

2022 MUSE Inspire Conference

May 15-18 Gaylord Texan Resort & Convention Center | Dallas, TX



1062: Improve Your Quality Performance Scores

Tuesday, May 17, 10:00-10:55

Presenters: Sherri Pierce RN, BSN & Alexis O'Grady MPH





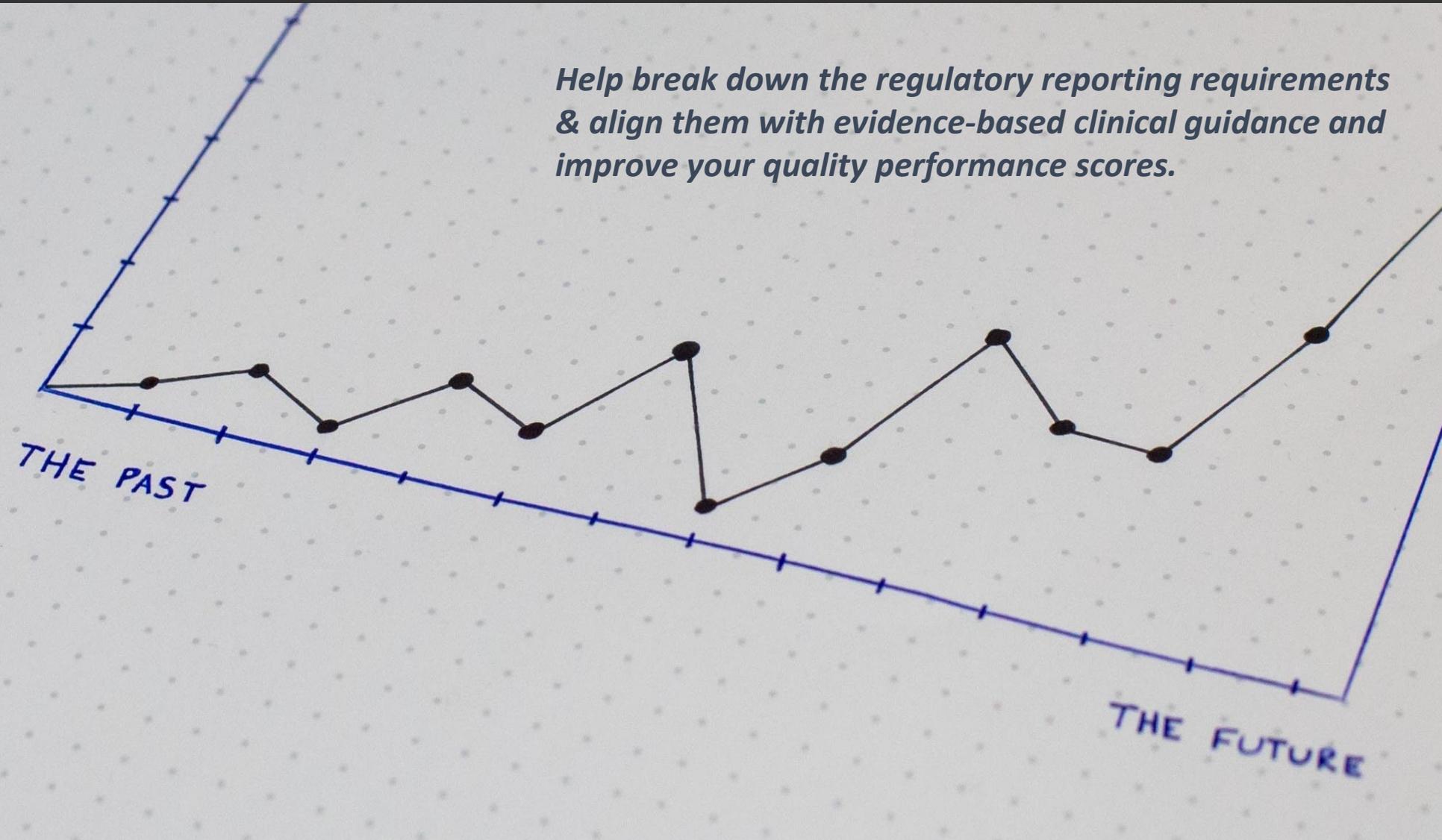
Our Sessions This Year

Day	Date	Time	Room	Session
Monday	May 16	2:30-3:25	Grapevine 6	1007 - Power BI and DR
Tuesday	May 17	10:00-10:55	Austin 4	1062 - Improve Quality Performance
Wednesday	May 18	10:00-10:55	Austin 4	1057 - Microsoft's Power Platform (Northeastern VT)
		11:00-11:55	Grapevine 6	1097 - OR Utilization Analysis (Northwestern Medical Center)



Our Goal

Help break down the regulatory reporting requirements & align them with evidence-based clinical guidance and improve your quality performance scores.



Good, Better Be Best

- Reduce Readmissions
- Reduce Medication Errors
- Reduce Mortality



Best
Better
Good

- Reduce Infections
- Reduce Falls
- Reduce Hospital Acquired Conditions

How Do We?

Reduce Readmissions?

Reduce Medication Errors?

Reduce Infections?

Reduce Hospital Harm?

RAISE
THE
BAR

Hospital Readmissions



Hybrid Hospital Wide Readmission Measure

List of CCDs and Linking Variables

- 6 Vital Signs
- 7 Laboratory Test Results
- 6 Linking Variables

Voluntary Reporting

- 2023
- 2024

Required Reporting

- 2025

Reporting Period - July 1st – June 30th

Report the **first** resulted value for all 13 specific core clinical elements

6 Vital Signs	7 Laboratory Test Results	6 Linking Variables
Heart Rate	Hematocrit	CMS Certification Number (CCN)
Respiratory Rate	White Blood Cell Count	Health Insurance claim # or Medicare Beneficiary Identifier (MBI)
Temperature	Sodium	Date of Birth (DOB)
Systolic Blood Pressure	Potassium	Sex
Oxygen Saturation	Bicarbonate	Admission Date
Weight	Creatinine	Discharge Date
	Glucose	

Data collection: [MEDITECH's Recommended Workflow for Data Capture](#)



Reducing Medication Errors

Too Many

Too Few



Too Wrong

Reducing Infections

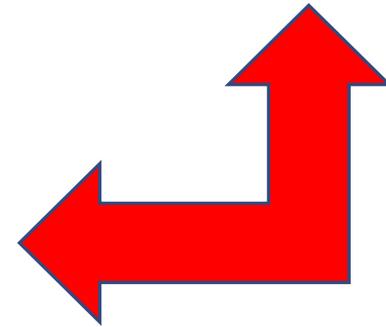


Decrease ABX Resistance

- Problem**
- Unnecessary Prescribing
 - Antibiotic Resistance
 - Super Bugs
 - Deaths

- Interventions**
- Dose Adjustments
 - Convert IV to Oral
 - Automatic Stop Orders
 - Time-Outs
 - Prior Approval
 - Education

Antibiotic Stewardship



[ABX Stewardship Program Core Elements](#)

[Implementation Guide](#)



AUR Reporting

Eligible Hospitals and Eligible Clinicians

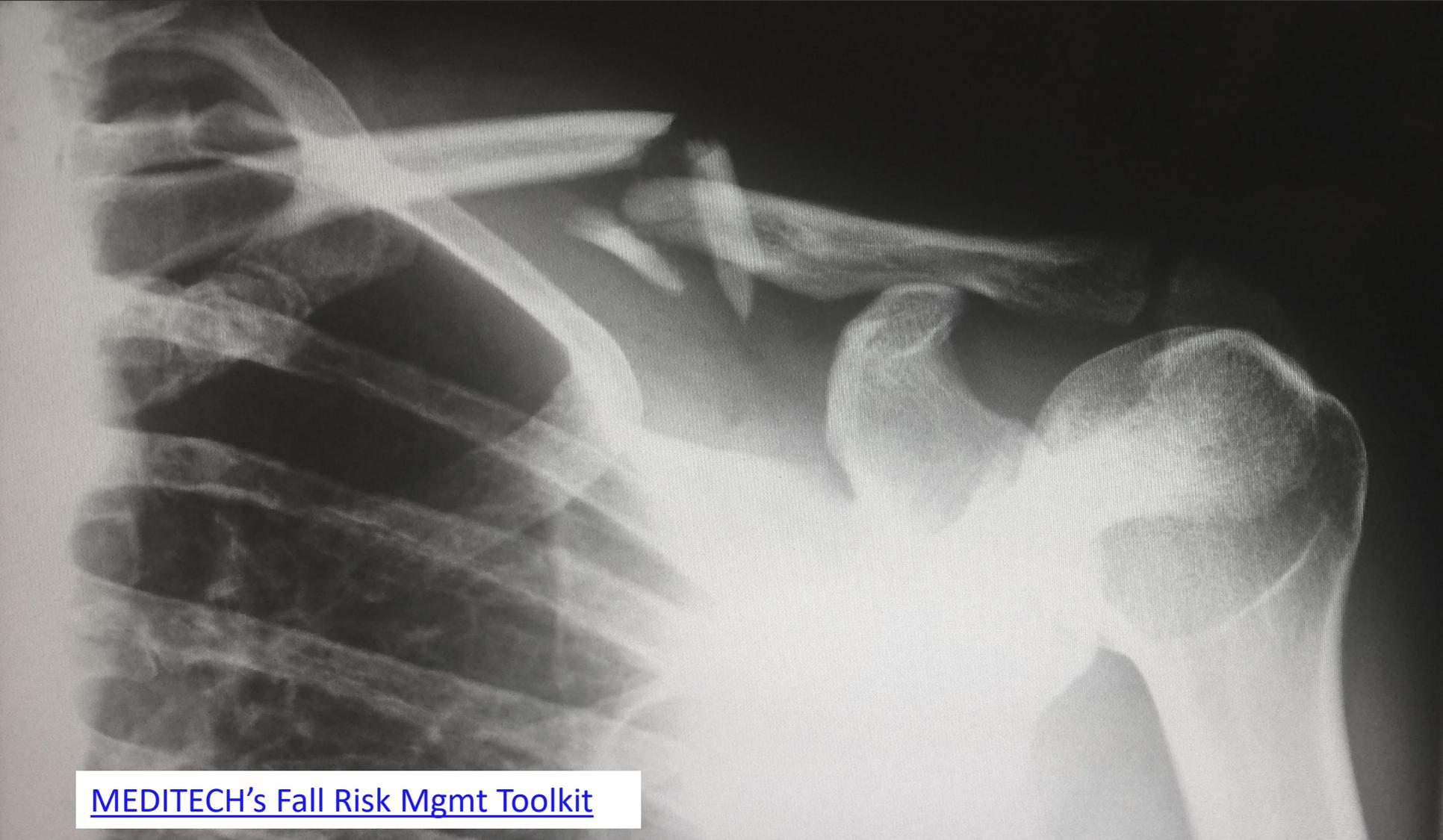
Promoting Interoperability



NHSN

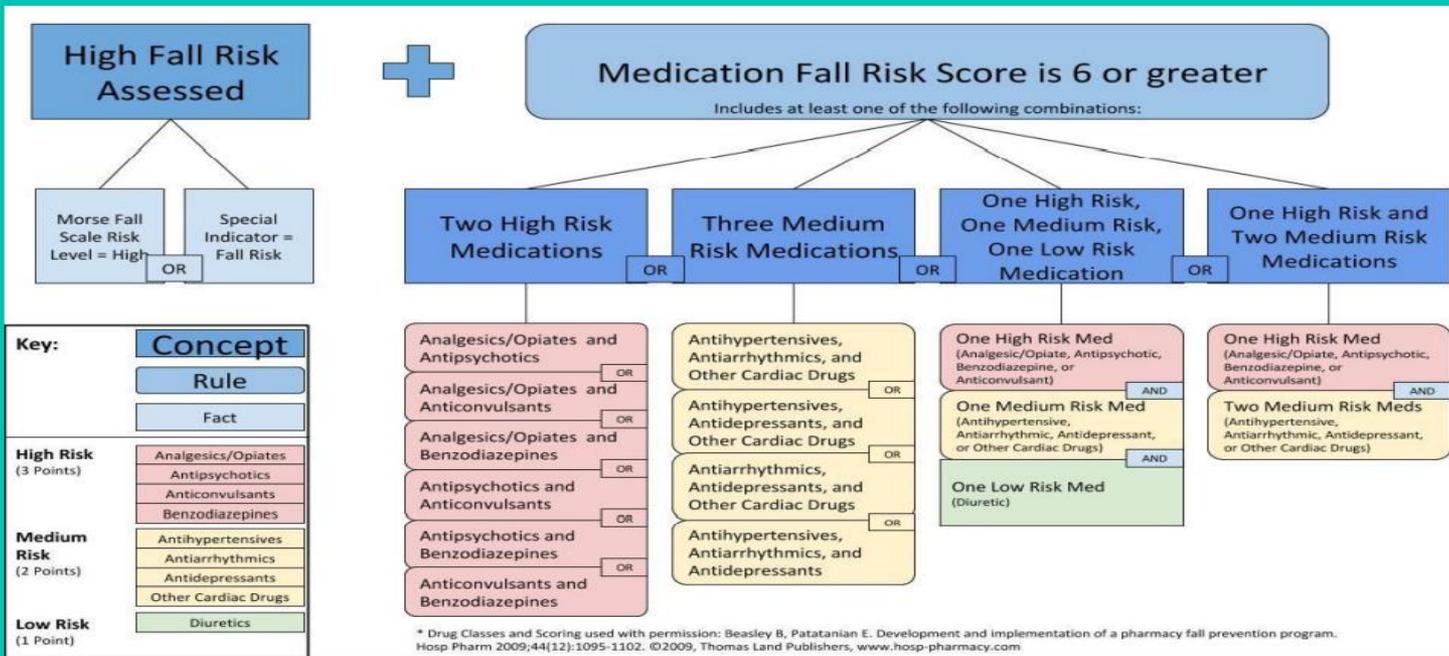
- Meets the Public Health Registry **Bonus** Measure
- Worth 5 Bonus Points
- CMS has proposed this as a requirement for CY2023 Reporting

Falls

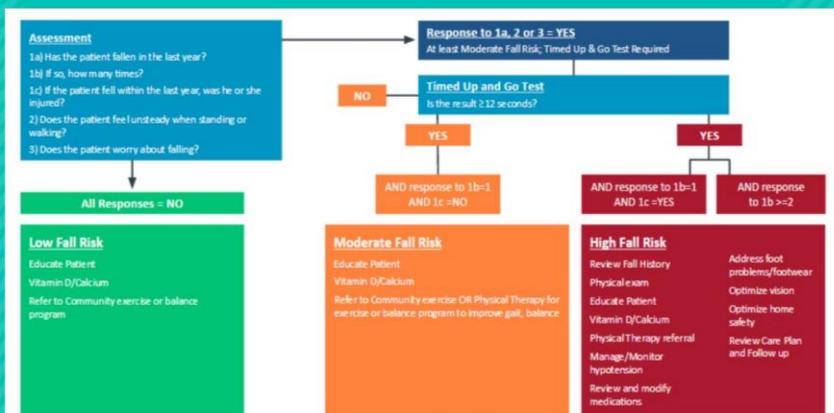


[MEDITECH's Fall Risk Mgmt Toolkit](#)

Surveillance Algorithm



CDC-Based Fall Risk Assessment



Centers for Disease Control and Prevention STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Toolkit: <https://www.cdc.gov/steadi/about.html>
 Centers for Disease Control and Prevention STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Timed Up & Go (TUG): <https://www.cdc.gov/steadi/pdf/STEADI-Assessment-TUG-508.pdf>

Surveillance Watchlist

Surveillance Desktop (SC.EXP.SAND)

Return To

QM Watchlist

33 Patients as of 06/11/19 12:13.

Name	Age Sex	Count	Sepsis	U Cath	U Cath >20	CAUTI	Fall Risk
Ackerman, Mary	94 F	1					X
Adams, Daniel	78 M	2	X	X			
Ahearn, Lucy	67 F	1		X			
Aiken, Amy	84 F	2				X	X
Chessy, Kelly	77 F	1	X				
Christie, Anne	81 F	1			X		
Church, Kaycee	86 F	2	X				X
Dalev, Samuel	88 M						

Home
My Task
Watchlist
Single Mode
Manage Profiles
History
Reports
Preferences





FALL RISK - FALL RISK

ALLERGY - ALLERGY
ALLERGY - ALLERGY
COM...

DNR

PATIENT ID
ALLERGY
NO LATEX
FALL RISK

FALL RISK

LIMB ALERT

ALLERGY

DNR

FALL

FALL RISK

LIMB ALERT

DNR

ALLERGY

DNR

FALL RISK - FALL RISK

LIMB ALERT - LIMB ALERT
ALLERGY - ALLERGY

ALLERGY

NO LATEX

New IQR Hospital Harm Measures for 2022

*Reduce
Hospital Harm*

Hyper/Hypoglycemia



Severe Hyper/Hypoglycemia

- 2022 reporting is optional
- 2023 reporting is required



Hybrid Hospital-Wide Mortality (HWM)

Data collection: Report the first resulted value for each specific core clinical element

10 specific EHR elements

- Heart Rate
- Systolic BP
- Temperature
- Oxygen Saturation
- Hematocrit
- Platelet
- WBC
- Sodium
- Bicarbonate
- Creatinine



Reporting Periods:

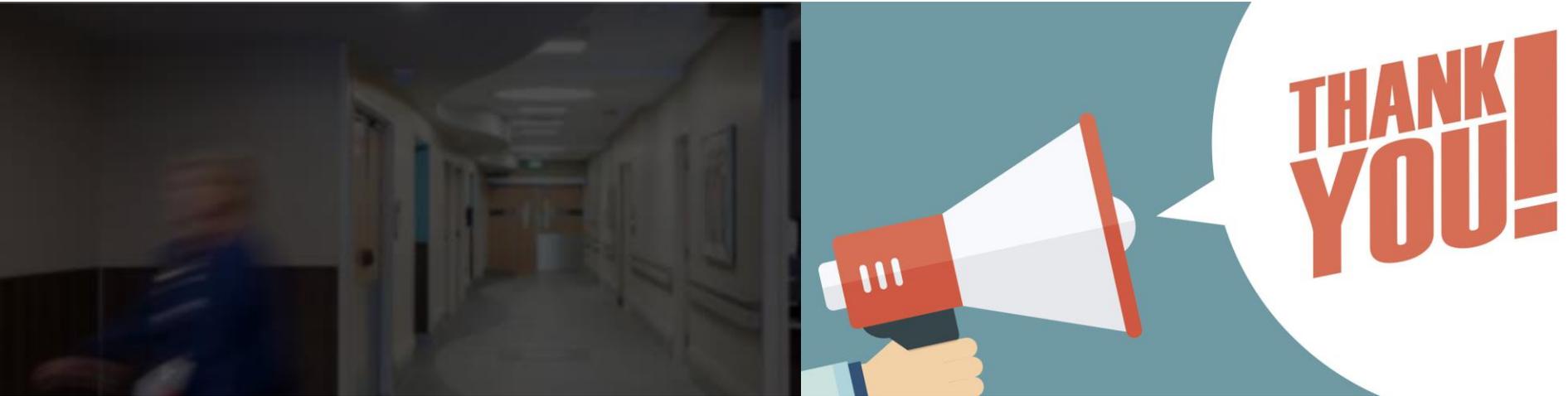
July 1st 2022 – June 30th 2023 (voluntary)

July 1st 2023 – June 30th 2024 (mandatory)

Open discussion

Do you have questions?





Keep in touch!

Our website: <https://acmeware.com>

Resources & Citations

Resources

- [CDC – HAIs](#)
- [CMS Discharge Planning Patient Brochure](#)
- [HOSPITAL QUALITY IMPROVEMENT: STRATEGIES AND LESSONS FROM U.S. HOSPITALS](#)
- [MEDITECH – Expanse Antimicrobial Stewardship](#)
- [Reducing readmission rates through a discharge follow-up service](#)
- [TJC - eQIM New Measure Review: Hospital Harm - Severe Hypoglycemia & Hospital Harm - Severe Hyperglycemia](#)
- [Unsplash.com](#) for non-copyrighted photos/images
- [www.drugs.com](#)

Citations

- 1 Vernon D, Brown JE, Griffiths E, Nevill AM, Pinkney M. Reducing readmission rates through a discharge follow-up service. *Future Healthc J.* 2019;6(2):114-117. doi:10.7861/futurehosp.6-2-114
- 2 Dudas V, Bookwalter T, Kerr KM, Pantilat SZ. The impact of follow-up telephone calls to patients after hospitalization. *Am J Med* 2001;111:26S–30S.
- 3 Hospital-Wide All-Cause Unplanned Readmission Measure Fact Sheet (cms.gov)
- 4 [Nursing2022](#)
- 5 [Patient Safety Movement](#)
- 6 [CDC IC guidelines](#)

