

What are Hospital Quality Measures?

The Joint Commission on Accreditation of Healthcare Organization (JCAHO) requires accredited hospitals to collect and submit performance data on Acute Myocardial Infarction, Heart Failure, and Pneumonia. This requirement was established to improve the safety and quality of care and to support performance improvement in hospitals. In July of 2004, the Center for Medical Services (CMS) mandated public reporting of these measures. Now patients, physicians, regulatory agencies, and insurance companies all have access to view our performance and compare the quality of care at St. Joseph Hospital with other local and national hospitals.

Why and how do we collect this information?

We participate in the CMS National Quality Care Alliance, not only to comply with regulations, but also to demonstrate the quality of care that our patients can expect from us. Being transparent about our performance makes us accountable to our patients. In addition, monitoring this information allows us to identify what we are doing well and where we need to improve in order to be aligned with evidenced based medicine and exceptional care.

We collect this information from the electronic medical record. After data extraction, a registered nurse further reviews the data for integrity. Once the data has been extracted and reviewed it is then submitted to JCAHO and CMS for public reporting. After CMS receives the data, they request a sample of charts to review for validation purposes. CMS validates our data in a very literal fashion. If they do not find clear documentation in the chart, then we fail the validation process. This infers that we are being fraudulent in reporting. CMS does investigate fraudulent activity. Therefore, in order for us to get credit for what we are doing in relation to these measures and avoid "failed" status on our validation reports, we must clearly document the necessary data elements for the Hospital Quality Measures.

What is the potential future impact of this initiative?

Currently, CMS will withhold 4% reimbursement if we do not participate in publicly reporting our data. In the future, it is likely that we will have to meet specific performance criteria in order to qualify for reimbursement. Other insurance companies are likely to follow this practice. Hospitals that do not meet minimum performance standards could end up suffering financially for providing sub-optimal care and/or not being able to demonstrate appropriate care through documentation. Fact sheets with further details about the quality measures are available at www.cms.hhs.gov/quality/hospital.

Acute Myocardial Infarction, Heart Failure, and Pneumonia are not the only disease states that have regulatory attention. Over the next few years measures related to Pregnancy, Surgical Infection Prevention, Intensive Care, Asthma and Pain Management will join the list of publicly reported measures.

What is my part in Hospital Quality Measures reporting?

Currently nursing electronic documentation for these measures contains a lot of missing information. Although in some cases we are able to find documentation in other locations in the chart, we continue to be significantly deficient on some specific measures. Being consistent about documentation in the General Admission and History (GAH) and Discharge Summary for Pneumococcal assessments, Patient Smoking Status and Smoking Cessation Documentation, Antibiotics Prior to Arrival, Influenza Immunization, Heart Failure Discharge Instructions (Weight, Activity, Diet, Follow-up, Medications and Worsening Symptoms) will have a significant impact on the message that is communicated to our community about the quality of care that we deliver. Documentation is also essential for helping us identify where we need to do better in order to provide evidenced based care.

Section below can be modified by specific facility as per this example:

Any time you need training about what or where to document, please don't hesitate to ask. Although Heart Failure, Pneumonia and Acute Myocardial Infarction populations do not represent all the patients that visit SJH, these disease states do represent patients in our top 5 diagnosis categories. Improving care for this group will have a positive impact on a large portion of patients that visit St. Joseph Hospital for care.