

## 2012 Hospital Measure Summary (With changes from 2011)

**Key:**

- \* = part of Value-based Purchasing program for FY2013
- \*\* = part of Readmissions Reduction program for FY2013
- \*\*\* = part of Value-based Purchasing program for FY2014

### Chart Abstracted Measures

Chart Abstracted Measures <i>Submitted to QualityNet</i>	Required by MN All Hospitals	Required by CMS PPS hospitals
<b>Inpatient Acute Myocardial Infarction (AMI)</b>		
AMI-1 Aspirin at Arrival – suspended by both CMS and state		
AMI-2 Aspirin Prescribed at Discharge	X	X
AMI-3 ACEI or ARB for LVSD - suspended by both CMS and state		
AMI-4 Adult Smoking Cessation Advice/Counseling - retired by both CMS and state		
AMI-5 Beta-Blocker Prescribed at Discharge - suspended by both CMS and state		
*AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	X	X
*AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)	X	X
AMI-10 Statin Prescribed at Discharge	New	x
<b>AMI-ACM Appropriate care</b>	X	
<b>Inpatient Heart Failure (HF)</b>		
*HF-1 Discharge Instructions	X	X
HF-2 Evaluation of LVS Function	X	X
HF-3 ACEI or ARB for LVSD	X	X
HF-4 Adult Smoking Cessation Advice/Counseling - retired by both CMS and state		
<b>HF-ACM Appropriate care</b>	X	
<b>Inpatient Pneumonia (PN)</b>		
PN-2 Pneumococcal Vaccination --retired by both CMS and state		
*PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	X	X
PN-4 Adult Smoking Cessation Advice/Counseling - retired by both CMS and state		
PN-5c Timing of Receipt of Initial Antibiotic Following Hospital Arrival - retired by both CMS and state		
*PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient	X	X
PN-7 Influenza Vaccination - retired by both CMS and state		
<b>PN-ACM Appropriate care</b>	X	
<b>Inpatient Surgical Care Improvement Project (SCIP)</b>		
*SCIP-Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	X	X
*SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients	X	X
*SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (48 hrs for cardiac surgery)	X	X
*SCIP-Inf-4 Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	X	X
SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal - suspended by both CMS and state		
***SCIP-Inf-9 Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero	New	X
SCIP-Inf-10 Surgery Patients with Perioperative Temperature Management	New	X
*SCIP-Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period	X	X
*SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	X	X

<b>Chart Abstracted Measures Submitted to QualityNet</b>	<b>Required by MN All Hospitals</b>	<b>Required by CMS PPS hospitals</b>
*SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	X	X
<b>Inpatient Prevention: Global Immunization Measures</b>		
IMM-1a Pneumococcal immunization (PPV23) – overall rate	New	New
IMM-1b Pneumococcal immunization (PPV23) – Age 65 and older		New
IMM-1c Pneumococcal immunization (PPV23) – High risk populations (6-64yrs)		New
Imm-2 Influenza immunization	New	New
<b>Emergency Department Throughput</b>		
ED-1a Median time from ED arrival to ED departure for ED admitted patients – Overall rate	New	New
ED-1b Median time from ED arrival to ED departure for ED admitted patients – reporting measure		New
ED-1c Median time from ED arrival to ED departure for ED admitted patients – observation patients		New
ED-1d Median time from ED arrival to ED departure for ED admitted patients – psychiatric/mental health patients		New
ED-2a Median time from admit decision to departure for ED admitted patients – Overall rate	New	New
ED-2b Median time from admit decision to departure for ED admitted patients – reported measure		New
ED-2c Median time from admit decision to departure for ED admitted patients - psychiatric/mental health patients		New
<b>Hospital Outpatient Acute Myocardial Infarction (AMI) and Chest Pain</b>		
OP-1 Median time to fibrinolysis	X	X
OP-2 Fibrinolytic therapy received within 30 minutes of emergency department (ED) arrival	X	X
OP-3a Median time to transfer to another facility for acute coronary intervention	X	X
OP-4 Aspirin at arrival	X	X
OP-5 Median time to ECG	X	X
OP-16 Troponin results for emergency department acute myocardial infarction (AMI) patients or chest pain patients (with probable cardiac chest pain) within 60 minutes of arrival- new for CMS and state	New	New
<b>Hospital Outpatient Surgery</b>		
OP-6 Timing of antibiotic prophylaxis (initiated within 1 hour prior to surgical incision)	X	X
OP-7 Prophylactic antibiotic selection for surgical patients	X	X
<b>Hospital Outpatient Efficiency</b>		
OP-18 Median time from ED arrival to ED departure for discharged ED patients		New
OP-19 Transition record with specified elements received by discharged patients		New
OP-20 Door to diagnostic evaluation by a qualified medical professional		New
OP-21 ED-median time to pain management for long bone fracture		New
OP-22 ED-patient left without being seen (numerator/denominator one time per year for the previous year)		New
OP-23 ED-Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival		New
<b>Chart Abstracted Measures Submitted to NHSN</b>		
	<b>Required by MN All Hospitals</b>	<b>Required by CMS PPS hospitals</b>
<b>Healthcare Associated Infections (HAI)</b>		
Central Line Associated Bloodstream Infection (CLABSI)	Only NICU/PICU	X
Surgical Site Infections (SSI)		New
Catheter-Associated Urinary Tract Infection (CAUTI)		New

<b>Chart Abstracted Measures Submitted to MDH through MHA</b>	<b>Required by MN All Hospitals</b>	<b>Required by CMS PPS hospitals</b>
<b>Children's Asthma Care (CAC)</b> <i>May also be submitted through TJC to Hospital Compare</i>		
CAC-3 Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	X	
<b>Vermont Oxford Network</b>		
Late sepsis or meningitis in very low birth weight neonates (Level III NICU)	X	
<b>Emergency Department Transfer Communication</b>		
Administrative communication	New – CAH only	
Vital signs	New – CAH only	
Medication information	New – CAH only	
Patient information	New – CAH only	
Physician information	New – CAH only	
Nursing information	New – CAH only	
Procedures and tests	New – CAH only	
<b>Chart Abstracted Measures Submitted to MDH through MN Stroke Registry</b>		
<b>Stroke</b>		
NIH stroke scale performed in initial evaluation	New	
Door-to-imaging performed within 25 min	New	
<b>Structural Measures and DACA Submitted to QualityNet</b>		
<b>Hospital Inpatient Structural Measures</b>		
Participation in a Systematic Database for Cardiac Surgery		X
Participation in a Systematic Clinical Database Registry for Stroke Care		X
Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care		X
Participation in a Systematic Clinical Database Registry for General Surgery		New
<b>Hospital Inpatient Data Accuracy and Completeness Acknowledgement</b>		
Electronic acknowledgment for FY 2012 payment		X
<b>Hospital Outpatient Structural Measure</b>		
OP-12 The ability for providers with HIT to receive laboratory data electronically directly into their qualified/certified EHR system as discrete searchable data		X
OP-17 Tracking clinical results between visits		New

## Surveys

<b>Surveys Submitted to MHA</b>	<b>Required by MN All Hospitals</b>	<b>Required by CMS PPS hospitals</b>
<b>Health Information Technology (HIT)</b>		
Health information technology survey	X	X
<b>Surveys Submitted to QualityNet</b>		
<b>Patient Experience of Care</b>		
*Hospital Consumer Assessment of Healthcare Providers and Systems Survey(HCAHPS)	≥ 500 admission in previous year	X

## Claims Measures

<b>Claims measures</b>	<b>Required by MN All Hospitals</b>	<b>Required by CMS PPS hospitals</b>
<b>30-Day Risk-Standardized Mortality Rates</b>		
***MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	New	X
***MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate Rate	New	X
***MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate Rate	New	X
<b>30-Day Risk-Standardized Readmission Rates</b>		
**READM-30-AMI Acute Myocardial Infarction (AMI) 30-Day Readmission Rate		X
**READM-30-HF Heart Failure (HF) 30-Day Readmission Rate		X
**READM-30-PN Pneumonia (PN) 30-Day Readmission Rate		X
<b>Agency for Healthcare Research and Quality (AHRQ) Measures</b>		
PSI 3 Pressure ulcer	X	
PSI 04 Death Among Surgical Patients with Serious, Treatable Complications (Harmonized with NSC measure for FY 2011)	X	X
PSI 06 Iatrogenic Pneumothorax, Adult		X
PSI 11 Postoperative respiratory failure		X
PSI 12 Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	X	X
PSI 14 Postoperative Wound Dehiscence		X
PSI 15 Accidental Puncture or Laceration		X
PSI 18 Obstetric trauma – vaginal delivery with instrument	X	
PSI 19 Obstetric trauma – vaginal delivery without instrument	X	
PSI 90 Complication/Patient Safety for Selected Indicators (composite) (3,6-15)	X	X
IQI 4 Abdominal aortic aneurysm (AAA) repair volume	X	
IQI 5 Coronary artery bypass graft (CABG) volume	X	
IQI 6 Percutaneous transluminal coronary angioplasty (PTCA) volume	X	
IQI 11 Abdominal Aortic Aneurysm (AAA) Mortality Rate (with or without volume)	X	X
IQI 12 Coronary artery bypass graft (CABG) mortality rate	X	
IQI 19 Hip Fracture Mortality Rate	X	X
IQI 30 Percutaneous transluminal coronary angioplasty (PTCA) mortality rate	X	
IQI 91 Mortality for Selected Medical Conditions (composite) (15,16,17,18,19,20)	X	X
PDI 6 Pediatric heart surgery mortality rate	X	
PDI 7 Pediatric heart surgery volume	X	
PDI 19 Pediatric patient safety for selected indicators composite (1,2,5,8,9,10,11,12)	X	
<b>Nursing Sensitive Care Measure</b>		
Death Among Surgical Patients with Serious Treatable Complications (Harmonized with PSI 4 measure, Failure to Rescue)		X

Claims measures	Required by MN All Hospitals	Required by CMS PPS hospitals
<b>Hospital-Acquired Condition (HAC) Measures</b>		
Foreign Object Retained After Surgery		X
Air Embolism		X
Blood Incompatibility		X
Pressure Ulcer Stages III & IV		X
Falls and Trauma: (Includes; Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, other injuries)		X
Vascular Catheter-Associated Infections		X
Catheter-Associated Urinary Tract Infection (UTI)		X
Manifestations of Poor Glycemic Control		X
<b>Cost Efficiency</b>		
Medicare Spending per Beneficiary		New
<b>Hospital Outpatient Imaging</b>		
OP-8 MRI lumbar spine for low back pain		X
OP-9 Mammography follow-up rates		X
OP-10 Abdominal CT- use of contrast material		X
OP-11 Thorax CT – use of contrast material		X
OP-13 Cardiac imaging for preoperative risk assessment for non cardiac low risk surgery		X
OP-14 Simultaneous use of brain computed tomography (CT) and sinus computed tomography (CT)		X
OP-15 Use of brain computed tomography (CT) in the emergency department for atraumatic headache		X

## Footnotes

### All MN Hospitals

For the Minnesota Statewide Quality Reporting and Measurement System (SQRMS), the measures are required for all acute care hospitals – PPS, critical access, and children’s hospitals.

### PPS Hospitals

These hospitals are paid under the prospective payment system (PPSA) by the Centers for Medicare & Medicaid Services (CMS). They are required to submit quality measures in a timely and reliable way in order to receive their annual payment update (APU) for the following fiscal year.

### Value-based purchasing program

An incentive program that will affect PPS hospitals for payment beginning in fiscal year 2013.

### Readmissions Reduction Program

Beginning with October 1, 2012 discharges, payments to hospitals will be reduced to account for certain excess readmissions

# Future CMS measures - Collection begins in 2013

**FY2015** Proposed additions from CMS

## **Stroke Measure set**

- STK-1 VTE Prophylaxis
- STK-2 Antithrombotic therapy for ischemic stroke
- STK-3 Anticoagulation therapy for A fib/flutter
- STK-4 Thrombolytic therapy for acute ischemic stroke
- STK-5 Antithrombotic therapy by the end of hospital day 2
- STK-6 Discharged on statin
- STK-8 Stroke education
- STK-10 Assessed for rehabilitation

## **VTE Measure set**

- VTE-1 VTE prophylaxis
- VTE-2 ICU VTE prophylaxis
- VTE-3 VTE patients with anticoagulation overlap therapy
- VTE-4 Patients receiving un-fractionated Heparin with doses/labs monitored by protocol
- VTE-5 VTE discharge instructions
- VTE-6 Incidence of potentially preventable VTE

## **Healthcare Associated Infections (HAI)**

- MRSA Bacteremia
- Clostridium Difficile (C.difficile or CDI)
- Healthcare Personnel Influenza Vaccination

## **CY2014**

### **Outpatient measures**

- OP-24 Cardiac rehabilitation patient referral from an outpatient setting
- OP-25 Safe surgery checklist
- OP-26 Hospital outpatient volume data on selected outpatient surgical procedures



12/2011