

APPROVED: More Options for Hospital Core Measures

The Joint Commission has approved measure sets for stroke and venous thromboembolism (VTE) for **hospitals** choosing from the National Hospital Quality Measure sets to meet Joint Commission core measure requirements. This move provides Joint Commission–accredited hospitals with more options for meeting ORYX core measure reporting and helps them meet legislation-driven measurement mandates.

The measure sets went through vigorous testing by The Joint Commission and ultimately received endorsement from the National Quality Forum (NQF). Both measure sets have been aligned with the Centers for Medicare & Medicaid Services (CMS) and may be included as components of the Reporting of Hospital Quality Data for Annual Payment Update (RHQDAPU) program in 2010.

The standardized stroke performance measures have been in use in the disease specific care certification program since January 2008. Of the original 10 measures, the eight endorsed by the NQF were approved for use in the hospital core measure program. (The two unendorsed measures presently remain in use in the primary stroke center certification program.)

The Joint Commission identified, developed, and tested the VTE measures as the subcontractor for the National Consensus Standards for the Prevention and Care of Venous Thromboembolism project that began in January 2005. Three of the measures focus on prevention and three address treatment recommendations related to Joint Commission National Patient Safety Goal NPSG.03.05.01. NQF endorsed six of the VTE measures in May 2008.

Availability for reporting


Successful implementation of these measures on a national scale requires the availability of a single source of standardized technical specifications. The stroke and VTE measures will be published in the *Specifications Manual for National Hospital Quality Measures* in April 2009 for implementation with discharges on or after October 1, 2009. Since both sets have been approved as core measures, hospitals may choose them at any time according to established Joint Commission policy for selecting core measures.

There are rules governing whether and when an organization can switch its chosen measure sets. For example, if The Joint Commission implements a new core measure set—stroke and VTE in this instance—that is applicable to a hospital that otherwise previously was unable to identify the number of core measure sets required (that is, four core measure sets), then by default the hospital must begin to collect and submit data to The Joint Commission on the new measure set. If a hospital currently collects and submits data to the Joint Commission on the minimum required number of measure sets (that is, four), the hospital may choose to collect and submit data on a fifth or more core measure sets.

A hospital must collect and submit data to The Joint Commission on each measure within a chosen set for a minimum of 12 consecutive months before it can consider replacing the measure set. The exception to this rule is if the hospital no longer provides treatment for the population addressed by the measure set or no longer provides a service or

procedure addressed by a specific measure within the measure set. In addition, the hospital must continue to collect and submit data to The Joint Commission for all measures within the measure set if, for the most recent 12-month reporting period, the data for any measure within the set suggests an unstable pattern of performance or otherwise identifies an opportunity for improvement based on The Joint Commission's statistical analysis. The hospital must achieve and sustain an acceptable level of performance, as defined by quarterly Joint Commission statistical analysis, for each core measure within a measure set before it can discontinue the use of the measure set.

Data collection on a measure set and its measures must always begin on the first day of a calendar quarter and, should a hospital qualify for discontinuation of the use of a measure set, data collection for that measure set must continue through the last discharge of the last day of the calendar quarter.

For more information on core measure sets and to locate the current *Specifications Manual*, please visit the Joint Commission Web site at <http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement>. 

Data collection on a measure set and its measures must always begin on the first day of a calendar quarter

Newly Approved Core Measure Sets

Note: Detailed measure specifications, including population identifiers, inclusion and exclusion criteria, data element definitions, and decision algorithms are associated with each of these performance measures.

Stroke (STK) Measures

STK-1: Venous Thromboembolism (VTE) Prophylaxis

Numerator: Ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on the day of or the day after hospital admission

Denominator: Ischemic or hemorrhagic stroke patients

STK-2: Discharged on Antithrombotic Therapy

Numerator: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge

Denominator: Ischemic stroke patients

STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter

Numerator: Ischemic stroke patients prescribed anticoagulation therapy at hospital discharge

Denominator: Ischemic stroke patients with documented atrial fibrillation/flutter

STK-4: Thrombolytic Therapy

Numerator: Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (≤ 180 minutes) of time last known well

Denominator: Acute ischemic stroke patients whose time of arrival is within 2 hours (≤ 120 minutes) of time last known well

STK-5: Antithrombotic Therapy by End of Hospital Day 2

Numerator: Ischemic stroke patients who had antithrombotic therapy administered by end of hospital day 2

Denominator: Ischemic stroke patients

STK-6: Discharged on Statin Medication

Numerator: Ischemic stroke patients prescribed statin medication at hospital discharge

Denominator: Ischemic stroke patients with an LDL ≥ 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival

STK-8: Stroke Education

Numerator: Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing *all* of the following:

1. Activation of emergency medical system
2. Need for follow-up after discharge

3. Medications prescribed at discharge
4. Risk factors for stroke
5. Warning signs for stroke

Denominator: Ischemic or hemorrhagic stroke patients discharged home

STK-10: Assessed for Rehabilitation

Numerator: Ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services

Denominator: Ischemic or hemorrhagic stroke patients

Venous Thromboembolism (VTE) Measures

VTE-1: Venous Thromboembolism Prophylaxis

Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:

- The day of or the day after hospital admission
- The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission

Denominator: All patients

VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis

Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:

- The day of or the day after ICU admission (or transfer)
- The day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)

Denominator: Patients directly admitted or transferred to ICU

VTE-3: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Numerator: Patients who received overlap therapy

Denominator: Patients with confirmed VTE who received warfarin

VTE-4: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram

Numerator: Patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol

Denominator: Patients with confirmed VTE receiving IV UFH therapy

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Newly Approved Core Measure Sets (continued)

VTE-5: Venous Thromboembolism Discharge Instructions

Numerator: Patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin addressing all of the following:

1. Compliance issues
2. Dietary advice
3. Follow-up monitoring
4. Potential for adverse drug reactions and interactions

Denominator: Patients with confirmed VTE discharged on warfarin therapy

VTE-6: Incidence of Potentially-Preventable Venous Thromboembolism

Numerator: Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date

Denominator: Patients who developed confirmed VTE during hospitalization