culture performed within 24 hours prior to or 24 hours after hospital arrival
- Adult smoking cessation advice/counseling (includes prescription for patches/gum/meds, handouts, videos)
- Initial Antibiotic received within 6 hours of hospital arrival
- Influenza vaccination (patient age 50+) discharged during October-March

Documentation of Joint Commission/CMS Quality Measures

- **Pregnancy**

The following indicators should be documented on each case:

- VBAC-Vaginal birth after cesarean section
(Progress notes should indicate that the issue has been addressed.)
- Inpatient neonatal mortality
(Causes of neonatal deaths should be clearly documented.)
- Third or fourth degree laceration
(Lacerations should be documented for subsequent childbirth.)

Documentation of Joint Commission/CMS Quality Measures

◆ Surgical Care Improvement Project (SCIP)

The following indicators should be documented on each case:

- Antibiotics are to be given within **1 hour** of surgical cut time.
Pre-op antibiotic orders are to be written "Antibiotics to be given at induction of anesthesia, initiation time must be documented.
- Prophylactic antibiotic selection for surgical patients
- Prophylactic Antibiotics are to be discontinued within 24 hours after surgery end time. (48 hours for cardiac patients)
- Cardiac surgery patients with controlled 6 a.m. post-op serum glucose.
- Appropriate hair removal for surgery patients.
- Immediate post-op normothermia for colorectal surgery patients
- Surgery patient on beta blocker prior to arrival who received beta blocker during peri-operative period
- Surgical patients with recommended venous thromboembolism prophylaxis ordered
- Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery

Acute Myocardial Infarction (AMI)

Core Measure	AMI	National Average	Q1 2008 43 cases	Q2 2008 52 cases	Q3 2008 49 cases	Q4 2008 50 cases	
Acute Myocardial Infarction	AMI-1- Aspirin at arrival	97%	96%	97%	97%	97%	
			24/25	36/37	31/32	31/32	
	AMI-2 - Aspirin prescribed at discharge	96%	100%	98%	100%	93%	
			33/33	48/49	44/44	41/44	
	AMI-3 - ACE-I or ARB for LVSD	93%	100%	91%	88%	100%	
			14/14	10/11	7/8	10/10	
	AMI-4 - Adult smoking cessation advice/counseling	99%	100%	100%	96%	97%	
			17/17	35/35	24/25	34/35	
	AMI-5 - Beta blocker prescribed at discharge	97%	100%	98%	96%	100%	
			30/30	43/44	43/45	42/42	
	AMI-6 - Beta blocker at arrival	94%	100%	100%	91%	96%	
			19/19	33/33	29/32	23/24	
	AMI-7- Fibrinolytic therapy received within 30 mins. of arrival	N/A	N/A	N/A	N/A	N/A	
	AMI- 8 PCI received within 90 minutes of arrival	80%	50%	40%	100%	0%	
				1/2	2/5	3/3	0/4
	AMI- 9 Inpatient mortality	6%	4%	5%	3%	3%	
				1/26	2/40	1/35	1/34
<i>Continuous Measures</i>							
Time to Fibrinolysis	35	N/A	N/A	N/A	N/A	N/A	
Time to Primary PCI (Median Minutes)	76		156.5	105.5	63	101.75	
Number of cases			2 cases	5 cases	3 cases	4 cases	

Above National Average

Area of Concern 1% - 5% below National Average

Area of Concern > 5% below National Average

Congestive Heart Failure (CHF)

Core Measure	HF	National Average	Q1 2008 78 cases	Q2 2008 78 cases	Q3 2008 73 cases	Q4 2008 78 cases
Heart Failure	HF-1 - Discharge Instructions	84%	73%	81%	71%	60%
			52/71	56/69	46/65	42/70
	HF-2 - Evaluation of LVS function	96%	100%	100%	99%	97%
			72/72	70/70	65/66	71/73
	HF-3 - ACEI or ARB for LVSD	92%	98%	96%	100%	100%
			48/49	48/50	36/36	54/54
	HF-4 - Adult smoking cessation advice/counseling	97%	100%	100%	100%	100%
			24/24	33/33	20/20	20/20



Above National Average



Area of Concern 1% - 5% below National Average



Area of Concern > 5% below National Average

Pregnancy & Related Conditions (PRC)

Core Measure	PRC	National Average	Q1 2008 95 cases	Q2 2008 82 cases	Q3 2008 99 cases	Q4 2008 95 cases
Pregnancy Related Conditions	PR-1 VBAC	10%	7%	14%	12%	12%
			5/74	8/59	8/69	7/58
	PR-2 Inpatient neonatal mortality	0%	0%	4%	3%	1%
			0/94	3/82	3/98	1/95
	PR-3 3rd or 4th degree laceration	3%	4%	2%	4%	3%
			11/274	5/257	11/286	9/289

 Below National Average

 Area of Concern 1% - 5% above National Average

 Area of Concern > 5% above National Average

Pneumonia (PN)

Core Measure	PN	National Average	Q1 2008 49 cases	Q2 2008 44 cases	Q3 2008 35 cases	Q4 2008 53 cases
Pneumonia	PN-1 - Oxygenation assessment	100%	100%	100%	100%	100%
			27/27	28/28	26/26	30/30
	PN-2 - Pneumococcal vaccination	90%	89%	80%	67%	50%
			8/9	4/5	2/3	5/10
	PN-3a- Blood culture w/in 24 hrs of arrival for pt's transferred/ admitted to ICU	94%	100%	100%	100%	100%
			1/1	6/6	10/10	5/5
	PN-3b - Blood cultures in the ED prior to antibiotic	93%	100%	90%	100%	88%
			25/25	17/19	16/16	21/24
	PN-4 - Adult smoking cessation advice/counseling	95%	100%	100%	100%	100%
			13/13	14/14	14/14	22/22
	PN-5b- Initial antibiotic rec'd w/ 4 hrs of hospital arrival	84%	52%	33%	57%	33%
			11/21	8/24	12/21	6/18
	PN-5c - Initial antibiotic rec'd w/ 6 hrs of hospital arrival	94%	71%	71%	86%	78%
			15/21	17/24	18/21	14/18
	PN-6 - ABX selection for CAP in immunocompetent ICU and Non- ICU pt	78%	93%	77%	60%	67%
			14/15	10/13	6/10	10/15
	PN-6a -ABX selection for CAP in immunocompetent ICU patient	63%	100%	0%	67%	25%
			1/1	0/1	4/6	1/4
	PN-6b -ABX selection for CAP in immunocompetent Non-ICU pt	93%	93%	83%	50%	82%
			13/14	10/12	2/4	9/11
PN-7 - Influenza vaccination*	85%	48%	N/A	N/A	44%	
		12/25	N/A	N/A	10/23	
<i>Continuous Measures</i>						
	Antibiotic Timing (Median Minutes)	213.86	224.16	331.16	208.66	302
	Number of cases		21 cases	24 cases	21 cases	17 cases

■ Above National Average
 ■ Area of Concern 1% - 5% below National Average
 ■ Area of Concern > 5% below National Average

Surgical Care Improvement Project (SCIP)

Core Measure	SCIP	National Average	Q1 2008 137 cases	Q2 2008 133 cases	Q3 2008 123 cases	Q4 2008 120 cases
Surgical Care Improvement Project	SCIP-Inf 1 Prophylactic ABX rec'd w/in 1hr prior to surgical incision - Overall rate	93%	87%	41%	38%	81%
			54/62	38/93	31/82	47/58
	SCIP-Inf 2 Prophylactic ABX selection for surgical patients- Overall rate	96%	95%	97%	94%	90%
			62/65	94/97	77/82	52/58
	SCIP-Inf 3 Prophylactic ABX discontinued w/in 24hrs after surgery end time (48 hrs for cardiac patients)- Overall rate	90%	79%	77%	68%	88%
			48/61	69/90	55/81	50/57
	SCIP-Inf 4 Cardiac surgery pt's w/controlled 6 a.m. postoperative serum glucose	91%	81.80%	61%	72%	91%
			18/22	19/31	13/18	21/23
	SCIP-Inf 6 Surgery patients w/ appropriate hair removal	98%	87%	92%	91%	85%
			115/133	120/130	108/119	99/117
	SCIP- Inf 7 Colorectal surgery pt's with immediate postoperative normothermia	88%	69%	70%	60%	54%
			9/13	7/10	9/15	7/13
	SCIP- Card-2 Surgery pt's on beta blocker prior to admission who received BB during perioperative period	87%	91%	82%	98%	100%
			31/34	32/39	47/48	28/28
	SCIP-VTE-1 Surgery pt's w/recommended VTE prophylaxis ordered	89%	91%	81%	96%	77%
			52/57	62/77	72/75	34/44
SCIP-VTE-2 Surgery pt's who received VTE prophylaxis with in 24 hrs prior to surgery	87%	91%	77%	93%	79%	
		52/27	59/77	70/75	34/43	

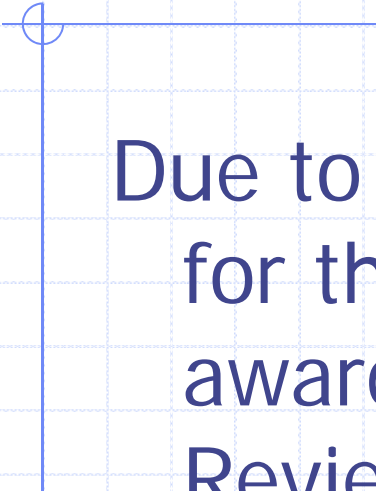
■ Above National Average

■ Area of Concern 1% - 5% below National Average

■ Area of Concern > 5% below National Average

Actions to Improve Performance

- ◆ Revised pocket card which identifies indicators for each core measure monitored distributed to all staff and residents. (In your packet)
- ◆ Revised Heart Failure Standardized Discharge Form
- ◆ Standing orders for Pneumococcal and Influenza Vaccination
- ◆ Nursing Education for all Managers
- ◆ All cases that fall out are entered into Peer Review Process
- ◆ Revised Medication Reconciliation Form
- ◆ Discharge Check List



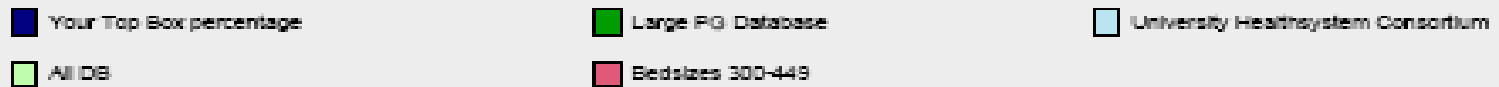
Due to our improvement of 25% or better for the year 2007, LSUHSC-S has been awarded the Louisiana Health Care Review's **Platinum Award!!!**



Overview of HCAHPS

HCAHPS Summary Information

Global DOMAIN	Question	n	%	All DB N = 1782	Large PG DB N = 1064	300-449 Bed Grp N = 273	UHC Peer Grp N = 162	% Top Box 9-10'
Global Rating Item	Rate hospital 9-10'							
		0	2%	1%	1%	1%	1%	55
		1	5%	0%	0%	1%	0%	55
		2	1%	1%	1%	1%	0%	54
		3	7%	1%	1%	1%	1%	53
		4	6%	1%	1%	1%	1%	55
		5	12%	3%	3%	4%	3%	
		6	13%	3%	3%	3%	3%	
		7	35%	7%	7%	8%	7%	
		8	53%	18%	18%	18%	18%	
	9-10	173	56%	65%	64%	63%	65%	
	Total	309						
	Top Box							
	%ile rank			16	16	20	12	
Global Rating Item	Recommend this hospital							
	Definitely no	11	3%	2%	2%	2%	2%	51
	Probably no	16	5%	3%	4%	4%	4%	50
	Probably yes	96	30%	26%	26%	26%	24%	50
	Definitely yes	196	61%	69%	68%	68%	70%	70
	Total	319						
	Top Box							
	%ile rank			25	22	23	14	
COMM W/ NURSES	Never		1%	1%	1%	1%	1%	71
	Sometimes		8%	5%	5%	5%	5%	74
	Usually		20%	20%	21%	22%	21%	73
	Always		71%	74%	73%	72%	72%	72
	Top Box							
	%ile rank			27	32	37	37	
Nurses treat with courtesy/respect	Never	1	0%	0%	0%	0%	0%	75
	Sometimes	20	6%	3%	3%	4%	4%	82
	Usually	47	15%	16%	16%	17%	16%	81
	Always	250	79%	82%	81%	79%	80%	79
	Total	318						80
	Top Box							
	%ile rank			26	30	36	38	
Nurses listen carefully to you	Never	3	1%	1%	1%	1%	1%	67
	Sometimes	26	8%	5%	5%	6%	6%	71
	Usually	75	24%	24%	25%	25%	24%	69
	Always	210	67%	71%	69%	68%	69%	68
	Total	314						69
	Top Box							
	%ile rank			30	35	43	39	



HCAHPS Summary Information

Global DOMAIN	Question	n	%	All DB N = 1782	Large PG DB N = 1064	300-449 Bed Grp N = 273	UHC Peer Gro N = 162	% Top Box
Nurses expl in way you understand	Never	9	3%	1%	1%	1%	1%	
	Sometimes	27	9%	5%	6%	6%	6%	
	Usually	68	22%	23%	24%	24%	23%	
	Always	211	67%	70%	69%	68%	69%	
	Total	315						
RESPONSE OF HOSP STAFF				Top Box				
				%ile rank	30	33	40	35
Screening item Never pressed call button	Never	10%		3%	3%	4%	4%	
	Sometimes	17%		9%	11%	11%	11%	
	Usually	24%		27%	28%	29%	27%	
	Always	49%		60%	58%	56%	57%	
	Total	323						
Call button help soon as wanted it				Top Box				
				%ile rank	9	11	15	16
Screening item Need help bathroom/using bedpan	Never	8	3%	2%	2%	2%	2%	
	Sometimes	49	18%	10%	11%	12%	12%	
	Usually	78	28%	30%	32%	32%	31%	
	Always	145	52%	59%	56%	54%	55%	
	Total	280						
Help toileting soon as you wanted				Top Box				
				%ile rank	24	30	39	34
COMM W/ DOCTORS	Never	19	17%	4%	5%	5%	6%	
	Sometimes	19	17%	10%	11%	11%	11%	
	Usually	22	20%	24%	25%	25%	24%	
	Always	51	46%	62%	60%	58%	59%	
	Total	111						
COMM W/ DOCTORS				Top Box				
				%ile rank	5	5	8	7
COMM W/ DOCTORS	Never	2%		1%	1%	1%	1%	
	Sometimes	6%		4%	4%	4%	4%	
	Usually	16%		16%	17%	18%	17%	
	Always	75%		79%	78%	77%	78%	
	Total	305						
COMM W/ DOCTORS				Top Box				
				%ile rank	22	27	31	30

Your Top Box percentage

Large PG Database

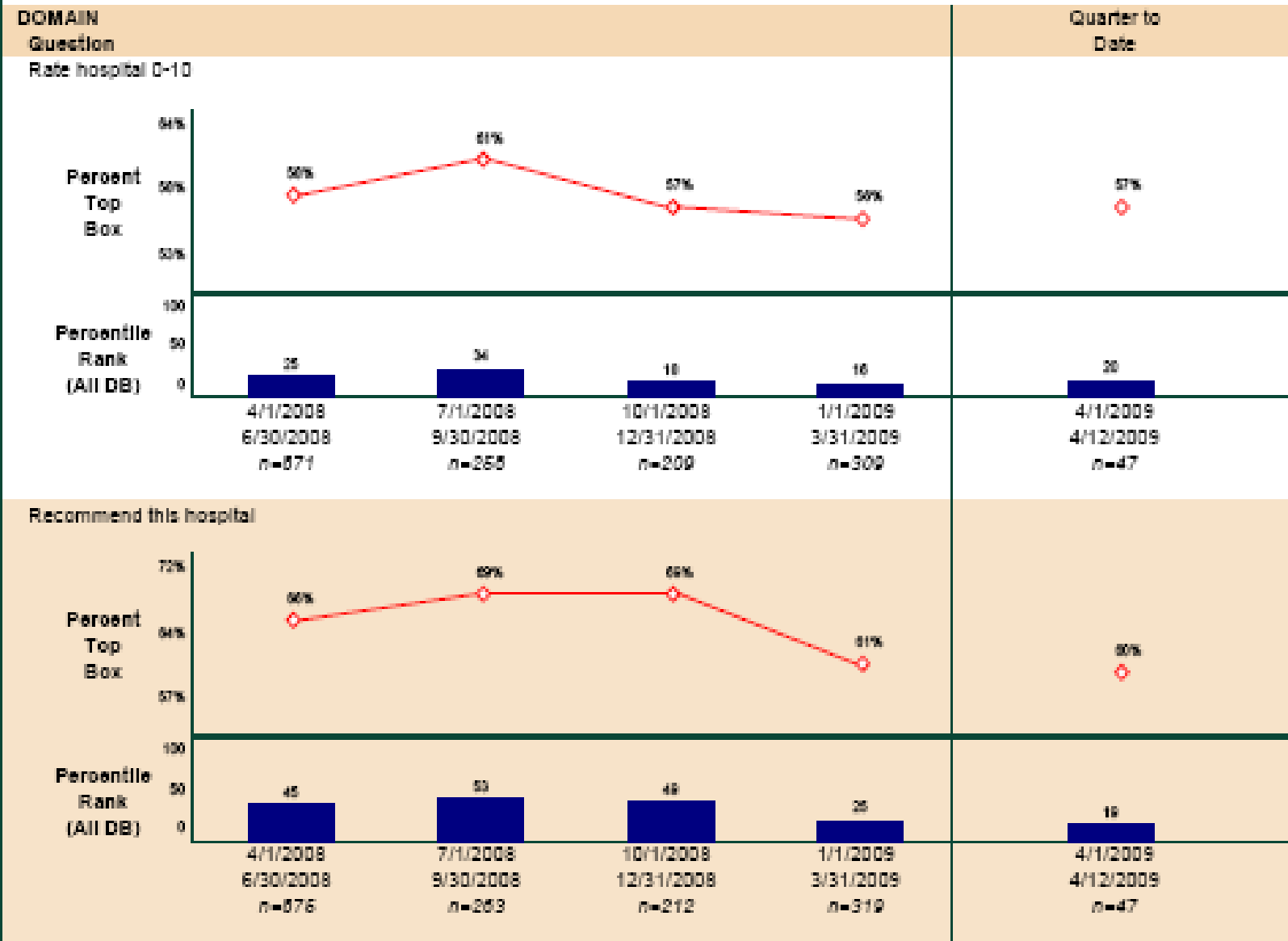
University Healthsystem Consortium

All DB

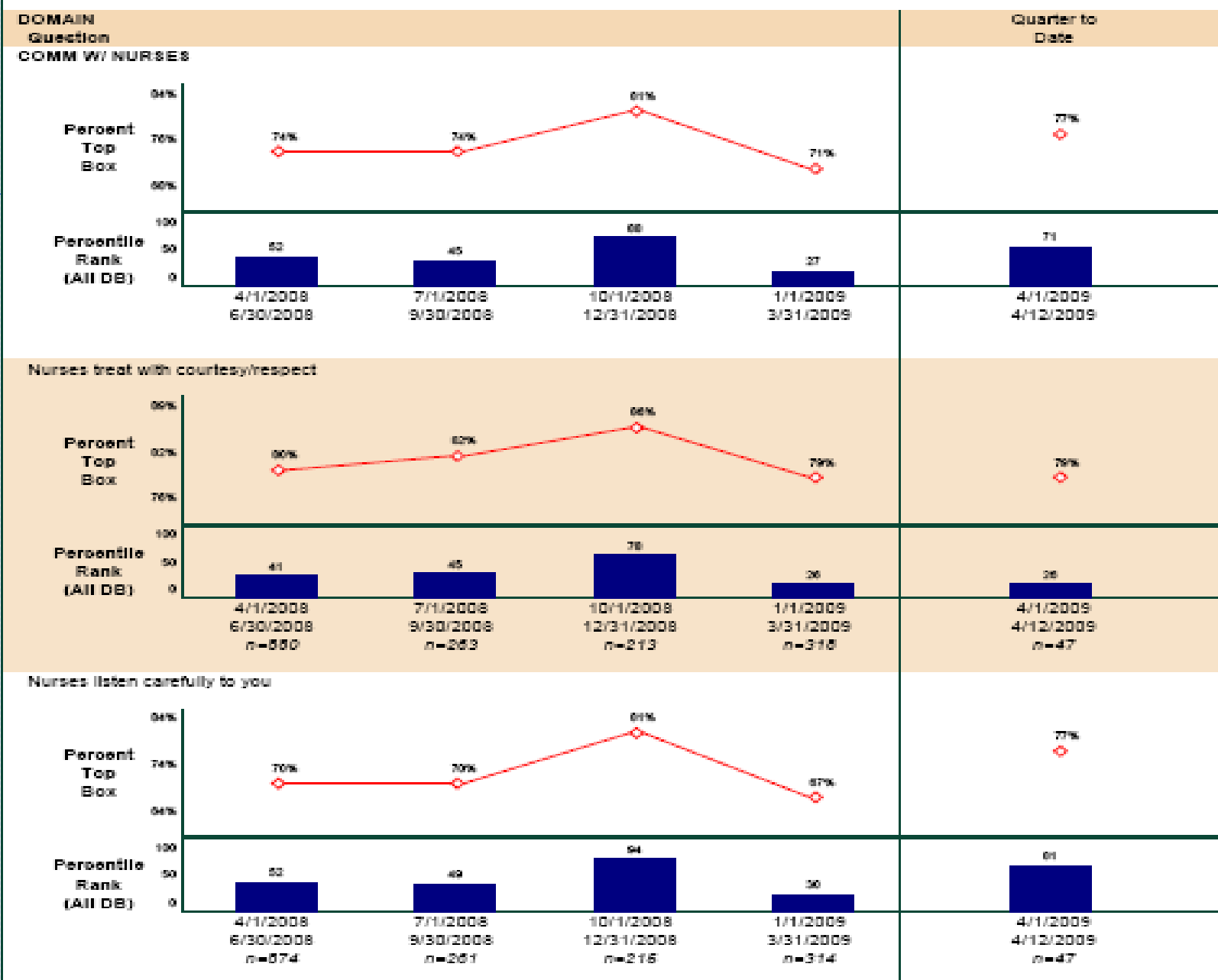
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HCAHPS Quarterly Trend

This report shows how your top box percentage and percentile rank for selected HCAHPS domains and questions have changed over the last four periods. Periods are based on the standard calendar quarters reflecting the quarters used by CMS for updating data (i.e., Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec). Your top box percentage is your proportion of respondents giving the highest rating. Your percentile rank tells you how you performed relative to others in the database using benchmarking from that quarter. For example, a percentile rank of 50 indicates that your performance (i.e., your top box percentage) is higher than 50% of the other hospitals in the comparison peer group.



HCAHPS Quarterly Trend



Integrated Priority Index - 4/1/2008 - 3/31/2009

The Integrated Priority Index combines information about your hospital's performance and the relative performance of questions from the HCAHPS and Press Ganey standard survey. Performance is determined based on your hospital's percentile rank for each question. HCAHPS items are ranked based upon your top box percentage for each question. Press Ganey items are ranked based upon your mean score for each question. The relative importance of each item is based on your own hospital's correlation between that survey item and the HCAHPS Overall Rating of the Hospital from 0-10. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. Pay particular attention to questions that are consistently among your top five priorities.

Order	Question	Source	Order of Percentile Rank	Order of Correlation Coefficient	Priority Index
1	Pleasantness of room decor	PG	(44)	.47(49)	93
2	How well your pain was controlled	PG	(44)	.46(47)	91
3	Staff addressed emotional needs	PG	(38)	.48(50)	88
4	Accommodations & comfort visitors	PG	(51)	.41(34)	86
5	Room cleanliness	PG	(51)	.41(33)	84
6	Response concerns/complaints	PG	(32)	.50(51)	83
7	Quality of the food	PG	(53)	.40(29)	82
8	Staff concern for your privacy	PG	(44)	.42(37)	81
9	Nurses' attitude toward requests	PG	(37)	.44(42)	79
10	Wait time for test or treatments	PG	(48)	.39(27)	75
11	Staff worked together care for you	PG	(22)	.50(52)	74
12	Likelihood recommending hospital	PG	(19)	.55(54)	73
13	Attention to special/personal needs	PG	(27)	.45(45)	72
14	Temperature of the food	PG	(49)	.38(22)	71
15	Staff attitude toward visitors	PG	(42)	.40(28)	70
15	Staff include decisions retirement	PG	(22)	.47(48)	70
17	Friendliness/courtesy of the nurses	PG	(31)	.43(38)	69
17	Time physician spent with you	PG	(25)	.44(44)	69
17	Overall rating of care given	PG	(16)	.54(53)	69
20	Explanations: happen during T&T	PG	(32)	.41(36)	68
21	Courtesy of person cleaning room	PG	(49)	.36(18)	67
22	Recommend this hospital	HCAHPS	(11)	.60(55)	66
23	Courtesy of person started IV	PG	(44)	.37(19)	63
24	Speed of admission	PG	(53)	.34(9)	62
24	Friendliness/courtesy of physician	PG	(30)	.41(32)	62
24	Promptness response to call	PG	(22)	.43(40)	62
24	Nurses kept you informed	PG	(19)	.44(43)	62
28	Courtesy of person served food	PG	(53)	.34(8)	61
29	Skill of the nurses	PG	(28)	.40(30)	59
29	Staff do everything help with pain	HCAHPS	(13)	.45(46)	59
31	Instructions care at home	PG	(32)	.39(26)	58
32	Physician kept you informed	PG	(16)	.44(41)	57
33	Courtesy of person took blood	PG	(32)	.38(23)	56

(Rank Order) From highest to lowest percentile rank

(Rank Order) From lowest to highest correlation coefficient

■ Percentile rank order

■ Correlation coefficient order

Integrated Priority Index - 4/1/2008 - 3/31/2009

Order	Question	Source	Order of Percentile Rank	Order of Correlation Coefficient	Priority Index
34	Physician concern questions/worries	PG	(19)	.41(35)	19 35 54
35	Skill of physician	PG	(25)	.39(25)	25 25 50
36	Extent felt ready discharge	PG	(38)	.35(11)	38 11 49
37	Courtesy of person admitting	PG	(40)	.34(7)	40 7 47
38	Info re symptoms/prob to look for	HCAHPS	(42)	.14(1)	42 43
39	Staff talk about help when you left	HCAHPS	(40)	.21(2)	40 42
40	Staff describe medicine side effect	HCAHPS	(1)	.43(39)	39 40
41	Speed of discharge process	PG	(27)	.35(12)	27 12 39
42	Room and bathroom kept clean	HCAHPS	(32)	.33(5)	32 5 37
43	Nurses listen carefully to you	HCAHPS	(5)	.41(31)	31 36
44	Noise level in and around room	PG	(14)	.37(20)	14 20 34
45	Doctors listen carefully to you	HCAHPS	(8)	.38(24)	24 32
46	Doctors treat with courtesy/respect	HCAHPS	(10)	.37(21)	21 31
47	Room temperature	PG	(15)	.36(15)	15 15 30
48	Help toileting soon as you wanted	HCAHPS	(18)	.35(10)	18 10 28
48	Pain well controlled	HCAHPS	(12)	.36(16)	16 28
50	Call button help soon as wanted it	HCAHPS	(7)	.36(14)	14 21
51	Tell you what new medicine was for	HCAHPS	(3)	.36(17)	17 20
52	Nurses expl in way you understand	HCAHPS	(5)	.35(13)	13 18
53	Nurses treat with courtesy/respect	HCAHPS	(8)	.33(6)	6 14
54	Doctors expl in way you understand	HCAHPS	(4)	.32(4)	4 8
55	Area around room quiet at night	HCAHPS	(2)	.27(3)	2 5

(Rank/Order) From highest to lowest percentile rank

Percentile rank order

(Rank/Order) From lowest to highest correlation coefficient

Correlation coefficient order

Conclusion

- ◆ Performance measurement in healthcare represents what is done and how well it is done. The goal is to accurately understand the basis for current performance so that better results can be achieved through focused improvement actions.



Thank you!!!