Performance Measurement for Disease-Specific Care Certification
Performance Measurement

• Understand the stages of performance measurement

• Review performance measure requirements for DSC certification
Components of DSC Certification

- Standards
- Quality & Safety of Disease-Specific Care
- Guidelines
- Performance Measures

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Standards vs. Performance Measures

- **Standard**: statement that defines performance expectations, structures, or processes that must be substantially in place to enhance quality of care

- **Performance Measure**: provides an indication of the organization’s or service’s performance in relation to a specified process or outcome
Measuring Performance

- Performance measurement in health care represents what is done and how well it is done

- A performance measure is a quantitative tool calculated from a group of data elements
Domains of Performance Measures

• Clinical
  – Evaluate processes or outcomes of care

• Administrative/financial
  – Address organizational structure for coordinating and integrating services, functions & activities

• Perception of care/service
  – Patient/customer satisfaction

• Participants’ health status
Performance Measure Requirements for DSC Certification

• Stage I
  – Non-standardized measures selected by the DSC program
    • Most DSC programs

• Stage II
  – Standardized measures identified by The Joint Commission
    • Advanced Heart Failure and Stroke
Stage I Measures

• DSC certification requires data collection and analysis on at least 4 performance measures for each program or service related to or identified in clinical practice guidelines

• Measures must be
  – Evidence-based
  – Relevant
  – Valid
  – Reliable
Stage I Measures (cont’d)

- The Joint Commission is not prescriptive regarding *which* specific measures are to be implemented
- Emphasis is on *use* of measures for improving care
- At time of application, each program submits detailed descriptions of at least 4 performance measures
Stage I Measures (cont’d)

- Two of the measures must address clinical areas
- Remaining measures may also be clinical or related to:
  - Health status
  - Administrative/financial areas
  - Participant perception of care
Stage I Measures (cont’d)

• Monthly data collection required on all four measures
• Measures submitted and approved for certification should not be replaced without prior approval by The Joint Commission
• Each certified program or service annually submits data reports & summaries of its performance improvement activities
What to look for in a good measure?

• Relates to current medical evidence (clinical practice guidelines)
• Resides under program/service control or scope of responsibility
• Possesses defined measure specifications
  – Rationale
  – Numerator and denominator statements
  – Measure type (process or outcome measure)
  – Direction of improvement
• Data collection calculations are logical
  – Consistent with measure specifications and sampling protocols
    • collection protocols and calculations can be replicated
    • different reporting periods are collected the same way
    • data collection is ongoing and consistent over time
• Results are used to continuously improve the measure
  – Retire when improvement sustained over time (e.g., ≥ 24 months)
AMI Example

• Median Time to Primary PCI
  – Continuous Variable / Clinical Process:
  – Aggregate data measure (mathematical average)
    • Continuous Variable Statement: Time (in minutes) from hospital arrival to primary PCI in patients with ST-segment elevation or LBBB on the ECG performed closest to hospital arrival
Total Knee Replacement Example

- TKR patients with recommended VTE prophylaxis ordered
  - Proportion / Clinical Process:
  - Numerator is a subset of the denominator
    - Numerator Statement: TKR patients with recommended venous thromboembolism (VTE) prophylaxis ordered anytime from hospital arrival to 24 hours after Anesthesia End Time.
    - Denominator Statement: All TKR patients for the reporting month.
Stroke Rehabilitation Example

- Stroke Fall Rate
  - Ratio / Outcome:
    - Numerator is not a subset of the denominator
      - Numerator Statement: # Stroke falls
      - Denominator Statement: 1,000 CVA days
Rationale

• Stroke patients are prone to falls. Stroke has been connected with a greater fall risk in various kinds of rehabilitation and acute care settings. Falls are one of the most frequent complications in stroke rehabilitation, and the incidence rate of falls in a geriatric stroke rehabilitation setting was 5800 per 1000 person-years. The reported percentages of stroke patients suffering falls during their hospitalization include 14% in acute care, 24% in a rehabilitation setting, and 39% in geriatric rehabilitation. Although only a small percentage of the falls result in serious injury, a considerable number of fall-related injuries still occur in stroke rehabilitation because falls are so common. Hence, it could well be assumed that injuries and other consequences of falls (e.g., restricted activity as a result of the fear of new falls) are likely to have a negative effect on the rehabilitation process and its outcome.

Nyberg L, Gustafson Y, Fall Prediction Index for Patients in Stroke Rehabilitation (Stroke. 1997;28:716-721.)
Stage II Measures

• Standardized sets of performance measures (service or program specific)
• Precisely defined specifications
• Uniformly embedded/adopted in certified programs
• Standardized data definitions
• Standardized data collection protocols
• Replace Stage I measures
Standardized Heart Failure Measure Set*

- HF-1: Discharge Instructions
- HF-2: Evaluation of LVS Function
- HF-3: ACEI or ARB for LVSD
- HF-4: Adult Smoking Cessation Advice/Counseling

* Required for all Advanced Certification in Heart Failure programs
Specifications Manual for National Hospital Inpatient Quality Measures

On the Joint Commission Web Site:
→ Performance Measurement
→ Specifications Manual
→ Version 3.1a (April 1 through Sept. 30, 2010)

Performance Measurement
Requirements for
DSC Certification
Application for Certification

• Prior to initial certification, 4 months of data for each performance measure
  – Non-standardized: 4 measures
  – Standardized: all measures in the set
    • Heart Failure: 4 measures
    • Stroke: 8 measures
Intra-cycle Review

• Certified programs must annually demonstrate ongoing performance measurement activities in order to maintain certification

• 12 months of data (numerators & denominators) entered in CMIP (The Joint Commission Connect™ secure-extranet)
  – Quarterly data submission required for Stage II Stroke and HF programs

• All certified entities must provide updates for active measures annually
  – Performance Measure Data Report in CMIP
Performance Measure Data Report

Questions

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<thead>
<tr>
<th>Describe how data for this measure have been used to evaluate processes and/or outcomes</th>
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<tr>
<td>Identify potential opportunities for improvement</td>
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<td>Describe any interventions and/or process modifications that may have been made based on measurement results and how the effectiveness of these changes were/will be measured</td>
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<tr>
<td>Explain any significant variations in the updated data submitted for this measure. This would include any interruption in continuous data collection or change in the normal pattern of the data, i.e., those variations that may be attributable to a special cause</td>
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Recertification Review On-site Visit

- 24 months of data entered in CMIP
- Update Performance Measure Data Report for each measure
- Discuss data analysis with reviewer
  - Statistical tools should be used
    - Run chart/Line graph/Time series plot
    - Bar graph
    - Control chart
    - Many others
In Summary

• Data collection important, but not enough
• Data analysis tools should be used to make sense of the data BUT graphs & charts are not enough either
  • Programs should demonstrate understanding of the data & the charts
  • Programs should demonstrate they have taken action based on the performance measure results
• Demonstration that improvement has occurred
• Demonstration that improvement is sustained