

2012 Hospital Measure Summary (With changes from 2011)

Chart Abstracted Measures

Chart Abstracted Measures <i>Submitted to QualityNet</i>	Required by MN All Hospitals ⁺	Required by CMS PPS Hospitals ^{**}
Inpatient Acute Myocardial Infarction (AMI)		
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
AMI-ACM Appropriate care	X	
Inpatient Heart Failure (HF)		
*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		
HF-ACM Appropriate care	X	
Inpatient Pneumonia (PN)		
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		
PN-ACM Appropriate care	X	
Inpatient Surgical Care Improvement Project (SCIP)		
*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
*SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	X	X

Chart Abstracted Measures Submitted to QualityNet	Required by MN All Hospitals⁺	Required by CMS PPS Hospitals^{**}
Inpatient Immunization Measures		
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
Emergency Department		
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
Hospital Outpatient Acute Myocardial Infarction (AMI) and Chest Pain		
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
Hospital Outpatient Surgery		
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
Hospital Outpatient Efficiency		
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
Chart Abstracted Measures Submitted to NHSN		
	Required by MN All Hospitals⁺	Required by CMS PPS Hospitals^{**}
Healthcare Associated Infections (HAI)		
Central Line Associated Bloodstream Infection (CLABSI)	Only NICU/PICU	X
Surgical Site Infections (SSI)		New
Catheter-Associated Urinary Tract Infection (CAUTI)		New

Chart Abstracted Measures Submitted to MDH through MHA	Required by MN All Hospitals⁺	Required by CMS PPS Hospitals^{**}
Children's Asthma Care (CAC) <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	
Vermont Oxford Network		
Late sepsis or meningitis in very low birth weight neonates (Level III NICU)	X	
Emergency Department Transfer Communication		
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	
Chart Abstracted Measures Submitted to MDH through MN Stroke Registry		
Stroke		
NIH stroke scale performed in initial evaluation	New	
Door-to-imaging performed within 25 min	New	
Structural Measures and DACA Submitted to QualityNet		
Hospital Inpatient Structural Measures		
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
Hospital Inpatient Data Accuracy and Completeness Acknowledgement		
Electronic acknowledgment for FY 2012 payment		X
Hospital Outpatient Structural Measure		
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

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

Claims Measures

Claims measures	Required by MN All Hospitals⁺	Required by CMS PPS Hospitals^{**}
30-Day Risk-Standardized Mortality Rates		
***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
30-Day Risk-Standardized Readmission Rates		
**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
Agency for Healthcare Research and Quality (AHRQ) Measures		
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	
Nursing Sensitive Care Measure		
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 ⁺⁺
Hospital-Acquired Condition (HAC) Measures		
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
Cost Efficiency		
Medicare Spending per Beneficiary		New
Hospital Outpatient Imaging		
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

Key:

- + 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 (PPS) 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.
- * Part of value-based purchasing program for FY 2013**
An incentive program that will affect PPS hospitals for payment beginning in fiscal year 2013.
- ** Part of readmissions reduction program**
Beginning with October 1, 2012 discharges, payments to hospitals will be reduced to account for certain excess readmissions
- *** Part of value-based purchasing program for FY2014**

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



1/2012