

Metric + Measurement FAQ

Adverse Drug Events

Anticoagulation Safety

Q1: Should INRs greater than 5 measurement include patients who take warfarin and are admitted with INR>5?

A1: Yes.

Opioid Safety

Q1: Does the stat naloxone administration inpatient measurement include PACU patients?

A1: No, PACU is excluded in this measure.

Q2: When measuring high dose opioid prescribing upon discharge are patients with the following diagnosis excluded: cancer, hospice, palliative or comfort care?

A2: Yes, patients who are hospice, comfort care/palliative care or if they have cancer as a primary diagnosis are excluded. This measure is specific to acute care, SNF, swing bed and observation patients.

Q3: When measuring high dose opioid prescribing upon discharge is Tramadol included?

A3: Yes, Tramadol is included. **High -Dose Opioid Prescribing Upon Discharge Chart** for reference.

Q4: When measuring high dose opioid prescribing upon discharge are OB patients included?

A4: Yes.

Q5: When a patient is admitted with an opioid prescription however there was no opioid prescribed during the hospital stay; will this count in the high dose opioid prescribing upon discharge measure?

A5: Yes, the measure includes all opioids, not just new prescriptions.

Glycemic Management

Q1: Should newborns be excluded in the blood glucose less than 50 measurement?

A1: Yes. As indicated on the measure sheet, all ADE measures are for adults age 18+, thus newborns should be excluded.

Q2: Do Finger Sticks need to be included in the number of blood glucose measurements?

A2: Yes, hospitals should be including Finger Sticks in their numerator and denominator when collecting Blood Glucose less than 50.

Q3: How do we capture/pull out glucose measurements less than 50; more specifically for FSBG?

A3: Suggestions include: Utilizing a FSBG log for each glucometer that is in use; Collaborate with IT and Lab and see if a report can be built in the EMR; If there is no way to pull this data, consider adding this type of event (BG<50) to the adverse event reporting process/system.

Pressure Ulcer

Risk Assessment within 24 Hours

Q1: Should newborn and maternal inpatients be excluded?

A1: Yes, these populations may be excluded.

Q2: Would use of the Braden scale count for this measure?

A2: Yes. The Braden scale and the Norton scale are examples of the two commonly used risk assessment tools.

Severe Sepsis and Septic Shock

3-Hour Management Bundle Compliance

Q1: Should persons with suspected or confirmed COVID-19 be excluded from this measure (NQF 0500)?

A1: Yes. Click on the following links for expanded guidance:

- https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=1017
- https://www.qualityreportingcenter.com/globalassets/iqr2020events/iqr061220sep/june2020_sep1_npc_final_508u.pdf

Readmissions

Post-Hospital Follow-Up Appointment

Q1: What is the intent of this measure?

A1: The intent of the measure is to ensure that the hospital has utilized a risk assessment tool and a follow-up appointment has been made for the discharged patient in accordance with risk assessment results to facilitate a successful transition of care and avoid readmissions. Hospitals are encouraged to think about the intent of this measure when designing their process and mechanism for measurement. The follow-up appointment is an excellent opportunity to engage patients and families in discharge planning and activate them in their care plan. Consider making appointments with input from the patient, confirm the patient knows where to go and has a plan about how to get to appointments.

Q2: If an inpatient is discharged from acute to swing bed can the patient be included?

A2: The denominator for this measure looks at the number of inpatient discharges. For patients that transition to other levels of care within the hospital prior to their discharge from the facility, it is recommended that the hospital evaluates the risk assessment at final discharge from the facility for the follow-up appointment measure. All self-reported process measures may be sampled, a hospital may elect to focus on a specific unit or target patient population for example. Hospitals are encouraged to measure processes that provide meaningful indicators of how consistently their process performs and supports improved readmission outcomes.

Q3: If it is a weekend and the discharge paperwork states, "call Monday to set up a f/u appointment", how is this counted?

A3: The measure states that the follow-up appointment is scheduled before discharge in accordance with a risk assessment. Facilities that do not have the ability to schedule follow-up appointments after hours or on weekends are encouraged to have a process in place where the hospital makes or ensures that the discharge follow-up appointment has been made in accordance with a readmission risk assessment the next business day. Following completion of that process for night/ weekend discharges, the measure may be met. Simply providing the patient instructions on making an appointment does not meet the intent of the measure.

Q4: If the discharge paperwork states see provider in one week but the patient wants to make the appointment themselves does that meet the measure?

A4: No. Per the measure definition the follow-up appointment should be made prior to discharge. The intent of this measure is to ensure a successful transition of care in an effort to avoid readmissions. Scheduling the discharge appointment in accordance with a risk assessment tool is an opportunity to engage the patient and family in the discharge planning process.

Q5: If a patient is discharged and going to an alcohol rehab unit with instructions to schedule a follow-up appointment at discharge does that meet the measure?

A5: The follow-up appointment should be made in accordance with a risk assessment prior to hospital discharge. For patients who are transitioning to another care setting, discharge instructions including risk assessment and follow-up instructions can be included in the hand-off to the next facility. This information supports continuity of care and aids in successful transitions of care across the continuum.

Q6: If the follow-up appointment was made prior to discharge but the risk assessment was not completed is this patient included in the numerator?

A6: No. The follow-up appointment should be made in accordance with a risk assessment prior to hospital discharge. If a risk assessment was not completed, then the patient is included in the denominator of total discharges and excluded from the numerator.

Ventilator-Associated Events

Ventilator Bundle Compliance

Q1: Does the ventilator bundle use the ABCDEF bundle for compliance measurement?

A1: Yes.

General

All HQIC Measures

Q1: What are the age exclusions for self-reported process measures?

A1: All self-reported process measures are intended for ages 18+ for the HQIC program. If age exclusions present a significant reporting burden for the hospital, they are encouraged to work with their assigned Clinical Improvement Consultant to identify the most appropriate measurement solution. Process measures are intended to reduce variation in processes that improve quality outcome performance, hospitals should understand how age inclusions/exclusions impact their ability to monitor their process. It is important that the hospital is consistent in process measurement from month to month, so that process performance at the facility can be effectively measured.

Infection Prevention

Q1: Can Hand Hygiene Compliance be pulled from the NHSN All Hygiene Adherence?

A1: No, not currently.

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