

Core Measures

- Joint Commission and CMS
 - Created to measure outcomes when using evidence based practices
 - Compared nationally to all hospitals
 - Posted on CMS site (Hospital Compare) Joint Commission website.

Congestive Heart Failure (CHF)

- D/C Instructions-Meds ordered at D/C & those listed in D/C Summary match
- Documentation or Assessment of LVEF
- ACE/ARB for LVSD
- If LVEF<40% & No ACE/ARB Prescribed—
Rationale for not Prescribing must be documented

Acute Myocardial Infarction (AMI)

- Aspirin received within 24 hours of arrival
- Aspirin Prescribed at D/C
- ACE/ARB for LVSD
- If LVEF<40% & No ACE/ARB Prescribed
Rationale for not Prescribing must be documented
- Beta Blocker Prescribed at D/C
- LDL assessed within 24hrs of arrival
- Statin prescribed at discharge for LDL>100

Community Acquired Pneumonia (CAP)

- Blood Culture in ED prior to first AB
- Antibiotic Timing/received within 6 hours of arrival
- Appropriate Antibiotic Selection

Surgical Care Improvement (SCIP)

- Prophylactic AB within 1 hour of incision(120 minutes for Vancomycin)
- Prophylactic AB selection & Rationale for use of Vancomycin (Vancomycin is not recommended for colorectal surgeries & hysterectomies)
- Prophylactic AB d/c within 24 hours of surgery end time
- Documentation of rationale for continuing AB beyond the above time frame
- Appropriate hair removal
- Surgery pts w/perioperative Temperature Management
- VTE prophylaxis ordered and received within 24 hrs surgery end time
- Urinary Catheter inserted intraoperatively-D/C by POD2
- MD Documentation of Rationale for Keeping Urinary Catheter in place beyond POD2
- Pts on Beta Blocker prior to adm—receive the BB in the perioperative period