

THA-TCPS Safety Partner Topic Areas

Topic	Process Measure	Outcome Measure	Data Source	TCPS Topic Lead
ADE - Anticoagulation Safety	Percent of patients receiving Warfarin or Coumadin who also received documented anticoagulation patient education	Number of adult inpatients with an INR \geq 4.0 over number of anticoagulant doses dispensed	Report Distributor	Jackie Moreland 615-401-7439 jmoreland@tha.com
ADE - Glycemic Management	Percent of patients receiving Insulin who also received documented diabetes and/or Insulin patient education	Number of adult inpatients with a blood glucose level \leq 70 over the number of Insulin doses dispensed	Report Distributor	Jackie Moreland 615-401-7439 jmoreland@tha.com
ADE - Opioid Safety	Percent of patients on opioids (including fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, and sufentanil) who received appropriate sedation assessments	Percent of opioid doses that required a dose reversal agent (narcarn/naloxone)	Report Distributor	Jackie Moreland 615-401-7439 jmoreland@tha.com
CAUTI - ICU	Urinary catheter utilization rate per 1,000 patient days	NHSN CAUTI Outcome Measure (NQF 0138) SIR	NHSN	Darlene Swart 615-401-7460 dswart@tha.com
CAUTI - Wards (ALL adult/pediatric)	Urinary catheter utilization rate per 1,000 patient days	NHSN CAUTI Outcome Measure (NQF 0138) SIR	NHSN	Darlene Swart 615-401-7460 dswart@tha.com
CDI	TBD - Waiting on TDH recommendation	Rate of hospital onset positive laboratory assays per 10,000 patient days	NHSN	Jackie Moreland 615-401-7439 jmoreland@tha.com
CLABSI - ICU	Central line utilization rate per 1,000 patient days	NHSN CLABSI Outcome Measure (NQF 0139) SIR & AHRQ PSI 7	NHSN	Darlene Swart 615-401-7460 dswart@tha.com
CLABSI - Wards (ALL adult/pediatric)	Central line utilization rate per 1,000 patient days	NHSN CLABSI Outcome Measure (NQF 0139) SIR & AHRQ PSI 7	NHSN	Darlene Swart 615-401-7460 dswart@tha.com

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Falls	Percent of facilities for which a root cause analysis was performed for falls with injury level of minor or greater	Falls with injury level of minor or greater (NQF 0202)	Report Distributor	Rhonda Dickman 615-401-7404 rdickman@tha.com
Flu Vaccination	N/A	Percentage of facility personnel who have received a flu vaccine (excluding Contracted personnel)	NHSN	Darlene Swart 615-401-7460 dswart@tha.com
MRSA	N/A	Rate of hospital onset positive blood cultures per 10,000 patient days	NHSN	Darlene Swart 615-401-7460 dswart@tha.com

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OB Adverse Events - Hemorrhage	Percent of OB vaginal delivery patients for whom blood loss was accurately measured at the time of delivery	Percent of patients who delivered with hemorrhage diagnosis	THA all-payer claims database (no data entry required)	Jackie Moreland 615-401-7439 jmoreland@tha.com
OB Adverse Events - Pre-eclampsia	Percent of OB patients who were screened for pre-eclampsia signs and symptoms	Percent of patients who delivered with eclampsia diagnosis	THA all-payer claims database (no data entry required)	Jackie Moreland 615-401-7439 jmoreland@tha.com
OB Adverse Events - Other	N/A	AHRQ PSIs 17, 18, and 19	THA all-payer claims database (no data entry required)	Jackie Moreland 615-401-7439 jmoreland@tha.com
OB Early Elective Deliveries	Percentage of patients undergoing early elective delivery between 37-39 weeks gestation (TJC PC-01)	N/A	Report Distributor	Jackie Moreland 615-401-7439 jmoreland@tha.com

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Pressure Ulcers	Percent of facilities for which a root cause analysis was performed for HAPU Stages III+	#1. PrU Prevalence (hospital-acquired), Stage 2+ (NQF 0201) #2. PrU Rate, Stage 3+ (AHRQ PSI 3)	Process: Report Distributor Outcome: #1. TCPS Data Portal #2. AHRQ PSI 3 (no data entry required)	Rhonda Dickman 615-401-7404 rdickman@tha.com
Readmissions	Compliance rate for hospital-specific process measure (hospital defined)	#1. 30-day all-payor, all-cause readmissions rate #2. Number of all-payor, all-cause readmissions	Process: Report Distributor Outcome: THA all-payer claims database (no data entry required)	Rhonda Dickman 615-401-7404 rdickman@tha.com
Sepsis	Overall compliance rate and individual compliance rates of each of the four 3-hour bundle elements	AHRQ PSI 13	Process: Report Distributor Outcome Measure: #1. TCPS Data Portal #2. AHRQ PSI 3 (no data entry required)	Darlene Swart 615-401-7460 dswart@tha.com

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SSI (COLO, HYST, HPRO, KPRO, CBGB, & CBGC)	Rate of adult COLO, HYST, HPRO, and KPRO surgical patients who received documented pre-operative skin prep.	SSI occurrence rate for colon, abdominal hysterectomy, hip, and knee surgeries	NHSN	Jackie Moreland 615-401-7439 jmoreland@tha.com
VAE	Ventilator utilization rate per 1,000 patient days	PVAP, VAC, and IVAC rates	NHSN	Darlene Swart 615-401-7460 dswart@tha.com
VTE	Percent of patients undergoing inpatient surgery who had been placed on DVT prophylaxis or had documented contraindication	Post-Operative pulmonary embolism (PE) or deep vein thrombosis (DVT) rate (AHRQ PSI 12)	Process: Report Distributor Outcome: AHRQ PSI 12 (no data entry required)	Jackie Moreland 615-401-7439 jmoreland@tha.com

For data questions, contact Jessy Cooper at 615-401-7421, jcooper@tha.com