

## ***Measure Revision and Suppression***

### **Premier Hospital Quality Incentive Demonstration**

Over the course of the demonstration, it was necessary to either revise or suppress some of the quality process measures used for calculating the composite quality score. The following is a list of the revised and suppressed process measures along with the revision or suppression date and rationale.

### ***Revised Measures***

<b>Focus Area(s)</b>	<b>Acute Myocardial Infarction (AMI) and Heart Failure (HF)</b>
<b>Measure Number(s) and Name</b>	<b>HQID-3 and HQID-20: ACEI or ARB for LVSD revised from ACEI for LVSD</b>
<b>Measure Description</b>	AMI or HF patients with left ventricular systolic dysfunction (LVSD) and without both angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) contraindications who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.
<b>Effective Revision Date</b>	Effective with January 1, 2005 discharges, quarter 2 of year 2 for HQID project.
<b>Rationale</b>	Based on the evolving clinical evidence from the CHARM and VALIANT trials, that demonstrated the use of ARBs is equivalent to the use of ACEIs. Thus, the national expert panel for the AMI and HF measures approved the incorporation of the ARB medication to the original ACEI for LVSD measure. To maintain alignment with the National Hospital Quality Measures, the Premier Hospital Quality Incentive Demonstration incorporated this measure revision.

<b>Focus Area</b>	<b>Isolated Coronary Bypass Graft (CABG)</b>
<b>Measure Number and Name</b>	<b>HQID-14: Prophylactic Antibiotics Discontinued Within 48 Hours After Surgery End Time</b>
<b>Measure Description</b>	Isolated CABG patients whose prophylactic antibiotics were discontinued within 48 hours after surgery end time
<b>Revision Date</b>	Effective with January 1, 2006 discharges, quarter 2 of Year 3 for the HQID project.
<b>Rationale</b>	In 2005, the Society of Thoracic Surgeons (STS) Workforce on Evidence Based surgery established new guidelines for the duration of antibiotic prophylaxis. The published STS guideline indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery. CMS and Joint Commission revised the SCIP-Infection-3 measure relevant to cardiac surgery effective with the January 1, 2005 discharges. To maintain alignment with the National Hospital Quality Measures, the Premier Hospital Quality Incentive Demonstration incorporated this measure revision.

***Suppressed* from Composite Quality Score Calculation and Public Reporting**

<b>Focus Area</b>	<b>Isolated Coronary Bypass Graft (CABG)</b>
<b>Measure Number and Name</b>	<b>HQID-11: Isolated CABG using Internal Mammary Artery (IMA)</b>
<b>Measure Description</b>	Isolated Coronary Artery Bypass Graft (CABG) patients who receive IMA graft (ICD-9-CM procedure codes 36.15, 36.16)
<b>Effective Suppression Date</b>	Effective for the all three (3) years for the HQID project.
<b>Rationale</b>	Upon reviewing the ICD-9-CM diagnosis codes used to define measure exclusion criteria of patient history of CABG, it was determined that the 414.02-414.07 series were not included in the original measure specifications. To maintain the measure specification consensus process, Premier is collaborating with the national organizations including CMS, NQF and STS to redefine this measure.

<b>Focus Area</b>	<b>Isolated Coronary Bypass Graft (CABG) Hip or Knee Replacement</b>
<b>Measure Number and Name</b>	<b>HQID-13 and HQID-30: Appropriate Prophylactic Antibiotic Selection</b>
<b>Measure Description</b>	Isolated CABG, Hip, or Knee surgical patients who received prophylactic antibiotics consistent with current guidelines specific to their procedure.
<b>Effective Suppression Date</b>	Effective with October 1, 2004 discharges, year 2 of HQID project.*
<b>Rationale</b>	In June 2005, CMS and Joint Commission announced the temporary suppression of the SIP-2 (SCIP Infection-2) Prophylactic Antibiotic Measure from public reporting. The concerns with the measure involved the increasing prevalence of MRSA, national shortages of antibiotics for the colorectal and hysterectomy procedures and recommendations for prevention of endocarditis. To maintain alignment with the National Hospital Quality Measures, the HQID project incorporated this measure suppression for the Isolated CABG, Hip and Knee measures. <i>*Note: Effective with July 1, 2006 discharges SCIP Infection-2 measure resumed public reporting. Thus, the HQID Project resumed use of the measure effective with July 1, 2006 discharges, year 3.</i>

<b>Focus Area</b>	<b>Pneumonia (PN)</b>
<b>Measure Number and Name</b>	<b>HQID-25: Influenza Vaccination</b>
<b>Measure Description</b>	Pneumonia patients age 50 years and older, hospitalized during October, November, December, January, or February who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated.
<b>Effective Suppression Date</b>	Effective with October 1, 2004 discharges, year 2 of the HQID project.*
<b>Rationale</b>	Due to the influenza vaccine shortage during the 2004-2005 flu season, CMS and Joint Commission suppressed public reporting of the PN-7 Influenza Vaccination measure. To maintain alignment with the National Hospital Quality Measures, the HQID project incorporated this measure suppression in year 2. <i>*Note: The HQID-25 measure was used in year 1 and will be used in Year 3.</i>

