

# PARKVIEW CORE MEASURES

<u>ACUTE MI</u>	<u>PNEUMONIA</u>	<u>HEART FAILURE</u>	<u>SCIP</u> (Surgical Care Improvement Project)
<p><u>Use CCU/Cardiac Unit Patient Care Admit Orders Orderset 073B</u></p> <ul style="list-style-type: none"> <li>◆ <u>Aspirin*</u> on arrival (within 24 hrs)</li> <li>◆ <u>Aspirin*</u> prescribed at discharge</li> <li>◆ <u>Beta Blocker*</u> on arrival (within 24 hrs)</li> <li>◆ <u>Beta Blocker*</u> prescribed at discharge</li> <li>◆ <u>ACE inhibitor* or ARB*</u> prescribed at discharge for patients with <u>LVSD</u> (documented moderate or severe <u>Left Ventricular Systolic Dysfunction</u> or <u>Ejection Fraction(EF)≤40%</u>)</li> <li>◆ <u>Thrombolysis</u> within 30 minutes of arrival</li> <li>◆ <u>Smoking Assessed:</u> if smoked cigarettes in last 12 months, cessation education offered and documented</li> <li>◆ <u>PTCA</u> within 90 minutes of arrival (ST segment elevation without thrombolytics)</li> <li>◆ <u>*Document</u> any <u>contraindications to beta-blocker, aspirin, ACE-I or ARB</u></li> </ul>	<p><u>Use Community Acquired Pneumonia Orders Orderset 222A</u></p> <ul style="list-style-type: none"> <li>◆ <u>Oxygenation Assessment</u> within 24 hours of arrival (Pulse oximetry and/or ABGs)</li> <li>◆ <u>Blood Cultures</u> w/in 24 hrs for all PN patients admitted to ICU. For patients admitted through ED-BC is drawn in ED prior to <u>time of admission order</u> &amp; prior to 1<sup>st</sup> dose of antibiotic</li> <li>◆ <u>Timely Antibiotics</u> within 4 hours of arrival to hospital (<i>not unit</i>)</li> <li>◆ <u>Appropriate Antibiotic Selection</u>                      Non-ICU Patient *                      Beta-lactam(IV or IM) + macrolide(IV/PO) Or                      Quinolone monotherapy(IV/PO) Or                      Beta-lactam(IV/ IM) + doxycycline(IV/ PO) Or                      Macrolide monotherapy(IV/PO) If &lt; 65 &amp; w/o  <i>Risk Factors for Drg-Resistant Pneumococcus</i>                      ICU Patient **                      Beta-lactam(IV) + macrolide(IV) Or                      Beta-lactam(IV) + quinolon(IV) Or                      If documented <i>B-lactam</i> allergy:                      Quinolone(IV) + Aztreonam (IV)</li> <li>◆ <u>Flu/Pneumonia Vaccines Screening</u> Documentation of Screening and, when applicable, documentation of Vaccine Administration</li> <li>◆ <u>Smoking Assessed:</u> if smoked cigarettes in last 12 months, cessation education offered and documented</li> </ul>	<p><u>Use CCU/Cardiac Unit Patient Care Admit Orders Orderset 073B</u></p> <ul style="list-style-type: none"> <li>◆ <u>LVF or Echo Report or Documentation</u> of current or previous Left Ventricular Function (e.g., moderate, severe, or EF=___%) <u>ACE inhibitor or ARB*</u> for <u>LVSD</u> (documented moderate or severe <u>Left Ventricular Systolic Dysfunction</u> or <u>Ejection Fraction(EF) ≤40%</u>) or documented <u>contraindication(s) to ACE inhibitor and/or ARB</u></li> <li>◆ <u>Smoking Assessed:</u> if smoked cigarettes in last 12 months, cessation education offered and documented</li> <li>◆ <u>Discharge Instructions</u> Complete <u>CHF</u> specific discharge instructions in Logicare -must address all 6                     <ul style="list-style-type: none"> <li>◆ follow-up instructions,</li> <li>◆ weight monitoring,</li> <li>◆ activity,</li> <li>◆ medications(<u>all</u> discharge meds)</li> <li>◆ diet and</li> <li>◆ what to do for worsening symptoms</li> </ul> </li> </ul>	<p><u>Use Core Measure compliant pre-op &amp; post-op orders Hip, Knee, Hyst, Colon, CABG, Cardiac, Vascular</u></p> <ul style="list-style-type: none"> <li>◆ <u>Prophylactic Pre-op Antibiotics</u> to be given within one hour of surgical incision                     <ul style="list-style-type: none"> <li>◆ All pre-op antibiotics to be administered in OR by the RN Circulator</li> <li>◆ Vancomycin &amp; Levaquin only to be administered by IP or SAU nurse at the direction of RN Circulator</li> </ul> </li> <li>◆ <u>Appropriate Antibiotic Selection</u> for surgical procedure</li> <li>◆ <u>Stop prophylactic</u> post-op antibiotics within <u>24 hours</u> post surgery. Document if treating a known or possible infection.</li> <li>◆ <u>Colorectal Normothermia -</u> Document 1<sup>st</sup> temp in PAR (within the first 15 minutes after leaving the operating room) on colorectal cases (96.8-100.4 F)</li> <li>◆ <u>Post-op Cardiac Surgery Serum Glucose</u> - 6 am glucose on post-op days 1 &amp; 2 ≤ 200 mg/dl</li> <li>◆ <u>Expanded Procedure List</u></li> <li>◆ <u>Appropriate Hair Removal</u> – Use &amp; chart method <u>clippers</u>–not razors</li> <li>◆ <u>Cardiac Care</u> - patients on Beta Blocker home med &amp; no contraindications continue to receive BB within 24 hours prior to incision to discharge from PAR</li> <li>◆ <u>VTE Prevention</u> – <u>order &amp; initiate</u> VTE prophylaxis if home meds do not include Coumadin and no contraindications to mechanical &amp; pharmacological prophylaxis</li> </ul>
<p>(Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient. No deductible or copayment/coinsurance applies.) – Influenza vaccination is a covered Part B benefit. BUT NOT a Part D covered drug.</p>			