

# **Value-Based Purchasing: It's Impact on Nursing**

**Presented by:**

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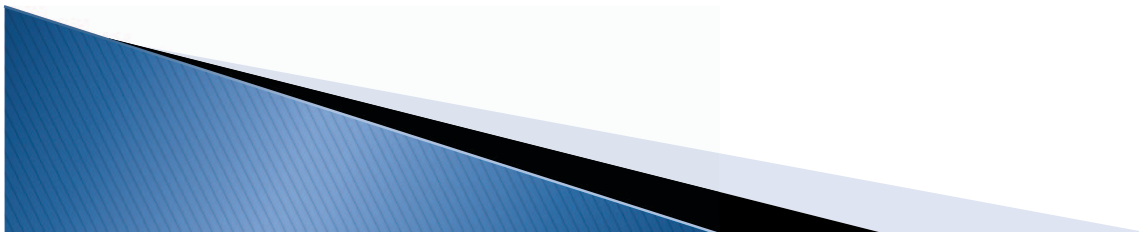
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# Presentation Objectives

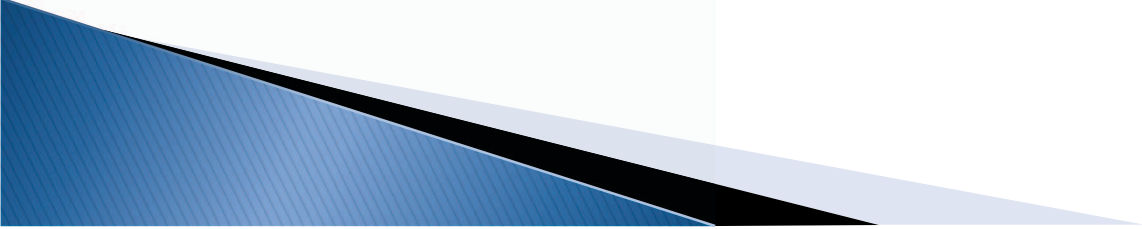
- ▶ **Definition of Value Based Purchasing (VBP)**
- ▶ **Impact on Hospitals**
  - **Financial**
  - **Clinical**
- ▶ **Domains**
  - **Clinical Processes of Care**
  - **Patient Experience of Care**
  - **Outcomes of Care**
  - **Efficiency Domain**
- ▶ **Impact of VBP on Nursing and Patient Care**

# Value-Based Purchasing Program

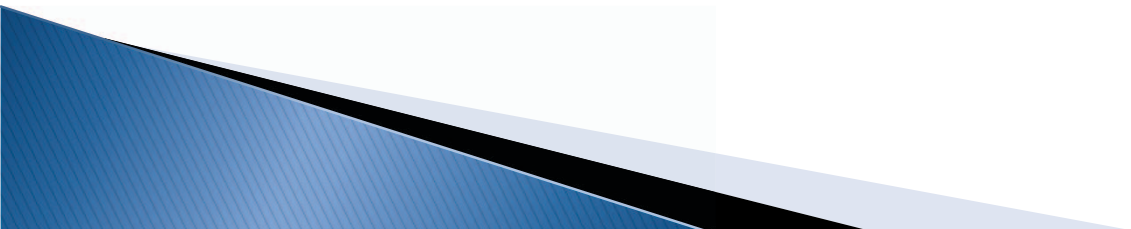
- ▶ **Rule proposed January 2011 by CMS as part of Affordable Care Act to implement an inpatient Pay-for-Performance system by FY 2013**
- ▶ **Qualifying hospitals to have a portion of their Medicare payments tied to performance on select group of quality metrics**
- ▶ **Pay for care that rewards better value, patient outcomes and innovations instead of volume**



# Value-Based Purchasing Program

- ▶ **Key to success is that program is Budget Neutral**
  - ▶ **CMS will withhold 1% of base DRG payments for qualifying hospitals in FY2013 – increases each year until 2% by 2017**
  - ▶ **Monies will be redistributed to hospitals on the basis of their quality performance**
  - ▶ **Total distributive financial impact of this ruling was approximately \$850 million dollars – increased to \$963 million in 2014**
- 

# Who is Excluded from the Hospital VBP Program?

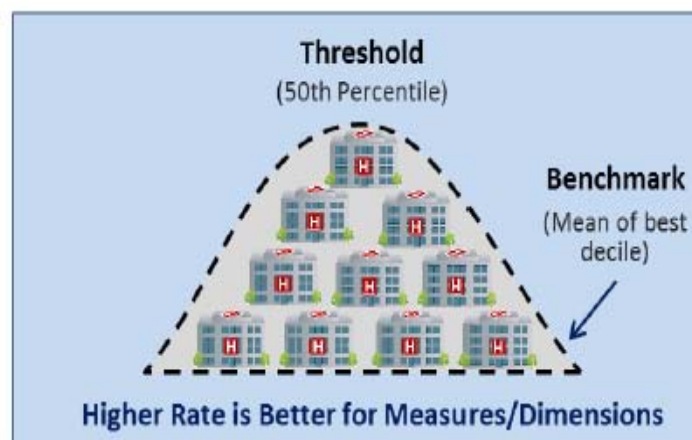
- ▶ **Psychiatric, rehabilitation, long term care facilities**
  - ▶ **Children's hospitals**
  - ▶ **Cancer hospitals**
  - ▶ **Hospitals in Puerto Rico, other US territories**
  - ▶ **Hospitals who received CMS deficiency notifications during performance period**
  - ▶ **Hospitals with out minimum number of cases, measures or surveys**
- 



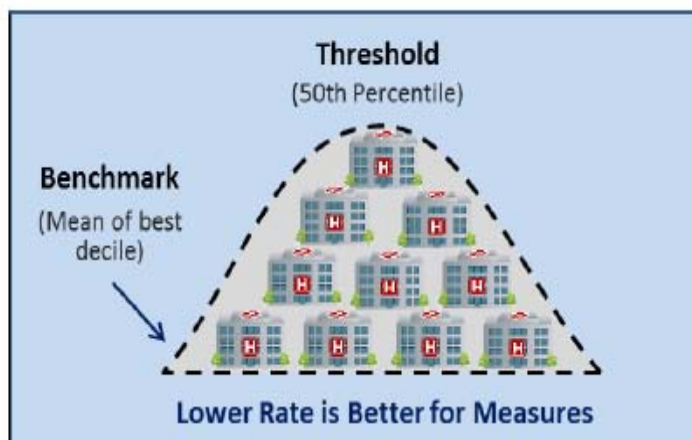
# How Will Hospitals Be Evaluated?

## Baseline Period Data

Measure/Dimension	Rate
Clinical Process of Care Measures	Higher is better
Patient Experience of Care Dimensions	Higher is better
Mortality Measures (Survivability)	Higher is better



Measure	Rate
AHRQ PSI-90 Measure	Lower is better
CLABSI Measure	Lower is better
MSPB Measure*	Lower is better



\* Please note that unlike the other measures, the MSPB measure's benchmark and threshold are based on hospital data from the performance period.

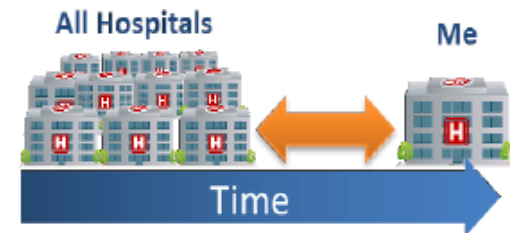
# How Will Hospitals Be Evaluated?

## Achievement vs. Improvement

- **Achievement Points**

Awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period.\*

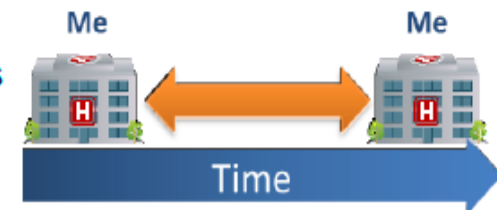
- Rate equal to or better than the benchmark: 10 points
- Rate worse than the achievement threshold: 0 points
- Rate equal to or better than the achievement threshold and worse than the benchmark: 1–10 points



- **Improvement Points**

Awarded by comparing an individual hospital's rates during the performance period to that same individual hospital's rates from the baseline period.

- Rate equal to or better the benchmark: 9 points
- Rate equal to or worse than the baseline period rate: 0 points
- Rate between the baseline period rate and the benchmark: 0–9 points

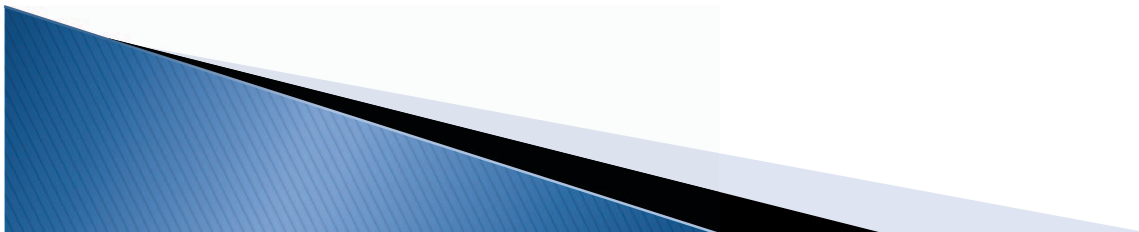


\* Please note that unlike the other measures, the MSPB measure compares a hospital's rates during the performance period with all hospitals' rates from the performance period.

# How Will Hospitals Be Evaluated?

## ▶ **Consistency Points**

- **Relate only to the Patient Experience of Care Domain**
- **Purpose is to reward hospitals that have scores above the national 50<sup>th</sup> percentile in ALL 8 dimensions of the HCAHPS survey**



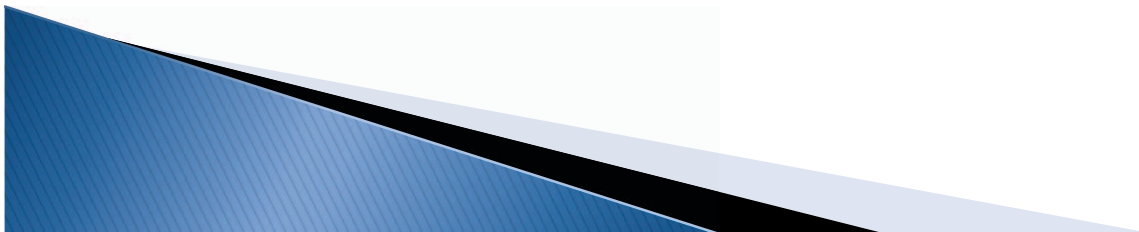


# Total Performance Scores

- ▶ **2013 Payments Based On:**
  - **70% Clinical Process of Care/30% Patient Experience**
- ▶ **2014 Payments Based On:**
  - **45% Clinical Process of Care/25% Outcome Domain/  
30% Patient Experience**
- ▶ **2015 Payments Based On:**
  - **20% Clinical Process of Care/30% Outcome Domain/  
20% Efficiency Domain/ 30% Patient Experience**

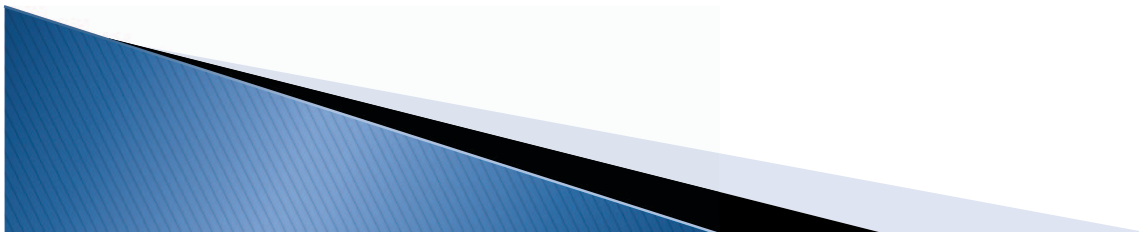
# Clinical Process of Care (aka Core Measures)

- ▶ What is a Core Measure?
- ▶ A core measure is one that utilizes the results of evidence based medicine research. These basic core measure principles imply that it is reasonable to expect that every patient with the given diagnosis will receive the baseline (core) care established through such research.
- ▶ The reported results represent the percentage of patients admitted with a specific diagnosis who receive the recommended care measure.



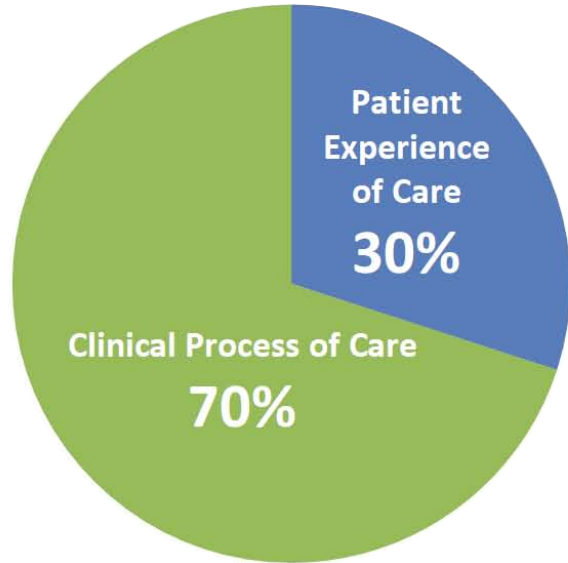
# How are Core Measures chosen?

- ▶ Following well established quality improvement principles, the Core Measures represent high volume, high cost diagnoses associated with an increased rate of morbidity or mortality.



## FY 2013 Value-Based Purchasing

(Discharges from October 1, 2012, to September 30, 2013)

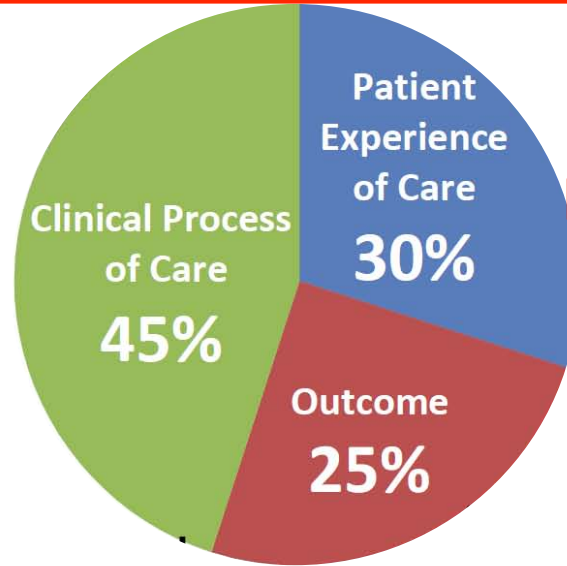


CLINICAL PROCESS OF CARE	
Baseline Period	Performance Period
July 1, 2009 – March 31, 2010	July 1, 2011 – March 31, 2012

## FY 2014 Value-Based Purchasing

### Domain Weighting

(Discharges from October 1, 2013 to September 30, 2014)

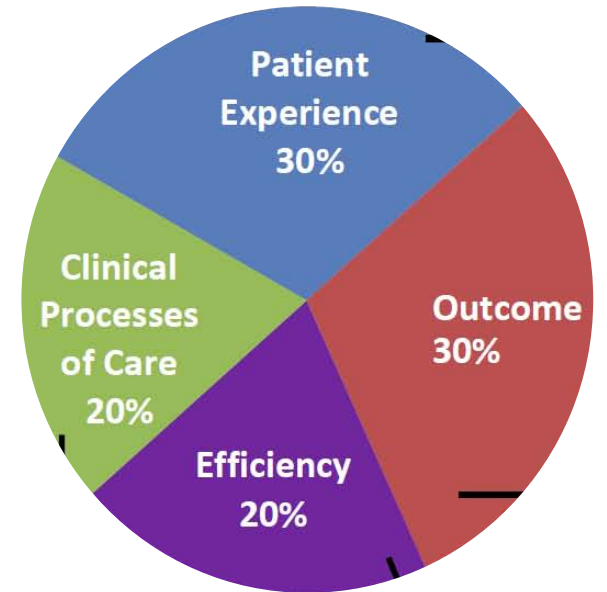


CLINICAL PROCESS OF CARE	
Baseline Period	Performance Period
April 1, 2010 – December 31, 2010	April 1, 2012 – December 31, 2012

## FY 2015 Value-Based Purchasing

### Domain Weighting

(Discharges from October 1, 2014 to September 30, 2015)



CLINICAL PROCESS OF CARE	
Baseline Period	Performance Period
January 1, 2011 – December 31, 2011	January 1, 2013 – December 31, 2013

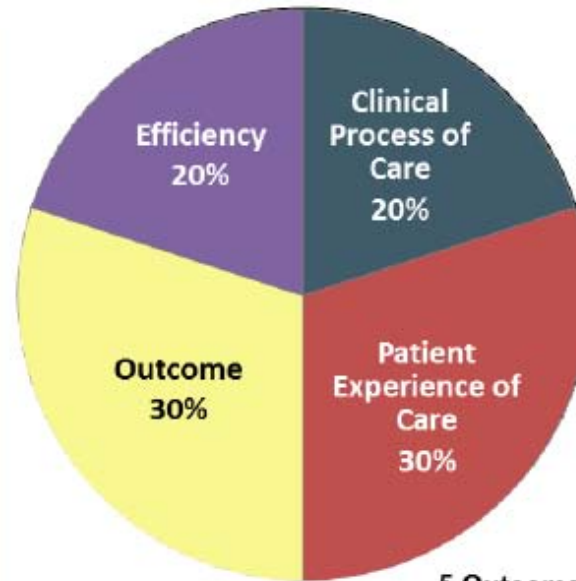


# FY 2015 Finalized Domains and Measures/Dimensions

## 12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP-Inf-9 Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2
11. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours

## Domain Weights



## 8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

## 5 Outcome Measures

1. MORT-30-AMI – Acute Myocardial Infarction (AMI) 30-day mortality rate
2. MORT-30-HF – Heart Failure (HF) 30-day mortality rate
3. MORT-30-PN – Pneumonia (PN) 30-day mortality rate
4. PSI-90 – Patient safety for selected indicators (composite) ★
5. CLABSI – Central Line-Associated Bloodstream Infection ★

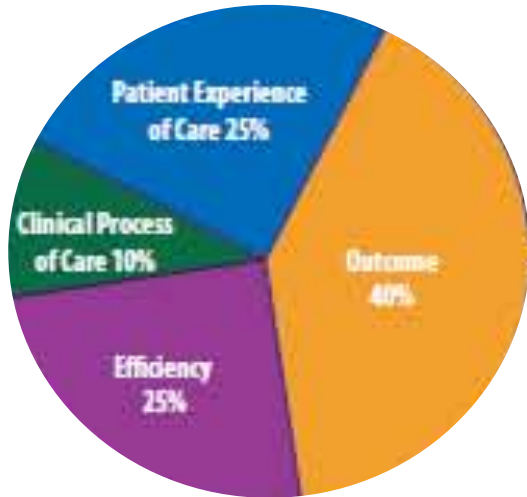
## 1 Efficiency Measure

1. MSPB-1 Medicare Spending per Beneficiary measure ★



★ Represents a new measure for the FY 2015 program that was not in the FY 2014 program.

**FY 2016 Value-Based Purchasing  
Domain Weighting  
(Discharges from October 1, 2015  
to September 30, 2016)**



**VBP Fiscal Year 2016  
Core measures Performance  
Period is **NOW!!****

- 1 new one added
- 5 measures were removed from 2015



BASELINE PERIOD		PERFORMANCE PERIOD	
Jan. 1–Dec. 31, 2012		Jan. 1–Dec. 31, 2014	
MEASURE ID	DESCRIPTION	ACHIEVEMENT THRESHOLD	BENCHMARK
AMI-7a	Fibrinolytic therapy received within 30 minutes of hospital arrival	0.91154	1.00000
PN-6	Initial antibiotic selection for CAP in immunocompetent patient	0.96552	1.00000
SCIP-Inf-2	Prophylactic antibiotic selection for surgical patients	0.99074	1.00000
SCIP-Inf-3	Prophylactic antibiotics discontinued within 24 hours after surgery end time	0.98086	1.00000
SCIP-Inf-9	Urinary catheter removed on postoperative day 1 or postoperative day 2	0.97059	1.00000
SCIP-Card-2	Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period	0.97727	1.00000
SCIP-VTE-2	Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery	0.98225	1.00000
<b>NEW! IMM-2</b>	Influenza immunization	0.90607	0.98875
<b>REMOVED!</b>			
AMI 8a PCI received within 90 minutes of hospital arrival			
HF 1 Discharge instructions			
PN 3b Blood culture before 1st antibiotic received in hospital			
SCIP 1 Abx within 1 hour before incision or within 2 hours if vancomycin/quinolone is used			
SCIP 4 Controlled 6 AM postoperative serum glucose – cardiac surgery			



# Acute MI

Indicator	Documentation Requirements
<p>Fibrinolytic within 30 minutes of arrival</p>	<ul style="list-style-type: none"> <li>• System reasons for delay are <b><u>NOT</u></b> acceptable.</li> <li>• There must be MD/PA/NP documentation that there was “hold”, “delay”, or “wait” in initiating Lytic/PCI <b><u>AND</u></b> this was not system related.</li> </ul> <p>If there’s a delay.... Acceptable documented reasons:</p> <ul style="list-style-type: none"> <li>• “Hold lytics. Will do CAT scan to r/o bleed” or</li> <li>• “Consent delay, patient deciding about treatment and waiting to speak to husband before giving consent for treatment.”</li> </ul> <p><b>Not acceptable documentation:</b></p> <ul style="list-style-type: none"> <li>• Equipment issue (IV pump malfunction)</li> <li>• Staff related - “Not enough staff due to blizzard”</li> </ul>

- Flow processes
- Communication
- Documentation accurate, timely and appropriate

# SCIP

Indicator	Documentation Requirements
Pre-op antibiotic administration within 1 hour of incision (2 hr window allowed for Vancomycin & Levaquin)	<ul style="list-style-type: none"> <li>•Date/time/route of antibiotic administration <b><u>MUST</u></b> be clearly documented in the appropriate data field</li> <li>•Be mindful of delays in surgery</li> </ul>
Antibiotic selection	<ul style="list-style-type: none"> <li>•MDs must use prophylactic antibiotic order sets</li> <li>•Document clarification of appropriate antibiotic selection for patients with beta- lactam allergy using prophylaxis order set</li> </ul>
Antibiotic discontinued w/in 24 hours of anesthesia end time	<ul style="list-style-type: none"> <li>•MDs must use prophylactic antibiotic order sets</li> <li>•MD order reflecting continuation of antibiotics must have documentation of current or suspected infection.</li> <li>•The date/time/route of antibiotic administration <b><u>MUST</u></b> clearly documented in the appropriate data field</li> </ul>

- Preadmission testing standardized order sheets; nursing review up to 24 hours prior to surgery
  - Communication with provider if revision required
  - Automatic printout for rounds report/handoff, discussed at MDR
- Staff Education/awareness



Your Health Means Everything.

Patient Instruction Form  
MRN

**Preoperative Medication Instruction Form**

**Nothing To Eat Or Drink After 11 pm the Night Before Surgery**

**Instructions For Medications:**

- If you are taking any prescription drugs continue taking them until the night prior to surgery, **unless instructed otherwise by your physician.** This includes medications for Heart Disease, Diabetes, Blood Pressure, Thyroid Disease, Gout and Eye Drops.  
**On the morning of the surgery you may take the medications listed below with a SIP OF WATER ONLY:**

\_\_\_\_\_

\_\_\_\_\_

- If you feel you need to take additional medication other than what is listed above, please check with your physician.
- Please check with your physician regarding the advisability of discontinuing **Aspirin and Aspirin Related Drugs** for a period of seven days prior to surgery.
- If you are taking blood thinning medications such as:
 

◆ Plavix	◆ Coumadin	◆ Warfarin
◆ Pradaxa	◆ Xarelto	◆ Effient
◆ Aggrenox	◆ Lovenox	◆ Eliquis

 You must speak to your Physician as well as your surgeon to determine when or if it is safe to discontinue them prior to surgery.
- Tylenol** and medications containing **acetaminophen** do not contain aspirin or aspirin-related drugs. Speak with your physician/surgeon to determine if it is advisable to take Tylenol.
- Diabetic Patients:** Please speak to your physician regarding your insulin/oral diabetic medication instructions prior to surgery.
- Sleep Apnea Patients:** Please bring your CPAP machine and a copy of your Sleep Study to the hospital. Please be advised that your time in Recovery Room may be extended to a minimum of 3 hours.

**Below is a partial list of drugs that contain Aspirin, are Aspirin-Related, or have a blood thinning effect. Some of these medications may stay in your system for up to 10 days.**

**Contain Aspirin**

AlkaSeltzer  
Anacin  
Aspirin  
Bufferin

**Aspirin Related**

Advil/Motrin  
Ibuprofen  
Nuprin  
Mobic  
Celebrex  
Celecoxib  
Indomethacin  
Indole

**Other**

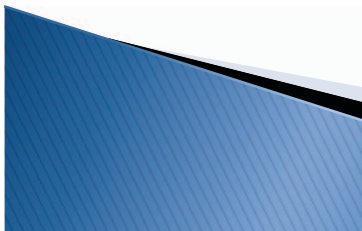
Multivitamins  
Vitamin E  
Garlic Tabs  
Fish Oil  
Flax seed  
CoQ10  
Omega 3  
Chondroitin

Standardized Order Sets

**DOCTOR'S ORDER SHEET**

**PRACTITIONER: PLEASE SIGN OFF ON ALL TELEPHONE ORDERS**

ORDER GIVEN		Pre-Op Antibiotic and Beta Blocker Order Inpatient Procedures
DATE	TIME	
		<b>Beta Blocker Alert:</b> <input type="checkbox"/> If pt did not take beta blocker at home prior to arrival for surgery, please administer _____ mg po STAT with sip of water prior to surgery. <b>***RN: Hold for SBP&lt;100 and HR &lt;50 and document results and reason held in progress notes.</b>
		<b>Antibiotic Alert:</b> <input type="checkbox"/> Non-SCIPS recommended antibiotic ordered by attending surgeon. Discussed with attending surgeon and follow order selected below. <input type="checkbox"/> Non-SCIPS recommended antibiotic ordered by attending surgeon. Discussed with attending surgeon and follow attending's antibiotic order for: <b>***Ordering Provider: Contact SCIP-leadership if this occurs</b>
		<b>Antibiotic:</b> <b>CABG, OTHER CARDIAC, VASCULAR</b> <input type="checkbox"/> Cefazolin (Ancef) 1gm IVP by Anesthesia in OR = Must be administered within 1 hour of surgical start time. <b>If PCN or Beta Lactam Allergy:</b> <input type="checkbox"/> Vancomycin 1 gram IVPB X1 on call to OR =Infuse over 2 hrs. Must be administered within 1 hour of surgical start time -----OR----- <input type="checkbox"/> Clindamycin 600 mg IVPB X1 on call to OR = Must be administered within 1 hour of surgical start time
		<b>HIP/KNEE ARTHROPLASTY</b> <input type="checkbox"/> Cefazolin (Ancef) 2gms IVP by Anesthesia in OR = Must be administered within 1 hour of surgical start time. <b>If PCN or Beta Lactam Allergy:</b> <input type="checkbox"/> Vancomycin 1 gram IVPB X1 on call to OR =Infuse over 2 hrs. Must be administered within 1 hour of surgical start time



SCIP	
Indicator	Documentation Requirements
Urinary Catheter removed by Postoperative Day (POD) #1 or #2	<ul style="list-style-type: none"> <li>• Placement and discontinuance of catheter <b><i>MUST</i></b> be clearly documented in the appropriate data field</li> <li>• MD order required to maintain catheter beyond POD#2, if clinically indicated</li> <li>• Reason for continuance of catheter must be documented by MD</li> </ul>

- Standardized Order Sets

Beyond core measures for surgical patients:

- Nurse Driven Process/Protocol for catheter removal
  - Executive sponsorship
  - Physician order includes indication
  - RN performs daily needs assessment
  - If indication no longer met, the catheter is discontinued
  - If needed, RN follow a post void urinary retention algorithm (bladder scanning and intermittent catheter prn)

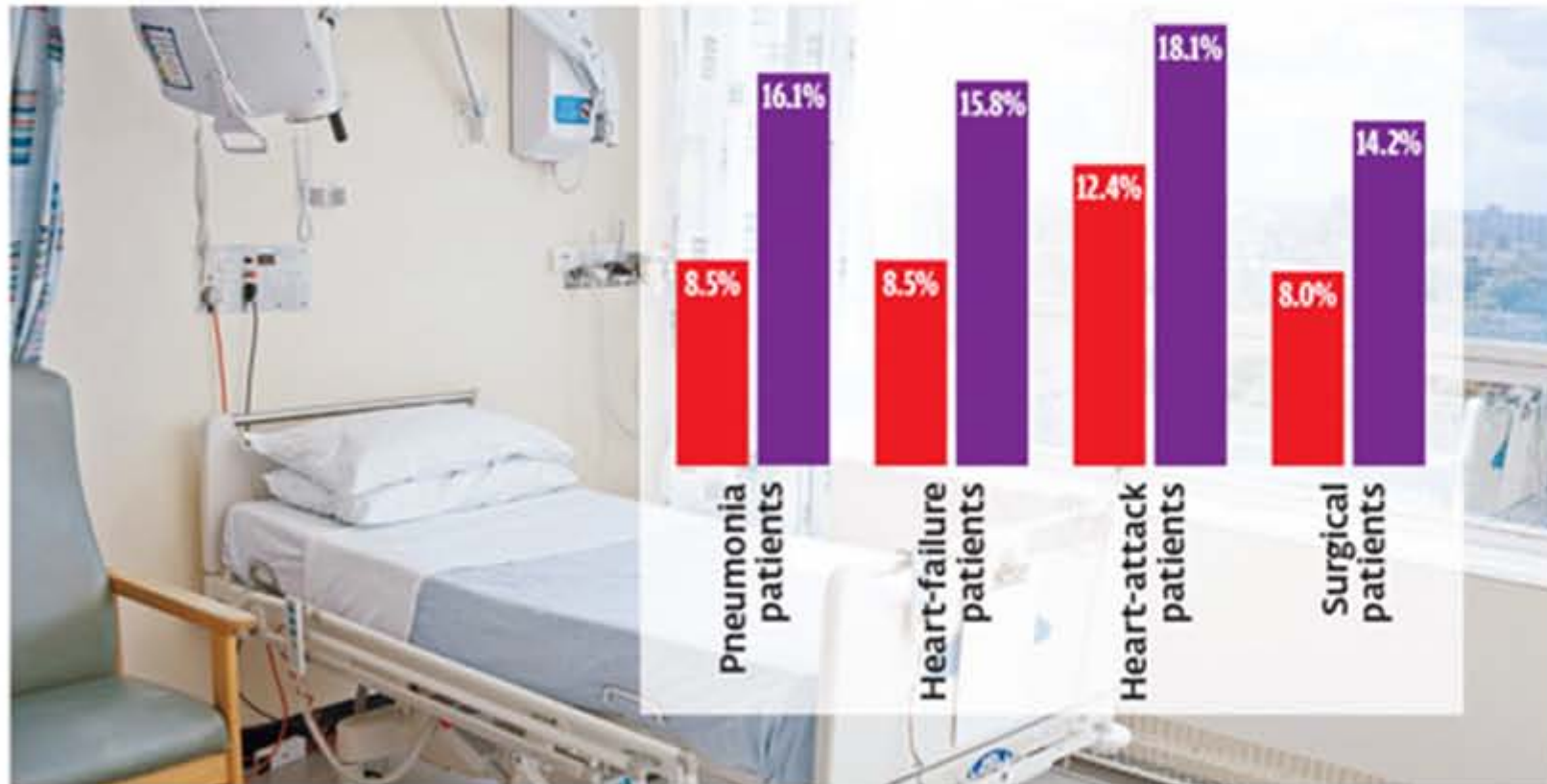


## BY THE NUMBERS

# The hospital you choose really matters

Death rates are much higher in some than in others.

High-rated hospital  
Low-rated hospital



Compares the average death rates for high-rated and low-rated hospitals, for patients admitted with heart attack, heart failure, or pneumonia, and for surgery patients with serious, treatable complications. Data come from the Centers for Medicare & Medicaid Services for patients 65 and older.



With the public reporting of quality measures compliance and cost of care, the patients can now choose the facility they think will best meet their needs.

Español | A A | Email | Print | About Us | FAQ | Glossary | Medicare.gov | CMS.gov | MyMedicare.gov Login

# Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

Hospital Compare Home | About Hospital Compare | About the Data | Resources | Help

Home Share

HCAHPS scores for patients discharged between April 2012 and March 2013 are now available on Hospital Compare and in the Downloadable Databases.

## Find a hospital


A field with an asterisk (\*) is required.

\* Location  
Example: 45802 or Lima, OH or Ohio

ZIP Code or City, State or State

Hospital name  
Full or Partial Hospital Name

Search



**Spotlight**

- NEW** HCAHPS scores for patients discharged between April 2012 and March 2013 are now available on Hospital Compare and in the Downloadable Databases.
- NEW** Hospital Compare now has the following:
  - New measures of Timely & Effective Care:

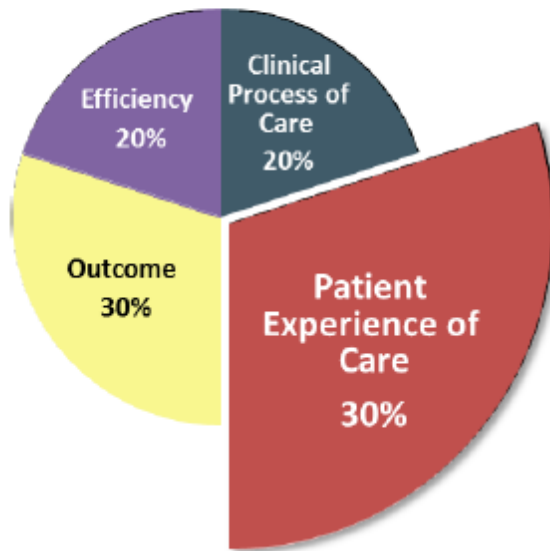
**Additional information**

- Hospital Compare data last updated: January 16, 2014. [Go to updates](#)
- [Download the Hospital Compare database](#)
- Linking quality to payment:
  - [Hospital Value-Based Purchasing Program](#)
  - NEW** Data updated Dec. 2013

**Tools and Tips**

- Learn how Medicare covers inpatient and outpatient hospital services.
- Get tips for printing hospital information
- Check out Hospital Compare's adaptive design on your smartphone or tablet!
- Compare Other Providers and Plans

# FY 2015 Patient Experience of Care Dimensions



## Patient Experience of Care Dimensions for FY 2015

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Pain Management
5. Communication about Medicines
6. Cleanliness and Quietness of Hospital Environment
7. Discharge Information
8. Overall Rating of Hospital

# Value Based Purchasing The Patient Experience



# National Initiatives...



## **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems

- **H-CAHPS: Hospital Inpatients (2007)**
- **HH-CAHPS: Home Health Patients (2009)**
- **ICH-CAHPS: In-Center Hemodialysis Patients (2012)**
- CG-CAHPS: Physician Clinic & Group Office Patients
  - ACO / Shared Savings / Pioneer ACO's (2014 / 2015)
- Pediatric-HCAHPS: Pediatric Patients (2013 National Pilot/20+ Hospitals)
- ED-CAHPS: Emergency Department Patients (Pilot in 2014)
- SDS/ASC-CAHPS: Ambulatory Surgery Patients (Pilot in 2014)
- LTC-CAHPS: Nursing Home Residents and Family Members
- More to come!

# The 2014 HCAHPS Survey

## ▶ Seven Themes

- Communication with nurses
- Communication with doctors
- Responsiveness of hospital staff
- Pain management
- Communication about medicines
- Discharge information (Yes/No scale)
- Transition of care

## ▶ Two Individual Questions

- Cleanliness of hospital
- Quietness of hospital

## ▶ Two Overall Questions

- Overall hospital rating (0 – 10 point scale)
- Would recommend (4 point scale-definitely yes)

HCAHPS USES  
**FREQUENCY**  
SCALE:

Always

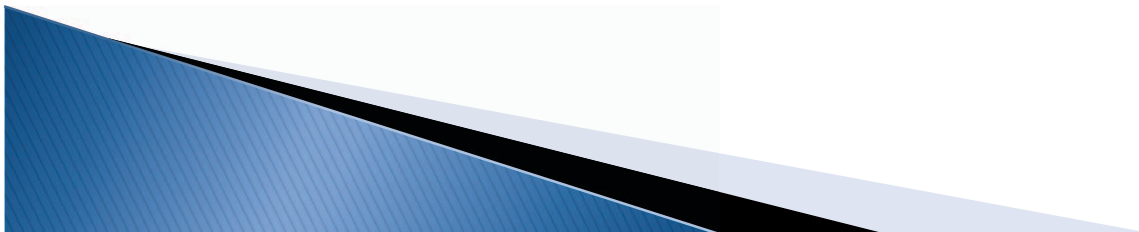
Usually

Sometimes

Never



# National HCAHPS Performance

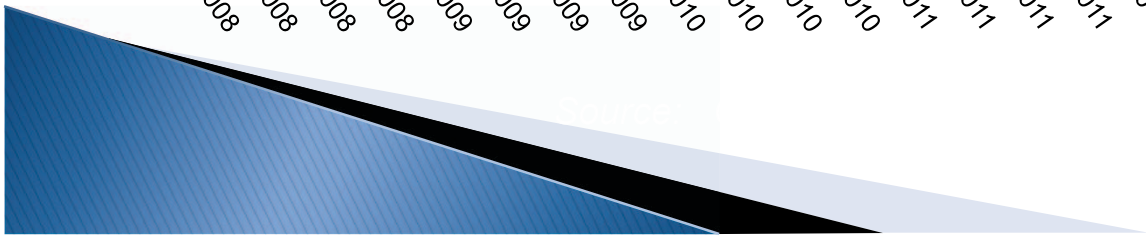
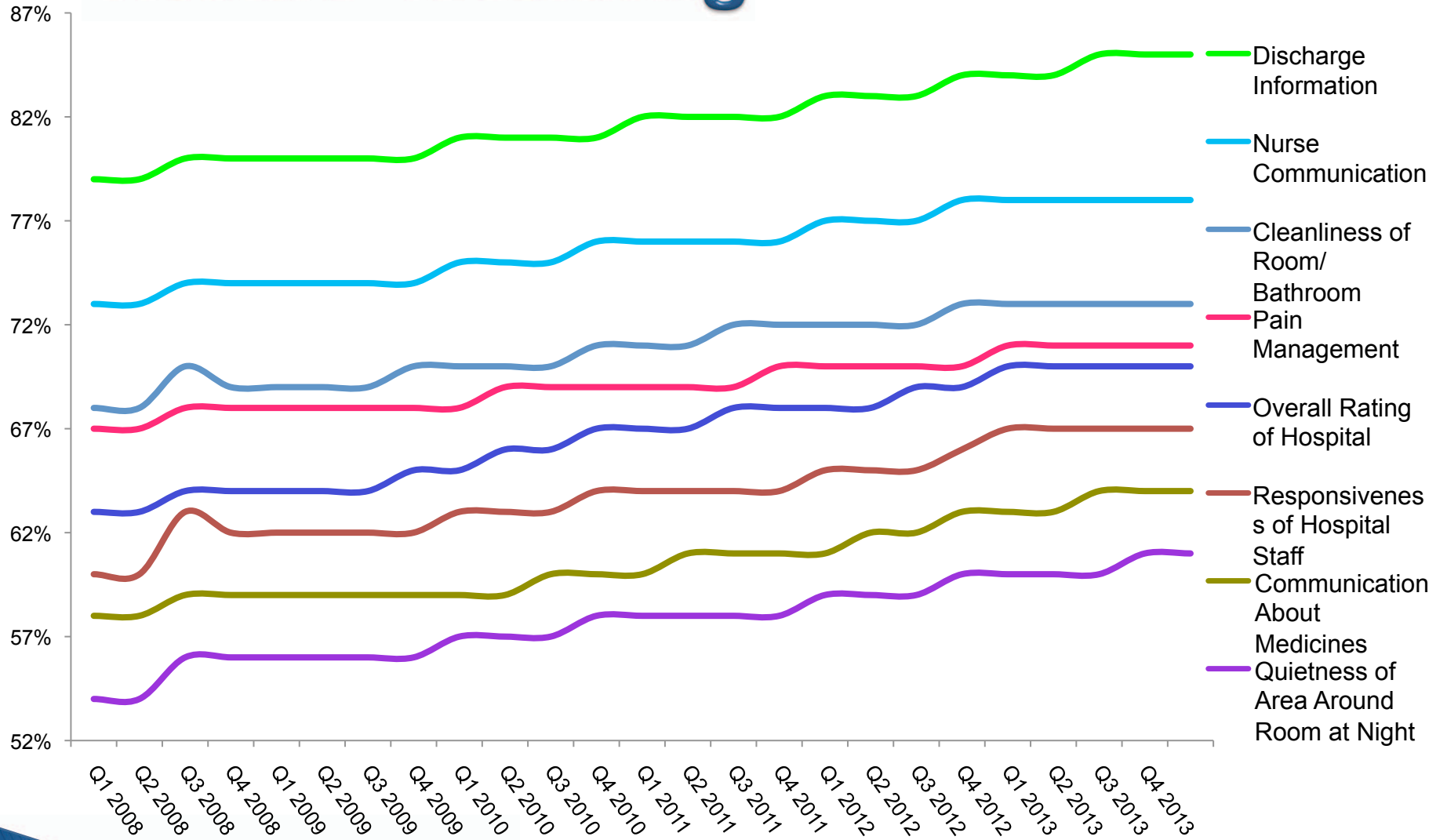




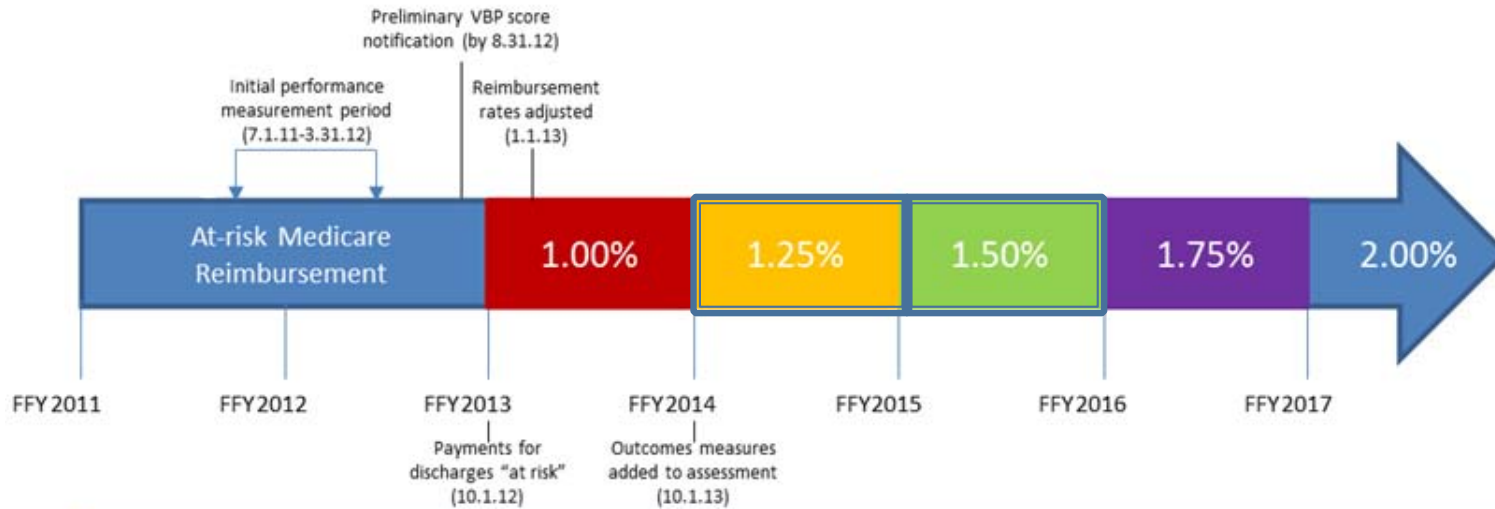
# Scores Are Improving in Every Area

HCAHPS Survey Theme	Top Box Score 1 <sup>st</sup> Quarter 2008	Top Box Score 4 <sup>th</sup> Quarter 2013	Change 2008 - 2013
Overall hospital rating	63%	70%	+7
Responsiveness of staff	60%	67%	+7
Quietness at night	54%	61%	+7
Discharge information	79%	85%	+6
Communication about meds	58%	64%	+6
Nurse communication	73%	78%	+5
Cleanliness-room/bathroom	68%	73%	+5
Pain management	67%	71%	+4
Would recommend	67%	71%	+4
Doctor communication	79%	81%	+2

# Theme Trending



# Value Based Purchasing



	2013	2014	2015	2016	2017
Clinical Measures	70%	45%	20%	10%	10%
HCAHPS	30%	30%	30%	25%	25%
Outcomes		25%	30%	40%	25%
Efficiency			20%	25%	25%
Safety					15%

# Hospital Based Initiatives



**St. Charles Hospital**  
Catholic Health Services  
At the heart of health

- ▶ Pain Management
- ▶ Palliative Care
- ▶ PEARL Program



# **Pain Resource Nurse (PRN) Program Development St. Charles Hospital: 2009 - 2014**

- ▶ Faculty members are dedicated to providing ongoing education based on the core curriculum
- ▶ Program review and revisions are made after each session to address participant needs and requests and to incorporate current practice guidelines
- ▶ 14 total sessions have occurred since 2009 with a total of 311 nurse participants







# Patient Engagement by Active Rounding by Leadership (PEARL)

## PEARL

Enhancing the  
Patient Experience



# The Visits



- Patients are assigned by Admitting Department via email
- See patient and/or family within 24 Hours of admission/Monday for weekend admissions
- Follow up with patient within 2 days of initial visit (2 contact minimum)
- For patients with stays longer than 7 days, visit 1x per week
- Send Get Well Cards after discharge.
- Track information and submit every two weeks.

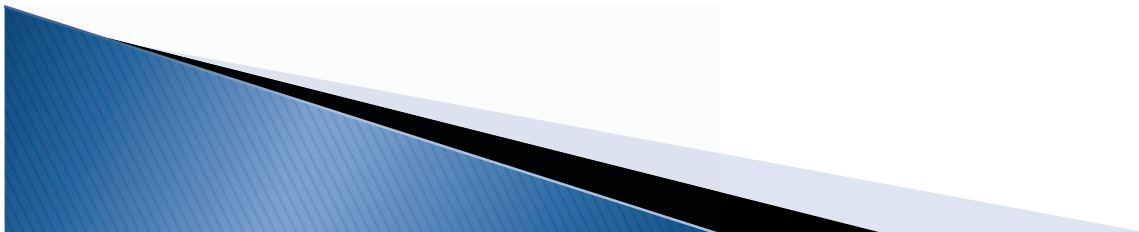
# The Process



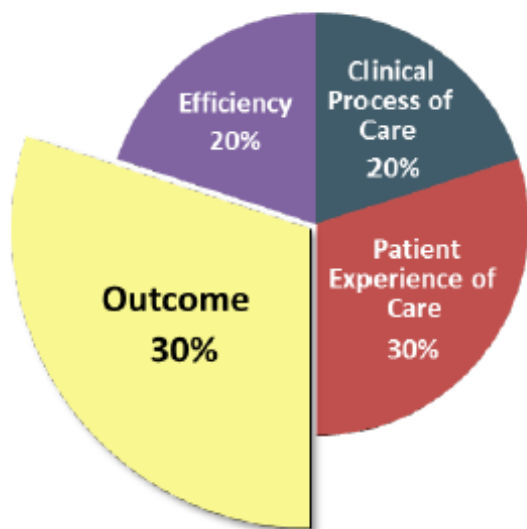
1. Receive a daily email with patient name and room number assignments from Admitting
2. Check in at Nurse's Station introduce yourself, communicate with either the NCC, ANCC or Charge RN regarding patient and visit.
3. Stop in to see patient and/or family member.
4. If available, visit and present your business card before leaving.
5. If patient is sleeping or receiving services, leave a "missed visit" note card and return at another time.
6. Address issues or concerns and communicate with patient/family.
7. Make Follow up phone call within 2 days post discharge.
8. Enter all information on tracking sheet and submit timely.
9. Send Get Well Card once discharged.

# Monthly iPearl Huddles

- ▶ Attendees include nurse managers
- ▶ OFIs, service recoveries and complementary feedback reviewed
- ▶ Success stories shared
- ▶ HCAHPs reviewed



# FY 2015 Outcome Measures



## Outcome Measures for FY 2015

- ★ 1. AHRQ (PSI-90) Patient Safety for Selected Indicators (composite)
- ★ 2. CLABSI Central Line-Associated Bloodstream Infection
- 3. MORT-30-AMI Acute Myocardial Infarction (AMI) 30-day mortality rate
- 4. MORT-30-HF Heart Failure (HF) 30-day mortality rate
- 5. MORT-30-PN Pneumonia (PN) 30-day mortality rate

★ Represents a new measure that was not in the FY 2013 and FY 2014 programs.



# Outcome Measures for FY 2015: AHRQ PSI-90 (3 of 3)

<b>Patient Safety for Selected Indicators (Composite)</b>
PSI 03 – Pressure Ulcer Rate
PSI 06 – Iatrogenic Pneumothorax Rate
PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate
PSI 08 – Postoperative Hip Fracture Rate
PSI 12 – Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate
PSI 13 – Postoperative Sepsis Rate
PSI 14 – Postoperative Wound Dehiscence Rate
PSI 15 – Accidental Puncture or Laceration Rate

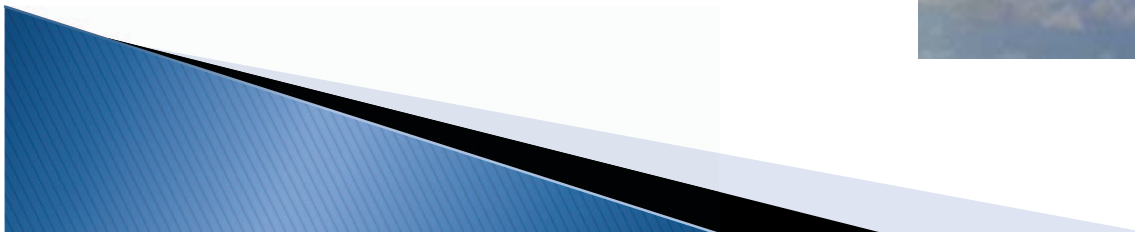
# Outcome Measures for FY 2015: CLABSI

## Outcome Measures for FY 2015

### 2. CLABSI Central Line-Associated Bloodstream Infection

- **CLABSI is:**
  - One of two new measures for the Outcome Domain
  - A Healthcare-Associated Infection (HAI) measure that assesses the rate of laboratory-confirmed cases of bloodstream infection among ICU patients
- **Adoption of CLABSI is consistent with the intention noted in the Hospital VBP program's statutory requirements to consider measures of HAI for the program's measure set**

# Ethics of Everyday Decision Making



# Ethical Dilemma

Charting complete	Charting partially complete	Charting complete but not done
Care delivered	Care may or may not have been delivered	Care not delivered
Hospital revenue	Practice standards	Practice standards and organizational policies
	Organizational policies	Professional standards

# Where to Go for Questions

- **Technical questions or issues related to accessing the report**
  - Contact the QualityNet Help Desk at the following email address: [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org) or call (866) 288-8912
- **More information on your FY 2015 Baseline Measures Report**
  - See the “How to Read Your FY 2015 Baseline Measures Report” guide located on the Hospital VBP section of the QualityNet website: <http://www.qualitynet.org> by selecting the “Hospital – Inpatient” box at the top of the page and choosing the Hospital Value-Based Purchasing (VBP) link
- **Frequently Asked Questions (FAQs) related to Hospital VBP**
  - Find FAQs using the Hospital-Inpatient Questions and Answers tool at the following link: <https://cms-ip.custhelp.com/>
- **Ask Questions related to Hospital VBP**
  - Submit questions using the Hospital-Inpatient Questions and Answers tool at the following link: <https://cms-ip.custhelp.com/>



**THANK YOU!**

**QUESTIONS??**

