

8th Scope of Work - DRAFT

“The Right Care to the Right Patient Every Time” Acute Care (Urban)

I. Composite Measure:

AMI 1	Aspirin at arrival
AMI 2	Aspirin prescribed at discharge
AMI 3	ACE-I for LVSD
AMI 5	Beta blocker prescribed at discharge
AMI 6	Beta blocker at arrival
HF 2	LVEF assessment
HF 3	ACE-I for LVSD
PN 1	Initial antibiotic within 4 hours of hospital arrival
PN 5	Pneumococcal immunization
PN 7	Oxygenation assessment

- The composite measure is derived from section 501(b) of the Medicare Modernization Act (MMA).
- All patients eligible for care in at least one of the ten measures are counted in the denominator. To be counted in the numerator, the patient must receive all of the care specified in the measures the patient is eligible to receive.

Example: For example, an AMI patient may be eligible for all five AMI measures. However, if the patient has a contraindication to aspirin, the patient would only be eligible for three AMI measures. If the patient received the care that satisfies all three of these measures, the patient would be counted in the numerator. If the patient received care in only one or two of the three measures, the patient would not be counted in the numerator because the patient did not receive appropriate care. A patient must receive all the care he/she is eligible for in order to be considered as having appropriate care.

II. Public Reporting Expansion:

The following quality measures will likely be added to the public reporting (HQA) measures sometime during the 8th SOW.

AMI 4	Adult smoking cessation counseling
AMI 7a	Thrombolytic agent within 30 minutes of hospital arrival
AMI 8 a	PCI within 120 minutes of hospital arrival
HF 1	Discharge instructions
HF 4	Adult smoking cessation counseling
PN 2	Initial antibiotic selection
PN 3 a	Blood cultures within 24 hours before/after hospital arrival
PN 3 b	Blood culture before first antibiotic administration
PN 4	Influenza immunization
PN 6	Adult smoking cessation counseling
SCIP1	Prophylactic antibiotic within 1 hour of surgical incision
SCIP2	Prophylactic antibiotic selection
SCIP3	Prophylactic antibiotic discontinued within 24 hours of surgical end time

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III. Surgical Care Improvement Project (SCIP):

SCIP 1	Prophylactic antibiotic within 1 hour of surgical incision
SCIP 2	Prophylactic antibiotic selection
SCIP 3	Prophylactic antibiotic discontinued within 24 hours of surgical end time

- Additional SCIP measures to be added to the 8th SoW.
- For participation, hospitals must perform > 300 defined procedures per year

IV. Flu / Pneumonia Immunizations Standing Orders:

- Adoption of standing orders

V. Systems Improvement and Organizational Culture:

Adopt Bar Coding and/or Computerized Provider Order Entry (CPOE):

- Adopt and implement bar coding
- Adopt and implement Computerized Provider Order Entry (CPOE)
- Implementation of an interventions tool kit
- Assist HSAG with analyzing the relationship between systems improvement and organizational culture and performance on the clinical quality

Improve Workforce Retention:

- The workforce retention rate is defined as: the numerator is the number of vacancies within the classifications reported per quarter and the denominator is the total number of full-time employees for each staff position (or classification).

Rural / Critical Access Hospitals

I. Clinical Performance Measures (CAHs):

- Critical Access Hospital (CAH) measures are currently under development (e.g., pre-transfer and early care indicators for chest pain and pneumonia)
- Will require CAHs to input into CART

II. Systems Improvement *or* Organizational Culture (Rural/CAHs):

Adopt Bar Coding or Computerized Provider Order Entry (CPOE) and/or Telehealth

- Administer staff climate survey
- Implement safety culture improvement changes and systems redesign to address patient safety issues e.g. reconciliation of medications through the continuum, look-alike/sound-alike medication errors, non-approved abbreviations, high-risk/high-alert medications (insulin, heparin, etc.)