

QUALITY CARE STANDARDS FOR SURGICAL CARE IMPROVEMENT PROJECT (SCIP)

- Prophylactic antibiotic received within one hour prior to surgical incision
- Prophylactic antibiotic discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)²
- Prophylactic antibiotic selection per recommendations²
- Cardiac surgery patients with controlled 6:00 am post-op day 1 and day 2 serum glucose
- Surgery patients with appropriate hair removal
- Surgery patients with perioperative temperature control
- Surgery patients on beta blocker therapy prior to admission who received beta blocker during perioperative period
- Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery
- Surgery patients with recommended VTE prophylaxis ordered
- Urinary catheter removed on post-op day 1 or day 2

²For current recommendations, visit www.idsociety.org.

CMS measures effective 10/01/2009 discharges.

Quality care standards are based upon previous CMS and QIO strategies to identify illnesses and/or clinical conditions that affect Medicare beneficiaries in order to promote the best medical practices associated with these targeted clinical disorders, to prevent or reduce further instances of these selected clinical disorders and to prevent related complications.

QUALITY CARE STANDARDS FOR ACUTE MYOCARDIAL INFARCTION (AMI)

- ASA at arrival¹
- ASA prescribed at discharge¹
- ACEI or ARB for LVSD
- Adult smoking cessation advice
- Beta blocker prescribed at discharge¹
- Fibrinolytic agent within 30 minutes of arrival, for ST elevation or LBBB
- Percutaneous Coronary Intervention (PCI) within 90 minutes, for ST elevation or LBBB

¹If contraindicated, document reasoning/condition.

QUALITY CARE STANDARDS FOR HEART FAILURE (HF)

- LVF assessment or reason for not assessing LVSF
- ACEI or ARB for LVSD¹
- Adult smoking cessation advice
- Discharge instructions
 - ⇨ Activity level
 - ⇨ Diet
 - ⇨ Discharge medications
 - ⇨ Follow-up appointment
 - ⇨ Weight monitoring
 - ⇨ What to do if symptoms worsen

¹If contraindicated, document reasoning/condition.

QUALITY CARE STANDARDS FOR INPATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA

- Administer antibiotics within six hours of hospital arrival
- Administer antibiotics consistent with the current guidelines²
- Blood cultures performed within 24 hours prior to or 24 hours after hospital arrival if transferred/admitted to the ICU within 24 hours of hospital arrival
- If obtaining a blood culture in the ED, collect the blood culture prior to administering initial antibiotic
- Screen for/administer/document influenza vaccination
- Screen for/administer/document pneumococcal vaccination
- Smoking cessation advice/counseling given
- Initial antibiotic administered after collection of blood culture in the ED

²For current recommendations, visit www.idsociety.org.



Resources for better healthcare

1230 O Street, Suite 120 ~ Lincoln, NE 68508
402.476.1399 ~ www.cimronebraska.org

This material was prepared by CIMRO of Nebraska, the Medicare Quality Improvement Organization for Nebraska, under contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 9SOW-NE-PS-122/1209

QUALITY CARE STANDARDS FOR INPATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA

INITIAL EMPIRIC TREATMENT FOR INPATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA (CAP)

General Medicine (Routine)

Options:

- B-lactam (IV, IM) + macrolide (IV, PO)
- B-lactam (IV, IM) + doxycycline (IV, PO)
- Quinolone monotherapy (IV, PO)
- If <65 with no risk factors for drug-resistant pneumococcus: macrolide monotherapy (IV, PO)

B-lactams

ampicilin-sulbactam (Unasyn)
cefepime (Maxipime)³
cefotaxime (Claforan)
ceftriaxone (Rocephin)
imipenem-cilastatin (Primaxin)³
meropenem (Merrem)
piperacillin-tazobactam (Zosyn)³

³ Only if *Pseudomonas* risk

Macrolides

azithromycin (Zithromax)
clarithromycin (Biaxin) or
clarithromycin ER (Biaxin XL)
erythromycin

ICU (Severe)

Intravenous Options:

- B-lactam (IV) + macrolide (IV)
- B-lactam (IV) + quinolone (IV)

If documented B-lactam allergy:

- Quinolone (IV) + Aztreonam (IV)

Quinolones

levofloxacin (Levoquin)
moxifloxacin (Avelox)