
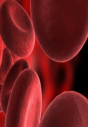







	<b>Core Measures (Jan – Jun 2016)</b>	<b>Nursing Actions</b>
	<b>Emergency Department (ED)</b> ED 1a: Median Time from ED Arrival to ED Departure for Admitted ED patients (Overall Rate) ED 1b: Median Time from ED Arrival to ED Departure for Admitted ED patients (Reporting Measure) ED 1c: Median Time from ED Arrival to ED Departure for Admitted ED patients – Psychiatric/ Mental Health Patients ED 2a: Admit Decision to ED Departure Time for Admitted Patients (Overall Rate) ED2b: Admit Decision to ED Departure Time for Admitted patients – Reporting Measure ED 2c: Admit Decision to ED Departure Time for Admitted Patients – Psychiatric/ Mental Health Patients OP-18: Median Time from ED Arrival to ED Departure for Discharged ED patients OP-20- Door to Diagnostic Evaluation by a Qualified Medical Professional OP-21 - Median Time to Pain Management for Long Bone Fractures	All ED patients are included. <ul style="list-style-type: none"> <li>Clearly document the time of arrival,</li> <li>Clearly document time of departure from the ED.</li> <li>Nursing units- accept ED patients ASAP</li> <li>Document any pain medications received PTA or during stay (Long bone fractures)</li> </ul>
	<b>Stroke (STK)</b> <ul style="list-style-type: none"> <li>CT of Head within 45 minutes of arrival</li> </ul> STK-1: Venous Thromboembolism (VTE) Prophylaxis STK-2: Discharged on Antithrombotic Therapy STK-3: Anticoagulation Therapy for Atrial Fibrillation/ Flutter STK-4: Thrombotic Therapy STK-5: Antithrombotic Therapy by End of Hospital Day 2 STK-6: Discharge on a Statin Medication STK-8: Stroke Education (Written Education) <ul style="list-style-type: none"> <li>Activation of emergency medical system</li> <li>Follow-up after discharge</li> <li>Medications prescribed at discharge. Patient discharge medication list must match discharge summary</li> <li>Risk factors for stroke</li> <li>Warning Signs and Symptoms of Stroke</li> </ul> STK-10: Assessed for Rehabilitation	Measure applies to all patients with diagnosis of Stroke <ul style="list-style-type: none"> <li>Get patient to CT timely – need results within 45 minutes</li> <li>Clearly document “time last known well”</li> <li>Administer Thrombotic therapy within 2 hours</li> <li>Administer anticoagulants and antithrombotic therapy as ordered</li> <li>Dysphagia Screening – Strict NPO until this is completed</li> <li>Apply mechanical prophylaxis and document the application               <ul style="list-style-type: none"> <li>SCDs, TED Hose</li> </ul> </li> <li>Give patients WRITTEN discharge instructions               <ul style="list-style-type: none"> <li>Follow-up after discharge</li> <li>Medications prescribed at discharge. Patient discharge medication list must match discharge summary</li> <li>Risk factors for stroke</li> <li>Warning Signs and Symptoms of Stroke</li> </ul> </li> </ul>
	<b>Venous Thromboembolism (VTE)</b> VTE-1: Venous Thromboembolism Prophylaxis VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis VTE-3: Venous thromboembolism Patients with Anticoagulation Overlap therapy VTE-5: Venous thromboembolism Warfarin Therapy Discharge Instructions VTE-6: Hospital Acquired Potentially- Preventable Venous Thromboembolism	All patients aged 18 and over are included in the measure. All patients must be assessed for their risk of VTE and have appropriate interventions. <ul style="list-style-type: none"> <li>Administer anticoagulants as ordered</li> <li>Apply mechanical prophylaxis and document the application               <ul style="list-style-type: none"> <li>SCDs</li> <li>TEDs</li> </ul> </li> <li>Follow ordered protocols</li> <li>Give patients WRITTEN discharge instruction for anticoagulants. Micromedex and Coumadin Clinic               <ul style="list-style-type: none"> <li>Compliance Issues</li> <li>Dietary Advise</li> <li>Follow up monitoring</li> <li>Potential for Adverse drug reactions and interactions</li> </ul> </li> </ul>
	<b>Immunization (IMM)</b> IMM-1 Pneumococcal Immunization: All patients screened and if appropriate offered the pneumococcal vaccine age 65 and older. High Risk patients age 6 through 64 screened and if appropriate offered the vaccine. IMM-2: Influenza Immunization: Patients 6 months and older are screened and if appropriate offered the vaccine. (October through March 31 annually)	All patients are included in the specified age ranges <ul style="list-style-type: none"> <li>Screen all patients. Follow the Meditech intervention for inclusions and exclusions.</li> <li>Document administration of vaccines, or document the reason it is not appropriate</li> <li>Evaluate patients that are being discharged from ICU for vaccine need.</li> </ul>

	<p><b>Perinatal Care (PC)</b></p> <p>PC-01: Patients with Elective vaginal deliveries or elective cesarean sections at <math>\geq 37</math> and <math>&lt; 39</math> weeks of gestation completed.</p> <p>PC-02: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section</p> <p>PC-03: Patients at risk of preterm delivery at <math>\geq 24</math> and <math>&lt; 32</math> weeks gestation receiving antenatal steroids prior to delivering preterm newborns</p> <p>PC-04: Health Care-Associated Bloodstream infections in Newborns</p> <p>PC-05: Exclusive Breast Milk Feeding</p>	<ul style="list-style-type: none"> <li>Clearly document the weeks of gestation completed at the time of Delivery and parity</li> <li>Clearly document is patient has had prior uterine surgery</li> <li>Clearly document if the newborn was exclusively fed breast milk during the entire hospitalization</li> </ul>
	<p><b>Endoscopy</b></p> <p>OP-29: Endoscopy/ Polyp Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients</p> <p>OP-30: Endoscopy/ Polyp surveillance: colonoscopy interval for patients with a history of Adenomatous polyps-avoidance of inappropriate use.</p>	<p>Measure includes outpatients</p> <ul style="list-style-type: none"> <li>Accurately document dates of colonoscopies. Interval of at least 10 years for repeat colonoscopy for normal results</li> <li>Accurately document dates of colonoscopies. Patients with a history of prior colonic polyps who had a follow up interval of 3 or more years since their last colonoscopy</li> </ul>
	<p><b>Sepsis</b></p> <p>SEP-1: Early Management Bundle, Severe Sepsis/ Septic Shock</p>	<p>See Severe Sepsis/ Septic Shock sheet.</p>

**Core Measure: Early Management Bundle, Severe Sepsis/ Septic Shock (SEP-1)**



**Severe Sepsis:** In order to establish the presence of severe sepsis, there are three criteria, all three of which must be met **within 6 hours** of each other.

<b>1</b>	Documentation of a suspected source of clinical infection ( <a href="#">nursing documentation acceptable</a> ).	<p><b>Core Measure Elements:</b></p> <p>Received within (3) hours of Time of Presentation*</p> <ul style="list-style-type: none"> <li>• Initial lactate level measurement</li> <li>• Blood cultures drawn prior to antibiotics</li> <li>• Broad spectrum antibiotics administered</li> </ul> <p>Resuscitation with 30ml/kg crystalloid fluids.</p> <p>To be completed within (6) hours of Presentation*</p> <ul style="list-style-type: none"> <li>• Repeat lactate level measurement only if initial lactate level is elevated (above 2)</li> </ul>
<b>2</b>	<p><u>Two or more manifestations</u> of systemic infection according to the Systemic Inflammatory Response Syndrome (SIRS) criteria, which are:</p> <ul style="list-style-type: none"> <li>- Temperature &gt; 38.3 C or &lt; 36.0 C</li> <li>- Heart rate (pulse) &gt; 90</li> <li>- Respiration &gt; 20 per minute</li> <li>- White blood cell count &gt; 12,000 or &lt; 4,000 or &gt; 10% bands</li> </ul>	
<b>3</b>	<p>Organ dysfunction, evidenced by any one of the following:</p> <ul style="list-style-type: none"> <li>- Systolic blood pressure &lt; 90, or mean arterial pressure &lt; 65, or a systolic blood pressure decrease of more than 40 points</li> <li>- <u>Acute respiratory failure – new need for invasive or non-invasive mechanical ventilation. (Intubation/BIPAP)</u></li> <li>- Creatinine &gt; 2.0, or urine output &lt; 0.5 mL/kg/hour for 2 hours</li> <li>- Bilirubin &gt; 2 mg/dL (34.2 mmol/L)</li> <li>- Platelet count &lt; 100,000</li> <li>- INR &gt; 1.5 or aPTT &gt; 60 sec</li> <li>- Lactate &gt; 2 mmol/L (18.0 mg/dL)</li> </ul> <hr/> <p><b>OR</b> Physician, APN, or PA documentation of severe sepsis or suspected/possible severe sepsis.</p>	

**Septic Shock:** The criteria for determining that Septic Shock is present.

<b>1</b>	Must be documentation of Severe Sepsis	<p><b>Core Measure Elements:</b></p> <p>Received within (3) hours of Presentation* of Septic Shock</p> <ul style="list-style-type: none"> <li>• Initial lactate level measurement</li> <li>• Blood cultures drawn prior to antibiotics</li> <li>• Broad spectrum antibiotics administered</li> <li>• Resuscitation with 30 ml/kg crystalloid fluids</li> </ul> <p>Received within six hours of presentation* of septic shock:</p> <ul style="list-style-type: none"> <li>• Repeat lactate level only if initial lactate level is elevated (above 2)</li> </ul> <p><u>AND ONLY IF</u> hypotension persists after fluid administration or initial lactate <math>\geq 4</math> mmol/L, received within six hours of presentation</p> <ul style="list-style-type: none"> <li>• Vasopressors</li> <li>• Repeat volume status and tissue perfusion assessment consisting of either : <ul style="list-style-type: none"> <li>A focused LIP physical exam including: <ul style="list-style-type: none"> <li>Vital signs, Cardiopulmonary exam, Capillary refill Evaluation, Peripheral pulse evaluation, and Skin Exam</li> </ul> </li> </ul> </li> </ul> <p>OR</p> <p>Any two of the following four:</p> <ul style="list-style-type: none"> <li>- Central venous pressure measurement</li> <li>- Central venous oxygen measurement</li> <li>- Bedside Cardiovascular Ultrasound</li> <li>- Passive Leg Raise or Fluid Challenge</li> </ul>
<b>2</b>	<p><u>Hypotension persists in the hour after the conclusion of the 30ml/kg</u> crystalloid fluid administration, evidenced by <u>two or more consecutive blood pressure readings</u> of either:</p> <ul style="list-style-type: none"> <li>- Systolic Blood pressure &lt;90</li> <li>- Mean arterial pressure &lt; 65</li> <li>- A decrease in systolic blood pressure by &gt;40 points</li> </ul> <p><b>OR</b></p> <p><u>Tissue hypoperfusion is present evidenced by</u></p> <ul style="list-style-type: none"> <li>- <u>Initial</u> Lactate level is <math>\geq 4</math>mmol/L</li> </ul> <p><b>OR</b> Physician, APN, or PA documentation of Septic Shock or suspected/possible Septic Shock</p>	

# Monotherapy

Invanz	Eratepenem
Merrem	Meropenem
Fortaz	Ceftazidime
Rocephin	Ceftriaxone
Maxipime	Cefepime
Levaquin	Levofloxacin
Augmentin	Amoxicillin/clavulanate
Unasyn	Ampicillin/sulbactam
Zosyn	Piperacillin/tazobactam

OR

**Dual Therapy: See Below**

**Dual therapy – Must Use one from Column A and B**

## Column A

<b>Aminoglycosides:</b>	
Amikacin	Amikacin
Garamycin	Gentamicin
Nebcin	Tobramycin
<b>Aztreonam</b>	
Azactam	Aztreonam
<b>Ciprofloxacin</b>	
Cipro	Ciprofloxacin

## Column B

<b>Cephalosporin</b>	
Ancef	Cefazolin
Ceftin	Cefuroxime
<b>Clindamycin</b>	
Cleocin	Clindamycin
<b>Daptomycin</b>	
Cubicin	Daptomycin
<b>Glycopeptides</b>	
Vancocin	Vancomycin
<b>Linezolid</b>	
Zyvox	Linezolid
<b>Macrolides</b>	
Azithromycin	Azithromycin
Erythocin	Erythromycin
<b>Penicillins</b>	
Ampicillin	Ampicillin
Nafcillin	Nafcillin
Penicillin G	Penicillin G