QUALITY MEASURES AND CLINICAL PRIORITIES

ACUTE MYOCARDIAL INFARCTION / CORONARY SYNDROME

- PCI performed within 90 minutes (goal = 60 min) of STEMI arrival, or delay documented by physician
- EKG within 10 minutes of arrival
- Aspirin received within 24 hours of arrival
- Assessment of LV function for NSTEMI (or plans for after discharge)
- Discharge on Aspirin (or document contraindications)
- Discharge on Beta-blocker (or document contraindications)
- Discharge on ACE-I or ARB for LVSD—EF < 40% (or document contraindications)
- Discharge on Statin if LDL ≥ 70 or if patient receives a Coronary Stent
- Cardiac Rehab ordered and assessed (also for any patient that receives a Coronary Stent)
- Dual Anti-platelet therapy for any patient with a Coronary Stent (i.e. ASA + P2Y12 inhibitor)

HEART FAILURE

- Document LVF assessment (e.g. moderate, severe, EF < 40%)
- Education guide provided and documented (in i-view)
- ACE-I,ARB or ARNI for left ventricular systolic dysfunction (EF < 40%) or contraindication documented
- Evidence-Based BB for EF < 40% (metoprolol succinate; carvedilol; bisoprolol) or contraindication
- Anticoagulation if patient has A Fib
- Aldosterone Antagonist for EF ≤ 35%
- ICD Counseling or contraindication for EF < 35
- Document follow-up appointment within 7 days of discharge

STROKE (Ischemic & Hemorrhagic)

- tPA (*ischemic CVA*) given within 60 minutes of arrival, or contraindication/delay documented
- Swallow Screen prior to any oral intake
- NIH Stroke Scale on admission, 24 hours after admission; discharge and prn changes
- VTE Prophylaxis completed by end of hospital day 2
- Aspirin or Antiplatelet Therapy (*ischemic CVA*) by end of hospital day 2
- Assess for Rehabilitation
- Discharge on Antiplatelet Therapy (*ischemic CVA*)
- Discharge on Statin if LDL ≥ 70 *or* was on Statin at home (*ischemic CVA*)
- Discharge on Anticoagulation if patient has A Fib or A Flutter (*ischemic CVA*)
- Education guide provided and documented (in i-view):
  - Calling 911 • Warning Signs • Follow-up appointment • Risk Factor control • Medications

DIABETES

- Hyperglycemia treated with basal-bolus insulin (using Sub-Q Insulin Order Set)
- Hypoglycemia treated and blood glucose rechecked 15 minutes after treatment
- A1C done on admission (unless result available in last 3 months)
- Education guide provided and documented (in I-View)
- Document follow-up appointment prior to discharge for patients with A1c ≥ 10%

SEPSIS

- Answer screening immediately and draw CBC, CMP, lactic acid, blood cultures STAT
- Antibiotics administered AFTER blood cx drawn and within 60 minutes of receiving SIRS or sepsis alert
- Fluid resuscitation (NS) at 30ml/kg regardless of co-morbidities
- Admit to ICU for: SBP < 90; MAP < 65; lactic acid ≥ 4; or post fluid resuscitation
- Lactic acid level redrawn within 6 hours if the initial lactic acid level is > 2

ORTHOPEDIC SURGERY

- PT Eval for patients receiving total hip/knee replacement on post-operative day 0
- Neurological/Sensation checks Q4 hrs
- Post op meds ordered: multi modal pain, VTE, antibiotics

QUALITY MEASURES AND CLINICAL PRIORITIES

CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI)

- Perform hand hygiene and peri-care before urinary catheter insertion
- Insert urinary catheter with aseptic technique *(2 RN verification)*
- Assess urinary catheter appropriateness each shift
- Initiate Bladder Protocol when appropriate (MD ordered)
- Apply Nurse-Initiated Urinary Catheter Removal Standardized Procedure when applicable (excludes surgical patients)
- Peri-care and foley care to be completed & documented once a shift

CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION (CLABSI)

- Perform hand hygiene before handling any IV lines
- Sterile dressing changes every 7 days or PRN visibly soiled *(2 RN verification)*
- Apply antimicrobial patch around insertion site
- Clean injection cap with alcohol wipe—"scrub the hub" for up to 15 seconds
- Notify MD immediately of any changes to the insertion site of central lines

CLOSTRIDIUM DIFFICILE INFECTION (CDI)

- Contact isolation (enteric precautions) – Brown isolation sign
- Use soap & water when performing hand hygiene
- Use bleach wipes for room cleaning and high touch areas
- Initiate CDI protocol within 72hrs of admission if patient is having ≥ 3 loose stools
- CDI Stool specimen testing must be liquid, formed stool will be rejected.
- DO NOT repeat test within 7 days
- DO NOT send a specimen if loose stool related to laxative, oral contrast, or bowel prep

GLOBAL MEASURE SET

- Influenza Immunization, October thru March: age ≥6 months

VENOUS THROMBOEMBOLISM PROPHYLAXIS

- VTE MD assessment + prophylaxis completed by end of hospital day 2
- VTE (DVT and PE) patients with anticoagulation overlap therapy
- VTE (DVT and PE) Discharge Instructions for Coumadin
- Reduce potentially preventable VTE (document if present on admission)

FALL PREVENTION BUNDLE

- Bed Alarm 'Zone 2' on all high risk fall patients
- Yellow Identifiers: non-skid socks, door signage, wrist band
- "Call Don't Fall" magnet
- Patient and Family Education

SKIN (HAPI PREVENTION) BUNDLE

- Support Surface: correct mattress; minimize layers; no wrinkles, tubing, or devices under patient
- Keep Turning: Reposition/Turn Q2 hrs; encourage mobility; use BOOTS to float heels
- Incontinence Management: toileting assistance/peri care Q2 hrs; moisture barrier; avoid diapers
- Nutrition: assist with meal supplement; record accurate intake; nutrition consult if deficient

TORRANCE MEMORIAL
A CEDARS-SINAI AFFILIATE

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Clinical Quality & Education