

Most Common Reportable Measures

	RHQN	*CMS-QIO	*JCAHO	*HQA	*APU	IHI	Total
Acute Myocardial Infarction (AMI)							
Aspirin at Arrival		x	x	x	x	x	5
Aspirin Prescribed at Discharge		x	x	x	x	x	5
ACEI or ARB for LVSD at Discharge		x	x	x	x	x	5
Adult Smoking Cessation Advice/Counseling		x	x	x		x	4
Beta Blocker Prescribed at Discharge		x	x	x	x	x	5
Beta Blocker at Arrival		x	x	x	x	x	5
Mean Time to Thrombolysis		x	x				2
Thrombolytic Agent Received Within 30 Minutes of Hospital Arrival		x	x	x		x	4
Mean Time to PCI		x	x				2
PCI Received Within 120 Minutes of Hospital Arrival		x	x	x		x	4
Heart Failure (HF)							
Discharge Instructions	x	x	x	x			4
LVF Assessment	x	x	x	x	x		5
ACEI or ARB for LVSD at Discharge	x	x	x	x	x		5
Adult Smoking Cessation Advice/Counseling	x	x	x	x			4
Pneumonia (PN)							
Oxygenation Assessment		x	x	x	x		4
Pneumococcal Vaccination		x	x	x	x		4
Blood Culture Within 24 hours Prior to or After Hospital Arrival		x	x				2
Blood Culture Before First Antibiotic		x	x	x			3
Adult Smoking Cessation Advice/Counseling		x	x	x			3
Antibiotic Timing (Mean)			x				1
Initial Antibiotic Received Within 8 Hours of Hospital Arrival			x				1
Initial Antibiotic Received Within 4 Hours of Hospital Arrival		x	x	x	x		4
Initial Antibiotic Selection for CAP in Immunocompetent Patient		x		x			2
Initial Antibiotic Selection for CAP in Immunocompetent – ICU Patient			x				1
Initial Antibiotic Selection for CAP in Immunocompetent – Non -- ICU Patient			x				1
Influenza Vaccination		x	x	x			3
Surgical Infection Prevention (SIP)							
Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision		x	x	x		x	4
Prophylactic Antibiotic Selection for Surgical Patients		x	x	x		x	4
Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time		x	x	x		x	4
Cardiac Surgery Patients with Controlled Perioperative Serum Glucose (≤200mg/dL)							
Appropriate surgical site hair removal		x				x	2
Colorectal surgical patients who maintained normothermia (36°- 39° C or 96.8°- 100.4° F) during the perioperative period.		x					1

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Major surgical patients with controlled perioperative serum glucose ($\leq 200\text{mg/dl}$)		x (TEST MEASURE)				x	2
Major surgical patients without planned hypothermia who maintained normothermia ($36^{\circ}\text{-}39^{\circ}\text{C}$ or $96.8^{\circ}\text{-}100.4^{\circ}\text{F}$) during the perioperative period		x (TEST MEASURE)					1
Cardiovascular Complications							
Major non-cardiac surgery patients with prior evidence of coronary artery disease, without contraindications to receiving beta-blockers, who received beta-blockers during the perioperative period.		x					1
major surgery patients, maintained on a beta-blocker prior to surgery that received a beta-blocker during the perioperative period		x					1
Venous Thromboembolism							
Major surgical patients who received any perioperative prophylaxis for venous thromboembolism (VTE)		x				x	2
Major surgical patients who received recommended prophylaxis based on the surgical level of risk for VTE		x					1
Major surgical patients who received appropriate prophylaxis based on the surgical level of risk for venous thromboembolism		x					1
Respiratory Complications							
Major surgical patients on a ventilator, in any intensive care or step-down unit, whose post-operative orders included elevating the head of the bed (HOB) greater than or equal to 30 degrees and documentation of elevation of the HOB greater than or equal to 30 degrees		x				x	2
Major surgical patients on a ventilator, in any intensive care or step-down unit, without contraindications to PUD prophylaxis, who received PUD prophylaxis							
Major surgical patients on a ventilator, in any intensive care or step-down unit, who are placed on a ventilator-weaning protocol		x (TEST MEASURE)				x	2
Major surgical patients on a ventilator, in any intensive care or step-down unit, who are given a sedation vacation every 24 hours		x (TEST MEASURE)				x	2
Rapid Response Teams							
						x	1
Medication Reconciliation							
			x			x	2
Preventing Central Line Infections							
Hand Hygiene						x	1
Maximal Barrier Precautions						x	1
Chlorhexidine Skin Antisepsis						x	1
Appropriate Catheter Site and Administration System Care							
No Routine Replacement						x	1

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* - Voluntary for Critical Access Hospitals

NOTES:

The RNQ is currently collecting data on Heart Failure (CMS/JCAHO) measures.

The RHQN members participating in the AHRQ Grant study will be collecting measures defined by the planning team on CAP and

WSHA is working with IHI patient safety initiatives. Participation is voluntary.

For RHQN critical access hospitals participation with CMS-QIO is voluntary