

# Getting to the Core of Core Measures

*A team approach for the delivery of quality patient care*

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It is estimated that 1,400 sets of clinical practice guidelines exist today. So it's no surprise that healthcare organizations have been asked to become more transparent in the delivery of healthcare to their patients. A way to determine how well a hospital is caring for patients with a specific diagnosis is by looking at their core measure scores.

In 2001, The Joint Commission (TJC) worked with stakeholders in healthcare to develop four initial topics for core measurement. These were:

- Acute myocardial infarction (AMI)
- Heart failure (HF)
- Pneumonia (PN)
- Pregnancy and related conditions (PR)

Hospitals were all aflutter, and the term “cookbook medicine” was often heard amongst healthcare providers.

In 2003, TJC collaborated with CMS to align the specification requirements for these measures. *The Specifications Manual for National Hospital Inpatient Quality Measures* was the outgrowth of that partnership. Patients of providers who follow these core measure specifications, based on sound literature and evidence-based practices, can expect to experience improved health outcomes. The aim was perfect care for every patient, every time. Failure to provide perfect care would mean reduced reimbursement.

The manual is an entity unto itself. It contains a universal data dictionary, abstraction guidelines, tables of

medications, appendices and algorithms. Core measure abstractors must embrace this manual, which requires an investment of time to read and understand in order to translate its contents into the everyday clinical world.

Each year there may be updated or retired measure sets. Different measures focus on different settings. The manual is very literal, and sometimes vague. It is important that interpretation and validation of these specification requirements be accurate so that hospital leadership is guided in the right direction. The objective is that by following the guide, hospitals will improve how healthcare is delivered.

## Process improvement team formation

A quality care professional, or another individual experienced in reading and interpreting regulations, has a big advantage and would be the ideal individual to lead the process improvement (PI) team.

An internal auditor is also a necessary component to the team. He/she will need to work closely with the PI team leader to test for core measure compliance. The internal auditor can develop the audit tools and assist with recommending installation of the right control mechanisms to ensure the processes work accurately.

The clinical team leaders from the affected areas should be on the team. These leaders can attest to the current workflow and are the conduit between what has to happen and how to get there. Their relationships can help engage nurses and staff with respect to the core measure requirements.

**“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.” ~ WWII Medal of Honor recipient William A. Foster**

Another key team member is a physician champion for each core measure type. For example, an OB/GYN physician would be recruited for the team when obstetrical measures are considered. The chief of surgery would review failures related to a surgical care improvement project measures, specifically those that involve a physician.

Lastly, your EHR IT analyst will be an important part of the team because their expertise will build the documentation templates, notes etc.

Ad hoc members might include the pharmacy, for instance, which could assist with deep vein thrombosis by ensuring the appropriate anticoagulants are on the formulary, and with timing of administration and triggers on the medication administration record. A clinical nurse educator might be considered to assist with staff training for a particular process and be the subject matter expert for policy or procedure.

Other ad hoc team members might be the clinical documentation nurses, coders, registered health information technicians and infection prevention staff.

### Core measurement compliance

Logical questions come to mind with respect to confirming the integrity of these scores:

1. Does the hospital do a self-assessment of its processes as part of the core measure program?
2. Who performs the abstractions?
3. Who does education on the requirements and expectations?
4. Who is the process improvement team leader?
5. Who guides the clinical leaders with this work?

The answers to these questions get to the core of core measures.

### The PI team at work

A PI team may focus on certain aspects of a surgical care improvement project. For example, a patient who has colon surgery must have their Foley catheter removed

by postoperative day two. The team should review the processes involved with colon surgery to ensure the process is understood in detail. Then procedures are put in place to ensure all the processes (steps) involved with colon surgery work together to ensure the Foley can be removed no later than postoperative day two.

Here are a few questions the PI team should ask:

1. Is the surgery elective or unplanned? (The workflow will be different)
2. Is there an order set for colon surgeries that contains an order to insert the Foley pre-op?
3. Who completes the pre-op order set?
4. Is the order on paper or electronic order entry?
5. Does the hospital have a nurse-driven Foley removal protocol?
6. Is a list maintained of all inpatients using a Foley, sorted by nursing unit?
7. Is there a 24-hour chart check to identify “discontinue Foley” orders that may have been missed?

These questions are a starting point. Within each of these seven questions, the PI team can drill down further to obtain additional detailed data. Depending on what is found, the PI team may want to prepare a Fishbone diagram to discover where and why each process may encounter an issue.

The quality staff has knowledge of process improvement models (for example: Plan, Do, Check, Act). These individuals can lead in this work by taking the questions and developing action plans for each.

### Evaluation of the new process design

An important component of a process improvement model is checking. Checking the revised process involves auditing.

Auditors can validate the audit plan and its approach. It is also important that staff receive training in how to properly conduct the audit function and to report on the outcome. If a hospital is not collecting the data and interpreting

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it correctly, then the flawed data will present a wrong picture. To avoid this, an internal auditor or someone from the quality staff should teach the proper way to create an audit tool.

**Tying it together**

Healthcare organizations need to analyze their current Core Measure program structure. They cannot afford to guess why they are not at 100 percent compliance with Core

Measures. Having a team of the right people doing the right work will ensure success with abstraction, performance improvement, education, roll out, and sustainment of the expected delivery of care. If the organization is transparent with internal operations, it will only become more efficient and successful. **NP**

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