Sample Inpatient Quality Outcomes Measures

The ASHP Section of Pharmacy Practice Managers' Advisory Group on Patient Care Quality initiated a project collecting from ASHP members quality measures their pharmacy departments were utilizing to measure the impact of pharmacists' care and support their organization's goals with industry measures. The goal of the project is to provide pharmacy leaders with sample measures that were found to be (a) consistent among multiple health systems and (b) consistent with the ASHP Pharmacy Accountability Measures project (see reference).

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Outcome	Why is this outcome important to track and report?	How is the outcome measured?	Ideas on how to obtain the data	Example
Patient Satisfaction				
Patient Satisfaction -Composite score for medication communication -Composite score for discharge information -Score for care transitions related to understanding discharge medications	Value-based purchasing includes "Patient Experience of Care" domain (30% for FY2015)	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	http://www.medicare.gov/hospitalcompare/search.html	Patient Satisfaction score change before and after clinical pharmacy initiatives
Patient Outcomes				
Medication-related readmissions	Identify potential areas for pharmacist interventions during hospitalization and at transitions of care, potential use of discharge delivery services and/or referral to outpatient pharmacists		Manual chart abstraction	Reduction in preventable medication-related readmissions
Sepsis-related mortality	Organization-specific focus on safety and quality (UVA)		Manual review of mortality; manual review of pharmacist interventions	% sepsis alerts responded to by pharmacists
Clinical Quality Measures				
"CMS Core Measures" -Anticoagulation/HF counseling -VTE prophylaxis	CMS Hospital Quality Initiative, Process of Care Measures	Specifications available online		

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Pharmacist Interventions				
Medication reconciliation completed within 24 hours of admission, completed at discharge	Joint Commission National Patient Safety Goal	Number of inpatients that had a home medication history list reviewed by a pharmacist	EMR-specific report	Medication reconciliation completed within 24 hours of admission for ≥ 90% of patients
Inpatient counseling	CMS Core Measures HCAHPS question about transitions of care	Tracking through EMR, pharmacy clinical information system, or external IT system	Report or manual capture	Certain percentage of patients educated by a pharmacist prior to discharge
Specific clinical interventions -Anticoagulation monitoring -Pharmacokinetic monitoring -Dose adjustment -Drug interaction management -Drug-allergy management	Literature supporting cost savings, cost avoidance, and/or reduced adverse events	Tracking through EMR, pharmacy clinical information system, or external IT system		
Antimicrobial stewardship -Compliance with protocols / guidelines / order sets -Duration of therapy and length of stay for specific infections (eg, bacteremia) -Days of therapy for key antimicrobials -Changes in antibiogram over time	Antibiotic stewardship as a condition of CMS participation by FY 2017		EMR-specific report (days of therapy, compliance with order sets) Manual abstraction	
Medication Safety				
Smart-pump guardrail usage	ISMP guidelines support as a patient safety metric	% of patients having IVs run through library	Smart pump software report	Carefusion benchmark: 90% use of guardrails
Near Misses / Good Catches	Tracking of near miss reports placed into error reporting system to encourage potential error reports	Calculation from software or looking at NCCMERP category A and B coded errors	Software report or manual tallying of data each month	
Barcode scanning % (patient and medication)	HIMSS stage criteria for Medicare/Medicaid meaningful use incentive program; ISMP guidelines for patient safety	% of patients that have armband scanned and medication scanned during administration	EMR-specific report or scanning software report	Goal to have medication scanning > 95% for month house-wide

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	tracking			
Automated dispensing machine override rate	Joint Commission standard on pharmacist review of orders	Medications dispensed via override over all dispenses	ADM software	Override rate < 2%
Pharmacy Accountability Measures Workgroup[1]				
VTE Prophylaxis Programs -Bridge therapy (VTE-3) -Appropriate prophylaxis (VTE-6) -Educating patients and caregivers about DC anticoag therapy (VTE-5)	CMS Core Measures	Electronic submission (meaningful use)		
Glycemic Control -Incidence of hypoglycemia -Incidence of hyperglycemia	AHRQ Quality Indicator "DM: hospital admission rate for short-term complications"			
Pain Management -Second-level review by pharmacist or pain management specialist -Naloxone usage	Joint Commission			
Antimicrobial Stewardship -Prophylactic antibiotic selection (SCIP-Inf-2a) -Antibiotic DC within 24 hours (SCIP-Inf-3a) -Initial antibiotic selection for CAP in Immunocompetent Pts (PN-6)	CMS Core Measures			

References:

1. Andrawis MA and Carmichael J. A suite of inpatient and outpatient clinical measures for pharmacy accountability: Recommendations from the Pharmacy Accountability Measures Workgroup. Am J Health-Syst Pharm. 2014;71:1669-78.

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