CMS Core Measures

Evidence-Based Performance Measurement

What is Evidence-Based Medicine?

Patient care that research has shown to result in better outcomes for patients, such as lower:

- mortality and morbidity
- disability
- length of stay
- readmissions

What is a core measure?

- Evidence-based, scientifically-researched standard of care which has been shown to result in improved clinical outcomes

Why are Core Measures Important?

- #1 Reason: The **PATIENT**

It isn't about the numbers….

it is about the right care every time!

Why are Core Measures Important?

- Appropriate Core Measure care is the right care every time.
- Appropriate core measure care reduces morbidity, reduces mortality, reduces complications and readmissions.
- It is evidence-based best care for your patients!

National Clinical Focus Areas

- Heart Failure
- Acute Myocardial Infarction
- Pneumonia
- Surgical Care Improvement Project

Heart Failure

- Heart Failure accounts for more than 700,000 hospitalizations every year.
- Heart Failure is associated with high rates of mortality and morbidity.

Heart Failure

- Common in the elderly, accounting for more hospital admissions than any other diagnosis in patients over age 65
- The prevalence of heart failure is rising dramatically with the aging of the U.S. population

Acute Myocardial Infarction

- Each year approximately 1.1 million people have a heart attack
- Almost two-thirds of heart attack patients do not make a complete recovery.
- People who survive the acute phase have a chance of related illness and death that is 2 to 9 times higher than that of the general population

Pneumonia

- Pneumonia and influenza are the fifth leading causes of death in the U.S. in patients age 65 and older.
- The incidence of pneumonia increases with age, and more than 90 percent of deaths due to this condition are in the population age 65 and older

Impact of Surgical Care Complications

- 22% of preventable deaths are attributed to postoperative complications
- Patients that develop surgical site infection have twice the mortality and are:
  - 60% more likely to spend time in ICU
  - 5 times more likely to be readmitted

Surgical Care Complications

Surgical patients are 20 times more likely to have venous thromboembolism (VTE):

- Deep vein thrombosis(DVT) and/or
- Pulmonary embolism (PE)

Heart Failure Measures

- Complete discharge instructions (6 components)
- Left ventricular function assessment
- ACE inhibitor or ARB prescribed at discharge for left ventricular systolic dysfunction
- Adult smoking cessation counseling

Heart Failure Measures

- Discharge Instructions include six components:
  - Activity level
  - Diet/fluid
  - Medication reconciliation
  - Follow up with physician
  - Worsening symptoms
  - Weight monitoring

All or none: one failed component is a failed discharge instruction measure

Acute MI Measures

- Aspirin at arrival
- EKG timing (goal w/in 10 minutes of arrival)
- Thrombolysis within 30 minutes
- Percutaneous Coronary Intervention (PCI) within 90 minutes

Acute MI Measures

- Beta blocker prescribed at discharge
- ACE inhibitor/ARB prescribed at discharge for left ventricular systolic dysfunction (EF < 40%)
- Aspirin prescribed at discharge
- Adult smoking cessation counseling

Pneumonia Measures

- Blood cultures performed within 24 hours after hospital arrival or prior to arrival
- Blood cultures performed before first dose of antibiotic received in hospital
- Antibiotic timing w/in 6 hrs after arrival
- Antibiotic selection for ICU patients and immunocompetent patients

Pneumonia Measures

- Influenza vaccine status
- Pneumonia vaccine status

  (vaccines must be given, refused, or medically contraindicated due to allergy or current active chemotherapy)
- Smoking cessation counseling

Surgical Care Improvement Project Measures

- Infection prevention:
  - Antibiotic given within one hour prior to surgery start
  - Recommended antibiotic given
  - Antibiotic dc'd within 24 hours after surgery end
  - Appropriate hair removal
  - Perioperative temperature management
  - Urinary catheter removal on POD1 or POD2

Surgical Care Improvement Project Measures

- Venous thromboembolism prophylaxis:
  - Pharmacologic prophylaxis ordered within 24 hours of surgery end
  - Mechanical prophylaxis ordered within 24 hours of surgery end
  - Both mechanical and pharmacologic prophylaxis administered within 24 hours of surgery end

Surgical Care Improvement Project Measures

- Cardiovascular:

  - patients on beta blockers prior to admission receive beta blockers in the perioperative period

Information Source

- You can read a brief literature review for each measure at:

www.qualitynet.org

Click on the hospital inpatient tab and select the specifications manual. Each measure set (AMI,HF,PN,SCIP) has a measure information form that provides a description and rationale for each indicator within the measure set