

## The Premier Hospital Quality Incentive Demonstration: Clinical Conditions and Measures for Reporting

The CMS/Premier quality measures are based on clinical evidence and industry recognized metrics. For example, they include:

- All ten indicators from the starter set of “The National Voluntary Hospital Reporting Initiative: A Public Resource on Hospital Performance.” (AHA Initiative)
- Twenty-seven indicators are National Quality Forum (NQF) indicators.
- Twenty-four indicators are CMS 7<sup>th</sup> Scope of Work indicators.
- Fifteen indicators are JCAHO Core Measures indicators.
- Three indicators are proposed by The Leapfrog Group.
- Four indicators are the Agency for Healthcare Research and Quality (AHRQ) patient safety indicators.

Clinical Conditions	Measures
<b>Acute Myocardial Infarction (AMI)</b>	<ol style="list-style-type: none"> <li>1. Aspirin at arrival <sup>1,2,3,4,P</sup></li> <li>2. Aspirin prescribed at discharge <sup>1,2,3,4,P</sup></li> <li>3. ACEI for LVSD <sup>1,2,3,4,P</sup></li> <li>4. Smoking cessation advice/counseling <sup>1,2,3,P</sup></li> <li>5. Beta blocker prescribed at discharge <sup>1,2,3,4,P</sup></li> <li>6. Beta blocker at arrival <sup>1,2,3,4,P</sup></li> <li>7. Thrombolytic received within 30 minutes of hospital arrival <sup>1,2,10,P</sup></li> <li>8. PCI received within 120 minutes of hospital arrival <sup>1,5,10,P</sup></li> <li>9. Inpatient mortality rate <sup>1,3,6,O</sup></li> </ol>
<b>Coronary Artery Bypass Graft (CABG)</b>	<ol style="list-style-type: none"> <li>10. Aspirin prescribed at discharge <sup>5,P</sup></li> <li>11. CABG using internal mammary artery <sup>1,5,P</sup></li> <li>12. Prophylactic antibiotic received within 1 hour prior to surgical incision <sup>1,2,10,P</sup></li> <li>13. Prophylactic antibiotic selection for surgical patients <sup>1,2,10,P</sup></li> <li>14. Prophylactic antibiotics discontinued within 24 hours after surgery end time <sup>1,2,10,P</sup></li> <li>15. Inpatient mortality rate <sup>7,O</sup></li> <li>16. Post operative hemorrhage or hematoma <sup>8,O</sup></li> <li>17. Post operative physiologic and metabolic derangement <sup>8,O</sup></li> </ol>

## Clinical Conditions and Measures for Reporting and Incentives (cont'd)

Clinical Conditions	Measures
<b>Heart Failure (HF)</b>	<p>18. Left ventricular function (LVF) assessment <sup>1,2,3,4,P</sup></p> <p>19. Detailed discharge instructions <sup>1,2,3,P</sup></p> <p>20. ACEI for LVSD <sup>1,2,3,4,P</sup></p> <p>21. Smoking cessation advice/counseling <sup>1,2,3,P</sup></p>
<b>Community Acquired Pneumonia (CAP)</b>	<p>22. Percentage of patients who received an oxygenation assessment within 24 hours prior to or after hospital arrival <sup>1,2,3,4,P</sup></p> <p>23. Initial antibiotic consistent with current recommendations <sup>1,2,10,P</sup></p> <p>24. Blood culture collected prior to first antibiotic administration <sup>1,2,3,P</sup></p> <p>25. Influenza screening/vaccination <sup>1,2,10,P</sup></p> <p>26. Pneumococcal screening/vaccination <sup>1,2,3,4,P</sup></p> <p>27. Antibiotic timing, percentage of pneumonia patients who received first dose of antibiotics within four hours after hospital arrival <sup>1,2,4,10,P</sup></p> <p>28. Smoking cessation advice/counseling <sup>1,2,3,P</sup></p>
<b>Hip and Knee Replacement<sup>9</sup></b>	<p>29. Prophylactic antibiotic received within 1 hour prior to surgical incision <sup>1,2,9,10,P</sup></p> <p>30. Prophylactic antibiotic selection for surgical patients <sup>1,2,9,10,P</sup></p> <p>31. Prophylactic antibiotics discontinued within 24 hours after surgery end time <sup>1,2,9,10,P</sup></p> <p>32. Post operative hemorrhage or hematoma <sup>8,9,O</sup></p> <p>33. Post operative physiologic and metabolic derangement <sup>8,9,O</sup></p> <p>34. Readmissions 30 days post discharge <sup>9,O</sup></p>

<sup>1</sup> National Quality Forum measure

<sup>2</sup> CMS 7<sup>th</sup> Scope of Work measure

<sup>3</sup> JCAHO Core Measure

<sup>4</sup> The National Voluntary Hospital Reporting Initiative (AHA Initiative)

<sup>5</sup> The Leapfrog Group proposed measure

<sup>6</sup> Risk adjusted using JCAHO methodology

<sup>7</sup> Risk adjusted using 3M<sup>TM</sup> All Patient Refined DRG methodology

<sup>8</sup> AHRQ Patient Safety Indicators and risk adjusted using AHRQ methodology.

<sup>9</sup> Medicare beneficiaries only

<sup>10</sup> CMS and/or JCAHO to align with this measure in 2004

<sup>P</sup> Process measure

<sup>O</sup> Outcomes measure