Effective immediately: Suspension of data collection for performance measure SCIP-Inf-4

The Centers for Medicare & Medicaid Services (CMS) and The Joint Commission are notifying hospitals participating in the CMS Hospital Inpatient Quality Reporting (IQR) Program and The Joint Commission’s ORYX program that data collection and reporting for the Surgical Care Improvement Project (SCIP)-Inf-4 measure: Cardiac Surgery Patients With Controlled Postoperative Blood Glucose, is suspended effective immediately with July 1, 2014 discharges. Routine evaluation of the measure determined that SCIP-Inf-4 does not reflect current clinical guidelines, and there are concerns that it may adversely affect the way clinicians and hospitals provide care. The duration of the suspension has not been determined. Further information will be provided in CMS’ IPPS/LTCH Proposed Rule for Fiscal Year (FY) 2016. Supplements to versions 4.3b and 4.4a of the Specifications Manual for National Hospital Inpatient Quality Measures will be issued regarding suspension of SCIP-Inf-4. The table below highlights the changes.

<table>
<thead>
<tr>
<th>Changes following suspension of data collection for SCIP-Inf-4</th>
<th>The Joint Commission</th>
<th>CMS</th>
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<tbody>
<tr>
<td>• Beginning with July 1, 2014 discharges, The Joint Commission will automatically deactivate the SCIP-Inf-4 measure for all those hospitals reporting SCIP-Inf-4 data.</td>
<td>Beginning with July 1, 2014 discharges, data submission and validation of the SCIP-Inf-4 measure will not be required for Inpatient Prospective Payment System (IPPS) hospitals participating in the CMS Hospital Inpatient Quality Reporting (IQR) program.</td>
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<td>• Beginning with submission of third quarter 2014 data, due at The Joint Commission no later than January 31, 2015, any data submitted on the SCIP-Inf-4 measure will not be processed or used in any Joint Commission measure-related applications.</td>
<td>CMS will stop including SCIP-Inf-4 measure data in public reporting and all relevant reports beginning with the April 2015 release of Hospital Compare.</td>
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<td>• This suspension does not affect data collection for any other Joint Commission measures, including the other required SCIP measures for third and fourth quarter 2014 discharges.</td>
<td>• This suspension does not affect data collection for any other hospital IQR program.</td>
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<td>• Hospitals that elected the SCIP measure set as one of their required six sets of ORYX measures for 2015 and the reporting of chart-abstracted data on the remaining single SCIP-Inf-4 measure will not be required to replace the SCIP measure set or SCIP-Inf-4 measure for 2015.</td>
<td>• CMS encourages providers to use the “glucose” data element exclusion (allowable value #5) to ensure that all SCIP measures are accepted into the CMS Clinical Warehouse and to remove patients from the SCIP-Inf-4 measure denominator.</td>
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<tr>
<td>• The Joint Commission will stop including SCIP-Inf-4 measure data in Quality Check starting with the posting of third quarter 2014 data in March/April 2015. The measure and all historical data related to the measure will be removed from the March/April 2015 ORYX Performance Measure Report generated for each affected hospital.</td>
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</tr>
</tbody>
</table>

For questions concerning the IQR Program, contact CMS’ Hospital Inpatient VIQR Outreach and Education Support at 844-472-4477. Submit ORYX questions to The Joint Commission’s Performance Measurement Network Q&A Forum.
Certification

Revisions to Advanced Certification for Palliative Care requirements effective July 1
New and revised requirements for the Advanced Certification for Palliative Care program for accredited hospitals are effective July 1, 2015. The following areas have new or modified requirements:

- Roles, qualifications and experience of the members of the core interdisciplinary team
- Addition of “family” to several requirements to address patient and family needs
- Type(s) of initial assessments to be completed by interdisciplinary team members
- Provision of, or referrals for, bereavement services and hospice care
- Addition of specific requirements for organizations that provide pediatric palliative care

These revisions are available on the website, and will be published in the January 2015 E-dition update and the 2015 Palliative Care Certification Manual in April. (Contact: Kathy Clark, kclark@jointcommission.org)

Patient safety

New Speak Up video highlights importance of preparing for surgery
The Joint Commission has released a new patient safety video, Speak Up™: Preparing for Surgery, highlighting the importance of preparing both mentally and physically for surgery. The video features Simon, a father who is scheduled for knee surgery, and his son, James, who acts as his father’s advocate. The video provides the following information for consumers:

- Questions to ask your doctor or surgeon about your surgery.
- The importance of having an advocate to make sure you are getting the care you need.
- Questions the staff will ask. You will be asked to repeat your name and date of birth, and the site of your surgery may be marked.
- After surgery, questions to ask about your follow-up care, visits and prescriptions.

For more information, check out the podcast, Take 5: Preparing Mentally and Physically for Surgery, with Ronald Wyatt, M.D., medical director. Speak Up materials are available for purchase through Joint Commission Resources or call 877-223-6866. (Contact: Dawn Glossa, dglossa@jointcommission.org)

Resources

CMO Academy offers nine online courses for chief medical officers
The American Association for Physician Leadership® (formerly American College of Physician Executives) and The Joint Commission have partnered to offer a series of nine online courses through the CMO Academy. Designed for chief medical officers, the educational series hones the most critical health care management skills through CME-eligible courses focusing on leadership, quality, law, governance, finance and communication. (Contact: education@physicianleaders.org)

ECRI Institute releases 2015 Top 10 Hospital C-Suite Watch List
The ECRI Institute’s newly released 2015 Top 10 Hospital C-Suite Watch List describes technologies and infrastructure issues expected to affect hospitals during the next 12 to 18 months. Topics include disinfection robots, 3-D biologic printing, anti-obesity devices, and post-discharge clinics. Download the free guide to new and emerging technologies on the ECRI Institute website.

New on the Web

- Newsletter: Lab Focus - Issue One 2015
- Blog post: AmBuzz: Breaking down the new diagnostic imaging standards

Learn more about Joint Commission Resources’ offerings online or call 877-223-6866.