

8th Scope of Work (SOW)

Task 1c1—Hospital

Task 1c2—Critical Access Hospital
(CAH) / Rural Hospital

Judith Richard, RN, MS, CPHQ
HSAG Clinical Quality Specialist
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Task 1c1—Hospital

- Clinical Performance Measures
(AMI, HF, PN, SCIP)
- HQA
- MMA / RHQDAPU
- IPGs (ACM, SCIP, SIOC)

Task 1c1—Hospital

All hospitals are eligible for
Hospital Quality Alliance (HQA)
“public reporting.”

- Hospital Compare
 - www.medicare.gov
 - www.hospitalcompare.hhs.gov

HQA: Public Reporting

- 7th SOW measures = 22
- Medicare Modernization Act /
Reporting Hospital Quality Data
Annual Payment Update
(MMA / RHQDAPU)*
 - * 10-measure set

Acute Myocardial Infarction (AMI)

- ASA at arrival*
- ASA prescribed at discharge*
- Beta blocker at arrival*
- Beta blocker prescribed at discharge*
- ACEI or ARB for LVSD*
- Adult smoking cessation advice / counseling
- Thrombolytic within 30 minutes of arrival
- PCI received within 120 minutes of arrival

* 10-measure set

Heart Failure (HF)

- Discharge instructions
- LVEF assessment*
- ACEI or ARB for LVSD*
- Adult smoking cessation advice / counseling

* 10-measure set

Pneumonia (PN)

- Initial antibiotic received within four hours of arrival*
- Initial antibiotic selection for community acquired pneumonia
- Blood culture before first antibiotic
- Oxygenation assessment within 24 hours of arrival*
- Adult smoking cessation advice / counseling
- Pneumococcal vaccination*
- Influenza vaccination

* 10-measure set

Surgical Care Improvement Project (SCIP)

- Prophylactic antibiotic received within one hour prior to surgical incision
- Prophylactic antibiotic selection for surgical patient
- Prophylactic antibiotic discontinued within 24 hours after surgery end time

Task 1c1—Hospital

**Identified Participant Group (IPG):
Hospitals selected to work intensively on
improvement activities.**

IPGs:

- Appropriate Care Measure (ACM)
- Surgical Care Improvement Project (SCIP)
- System Improvement Organizational Culture Change (SIOC)

(Each IPG has its own eligibility criteria)

ACM

Appropriate Care Measure

**A composite of the 10-measure
starter set from MMA / RHQDAPU**

Eligibility: Submit data for MMA / RHQDAPU
(*CAH not eligible*).

- All patients eligible for at least one of the 10 measures are counted in the denominator
- To be counted in the numerator, the patient must receive all the care specified by the measures that the patient is eligible to receive

SCIP

Surgical Care Improvement Project

Eligibility: Conduct at least 300 major surgical procedures/year.

■ Adopt a standard process of care for five areas (24 measures):

1. Prevention of surgical site infections (SSIs)
2. Venous thromboembolism (VTE)
3. Ventilator associated pneumonia (VAP)
4. Cardiovascular complications (CVCP)
5. Promotion of the use of fistulas for hemodialysis (Vascular Access)

Organizational Change

A generic term which describes many major changes within a hospital.

i.e., mergers, restructuring, rightsizing,
adopting new technologies

Transformational Change

Requires a change in culture, dedication to patient safety, adoption of new technology, and system-wide change.

i.e., pervasive, affects the entire hospital, intentional, occurs over time

SIOC

System Improvement Organizational Culture Change

Eligibility: All hospitals—but must submit data on the 10-measure set

- Plan, develop, and implement the use of computerized physician order entry (CPOE), bar coding, OR telehealth
- Readiness assessment and planning survey
- Tool kit
- Re-assessment survey

Note: *ACM and SCIP cannot overlap with the SIOC*

Summary

Task 1c1—Hospital

- HQA
 - All hospitals
- MMA / RHQDAPU
 - All Hospitals (excludes CAH)
- IPGs—Eligibility criteria
 - ACM: MMA / RHQDAPU compliance
 - SCIP: At least 300 surgical procedures / year
 - SIOC: Must submit data on the 10-measure set

Task 1c2 — CAH / Rural Hospital

- CAH (statewide) 12 measures**
 - Collect and submit data via CART or vendor
 - Local project(s)
- Rural hospitals including CAHs (IPG)
 - Rural Organizational Safety Culture Change (ROSC)

***not finalized*

CAH Performance Measures (statewide)

Acute Myocardial Infarction (AMI)

- ASA at arrival (no transfer exclusion)
- ASA prescribed at discharge
- Beta blocker at arrival (no transfer exclusion)
- Beta blocker prescribed at discharge
- ACEI or ARB for LVSD
- NEW rural measure
 - time to EKG (no transfer exclusion)
- Test measure
 - time to thrombolytic (no transfer exclusion)

CAH Performance Measures (statewide)

Heart Failure (HF)

- LVF Assessment
- ACEI or ARB for LVSD

CAH Performance Measures (statewide)

Pneumonia

- Oxygenation assessment
- Initial antibiotic received within four hours of arrival
- Pneumococcal vaccination

CAH Performance Measures (statewide)

Emergency Department Transfer Communication

- Comprised of 16 items
- Yes / No items

CAH Performance Measures (statewide)

Emergency Department Transfer Communication—16 composite items

Were the following items sent with the transferred patient to another acute care hospital?

- Patient's name, address, age, gender, significant other's contact information, vital signs
- Physician and nurse communication with receiving hospital
- Physician H&P: physical exam, history of current event, chronic conditions
- Physician orders and plan
- Nurse documentation: assessment / interventions / response
- Medication administration, allergies, adverse events
- Treatment documentation

CAH Performance Measures (statewide)

Process:

- Obtain baseline data
- Conduct local quality project(s)
- Re-measurement

Task 1c2 — CAH / Rural Hospital

Rural Organizational Safety Culture Change (ROSC) IPG

Eligibility: CAH / Rural hospital

- Baseline—Staff climate survey and patient safety checklist
- Identify area for improvement
- Intervention for improvement
- Re-measure to demonstrate improvement

Summary

Task 1c2—CAH

- CAH measures / local project(s)
- ROSC (IPG)
- SIOC (IPG), if eligible (submit 10-measure set)
- HQA

Summary

Task 1c2—Rural Hospital

- ROSC (IPG)
- ACM, SCIP, SIOC, if eligible
- HQA and MMA / RHQDAPU

Review

- Hospital Quality Alliance (HQA)
 - Public Reporting
 - 22 measures
- Medicare Modernization Act (MMA)
- Reporting Hospital Quality Data Annual Payment Update (RHQDAPU)

Review (continued)

- Identified Participant Group (IPG)
 1. Appropriate Care Measure (ACM) 10-measure set
 2. Surgical Care Improvement Project (SCIP) 24 measures
 3. System Improvement Organizational Culture Change (SIOC)—CPOE, barcoding, or telehealth
 4. Rural Organizational Safety Culture Change (ROSC)

Resources

- **Arizona Rural Quality Network Group**
 - <http://acute.hsag.com/rural.asp>
- **HSAG Listserv**
 - az4quality@Listserv.HSAG.com
- **HSAG's Arizona Acute Care Quality Initiative Web site**
 - <http://acute.hsag.com>
- **SoW News (monthly newsletter)**
 - <http://acute.hsag.com/newsletter.asp>

Contacts

Suzanne Anders, RN, BSBA, CPHQ
HSAG Clinical Quality Specialist
sanders@azqio.sdps.org
602.665.6171 or 520.661.9370

Judith Richard, RN, MS, CPHQ
HSAG Clinical Quality Specialist
jrichard@azqio.sdps.org
602.665.6116

Susan Sumwalt, RN, MA, CPHQ
HSAG Clinical Quality Specialist
ssumwalt@azqio.sdps.org
602.665.6176