

Premier Hospital Quality Incentive Demonstration Extension

Table 1: Clinical Conditions and Measures for Reporting and Incentives – Year 4

Measure	APU (501b)	JCAHO	HQID Current	HQID Extension
Acute Myocardial Infarction (AMI)				
Aspirin at Arrival	✓	✓	✓	✓
Aspirin Prescribed at Discharge	✓	✓	✓	✓
ACEI/ARB for LVSD	✓	✓	✓	✓
Beta Blocker at Arrival	✓	✓	✓	✓
Beta Blocker Prescribed at Discharge	✓	✓	✓	✓
Primary PCI Received within 90 minutes of Hospital Arrival	✓	✓	✓	✓
Smoking Cessation Advice/Counseling	✓	✓	✓	✓
Fibrinolytic received within 30 minutes of Hospital Arrival	✓	✓	✓	✓
Inpatient Mortality Rate (JCAHO Risk Adjustment)		✓	✓	✓
30 Day Mortality Rate ^{T,1}				T
Readmission within 30 Days Rate ^T				T
AHRQ Patient Safety Indicators (combined to a complication index) ^{T,2}				T
Isolated Coronary Artery Bypass Graft				
Aspirin Prescribed at Discharge			✓	✓
CABG Using Internal Mammary Artery			✓	✓
Prophylactic Antibiotic Received within 1 hour Prior to Surgical Incision	✓	✓	✓	✓
Prophylactic Antibiotic Selection for Surgical Patients	✓	✓	✓	✓
Prophylactic Antibiotic Discontinued within 48 hours of Surgery End Time	✓	✓	✓	✓
Inpatient Mortality Rate (3M APR-DRG™ Risk Adjustment)			✓	✓
Post operative Hemorrhage or Hematoma			✓	✓
Post operative Physiologic and Metabolic Derangement			✓	✓
30 Day Mortality Rate ^T				T
Readmission within 30 Days Rate ^T				T
AHRQ Patient Safety Indicators (combined to a complication index) ^{T,2}				T
Heart Failure				
Evaluation of LVS Function	✓	✓	✓	✓
ACEI/ARB for LVSD	✓	✓	✓	✓
Detailed Discharge Instructions	✓	✓	✓	✓
Smoking Cessation Advice/Counseling	✓	✓	✓	✓
30 Day Mortality Rate ^T				T
Readmission within 30 Days Rate ^T				T
AHRQ Patient Safety Indicators (combined to a complication index) ^{T,2}				T
Inpatient Mortality Rate ^T (AHRQ IQI)				T
Hip and Knee Replacement³				
Prophylactic Antibiotic Received within 1 hour Prior to Surgical Incision	✓	✓	✓	✓
Prophylactic Antibiotic Selection for Surgical Patients	✓	✓	✓	✓
Prophylactic Antibiotic Discontinued within 24 hours of Surgery End Time	✓	✓	✓	✓
Recommended Venous Thromboembolism Prophylaxis Ordered	✓	✓		✓

Measure	APU (501b)	JCAHO	HQID Current	HQID Extension
(Required for APU and JCAHO effective Jan 2007 discharges)	(Jan 07)	(Jan 07)		(Jan 07)
Appropriate Venous Thromboembolism Prophylaxis within 24 hours Pre and Post Operative Period (Required for APU and JCAHO effective Jan 2007 discharges)	✓ (Jan 07)	✓ (Jan 07)		✓ (Jan 07)
Post operative Hemorrhage or Hematoma			✓	✓
Post operative Physiologic and Metabolic Derangement			✓	✓
Readmission within 30 days to Acute Care Inpatient Rate ⁴			✓	✓
AHRQ Patient Safety Indicators (combined to a complication index) ^{T,2}				T
Pneumonia				
Appropriate Initial Antibiotic Selection	✓	✓	✓	✓
Blood Culture Performed in ED Prior to First Antibiotic Received in Hospital	✓	✓	✓	✓
Influenza Vaccination	✓	✓	✓	✓
Oxygenation Assessment	✓	✓	✓	✓
Pneumococcal Vaccination	✓	✓	✓	✓
Smoking Cessation Advice/Counseling	✓	✓	✓	✓
30 Day Mortality Rate ^T				T
Readmission within 30 Days Rate ^T				T
AHRQ Patient Safety Indicators (combined to a complication index) ^{T,2}				T
Inpatient Mortality Rate ^T (AHRQ IQI)				T

^TMeasure is important to evaluate for future use and will be used for test purposes only. Measure will not be used in the Composite Quality Score calculation for incentive payment.

¹30 day Mortality rate – uses CMS hierarchical model based on administrative data

²All applicable AHRQ Patient Safety Indicators will be applied to each appropriate clinical area (AMI, Isolated CABG, HF, PN, and H/K). See PSI list.

³Hip and Knee population is expanded to all payers effective with October 1, 2006 discharges.

⁴30 day Readmission rate – uses Premier data risk-adjusted with 3M APR-DRG™ methodology

Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs)

PSIs applicable to the HQID populations:

1. Complications of Anesthesia
2. Death in Low Mortality DRGs
3. Decubitus Ulcer
4. Failure to Rescue
5. Foreign Body Left during Procedure
6. Iatrogenic Pneumothorax
7. Selected Infections due to Medical Care
8. Postoperative (postop) Hemorrhage or Hematoma
9. Postop Hip Fracture
10. Postop Physiologic and Metabolic Derangement
11. Postop Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)
12. Postop Respiratory Failure
13. Postop Sepsis
14. Technical Difficulty with Procedure
15. Transfusion Reaction
16. Postop Wound Dehiscence

The PSIs will be used to create a complication index which will be a risk-adjusted composite of all of the applicable PSIs for each specific clinical area at the hospital level.