

Quality Domain:	Patient Safety	Patient Engagement	Care Transitions	Outpatient
Instructions:	<p>Grantees are required to work with all CAHs on all Core Improvement Activities, under each of the four quality domains. There are also Additional Improvement Activities that grantees may select to work on with any cohort of CAHs based on need and relevance (i.e. a Surgical Care initiative would only be relevant for those CAHs who perform inpatient surgeries). <i>This menu set outlines the quality improvement activities with associated measures that are to be reported by CAHs. Some quality activities are recognized as important areas for quality improvement; however, there are not currently standardized measure specifications or national reporting mechanisms available. These activities are identified as additional quality improvement activities that can be addressed at a state or regional level. States selecting to focus on any such activities will work with FORHP in year 1 to determine a standard set of reporting expectations for future years. Please remember that these quality improvement and measurement activities are the means to the end goal of improving patient safety, patient engagement, care transitions, and outpatient care in your hospitals.</i></p>			
Core Improvement Initiatives	<p>HCP / OP-27: Influenza vaccination coverage among healthcare personnel (<i>Facilities report a single rate for inpatient and outpatient settings</i>)</p> <p>Imm-2: Influenza Immunization</p>	<p>Hospital Consumer Assessment of Healthcare Providers and Systems <i>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:</i></p> <ul style="list-style-type: none"> • <i>communication with doctors,</i> • <i>communication with nurses,</i> • <i>responsiveness of hospital staff,</i> • <i>pain management,</i> • <i>communication about medicines,</i> • <i>discharge information,</i> • <i>cleanliness of the hospital environment,</i> • <i>quietness of the hospital environment,</i> • <i>transition of care</i> <p><i>The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.</i></p>	<p>Emergency Department Transfer Communication (EDTC)*** <i>7 sub-measures; 27 data elements</i></p> <ul style="list-style-type: none"> • EDTC-1: Administrative Communication (2 data elements) • EDTC-2: Patient Information (6 data elements) • EDTC-3: Vital Signs (6 data elements) • EDTC-4: Medication Information (3 data elements) • EDTC-5: Physician or practitioner generated information (2 data elements) • EDTC-6: Nurse generated information (6 data elements) • EDTC-7: Procedures and Tests (2 data elements) <p>***Reported to state Flex program and ORHP</p>	<p>OP-1: Median time to Fibrinolysis OP-2: Fibrinolytic Therapy Received within 30 minutes OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention OP-5: Median time to ECG OP-20: Door to diagnostic evaluation by a qualified medical professional OP-21: Median time to pain management for long bone fracture OP-22: Patient left without being seen</p>
Additional Improvement Initiatives	<p>Healthcare Acquired Infections (HAI)</p> <ul style="list-style-type: none"> • CLABSI: NHSN Central line-associated Bloodstream Infection Outcome Measure (NHSN to IQR) • CAUTI: NHSN Catheter-associated Urinary Tract Infection Outcome Measure (NHSN to IQR) • CDI: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection Outcome Measure (NHSN to IQR) • MRSA: NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus Bacteremia Outcome Measure (NHSN to IQR) 		<p>Discharge Planning <i>Potential measurement TBD with ORHP</i></p> <p>Medication Reconciliation <i>Potential measurement TBD with ORHP</i></p>	<p>ED-1: Median Time from ED arrival to ED departure for admitted ED patients ED-2: Admit decision time to ED departure time for admitted patients OP-18: Median time from ED arrival to ED departure for discharged ED patients</p>

	<p>Stroke</p> <ul style="list-style-type: none"> • Stroke-1: Venous thromboembolism (VTE) prophylaxis • Stroke-8: stroke education • Proportion of patients hospitalized with Stroke – potentially avoidable complications • OP-23: ED – Head CT or MRI scan results for Acute Ischemic Stroke or Hemorrhagic Stroke who received Head CT or MRI scan interpretation within 45 minutes of arrival <p>Venous thromboembolism (VTE)</p> <ul style="list-style-type: none"> • VTE-1: venous thromboembolism prophylaxis • VTE-2: intensive care unit venous thromboembolism prophylaxis • VTE-3: venous thromboembolism patients with anticoagulation therapy <p>Perinatal Care</p> <ul style="list-style-type: none"> • PC-01: Elective delivery <p>Surgery / Surgical Care</p> <ul style="list-style-type: none"> • OP-25: safe surgery checklist use <p>Pneumonia</p> <ul style="list-style-type: none"> • Proportion of patients hospitalized with Pneumonia – potentially avoidable complications <p>Falls</p> <p>Potential measurement around:</p> <ul style="list-style-type: none"> • Falls with Injury • Patient Fall Rate • Screening for Future Fall Risk <p>Adverse Drug Events (ADE)</p> <p>Potential measurement around:</p> <ul style="list-style-type: none"> • Opioids • Glycemic Control • Anticoagulant Therapy <p>Reducing Readmissions <i>(These measures are calculated for hospitals using Medicare Administrative Claims Data)</i></p> <p>Patient Safety Culture Survey</p>	<p style="font-size: 100px; opacity: 0.3; font-weight: normal;">DRAFT</p>	
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