The 2010 Louisiana Hospital Quality Capstone Award

The purpose of this award is to recognize quality achievements by short-term acute care and critical access hospitals of all sizes**,** in both urban and rural areas**,** for high-level quality inpatient care delivered to patients with diagnoses of Acute Myocardial Infarction (AMI), Heart Failure (HF), Community Acquired Pneumonia and the Surgical Care Improvement Project (SCIP) with a goal of reducing surgical complications and making surgery safer. Awards were made based on available data from the Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting program.

Hospitals were not required to apply for the award.

Award Criteria

Appropriate Care Measure (ACM) is a composite measure that captures whether or not a patient received all the care he or she was eligible to receive during an episode of care (EOC) resulting in a discharge. The ACM is based on the measures providers were monitoring and improving upon during the first and second quarters of 2010. Patients must have received all measures for which they were eligible in order to be counted in the numerator of the award calculation.

Numerator and Denominator Definition

- A patient discharge or episode of care is included in the ACM **numerator** for a particular time period if the facility provided all care defined by the quality measures that the patient was eligible to receive.

- A patient discharge covering one episode of care (EOC) is included in the ACM **denominator** for a particular time period if the patient's discharge is eligible (not excluded) for at least one measure in the clinical quality measures listed below. If the patient falls into an excluded population, as listed in the Specifications Manual for National Hospital Inpatient Quality Measures, then that discharge care was not included in the numerator or denominator.

Calculation

To calculate the overall ACM, add the total number of patient ACM numerators and divide by the total number of patient ACM denominators to calculate the ACM percentage.

Providers scoring greater than or equal to the 70th percentile (86%) of the ACM score distributions are eligible for an award.

MEASURES USED FOR HOSPITAL AWARDS

Four clinical topics were considered. The measures in each topic are described below.

Acute Myocardial Infarction (AMI)
AMI-1 Aspirin at Arrival
AMI-2 Aspirin Prescribed at Discharge
AMI-3 ACEI or ARB for LVSD
AMI-4 Adult Smoking Cessation Advice/Counseling
AMI-5 Beta-Blocker Prescribed at Discharge
AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)

Heart Failure (HF)
HF-1 Discharge Instructions
HF-2 Evaluation of LVS Function
HF-3 ACEI or ARB for LVSD
HF-4 Adult Smoking Cessation Advice/Counseling

Pneumonia (PN)
PN-2 Pneumococcal Vaccination
PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-4 Adult Smoking Cessation Advice/Counseling
PN-5c Timing of Receipt of Initial Antibiotic Following Hospital Arrival
PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
PN-7 Influenza Vaccination (Note: Reported by Flu Season ONLY)

Surgical Care Improvement Project (SCIP)
SCIP-Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
SCIP-Inf-4 Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose
SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal
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
SCIP-Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period
SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

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The Medicare QIO for Louisiana
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