

Professional Practice Committee
Quality Project
December 9, 2011
Mary DiMascio RN, MS Co-Chair
April Giard PMH-NP, NEA-BC Co-Chair

Quality Measures &
Reporting : What Every
Nurse Needs to Know

Quality Measures & Reporting : What Every Nurse Needs to Know

Outline

- Position statement
- Evolution of quality reporting
- Examples of reporting agencies at the state and national levels
- Sample of quality measures required for some of the agencies
- Example templates of quality measures
- Responsibility of reporting quality measures and the role of the nurse in the outcome (example of a nurse sensitive quality measure and role of the nurse)
- For more information

Position Statement Quality Measures and Reporting: What Every Nurse Needs to Know

- **Purpose:** The purpose of this position statement is to articulate the position of the professional practice committee of OMNE regarding nursing role and accountability for quality measurement and public reporting. This position supports the overall mission and strategic goals of The American Organization of Nurse Executives (AONE) for Quality and Safety. While nurse leaders believe that quality patient care is the result of a multi-disciplinary approach to care, a key step in reaching this goal is addressing nursing's role and accountability within the larger healthcare team.
- **Statement of Position:** OMNE supports the delivery of care that is focused on safety, quality and being patient-centered.

Background:

- In the mid-1960's, the government introduced Medicare and Medicaid through the Health Care Financing Administration (HCFA) (now known as CMS) to provide minimum healthcare resources to the elderly, disabled and impoverished populations. Along with this implementation, the focus on healthcare utilization became important to ensure that the government dollars were being justly expended. Consumers and other insurers realized the significance of providing excellent quality of healthcare.
- Healthcare has embraced the quality revolution. Mandated reporting through accreditation organizations, the federal government, and individual states as well as various voluntary reporting processes for the purpose of evaluating the quality of care have become increasingly complex. These efforts are aimed to improve patient safety, quality, satisfaction and organizational efficiencies through providing a standard of practice in all healthcare institutions and care settings.

Continued

- Numerous studies have demonstrated how good quality of care improves health outcomes. A landmark 2003 study by the Institute of Medicine –“Keeping Patients Safe: Transforming the Work Environment of Nursing” - identified the quality of nursing care as key to patient safety, which in turn is a critical element in defining quality health care. Today, nurses are challenged to provide excellent care, collect data that monitors the care being delivered and report outcomes to the consumers, payors and employers.
- OMNE is committed and positioned to engage the nursing profession in the state of Maine, in national policy setting related to performance measurement, public reporting and pay-for-performance to build knowledge capacity among nursing leaders of developments in these areas. To support our position, we will provide education, support and guidance to nurses on quality indicators, public reporting and accountability to improve patient care. We will advocate for public policies that support nursing-related quality measurement and public reporting to support nursing's contribution to quality patient care within the larger context of the care delivery team.

OMNE Adopts the Following Recommendations:

1. **Inform** and **educate** the nursing workforce on quality indicators from a multi-disciplinary perspective, while recognizing key nursing sensitive indicators.
2. **Collaborate** with the key drivers of the national patient safety and quality agendas, such as the American Hospital Association (AHA) Quality Center, Hospitals in Pursuit of Excellence (HPOE), National Safety Foundation (NPSF), National Quality Forum (NQF), The Institute for Healthcare Improvement (IHI), and National Database of Nursing Quality Indicators (NDNQI), National Association for Homecare and Hospice (NAHCH), Quality Improvement Organizations (QIO) and American Healthcare Association (AHCA) to ensure appropriate engagement by nurse leaders.

Continued

3. Provide resources and support to ensure that nurses have the tools needed to **enhance** quality and safety processes in their organizations and the continuum of care, including tools that assist in the development of appropriate information technology systems and applied technology that are essential part of patient safety, quality and care delivery.
4. **Participate** in coalitions that address the role of regulation in the health care industry and work to ensure that regulation adds value to the delivery of high quality, efficient health care services.

Continued

5. Become a strong proponent of **evidence-based practice** to support standardized care. Support research and showcase best practice standards that demonstrate innovation to transform care that will improve outcomes and reduce costs.
6. Work with **education** partners to better prepare the nursing workforce on quality reporting by including content about measuring the effects of care and making data-based decisions.

Continued

7. Support research to identify and study questions that will yield the greatest return for **improvements** in practice.
8. Support and improve **performance measures** that can be used for research, institutional decision-making, accountability, and public reporting.

Evolution of Quality Reporting

- Health care quality measurement is at least **250 years old**. While the names and faces of the measures and measurees have changed, the intent of such measurement, i.e. obtaining data and information bearing clinical outcomes, has not changed over the years, and nor have the challenges associated with the measurement of quality in health care
- There is evidence that patient outcome data were being collected at the hospital of the University of Pennsylvania as early as the middle of the **18th century**. By the middle of the **19th century**, Florence Nightingale was collecting mortality data and infection rates for the principal hospitals in England during the Crimean War.
- Soon after the enactment of the Medicare program in **1965**, it became clear that fulfilling the mandate of providing health care security to Medicare beneficiaries would require assurances that funds were used effectively and that beneficiaries received care consistent with medical quality standards.
- The first national quality-assurance system administered as a part of Medicare itself, the **PSRO (Professional Standards Review Organizations) program**, was established in **1972** by amendment to Title XI of the Social Security Act. Based on the EMCRO model, the PSRO program reviewed services and items reimbursed through Medicare
- To increase consistency and effectiveness of quality review organizations, Congress, through the Peer Review Improvement Act of **1982** dismantled the PSRO structure, and in its place, authorized the utilization and quality control **Peer Review Organization (PRO) program** to promote the economy, effectiveness, efficiency, and quality of services reimbursed through Medicare.

Evolution of Quality Reporting

- The Deficit Reduction Act of **1984**, mandated development and implementation of the Medicare's **Prospective Payment System (PPS)**, designed to contain spiraling health care costs by reimbursing providers at a fixed rate based on diagnosis-related groups (DRGs) reflecting the groups and quantities of resources typically used per instance of a specific diagnosis, replacing a reimbursement system based on reasonable or prevailing charges
- During the second (**1986-1989**) and third (**1989-1993**) contract periods there was an evolving awareness within HCFA, the PROs, and the health care industry that retrospective individual case review was not an effective means of improving the overall quality of health care.
- **The National Committee for Quality Assurance (NCQA)**, founded in **1990**, is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the seal into advertising and marketing materials must first pass a rigorous, comprehensive review and must annually report on their performance.
- Implemented in **1992**, the **Health Care Quality Improvement Initiative (HCQII)** marked a significant milestone in the evolution of the PRO program. The evolution of the PRO program is an important part of HCFA's transition from a financing program to a value based purchaser of health care.

Evolution of Quality Reporting

- **LEAPFROG** Group, Founded by a large group of employers, used a report (*To Err Is Human*) from the Institute of Medicine (IOM) in 1999 as the focus for the Leapfrog initiative to reduce preventable medical mistakes. Through a voluntary annual Leapfrog Hospital Survey, which launched in **2001**, focuses on four critical areas of patient safety (use of CPOE, standards for doing high-risk procedures; protocols and policies to reduce medical errors; and adequate nurse and physician staffing).
- **National Database of Nursing Quality Indicators (NDNQI)**, part of American Nurses Association's (ANA) National Center for Nursing Quality (NCNQ), collect and evaluate nursing-sensitive indicators, which started collecting data in **2002**. The voluntary participation in NDNQI meets state and federal reporting requirements, including the Centers for Medicare & Medicaid Services' (**CMS**) program for Reporting Hospital Quality Data for **Annual Payment** Update (RHQDAPU) now includes a focus on measuring nursing quality.
- Home health agency quality measures were developed around 2003. They appear on the CMS Home Health Compare website. The measures are also based on OASIS (Outcome and Assessment Information Set) which is part of a comprehensive assessment for all patients that are reimbursed by Medicare or Medicaid. This data is used by home health agencies for quality improvement and quality monitoring purposes and by state survey staff in the certification process.
- The Core Measures, A set of care processes, were derived largely from a set of quality indicators defined by the **Centers for Medicare and Medicaid Services (CMS)**. Since November of **2003**, CMS and the Joint Commission have worked to precisely and completely align these common measures so that they are identical.

Evolution of Quality Reporting

- In May **2005**, the National Quality Forum (NQF), an organization established to standardize health care quality measurement and reporting, formally endorsed the CAHPS® Hospital Survey. The intent of the **HCAHPS** initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care.
- The **2006** Tax Relief and Health Care Act (TRHCA) (P.L. 109-432) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries during the second half of 2007 (the 2007 reporting period). CMS named this program the **Physician Quality Reporting Initiative (PQRI)**.
- The **Agency for Healthcare Research and Quality (AHRQ)** (formerly known as the Agency for Health Care Policy and Research - **1999**) is a part of the United States Department of Health and Human Services, which supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services. It sponsors, conducts, and disseminates research to help people make more informed decisions and improve the quality of health care services. It also acts as the regulator for Patient Safety Organizations that are certified under the Patient Safety and Quality Improvement Act. It is 1 of 12 agencies within the U.S. Department of Health and Human Services.

Evolution of Quality Reporting

- o An **Accountable Care Organization (ACO)** is a type of payment and delivery reform model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. A group of coordinated health care providers form an ACO, which then provides care to a group of patients. The ACO may use a range of different payment models (capitation, fee-for-services) with asymmetric or symmetric shared savings, etc. The ACO is accountable to the patients and the third-party payer for the quality, appropriateness, and efficiency of the health care provided. According to CMS, an ACO is "an organization of health care providers that agrees to be accountable for the quality, cost, and overall care of Medicare beneficiaries who are enrolled in the traditional fee-for-service program who are assigned to it."

Section 3022 of the Patient Protection and Affordable Care Act (ACA) creates the Medicare Shared Savings program, allowing ACOs to contract with Medicare by January **2012**. According to the ACA, the Medicare Shared Savings program, "promotes accountability for a patient population and coordinates items and services under part A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery".

Evolution of Quality Reporting

- **Value Based Purchasing**-Medicare's new pay-for-performance initiative is termed Value Based Purchasing, and will affect hospitals financially in FY 2013.
 - The concept is that buyers should hold providers of health care accountable for both cost and quality of care.
 - Brings together information on the quality of health care, including patient outcomes and health status, with data on the dollar outlays going towards health.
 - Focuses on managing the use of the health care system to reduce inappropriate care and to identify and reward the best-performing providers.
 - VBP will affect payments made to IPPS hospitals
 - Initially, the program shall include measures for AMI, HF, pneumonia, surgeries, and healthcare assoc. infections.
 - Funded by reducing DRG payments for all hospitals, whether or not they are eligible for an incentive payment.
 - The base operating DRG payment for all inpatient discharges will be reduced by a percentage that will gradually increase from one percent (1%) in FY 2013 to two percent (2%) in FY 2017
 - Will be used to fund the incentive payments to reward -hospitals that meet the quality performance measures.
 - For those hospitals earning incentive payments, the payment varies based on the degree of performance

Examples of Reporting Agencies at the State Level

Hospitals/Critical Access Hospitals

Maine Quality Forum
Maine Health Management Coalition
Maine Health Data Organization
DHHS
AHRQ-Survey on Patient Safety Culture

Outpatient

DHHS
Maine Health Data Organization
Pathways for excellence

Long Term Care

DHHS

Home Care

DHHS

Examples of Reporting Agencies at the National Level

Hospitals/Critical Access Hospitals

CMS
Joint Commission
Anthem
NDNQI
Leapfrog
HCAHPS
AHRQ-Survey on Patient Safety Culture
IHI (Institute of Healthcare Improvement): Continuum of Care Measures

Outpatient

Joint Commission
CMS (PQRI)
IHI (Institute of Healthcare Improvement): Continuum of Care Measures

Long Term Care

American Healthcare Association (AHCA)
CMS
IHI (Institute of Healthcare Improvement): Continuum of Care Measures

Home Care

HHCAHPS
Quality Improvement Organizations (QIO)
Nat. Assoc. for H.C. & Hospice (NAHC)
CMS
IHI (Institute of Healthcare Improvement): Continuum of Care Measures

Examples of Quality Measures Reporting: National level – Hospital Based

CMS

- Core Measures
- Mortality Rates
- Re-admission rates
- HCAHPS

Joint Commission

- CMS core measures
- Pressure Ulcers
- Medication reconciliation
- Falls

Examples of Quality Measures Reporting: State- Hospital Based:

Maine Quality Forum

Pressure Ulcers
Inpatient Falls
Physical Restraints
RN Care hours
MRSA

Maine Health Management Coalition

AMI
CMS Core Measures
CMS re-admission rates
HCAHPS patient experience
Medication safety survey

Examples of Quality Measures Reporting: National-Home Care & Long Term Care

Home Care

CMS

Process Measures

- Management of oral medication
- How often patient is admitted to the hospital
- NAHC

Long Term Care

CMS Measures

- % of high risk long stay residents who have pressure sores

Example Templates of Quality Measures

Measure	MRSA Surveillance
Goal for the measure	Identify those groups of patients at high risk for being a MRSA carrier and isolate ones that are positive.
Why we report (problem of interest, case for addressing, rationale)	Want to reduce the transmission of MRSA (or risk of) between hospitalized patients.
What is reported	The number of patients swabbed and the number of patients that met criteria for swabbing (compliance)
To whom reported	Maine Health Data Organization
Frequency of reporting	Quarterly
Benefits to patients	Reduced risk of hospital associated transmission of MRSA.
Impact on Organizations	Increase cost, swabs, cultures, PPE
Components of care/Best Practices	Contact precautions for colonized patients. Rapid notification to Dept if positive result. Education given to patient and family.
Tips for integrating this quality measure into practice	Part of Nursing Admission Assessment

Example Templates of Quality Measures

Measure	Improving care for Acute Myocardial Infarction (AMI)
Goal for the measure	To increase compliance with all measures for treatment of acute myocardial infarction (AMI)
Why we report	Quality measures are used to gauge how well an organization provides care to its patients. Measures are based on scientific evidence and can reflect guidelines, standards of care, or practice parameters. A quality measure converts medical information from patient records into a rate or percentage that allows facilities to assess their performance.
What is reported	<ol style="list-style-type: none"> 1. Aspirin within 24 hours of arrival or within 24 hours prior to arrival 2. Beta Blocker within 24 hours of arrival 3. Thrombolytic agent received within 30 minutes of hospital arrival 4. Aspirin at discharge 5. Beta Blocker at discharge 6. ACE inhibitor at discharge for LVEF < 40% 7. Statin medication at discharge if LDL > 100 8. Patients with a history of smoking cigarettes within the past year receive smoking cessation advice or counseling during the hospitalization
To whom it is reported	The Centers for Medicare and Medicaid Services (CMS), Maine Health Management Coalition, Anthem, Joint Commission
Frequency of reporting	Quarterly
Benefits to the patient	The patient receives the best quality standard of care that is known using evidence based practice.
Impact on organization	Hospitals that do not participate or do not meet CMS' data reporting requirements under the program will receive a reduction in their Medicare Annual Payment Schedule. Hospitals can also lose their Blue Ribbon status from MHC which affects organization's ability to contract with employers for preferred provider status resulting in decreased volumes.
Components of care / best practice	By incorporating and understanding the rationale of the components in the goal, the patient will receive the best quality care. The eight reportable components, above, are evidence of the best care to provide.
Tips to integrating this quality measure into practice	<ol style="list-style-type: none"> 1. Develop a checklist that includes the clinical indications, status for admission and discharge, and exclusions. Plan on implementing this into documentation for permanent records 2. Have a determined group that monitors the core measures daily 3. Education of staff 4. Hardwire in practice, leveraging technology to accomplish this

Example Templates of Quality Measures

CHF *one of four measures*

Inclusionary populations: principal diagnosis at discharge is CHF, greater than 18 years of age, less than 120 days length of stay and discharged to home, home care or transfer to court/law enforcement.

Exclusionary populations: patients with left ventricular assistive device (LVAD), heart transplant during admission, less than 18 years of age, greater than 120 days length of stay, enrolled in clinical trials and on comfort measures only.

Measure	HF-1 Discharge Instructions
Goal for the measure	Educate patient & family to care for self at home to prevent readmission
Why we report	Non-compliance with diet and medications are important reasons for changes in patient status. Compliance prevents readmission and lower costs
What is reported	Compliance of 6 elements: activity level, diet, follow-up, medications, signs & symptoms of CHF worsening, weight monitoring. It is required to have written documentation that the patient or family have had written discharge instructions or educational material for all 6 elements.
To whom it is reported	QIO (then this is reported to CMS)
Frequency of reporting	Quarterly to QIO/CMS
Benefits to the patient	Quality of life at home and prevents readmission
Impact on organization	<ul style="list-style-type: none"> ● Affects reimbursements for PPS hospitals, not currently CAH ● Results on hospital reported CMS website for the consumer to compare ● Non-compliance affects Tier 1 status which allows Maine state employees to have a discount on health care implemented by Maine Health Management Coalition (MHMC). If hospital is not Tier 1 could affect hospital income, public relations and inconvenience for the state employees.
Components of care / best practice	Encourages team approach. Utilization review, case management and nursing work together to provide necessary education for these short stays.
Tips to integrating this quality measure into practice	<p>Discharge begins on admission using multidisciplinary discharge planning team approach.</p> <p>Specific heart failure discharge summary.</p> <p>Case management's program built around core measures to allow concurrent review addressing an indicator while the patient still admitted. Event reports address failures in the discharge process.</p>

Example Templates of Quality Measures

CHF *two of four measures*

Inclusionary populations: principal diagnosis at discharge is CHF, greater than 18 years of age, less than 120 days length of stay and discharged to home, home care or transfer to court/law enforcement.

Exclusionary populations: patients with left ventricular assistive device (LVAD), heart transplant during admission, less than 18 years of age, greater than 120 days length of stay, enrolled in clinical trials, discharged or transferred to another hospital for inpatient care, patients that left AMA or discontinued care, expired, discharged or transferred to hospice, documented reasons why the evaluation was not done, and on comfort measures only.

Measure	HF-2 Evaluation of left ventricular function (LVS) function
Goal for the measure	All heart failure patients have documentation that their LVS systolic function was evaluated before arrival, during hospitalization, or is planned for after discharge.
Why we report	It is reported so that the appropriate selection of medications is given to reduce morbidity and mortality.
What is reported	The documentation that the LVS function was evaluated.
To whom it is reported	QIO (then this is reported to CMS)
Frequency of reporting	Quarterly to QIO/CMS
Benefits to the patient	Quality of life at home and prevents readmission
Impact on organization	<ul style="list-style-type: none"> ● Affects reimbursements for PPS hospitals, not currently CAH ● Results on hospital reported CMS website for the consumer to compare ● Non-compliance affects Tier 1 status which allows Maine state employees to have a discount on health care implemented by Maine Health Management Coalition (MHMC). If hospital is not Tier 1 could affect hospital income, public relations and inconvenience for the state employees.
Components of care / best practice	Encourages team approach. Utilization review, case management and nursing work together to provide necessary education for these short stays.
Tips to integrating this quality measure into practice	<ul style="list-style-type: none"> ● Discharge begins on admission using multidisciplinary discharge planning team approach. ● Case management's program built around core measures to allow concurrent review addressing the indicator while the patient is still admitted ● Event reports address failures in the discharge process.

Example Templates of Quality Measures

CHF *three of four measures*

Inclusionary populations: principal diagnosis at discharge is CHF, greater than 18 years of age, less than 120 length of stay and discharged to home, home care or transfer to court/law enforcement.

Exclusionary populations: patients with left ventricular assistive device (LVAD), heart transplant during admission, less than 18 years of age, greater than 120 days length of stay, enrolled in clinical trials, discharged or transferred to another hospital for inpatient care, patients that left AMA or discontinued care, expired, discharged or transferred to hospice, documented reasons why no ACEI inhibitor or ARB was given at discharge, and on comfort measures only.

Measure	HF-3 Angiotensin converting enzyme inhibitor (ACEI) or Angiotensin receptor blocker (ARB) for left ventricular systolic dysfunction (LVSD)
Goal for the measure	The left ventricular ejection fraction is less than 40% consistent with moderate to severe systolic dysfunction that the patient is discharged home with the appropriate medication to enhance ventricular function.
Why we report	ACEI inhibitors and ARB (used if patients cannot tolerate the ACEI inhibitor medications) reduce mortality and morbidity in patients with left ventricular systolic dysfunction
What is reported	Documentation of the ACEI inhibitor or the ARB therapy at discharge or if not able to take ACEI or ARB, documented reason of why they can not take it. Documentation of the left ventricular ejection fraction is less than 40% or a narrative description of left ventricular systolic dysfunction with moderate to severe systolic dysfunction.
To whom it is reported	QIO (then this is reported to CMS)
Frequency of reporting	Quarterly to QIO/CMS. Abstracts are sent monthly
Benefits to the patient	Quality of life at home and prevents readmission
Impact on organization	<ul style="list-style-type: none"> ● Affects reimbursements for PPS hospitals, not currently CAH ● Results on hospital reported CMS website for the consumer to compare ● Non-compliance affects Tier 1 status which allows Maine state employees to have a discount on health care implemented by Maine Health Management Coalition (MHMC). If hospital is not Tier 1 could affect hospital income, public relations and inconvenience for the state employees.
Components of care / best practice	Encourages team approach. Utilization review, case management and nursing work together to provide necessary education for these short stays.
Tips to integrating this quality measure into practice	<ul style="list-style-type: none"> ● Discharge begins on admission using multidisciplinary discharge planning team approach ● Specific heart failure discharge summary ● Case management's program built around core measures to allow concurrent review addressing the indicator while the patient is still admitted ● Event reports address failures in the discharge process

Example Templates of Quality Measures

CHF *four of four measures*

Inclusionary populations: principal diagnosis at discharge is CHF (cigarette smokers), greater than 18 years of age, less than 120 length of stay and discharged to home, home care or transfer to court/law enforcement.

Exclusionary populations: patients with left ventricular assistive device (LVAD), heart transplant during admission, less than 18 years of age, greater than 120 days length of stay, enrolled in clinical trials, discharged or transferred to another hospital for inpatient care, patients that left AMA or discontinued care, expired, discharged or transferred to hospice, and on comfort measures only.

Measure	HF-4 Adult smoking cessation advice/counseling.
Goal for the measure	Provide education to a heart failure patient that smokes cigarettes to encourage them to quit.
Why we report	Smoking cessation reduces mortality and morbidity in patients. Patients who receive even brief smoking cessation advice from care providers are more likely to quit.
What is reported	Proof that heart failure patients that smoke cigarettes within the past year prior to admission receive smoking cessation advice or counseling during their hospital stay.
To whom it is reported	QIO (then this is reported to CMS)
Frequency of reporting	Quarterly to QIO/CMS. Abstracts are sent monthly
Benefits to the patient	Quality of life at home and prevents readmission
Impact on organization	<ul style="list-style-type: none"> ● Affects reimbursements for PPS hospitals, not currently CAH ● Results on hospital reported CMS website for the consumer to compare ● Non-compliance affects Tier 1 status which allows Maine state employees to have a discount on health care implemented by Maine Health Management Coalition (MHMC). If hospital is not Tier 1 could affect hospital income, public relations and inconvenience for the state employees.
Components of care / best practice	Encourages team approach. Utilization review, case management and nursing work together to provide necessary education for these short stays.
Tips to integrating this quality measure into practice	<ul style="list-style-type: none"> ● Discharge begins on admission using multidisciplinary discharge planning team approach ● Specific heart failure discharge summary ● Case management's program built around core measures to allow concurrent review addressing the indicator while the patient is still admitted ● Event reports address failures in the discharge process

Example Templates of Quality Measures

Measure	Hospital Acquired Pressure Ulcers
Goal for the measure	"Zero" pressure ulcers acquired during hospital stay and prevention of progression of future pressure ulcers.
Why we report	Pressure ulcers increase the mortality and morbidity in patients, increases the LOS in hospitals requires further treatment in the outpatient setting. Patients who receive the best evidence-based care will be more likely never to develop and ulcer or it will prevent progression of an existing ulcer.
What is reported	Any stage 3 or 4 pressure ulcers acquired or progressed (considered sentinel events and medical errors)
To whom it is reported	DHSMaine
Frequency of reporting	Quarterly
Benefits to the patient	If patient remains pressure ulcer free, they will be able to maintain mobility and do activities of daily living by sitting on toilets and other seating surfaces. They can wear shoes if their heels are ulcer free. The length of stay is reduced. Health care costs are contained as there will be no cost for dressing changes, wound vac dressings, and the nursing time it takes to do those changes.
Impact on organization	Affects reimbursements to hospitals and can result in no reimbursement for the care involved in managing the pressure ulcers, such as, surgery dressing management etc.
Components of care / best practice	<ul style="list-style-type: none"> o Accurate assessment and documentation by nursing and supported by MD on admission and during routine care o Accurate use of Braden Scale o Prevention strategies o Interventions proven to reduce the risks: turning protocols, proper support surfaces, nutritional status, incontinent care
Tips to integrating this quality measure into practice	<ul style="list-style-type: none"> o Look at Braden Scale on admission and every shift o Accurately score each patient o Use interventions and prevention strategies accordingly

Nurse Sensitive Quality Reporting— The Role of the Nurse

Decubitus Ulcers

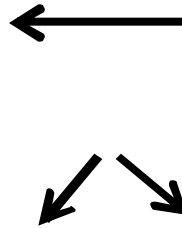
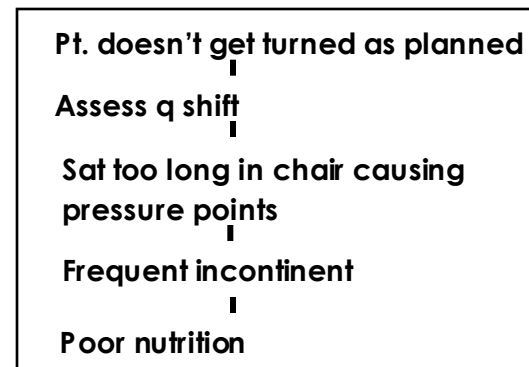
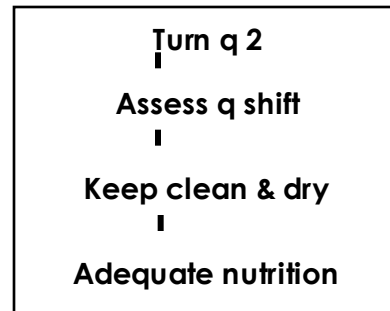
Admitter



Nurse Assess – Braden Scale ≤ 18



Care Plan with Undesired Outcomes



Nurse Sensitive Quality Reporting— The Role of the Nurse – Cont'd

|
Length Of Stay 4.9 days Med-Surg
|
Avg. cost Med-Surg pt.
\$14,600
|
Pt. D/C to home with
full activity of daily living

Decubitus
(Skin Breakdown)

- \$ Dressing Changes
- \$ Increased nursing time
- \$ Wound vac
- \$ Pt. experiences lack of pain control
- \$ Risk of infection
- \$ Decreased mobility, because pt. can't sit for long periods

*Total cost to heal pressure ulcers = \$14,000 – 40,000 per pt.

* LOS by an additional 10-20 days longer.

↑ Cost ADL – pt. had to go SNF for care.

*International Journal for Quality in Health Care Vol. 8, No. 1, pp. 61-66, 1996. "Cost and Prevention of Pressure Ulcers in an Acute Teaching Hospital." Helen Lapsley and Rosina Vogels.

For More Information

Articles/Papers:

- Maxworthy, Juli, DNP, MBA, MSN, RN, CNL, CPHQ. " **Quality Improvement, What does it mean at the point-of-care**" Nursing Management. September 2010. 30-33.
- American Academy of Nursing. Position paper. " **Nurses Helping Americans Cross the Quality Chasm**"
- Albanese, Madeline P. MSN, RN, et al. " **Engaging Clinical Nurses in Quality and Performance Improvement Activities**". Nursing Administration Quarterly. 2010. Vol. 34, No.3. pp.226-245.

Links/Resources:

- American Academy of Nursing. Quality of Care Initiative. <http://www.aannet.org>
- Maine Hospital Association
- National Quality Forum (NQF)
- Advancing Excellence in America's Nursing Facilities
- www.nhqualitycampaign.org
- NHCQF nursing home compare
- www.qsen.org. Quality and Safety Education for Nurses