

# Hospital Measures for Public Reporting SQRMS, 2010-11



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# Outline

- Pediatric Measures
- CMS Measures
  - Inpatient
  - Outpatient
- Patient Experience (HCAHPS)
- AHRQ Measures
- Health Information Technology

# Pediatric measures – all new

## § Measures based on claims data:

- AHRQ Pediatric composite
  - in last year's rule to be reported this year
- Pediatric Heart Surgery
  - Volume (AHRQ PDI-7)
  - Mortality (AHRQ PDI-6)
- Central venous catheter-related blood stream infections (AHRQ PDI-12)

# Pediatric measures – medical record abstracted measures

§ Home management plan of care given to patient/caregiver for pediatric asthma

- Joint Commission CAC-3
- Reported on HospitalCompare

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§ Late Sepsis or Meningitis in Neonates

§ Late sepsis or meningitis in very low birth weight neonates

- Vermont Oxford Network measures
- Both recommended by NQF for public reporting of infections

# CMS Measures

§ Heart Attack

§ Heart Failure

§ Pneumonia

§ Surgical Care Improvement Project

§ Outpatient

# CMS Heart Attack Measures

- § Aspirin at arrival (AMI-1)
- § Aspirin at discharge (AMI-2)
- § ACEI or ARB for LVSD (AMI-3)
- § Adult smoking cessation advice/counseling (AMI-4)
- § Beta-blocker prescribed at discharge (AMI-5)
- § Fibrinolytic therapy received within 30 minutes of hospital arrival (AMI-7a)
- § Primary PCI received within 90 minutes of hospital arrival (AMI-8a)

**§ NEW 2011: Appropriate Care Measure (percent of patients that met ALL heart attack process of care measures, if eligible)**

# CMS Heart Failure

- § Discharge instructions (HF-1)
- § Evaluation of LVS function (HF-2)
- § ACEI or ARB for LVSD (HF-3)
- § Adult smoking cessation advice/counseling (HF-4)

**§ NEW 2011: Appropriate Care Measure (percent of patients that met ALL heart failure process of care measures, if eligible)**

# CMS Pneumonia

- § Pneumococcal vaccination (PN-2)
- § Blood cultures performed in the emergency department prior to initial antibiotic received in hospital (PN-3b)
- § Adult smoking cessation advice/counseling (PN-4)
- § Initial antibiotic received within 6 hours of hospital arrival (PN-5c)
- § Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients (PN-6)
- § Influenza vaccination (PN-7)

**§ NEW 2011: Appropriate Care Measure (percent of patients that met ALL pneumonia process of care measures, if eligible)**



# CMS Surgical Care Improvement Project

- § Prophylactic antibiotic received within one hour prior to surgical incision (SCIP-Inf-1)
- § Prophylactic antibiotic selection for surgical patients (SCIP-Inf-2)
- § Prophylactic antibiotics discontinued within 24 hours after surgery end time (SCIP-Inf-3)
- § Cardiac surgery patients with controlled 6 a.m. postoperative blood glucose (SCIP-Inf-4)
- § Surgery patients with appropriate hair removal (SCIP-Inf-6)
- § Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period (SCIP-Card-2)
- § Surgery patients with recommended venous thromboembolism prophylaxis ordered (SCIP-VTE-1)
- § Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery (SCIP-VTE-2)
- § ***NOTE: SCIP-7 retired (post-op normothermia for colorectal surgery)***

# CMS Outpatient

## § Rural-relevant

### – Emergency Department Measures

- Median time to fibrinolysis (OP-1)
- Fibrinolytic therapy received within 30 minutes of emergency department arrival (OP-2)
- Median time to transfer to another facility for acute coronary intervention (OP-3)
- Aspirin at arrival (OP-4)
- Median time to ECG (OP-5)

# CMS Outpatient (cont.)

## § Outpatient Surgery

- Timing of antibiotic prophylaxis (prophylactic antibiotic initiated within one hour prior to surgical incision) (OP- 6)
- Prophylactic antibiotic selection for surgical patients (OP-7)

§ *All outpatient measures were in last year's rule – collection has started, display next year*

# Patient Experience

## § HCAHPS

- Hospitals with 500 or more discharges per year
- In last year's list, but required this year

# AHRQ Measures

## § Inpatient Quality Indicators

- Abdominal Aortic Aneurysm – Volume & Mortality (IQI-4 & 11)
- Coronary Artery Bypass Graft – Volume & Mortality (IQI-5 & 12)
- Angioplasty – Volume & Mortality (IQI-6 & 30)
- Hip Fracture Mortality (IQI-19)
- Mortality for Selected Medical Conditions
  - “Composite” measure

# AHRQ Measures (cont.)

## § Patient Safety Indicators

- Pressure ulcers (PSI-3)
- Deaths among surgical patients (PSI-4)
- Post-op pulmonary embolism or deep vein thrombosis (PSI-12)
- OB trauma with instrument (PSI-18)
- OB trauma without instrument (PSI-19)
- Patient safety composite

# Health Information Technology

## § Hospital survey from American Hospital Association

- AHA contracting with Office of National Coordinator of HIT
- Just released (missed state timelines)