

## QUALITY AND SAFETY MEASURES UPDATE

January 2016

### CORE MEASURES 2015

*See attached Results*

Joint Commission and CMS Core Measure Dashboard updated with most recent data available: Q3 2014 – Q2 2015.

#### Highlights of results and improvement work:

- **Stroke:** All measures at 100%
- **Perinatal measures:** Continued performance on all measures better than UHC median
- **VTE measures:**
  - **ICU Prophylaxis** –VTE prophylaxis increased to 96%. Improvement work focused on easier access to and documentation of Sequential Compression Devices.
- **Flu Immunization:** Lower than desired performance in FY14/15 flu season (68%). Immunization team developed an A3 improvement plan and implemented an initial technological solution to improve immunization screening by nurses. Implementation of changes to the electronic discharge pathway occurred in late October 2015.
  - Analysis of data comparing compliance prior to and after implementation of change:
    - Completion of immunization screening improved from 58% to 95%
    - Documentation of immunization given or reason why not improved from 64% to 86% (barriers to higher compliance relate to required documentation in multiple systems).
- **ED Time to Pain Management for Long Bone Fracture:** Performance better than UHC median.
- **Emergency Dept Throughput** – Median times continue to be longer than UHC Median.
  - Median time from arrival to Diagnostic Evaluation decreased from 127 minutes (Q3 2014) to 46 minutes (Q2 2015). Medical providers are now conducting the Medical Screening exams in the ED, decreasing wait time for a provider.
  - An Emergency Dept Lean Value Stream began in October 2015, focusing on improving patient flow.
- **Psychiatry measures:**
  - **Discharged patients on more than one antipsychotic:** Decrease noted in % of patients discharged on more than one antipsychotic – below UHC median. (lower=better)
    - *Measure retired as of Q4 2015*
  - **Tobacco Use Treatment/Counseling during stay:** Current practice and documentation does not include all required elements for compliance with this measure. Revisions to Salar Team Notes templates in early 2016 will assist with improving compliance.
  - **Post Discharge Continuing Care Plan Created/Transmitted**
    - *Measure retired as of Q4 2015 – Replaced with Transition Record at Discharge measure*
  - **New measures 2016:**
    - **Alcohol Use Screening and Intervention offered**
    - **Tobacco use treatment provided/offered at discharge**

**2015 SFGH JOINT COMMISSION/CMS CORE MEASURE RESULTS**

Measure	Measure Name	Q3 2014	Q4 2014	Q1 2015	Q2 2015	UHC Median (Q1 2015)
<b>STROKE</b>						
STK-1	Venous Thromboembolism (VTE) Prophylaxis	97%	100%	100%	100%	100%
STK-2	Discharged on Antithrombotic Therapy	100%	100%	100%	100%	100%
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	100%	100%	100%	100%	100%
STK-4	Thrombolytic Therapy	100%	100%	100%	100%	100%
STK-5	Antithrombotic Therapy by End of Hospital Day 2	100%	100%	100%	100%	100%
STK-6	Discharged on Statin Medication	100%	100%	100%	100%	100%
STK-8	Stroke Education	95%	94%	100%	100%	100%
STK-10	Assessed for Rehabilitation	100%	100%	100%	100%	100%
<b>PERINATAL CARE</b>						
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation (lower = better)	0%	0%	0%	0%	0%
PC-02	Cesarean Section Rate (lower = better)	17%	32%	8%	17%	25%
PC-03	Antenatal Steroids Given as Appropriate				100%	100%
PC-04	Health Care-Associated Bloodstream Infections in Newborns (lower = better)	0%	0%	0%	0%	0%
PC-05	Exclusive Breast Milk Feeding During Hospital Stay	68%	73%	70%	79%	53%
<b>VENOUS THROMBOEMBOLISM (VTE)</b>						
VTE-1	Venous Thromboembolism Prophylaxis	86%	85%	89%	91%	94%
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	95%	85%	75%	96%	100%
VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	97%	100%	100%	97%	100%
VTE-5	Venous Thromboembolism Warfarin Therapy Discharge Instructions	94%	94%	89%	81%	100%
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism	9%	7%	0%	0%	0%
<b>IMMUNIZATION</b>						
IMM-2	Influenza Immunization	Not Flu Season	65%	71%	Not Flu Season	96%
<b>PAIN MANAGEMENT (Minutes)</b>						
OP-21	Median Time to Pain Management for Long Bone Fracture in the ED	64	34	50	40	57
<b>EMERGENCY THROUGHPUT (Minutes)</b>						
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	488	529	506	469	368
ED-2	Median Time -Admit Decision Time to ED Departure Time for Admitted Patients	248	220	215	222	152
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	254	263	257	229	198
OP-20	Median Time - ED Door to Diagnostic Evaluation by a Qualified Medical Personnel	127	99	62	46	35
<b>HOSPITAL BASED INPATIENT PSYCHIATRY</b>						
HBIPS-1	Admission Screening Completed			92%	88%	98%
HBIPS-2	Hours of Physical Restraint Use (per 1000 patient hours)	0.78	0.69	0.80	1.45	0.66*
HBIPS-3	Hours of Seclusion Use (per 1000 patient hours)	4.6	4	6	6	0.3*
HBIPS-4	Patients discharged on multiple antipsychotic medications (lower=better)	10%	9%	15%	6%	7%
HBIPS-5	Patients discharged on multiple antipsychotic medications with appropriate justification	38%	40%	42%	40%	64%
HBIPS-6	Post discharge continuing care plan created	90%	90%	100%	100%	93%
HBIPS-7	Post discharge continuing care plan transmitted to next level of care provider upon discharge	78%	74%	84%	52%	85%
SUB-1	Alcohol Use Screening	77%	84%	91%	97%	97%
TOB-1	Tobacco Use Screening			95%	97%	⊙
TOB-2	Tobacco Use Treatment/ Practical Counseling Provided or Offered			0%	0%	⊙
IMM-2	Influenza Immunization (Screened/Administered if Appropriate)			13%	Not Flu Season	96%

\* CMS National Rate

## CY2016 SFGH JOINT COMMISSION CORE MEASURE SETS - Recommendation

- Continued Joint Commission requirement for reporting on 6 sets of measures – Perinatal Care measure set required for hospitals with over 300 births/year.

### NEW IN 2016 – CMS Requirement for electronically submitted data – Electronic (eCQM)



- **eCQM** - Electronic Clinical Quality Measures: clinical data elements transmitted directly from our electronic systems to our vendor without any verification or corrections based on manual medical record review (chart abstracted).
- **Chart Abstracted** – Data collected manually through review of electronic and paper medical records by trained Quality Management staff. Includes ability to capture handwritten documentation or data from stand-alone systems. Allows for corrections prior to submitting data.
- In 2016, CMS will require submission of at least 4 eCQM measures for at least one quarter of data (Q3 or Q4 2016).

### Core Measure Options:

- **1)** Report measures as **Chart Abstracted** only, **2) eCQM** (Electronic Clinical Quality Measures) only, or **3) Combination** of Chart Abstracted and eCQM.
- The same measure set can be selected for both chart abstracted and eCQM – each method will “count” toward 6 required measures sets.
  - **Example:** VTE Chart Abstracted and VTE eCQM selected = 2 of the required 6 core measure sets.

## RECOMMENDATION

### Select Option 3 – Combination of chart abstracted and eCQM measure sets (Selection due 1/30/16)

- Will allow SFGH to evaluate accuracy of electronic data before required submission to CMS. eCQM data will be compared to chart abstracted data to identify opportunities to improve electronic data capture.
- Our current core measure vendor, UHC, is certified to transmit eCQMs to CMS
- UHC offering pilot period to submit test data before sending required data to Joint Commission and CMS.

**Option 3 Selected: Combination of Chart Abstracted<sup>1</sup> and eCQM<sup>2</sup> measure sets**

Measure	Measure Name	Method	Current SFGH Core Measure
	<b>PERINATAL CARE (1 set: Chart)</b>	<b>CHART ABSTRACTED</b>	<b>YES</b>
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation		
PC-02	Cesarean Section Rate		
PC-03	Antenatal Steroids		
PC-04	Health Care-Associated Bloodstream Infections in Newborns		
PC-05	Exclusive Breast Milk Feeding		
	<b>VENOUS THROMBOEMBOLISM (VTE) (2 sets: Chart &amp; eCQM)</b>		
VTE-5	Venous Thromboembolism Warfarin Therapy Discharge Instructions	CHART ABSTRACTED	YES
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism	CHART ABSTRACTED AND eCQM	YES
	<b>EMERGENCY THROUGHPUT (2 sets: Chart &amp; eCQM)</b>		
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	CHART ABSTRACTED AND eCQM	YES
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	CHART ABSTRACTED AND eCQM	YES
	<b>SURGICAL CARE IMPROVEMENT (1 set: eCQM)</b>		
eSCIP-1	Prophylactic Antibiotic within 1 Hour of Surgical Incision Time	eCQM	NO

<sup>1</sup> **Chart Abstracted** – Data collected manually from SFGH medical records, including validating and correcting data and/or coding errors.

<sup>2</sup> **eCQM - Electronic Clinical Quality Measures:** clinical data elements transmitted directly from our electronic systems to our vendor without any verification or corrections based on chart abstraction. In 2016, CMS will require submission of at least 4 eCQM measures for at least one quarter of data (Q3 or Q4 2016).

<b>MEASURES RETAINED – CMS INPATIENT/PSYCH QUALITY REPORTING PROGRAMS</b>			
<b>Measure</b>	<b>Measure Name</b>	<b>Method</b>	<b>Current SFGH Core Measure</b>
	<b>IMMUNIZATION</b>		
<b>IMM-2</b>	Influenza Immunization (Inpatient)	CHART ABSTRACTED	YES
	<b>HOSPITAL BASED INPATIENT PSYCHIATRY</b>	<b>CHART ABSTRACTED</b>	<b>YES</b>
<b>HBIPS-1</b>	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed		
<b>HBIPS-2</b>	Hours of physical restraint use		
<b>HBIPS-3</b>	Hours of seclusion use		
<b>HBIPS-5</b>	Patients discharged on multiple antipsychotic medications with appropriate justification		
<b>NQF0647</b>	Transition Record with specified elements received by discharged patients		
<b>NQF0648</b>	Timely transmission of Transition Record to follow up provider within 24 hours of discharge		
<b>SUB-1</b>	Alcohol Use Screening		
<b>SUB-2/2a</b>	Alcohol Use Brief Intervention Provided or Offered		
<b>TOB-1</b>	Tobacco Use Screening		
<b>TOB-2/2a</b>	Tobacco Use Treatment Practical Counseling Provided or Offered		
<b>TOB-3/3a</b>	Tobacco Use Treatment Provided or Offered at Discharge		
<b>IMM-2</b>	Influenza Immunization – status documented/immunized/refused		
<b>MEASURES RETAINED – TJC STROKE CERTIFICATION PROGRAM</b>			
	<b>STROKE</b>	<b>CHART ABSTRACTED</b>	<b>YES</b>
<b>STK-1</b>	Venous Thromboembolism (VTE) Prophylaxis		
<b>STK-2</b>	Discharged on Antithrombotic Therapy		
<b>STK-3</b>	Anticoagulation Therapy for Atrial Fibrillation/Flutter		
<b>STK-4</b>	Thrombolytic Therapy		
<b>STK-5</b>	Antithrombotic Therapy by End of Hospital Day 2		
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