

# Today's webinar will begin in a few minutes.

Please press **\*6 to mute your line** or use the “mute” button on your phone.

If you have questions for the presenter or need to contact TCPS staff, type your comments into the chat box.

Lines will be opened during the call, so attendees may ask questions.

Please do not put the conference on hold.

Thank you for your patience.



# **TCPS Process Measures Update**

# TCPS Topic Contacts

- **Darlene Swart, VP, Clinical Director**  
[dswart@tha.com](mailto:dswart@tha.com)  
615-401-7460
  - Central Line-Associated Bloodstream Infections (CLABSIs)
  - Catheter-Associated Urinary Tract Infections (CAUTIs)
  - Ventilator-Associated Events (VAEs)
  - Sepsis
  - Methicillin-resistant Staphylococcus aureus (MRSA)
  - Flu Vaccination

# TCPS Topic Contacts

- Jackie Moreland, Clinical Quality Improvement Specialist  
[jmoreland@tha.com](mailto:jmoreland@tha.com)  
615-401-7439
  - Surgical Site Infections (SSIs)
  - *C. diff*
  - Adverse Drug Events (ADEs)
  - OB—Early Elective Deliveries (OB-EEDs)
  - OB—Adverse Events
    - Pre-Eclampsia
    - Hemorrhage
    - PDI 17, PSI 18, and PSI 19
  - Venous Thromboembolism (VTE)

# TCPS Topic Contacts

- **Rhonda Dickman**, Quality Improvement Specialist/PSO Clinical Manager  
[rdickman@tha.com](mailto:rdickman@tha.com)  
615-401-7404
  - Readmissions
  - Falls
  - Pressure Ulcers

# TCPS Data Contact

- Jennifer McIntosh, Clinical Quality Data Manager  
[jmcintosh@tha.com](mailto:jmcintosh@tha.com)  
615-401-7421
  - General reporting information/requirements
  - AHRQ Hospital Survey on Patient Safety Culture (HSOPS)
  - Technical definition or data entry questions
  - Additional data support (reports, graphs, etc.)

# Report Distributor Update

# Report Distributor Update

**THA**  
**REPORT**  
**DISTRIBUTOR**

Choose a type of report:

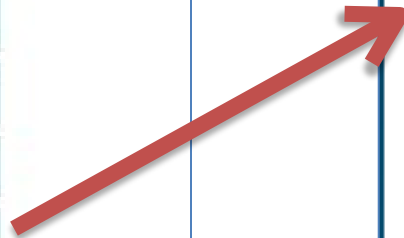
- Patient Safety Graphical Reports
- Readmissions Reports
- Readmissions Data
- Leadership ScoreCard
- Expanded Board Reports
- Patient Safety Data Submission**

**THA**  
**REPORT**  
**DISTRIBUTOR**

Welcome, Andy Shelton

Choose a facility: 1  
Select a facility ▼

Choose a topic on which to report:  
Select a topic 2 ▼





# Report Distributor Update

THA  
REPORT  
DISTRIBUTOR

Welcome, Andy Shelton

Choose a facility:

Choose a topic on which to report:  
ADE Anticoagulant Safety

**ADE - Anticoagulation Safety Process Measures**

- Numerator** - Report the total number of inpatients 18 years or older who received Warfarin or Coumadin and also received documented anticoagulation patient education.
- Denominator** - Report the total number of inpatients 18 years or older who received Warfarin or Coumadin.

**Reporting Requirments:** Submit your data to THA within 30 days following the end of the reporting month.

Tennessee Hospital Association  
Adverse Drug Events - Anticoagulation Safety  
Data Reporting Form  
Process Measure

**Adverse Drug Events (ADE) - Anticoagulation Safety Process Measure**

1. Please select the timeframe for this reporting period:  
Month: -- Choose a month --    Year: -- Select One --

2. During this reporting period, how many inpatients age 18 years or older who received Warfarin or Coumadin also received documented anticoagulation patient education?

3. During this reporting period, how many inpatients age 18 years or older received Warfarin or Coumadin?

   [« Back to Step 1](#)

# Report Distributor Update

## THA REPORT DISTRIBUTOR

Welcome, Andy Shelton

Choose a facility:

Choose a topic on which to report:

### ADE - Anticoagulation Safety Process Measures

- **Numerator** - Report the total number of inpatients 18 years or older who received Warfarin or Coumadin and also received documented anticoagulation patient education.
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### Tennessee Hospital Association Adverse Drug Events - Anticoagulation Safety Data Reporting Form Process Measure

#### Adverse Drug Events (ADE) - Anticoagulation Safety Process Measure

1. Please select the timeframe for this reporting period:

Month:  Year:



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[« Back to Step 1](#)

# Report Distributor Update

## THA REPORT DISTRIBUTOR

Welcome, Andy Shelton

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### Tennessee Hospital Association Adverse Drug Events - Anticoagulation Safety Data Reporting Form Process Measure

#### Adverse Drug Events (ADE) - Anticoagulation Safety Process Measure

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3. During this reporting period, how many inpatients age 18 years or older received Warfarin or Coumadin?

[« Back to Step 1](#)



# Report Distributor Update

Welcome, Jessy Cooper

Choose a facility:

Choose a topic on which to report:

ADE Anticoagulant Safety

## ADE - Anticoagulation Safety Process Measures

- **Numerator** - Report the total number of inpatients 18 years or older who received Warfarin or Coumadin and also received documented anticoagulation patient education.
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**Reporting Requirments:** Submit your data to THA within 30 days following the end of the reporting month.

## Tennessee Hospital Association Adverse Drug Events - Anticoagulation Safety Data Reporting Form Process Measure

**Data was submitted successfully!**

If you would like to submit additional data for your hospital, [click here](#).

Thank you for taking the time to submit this information!

# Process Measure Changes

# Process Measure Changes

**Outcome measures will remain the same.\***

## Updating:

- Pressure Ulcers
- Falls
- Readmissions
- Surgical Site Infections
- VTE

## Adding:

- OB—Hemorrhage
- OB—Pre-Eclampsia
- Sepsis

*\*Sepsis is a new measure for TCPS, so an outcome measure needed to be added.  
We have decided to use PSI-13, which will not require any additional data entry.*

# Falls

## Process Measure:

- If there was a fall with major injury or death, was a Root Cause Analysis completed?
  - Yes
  - No
  - N/A

Choose a topic on which to report:

Falls

### Definitions:

#### Adult Med/Surg Inpatient

18 years of age and older admitted for acute inpatient care of a medical or surgical unit.

### NDNQI Injury Level Definitions:

- **None** - patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan, or other post-fall evaluation results in a finding of no injury.
- **Minor** - resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion.
- **Moderate** - resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain.
- **Major** - resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products and a result of the fall.
- **Death** - the patient died as a result of injuries sustained from the fall (not from physiological events causing the fall)

# Pressure Ulcers

## Process Measure:

- If there was a HAPU Stage III+, was a Root Cause Analysis completed?
  - Yes
  - No
  - N/A

Choose a topic on which to report:

Pressure Ulcers ▼

### Definitions:

#### Adult Med/Surg Inpatient

18 years of age and older admitted for acute inpatient care of a medical or surgical unit.

### NQF Pressure Ulcer Staging Definitions

- **Category/Stage II: Partial thickness** - Shallow open ulcer with a red pink wound bed, without slough. Serum-filled or sero-sanguineous filled blister. Shiny or dry shallow ulcer without slough or bruising. **EXCLUDE** skin tears, tape burns, incontinence-associated dermatitis, maceration, or excoriation.
- **Category/Stage III: Full thickness skin loss** - Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
- **Category/Stage IV: Full thickness tissue loss** - Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunneling. May extend into muscle and/or supporting structure (e.g. fascia, tendon, or joint capsule).



## **\*\*Note about PU Outcome data entry\*\***

### **Pressure Ulcers Process and Outcomes Measures**

Unit/Area Type:

-- Select One --

-- Select One --

Acute Care: Adult Critical Care Unit

Acute Care: Adult Step-down Unit

Acute Care: Medical Floor

Acute Care: Surgical Floor

Acute Care: Medical/Surgical Combine Floor

Critical Access Hospital

Adult Rehabilitation In-patient

Long Term Acute Care Facility

Inpatient Psych Unit or Facility

**New PU  
data entry  
webpage  
includes an  
option for  
unit type.**

If you would like to update historical data for units,  
you can send the data to Jessy Cooper.

# Readmissions

- Hospital-defined process measures and metrics will be collected through an online survey.



- The survey link will be available in the definitions/resources side panel in RD.
- Jessy Cooper will also provide the link upon request.

# Survey Questions

- What is your process measure?
  - *CHF inpatients will be referred to cardiac rehab prior to discharge*
- How will it be measured?
  - *Cardiac rehab inpatient referrals will be compared to the CHF discharge list per month*
- What is your target compliance rate?
  - *85%*

# Readmissions

- Monthly, the compliance rate with the hospital-defined process will be reported.

## Readmissions Process Measure

4. During this reporting period, what was the compliance rate, as a percentage, for your facility's self-determined process measure?

# Readmissions

- Number of readmissions for the month is requested to try to help monitor effectiveness of current process measure.

## Readmissions Outcome Measure

2. During this reporting period, how many adult inpatients were readmitted within 30 days?

3. During this reporting period, what was the total number of adult inpatient discharges?

- If a process measure isn't showing the hospital's desired amount of improvement, the measure can be changed as needed.

# Surgical Site Infections (SSIs)

- Numerator:  
number of adult inpatient surgical patients  
(by surgery type) who received  
***documented*** pre-operative skin prep
- Denominator:  
number of total adult inpatient surgeries  
performed (by surgery type)
- *NHSN's procedure definitions are provided  
in RD definitions side panel.*

# Surgical Site Infections (SSIs)

## SSI Process Measures

### >>COLO

2. numerator

3. denominator

### >>HYST

4. numerator

5. denominator

### >>HPRO

6. numerator

7. denominator

### >>KPRO

8. numerator

9. denominator

- Web form uses text from previous slide.
- All SSI measures on one page!
- Each can be entered at separate times for the same month.

# Venous Thromboembolism (VTE)

## Process Measure:

- Numerator:  
Total number of adult inpatients who received VTE prophylaxis or have documentation of why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date (for surgeries that start the day of or the day after hospital admission)\*

\*sampling allowed per the Joint Commission's Sampling definition



# Venous Thromboembolism (VTE)

Process Measure:

- Denominator:  
Total number of adult inpatients, ages 18 or older, admitted\*

\*sampling allowed per the Joint Commission's Sampling definition

***VTE-1 Specifications  
Manual for National  
Hospital IQM***



# OB—Hemorrhage

- Numerator:  
number of women having vaginal births for whom cumulative blood loss was quantified (QBL)
- Denominator:  
number of women admitted for birth with vaginal deliveries

# OB—Pre-Eclampsia

- Numerator:  
number of women admitted for birth who were screened for pre-eclampsia
- Denominator:  
number of women admitted for birth

# Sepsis

Definitions:

**Severe Sepsis**—includes patients with sepsis plus organ dysfunction NOT including sepsis-induced hypotension not responsive to 30 ml/kg fluids (MAP < 65 mmHg after 30 ml/kg) requiring vasopressors to maintain a MAP  $\geq$ 65 mmHg.

**Septic Shock**—includes patients with sepsis-induced hypotension requiring vasopressors to maintain a MAP  $\geq$ 65 mmHg.

*These will be listed on the data entry page.*

# Sepsis

Of patients with severe sepsis or septic shock as defined, provide the following information:

- 1) Total number of patients meeting the definitions (denominator)

*The remaining questions are to help better identify areas of need by breaking down the 4 bundle areas.*

# Sepsis

- 2) Number of eligible patients that received bundle elements in the 3-hour time frame including:
  - a. lactate level measured
  - b. blood cultures prior to initial antibiotic administration
  - c. administered broad spectrum antibiotics
  - d. administered 30ml/kg crystalloid for hypotension or lactate  $\geq 4$  mmol/L
  - e. compliant with ALL 4 bundle elements (if no hypotension or lactate  $\geq 4$  mmol/L, please include as compliant)
  
- 3) Total number of eligible patients with hypotension or lactate  $\geq 4$  mmol/L *denominator for 2d only*

**Questions?**

# Upcoming Events

- Medication Safety Summit—THA Offices
  - Thursday, September 17; 9:30 am-2:00 pm CT
- OB Teams Monthly Webinar
  - Wednesday, September 23 at 12:00 pm CT



# Upcoming Events

- TCPS Leadership Summit—September 30, 2015
  - Gaylord Opryland Resort and Convention Center
  
- THA Annual Meeting—October 1-2, 2015
  - Gaylord Opryland Resort and Convention Center