Hi, a group of people are discussing core measures. The text is about the use of standardized performance measures in treating an identified illness or core measure set also known as “Hospital Quality Measures” or “Care Measures.”

The text explains that core measures are the use of standardized performance measures in treating an identified illness or core measure set also known as “Hospital Quality Measures” or “Care Measures.”

The text also mentions that core measures are currently being participated in by RMC which are measured by JCAHO and CMS in accredited hospitals all over the country. The core measure sets include Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), Surgical Care Improvement Project (SCIP) and Children’s Asthma Care (CAC). A hospital’s performance will be measured by its adherence to the core measure guidelines, which means that for each diagnosis, there are sets of evidence-based treatments, diagnostic tests and standards to follow. The facility’s practitioners and nursing staff are expected to comply with these guidelines.

The text also explains that core measures are used to have evidence-based care for patients because it’s the right thing to do. The goal of core measures is to have evidence-based care for our patients because it’s the right thing to do. The goal of core measures is to have 100% in our core measure compliance, which means that patients with core measure diagnoses were given timely and appropriate care. The scores are publicly reported as well as for all hospitals in the surrounding area. The goal of core measures is to have evidence-based care for our patients because it’s the right thing to do! Getting the recommended care means patients are more likely to have better outcomes.
CORE MEASURES

Below are five core measures that RMC is participating in and submitting to both CMS and JCAHO for public reporting. Listed below are the things one must always remember to do when a patient falls under a core measure set such as AMI, HF, PN, SCIP and CAC. Getting the recommended care means patients are more likely to have better outcomes.

1. Acute Myocardial Infarction (AMI)
   1. Aspirin on arrival (unless contraindicated, document)
   2. Aspirin/beta blocker at discharge (unless contraindicated, document)
   3. ACEI or ARB for LVSD (Ejection fraction <40%)
   4. Smoking Cessation Counseling (smoker within prior 12 months—cigarettes only)
   5. Fibrinolysis within 30 minutes OR
   6. PCI within 90 minutes

2. Heart Failure (HF)
   1. Discharge instructions on:
      - Medications (reconciliations must match)
      - Activity
      - Diet
      - Symptoms Worsening
      - Weight
      - Follow-up
   2. LVS function evaluation
   3. ACEI or ARB for LVSD (Ejection fraction <40%)
   4. Smoking Cessation Counseling (smoker within prior 12 months—cigarettes only)

3. Pneumonia (PN)
   1. 1st Dose of Antibiotic within 6 Hours
   2. Pneumococcal and/or Influenza Vaccine
   3. Blood Cultures Prior to Antibiotics
   4. Smoking Cessation Counseling (smoker within prior 12 months—cigarettes only)
   5. Appropriate Antibiotic selection
      a. Non-ICU admissions
      b. ICU admissions
      c. Pseudomonas Risk (Pseudomonal risk, Bronchiectasis, Structural Lung Disease with chronic corticosteroid or repeated antibiotic use documented by MD)

4. Surgical Care Improvement Project (SCIP)
   1. Appropriate Antibiotic Selection
   2. Antibiotic within 1 Hr before surgery start/incision time (done by anesthesia)
   3. Prophylactic Antibiotic discontinued within 24 Hours After Surgery (CABG within 48 Hours) unless infection is documented
   4. Beta blocker taken prior to admission (document estimated time of last dose taken)
   5. Beta blocker perioperative tx (24 hrs before surgery)
   6. Appropriate perioperative Hair Removal
   7. VTE Prophylaxis order (mechanical/chemical)
   8. VTE Therapy Implemented 24 hrs before to 24 hrs after surgery
   9. DC intraoperatively placed Foley cath by POD1 or POD2
   10. Documented postop temp >36C/96.8F 30 mins prior anesthesia to 15 mins post anesthesia
   11. Postoperative 6am blood glucose – cardiac surgery patients (<200; Postop Day 1 & 2)

5. Children’s Asthma Care (CAC)
   1. Relievers for Inpatient Asthma (age 2 years through 17 years).
   2. Systemic Corticosteroids for Inpatient Asthma (age 2 years through 17 years).