

EP22EO

Unit or clinic level nurse sensitive clinical indicator data outperform the mean or median of the national database used.

SJO is an acute care organization with ambulatory/outpatient services. The six nursing sensitive indicators required for this type of organization include:

- Four required nurse-sensitive indicators:
 - Falls with Injury
 - Hospital Acquired Pressure Ulcers (HAPU) Stage 2 and Above
 - Central Line-Associated Blood Stream Infections (CLABSI)
 - Catheter-Associated Urinary Tract Infections (CAUTI)
- One nurse-sensitive clinical indicator from the Core Measure Sets:
 - Core measure set nursing sensitive indicator selected: SCIP
- One nurse-sensitive clinical indicator from Primary or Specialty Ambulatory/Outpatient Services
 - Primary Ambulatory/Outpatient Services measure selected: Anemia Management in the two Dialysis Centers – Renal Center and Santa Ana

The four required inpatient clinical indicators:

The National Database of Nursing Quality Indicators (NDNQI) is the vendor used for two of the required nurse sensitive inpatient indicators: Falls with Injury and HAPU Stage 2 and above. The NDNQI All Hospital Mean benchmark is the comparison used to evaluate 2Q 2013 through 1Q 2015 data.

The National Healthcare Safety Network (NHSN) is the vendor used for two of the required nurse sensitive inpatient indicators: CLABSI and CAUTI. The NHSN Standardized Infection Ratio (observed over expected) is the benchmark comparison used to evaluate 2Q 2013 through 1Q 2015 data.

Variations in inpatient unit data for nurse-sensitive clinical indicators based on vendor inclusion are:

- Vendor does not offer a benchmark for Mother-Baby Unit, Labor & Delivery and Antepartum and are not included in the four required nursing sensitive inpatient indicators by NDNQI and NHSN.

Unit Performance for Required Inpatient Nurse Sensitive Clinical Indicators NDNQI All Hospital Mean benchmark for Falls with Injury and HAPU 2+ NHSN Standardized Infection Ratio benchmark for CLABSI and CAUTI Number of Quarters Outperformed the NDNQI and NSHN Benchmark 2Q 2013 - 1Q 2015				
Hospital Unit	Falls with Injury	Hospital Acquired Pressure Ulcers (HAPU) Stage 2 & Above	Central Line Associated Bloodstream Infections (CLABSI)	Catheter Associated Urinary Tract Infections (CAUTI) 4Q 2013 – 3Q 2015
Medical ICU	4/8	3/8	6/8	2/8
Cardio Vascular-ICU	6/6	6/6	6/6	6/7
Definitive Step Down Unit	5/8	2/8	7/8	2/8
Medical Telemetry Unit	2/8	7/8	8/8	6/8
Oncology Unit	5/8	8/8	8/8	5/8
Pulmonary Renal Unit	6/8	7/8	6/8	5/8
Orthopedic Unit	3/8	8/8	8/8	6/8
General Surgery Unit	6/8	6/8	8/8	5/8
Observation Unit	6/8	8/8	n.d.	n.d.
Total Units Outperforming	6 of 9 units outperformed	7 of 9 units outperformed	8 of 8 units outperformed	6 of 8 units outperformed

- NHSN does not consider CLABSI and CAUTI a nurse sensitive for the Observation Unit
- CVICU Unit closed 2 out of the 8 quarters

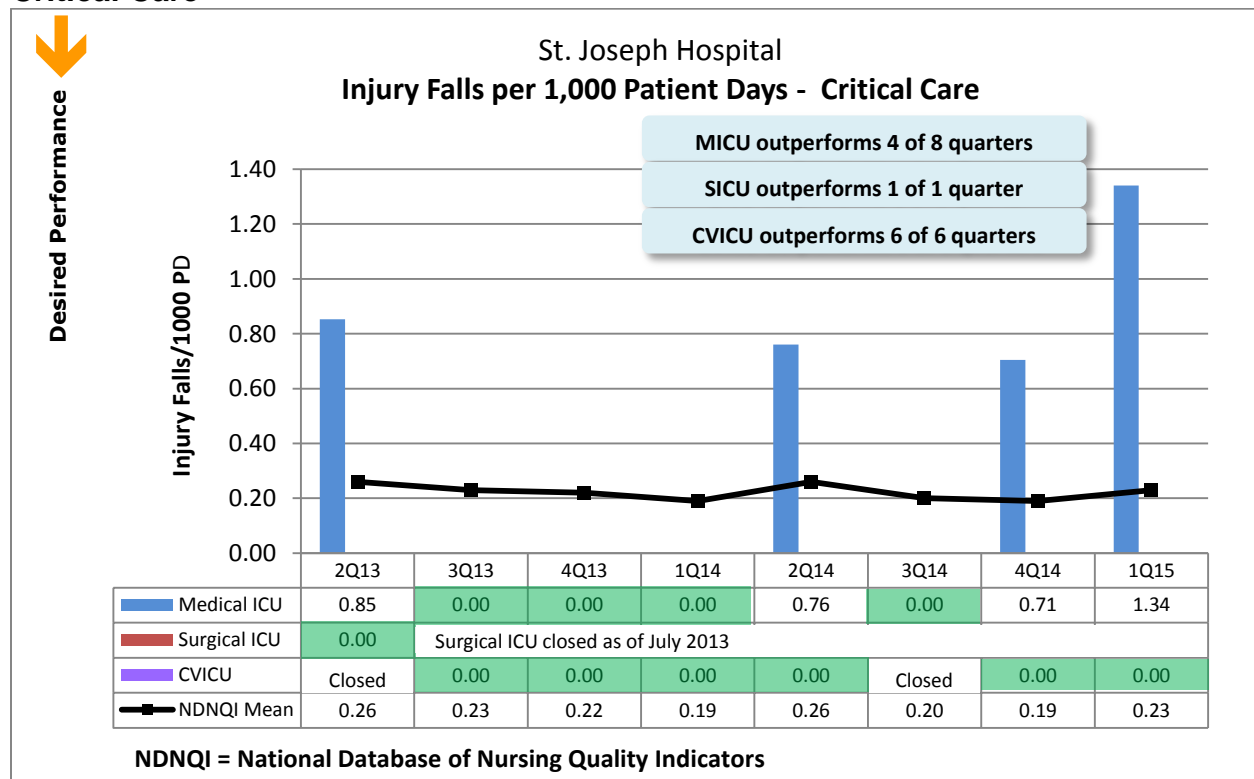
<ul style="list-style-type: none"> • Surgical ICU Only open 1 qtr 	1/1	1/1	1/1	n.d.
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- Surgical ICU only open one quarter so was not included in the denominator

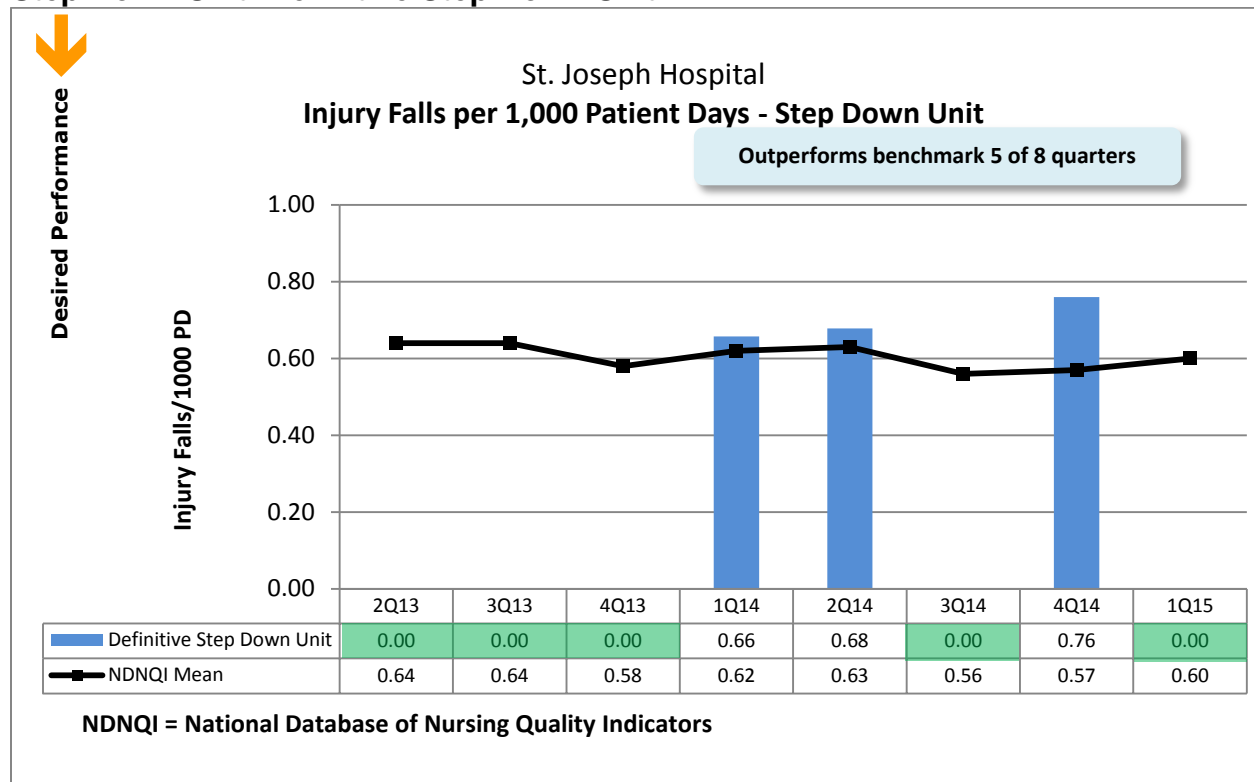
NDNQI Falls with Injury

- Falls with injury are defined as rate of falls with injury (minor, moderate, major and death) per 1,000 patient days.
- Falls with injury data are presented for 9 inpatient units with 6 of 9 units (67%) outperforming NDNQI All Hospital Mean Benchmark for 5 or more of the 8 quarters of data submitted.

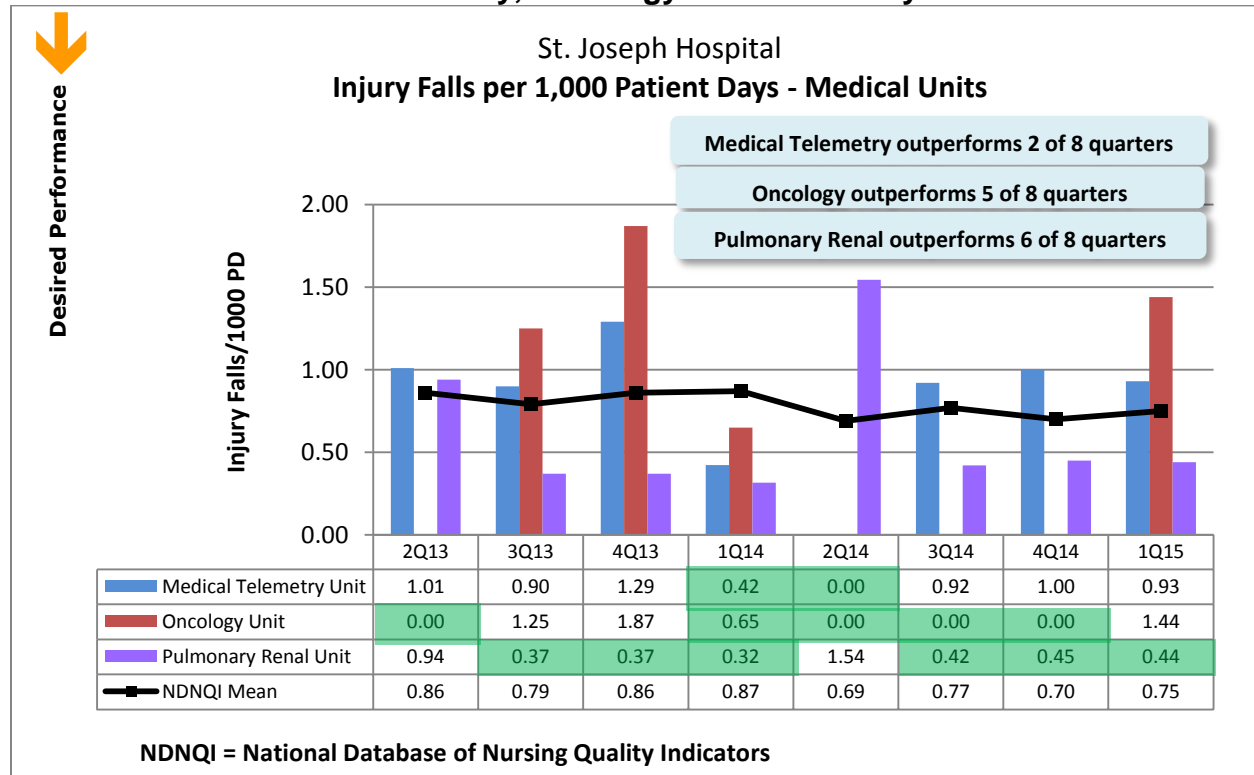
Critical Care



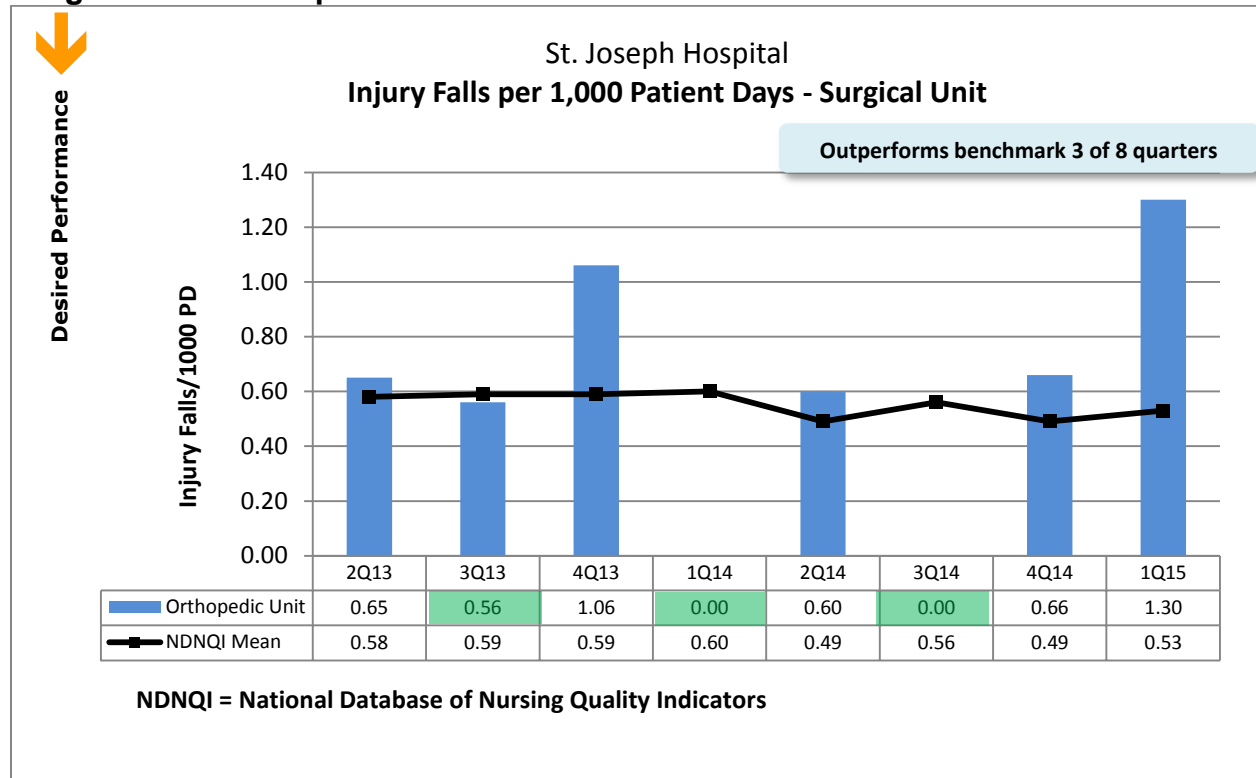
Step Down Unit: Definitive Step Down Unit



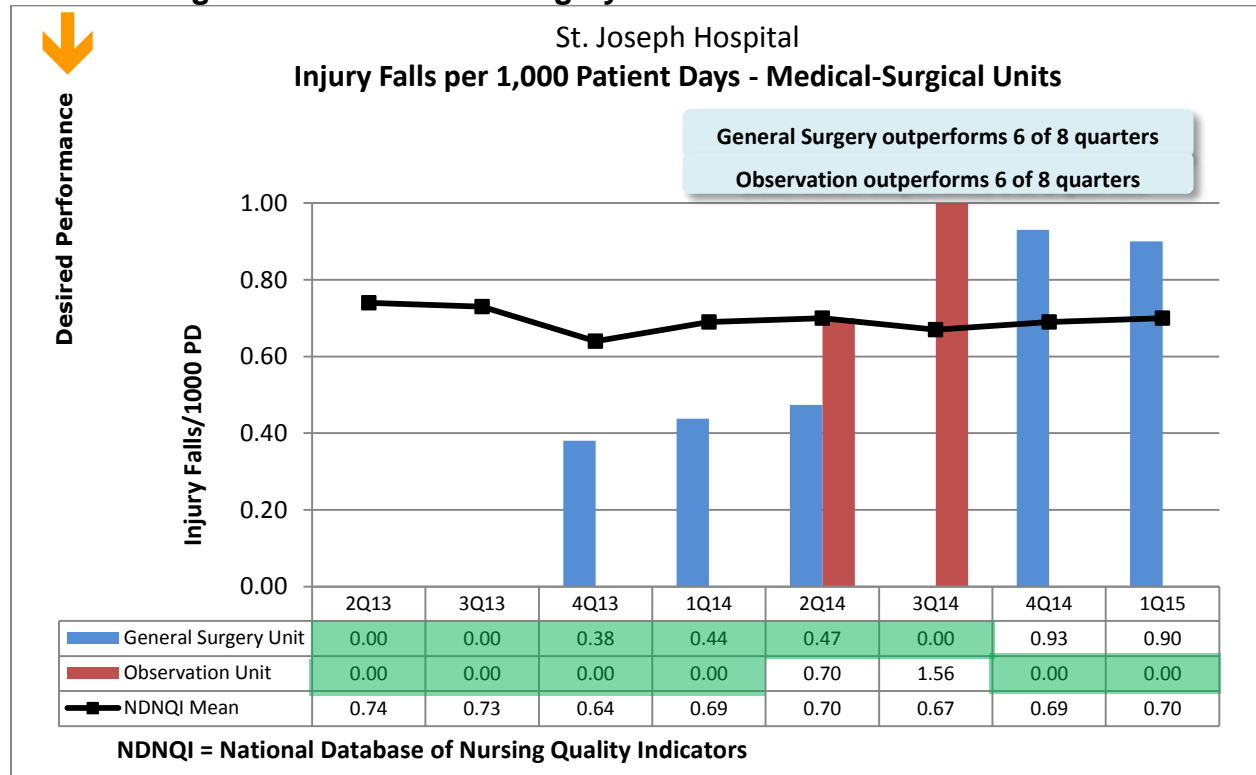
Medical Units: Medical Telemetry, Oncology and Pulmonary Renal



Surgical Unit: Orthopedic



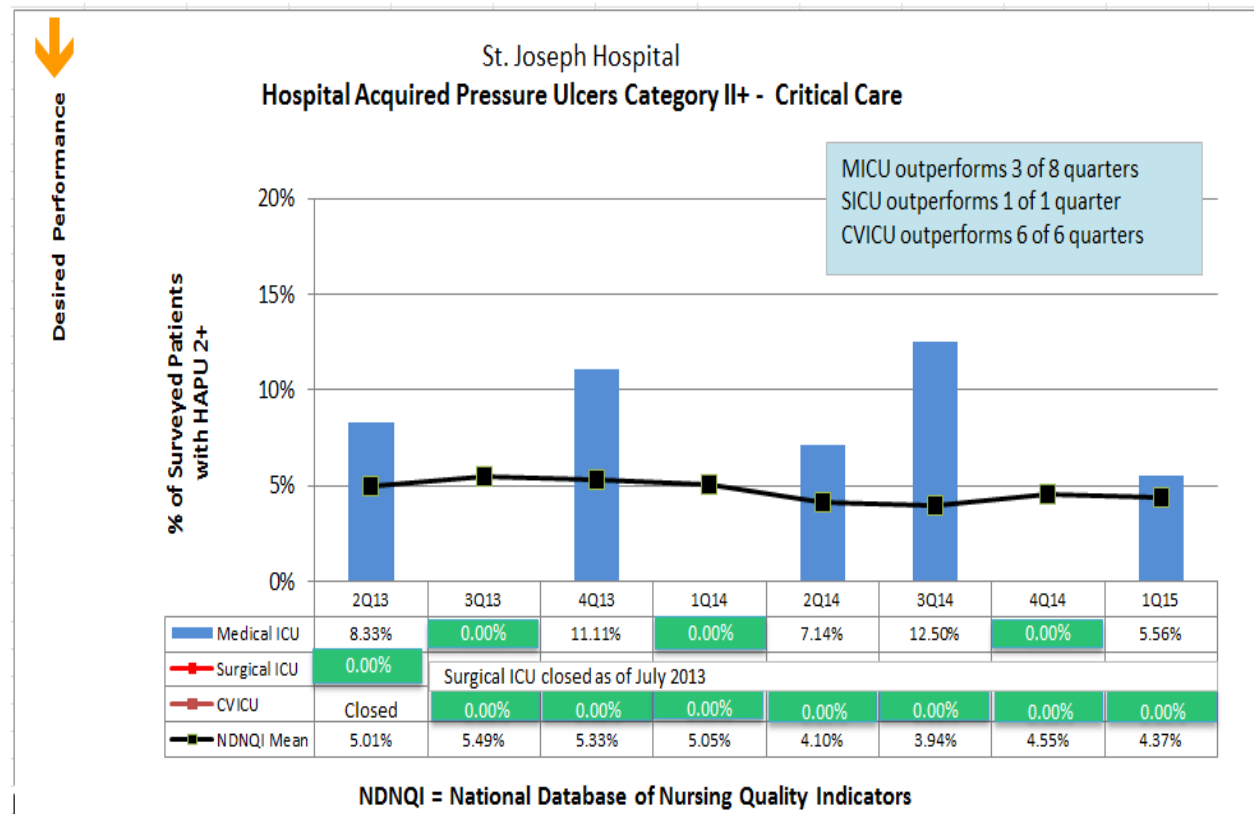
Medical Surgical Units: General Surgery and Observation



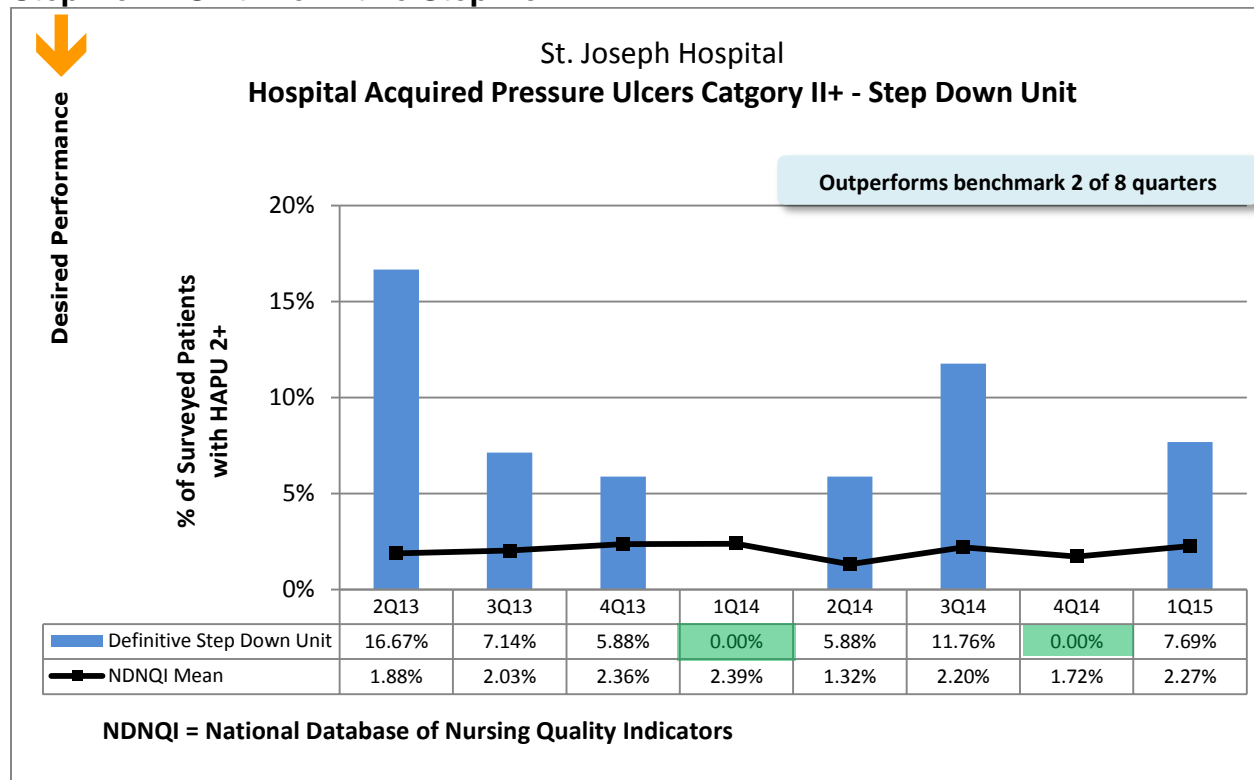
NDNQI Hospital Acquired Pressure Ulcers (HAPU) Stage 2 and Above

- HAPU Stage 2+ is defined as the percent of patients with HAPU Stage 2+ on day of Pressure Ulcer/Restraint Point Prevalence Survey.
- HAPU Stage 2+ data are presented for 9 inpatient units with 7 of 9 units (78%) outperforming NDNQI All Hospital Mean Benchmark for 5 or more of the 8 quarters of data submitted.

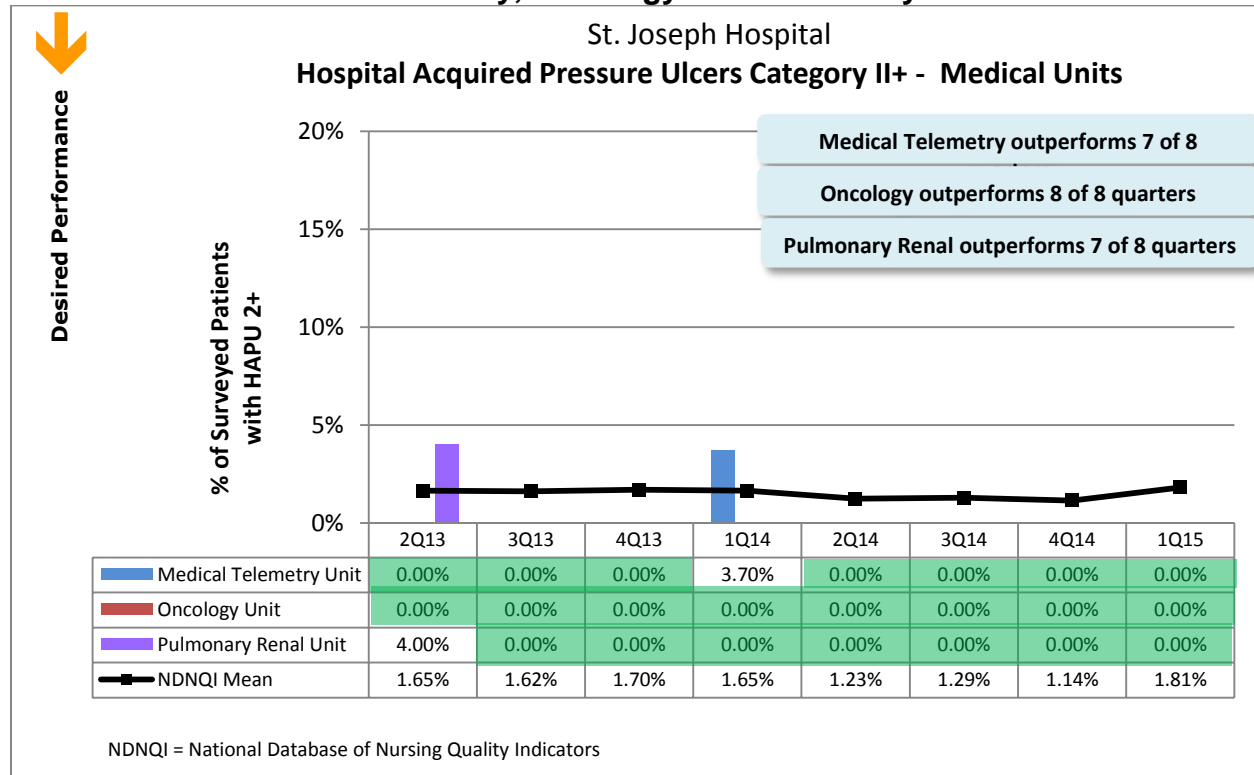
Critical Care



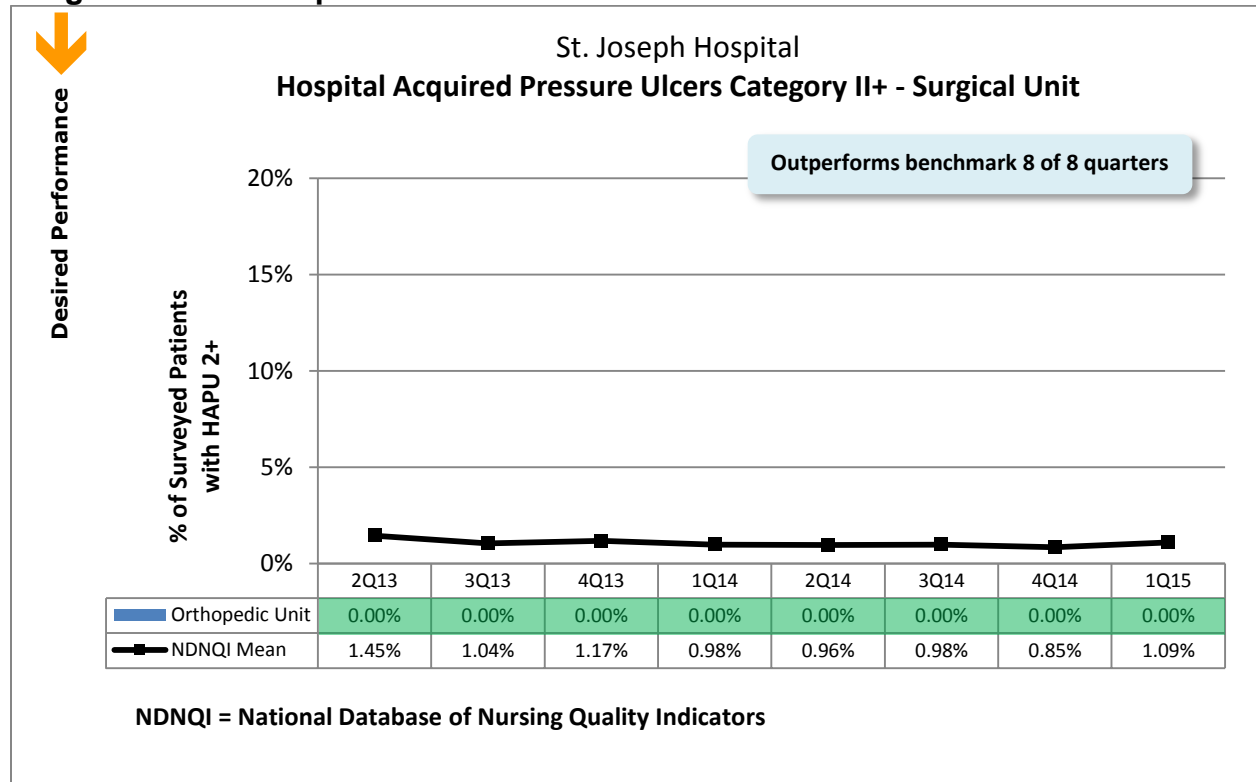
Step Down Unit: Definitive Step Down



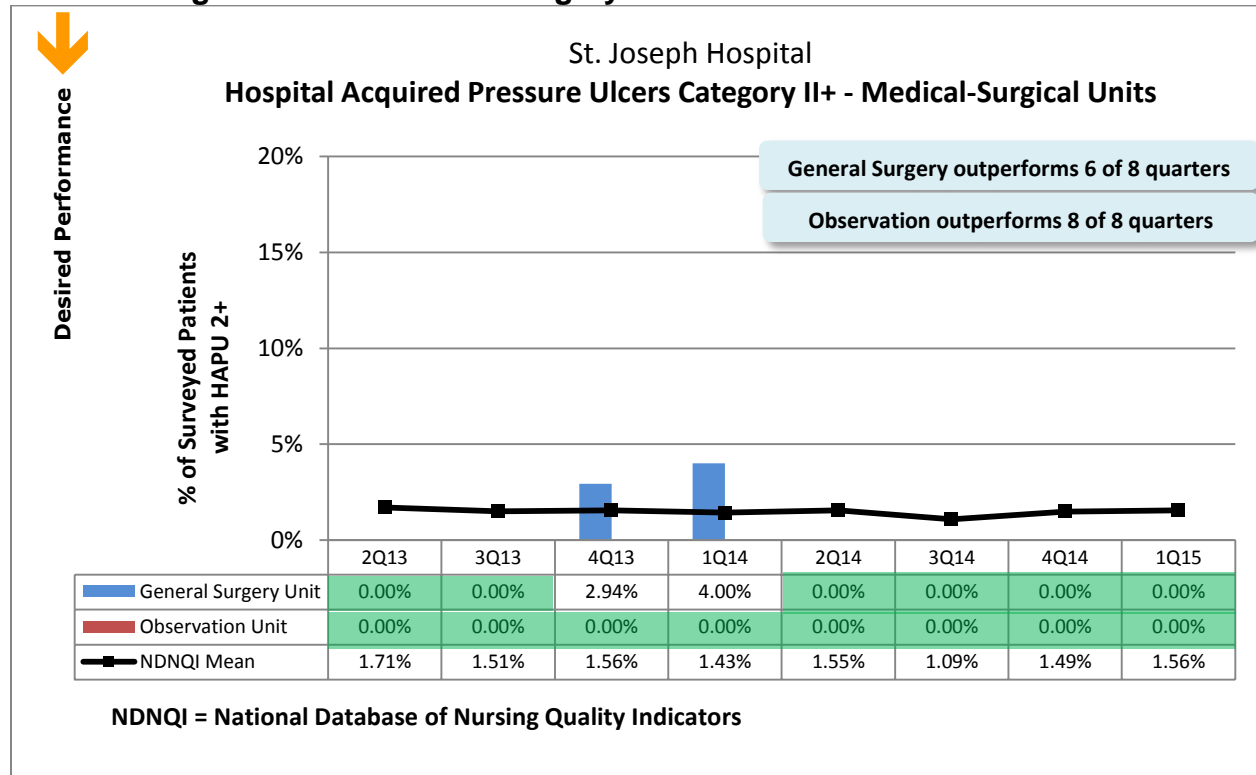
Medical Units: Medical Telemetry, Oncology and Pulmonary Renal



Surgical Unit: Orthopedic



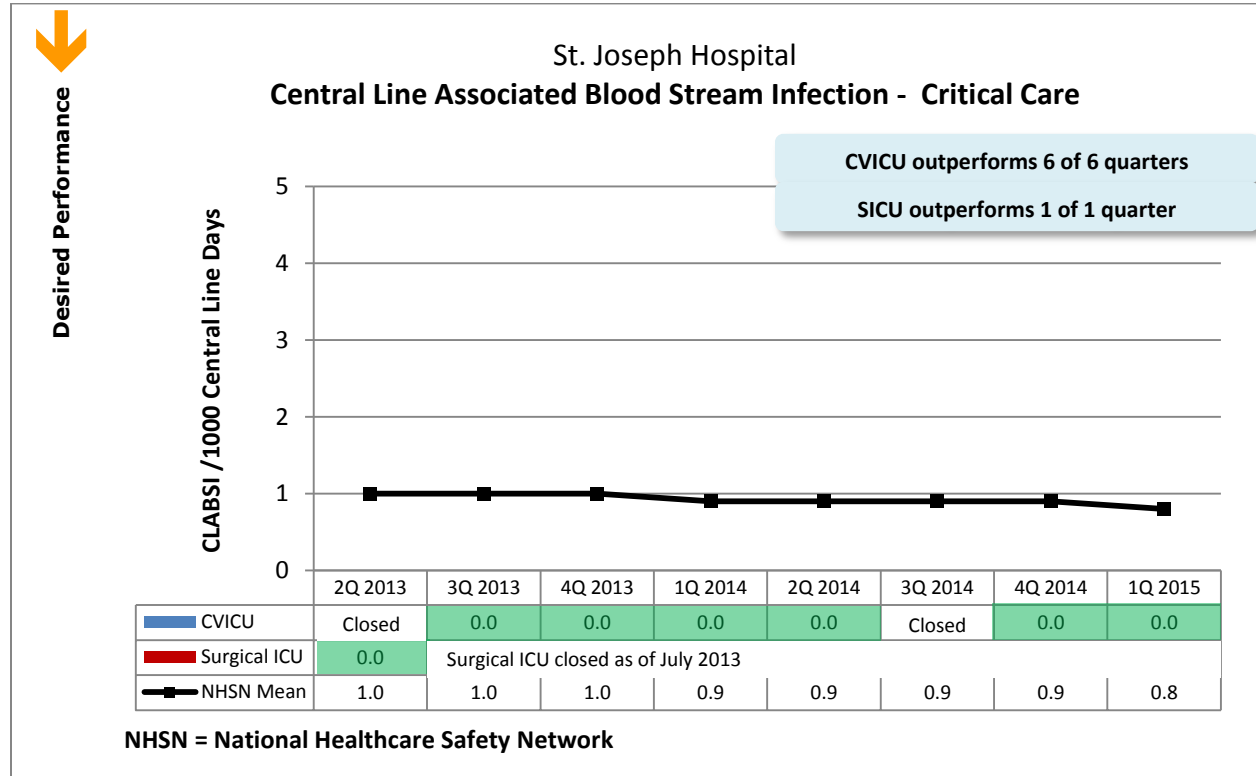
Medical Surgical Units: General Surgery and Observation



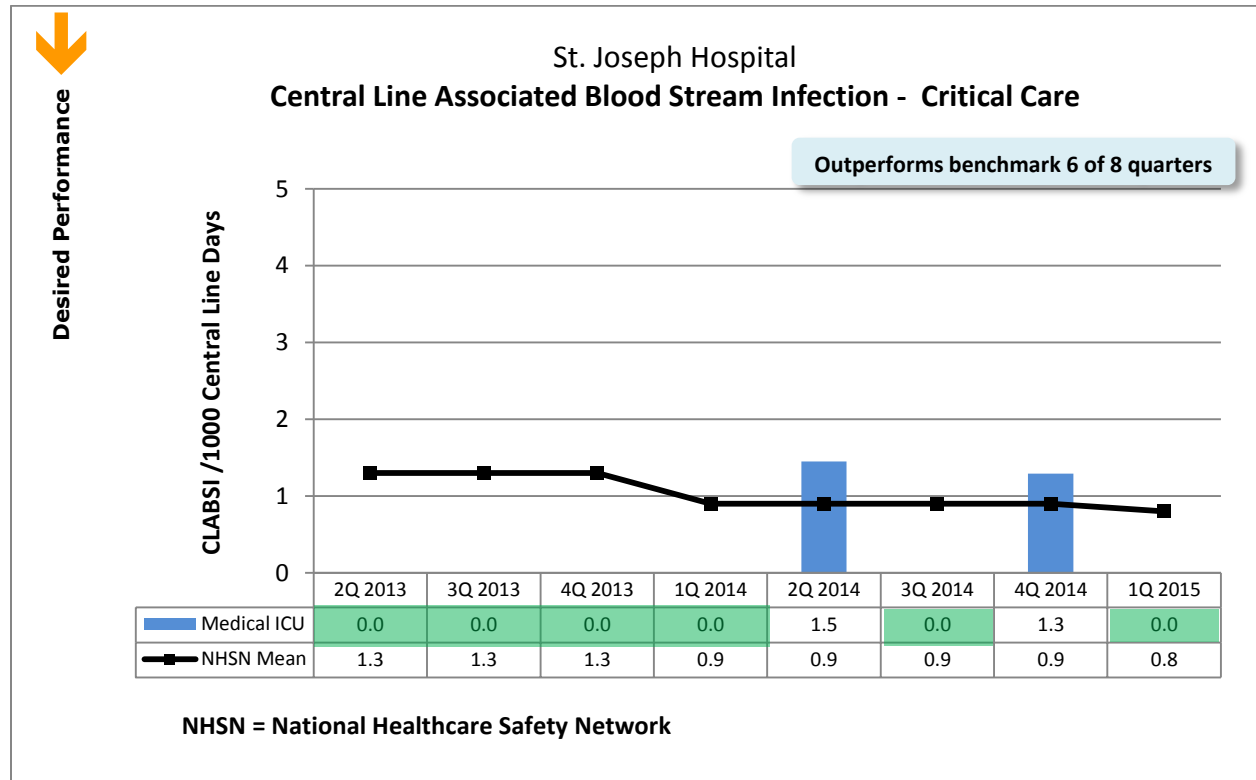
NSHN Central Line-Associated Blood Stream Infections (CLABSI)

- NHSN does not consider CLABSI a nurse sensitive indicator for the Observation Unit
- CLABSI is defined as the rate of catheter-associated central line associated infections per 1,000 catheter days.
- CLABSI data is presented for 8 inpatient units with 8 of 8 units (100%) outperforming NHSN Standardized Infection Ratio Benchmark for 5 or more of the 8 quarters of data submitted.

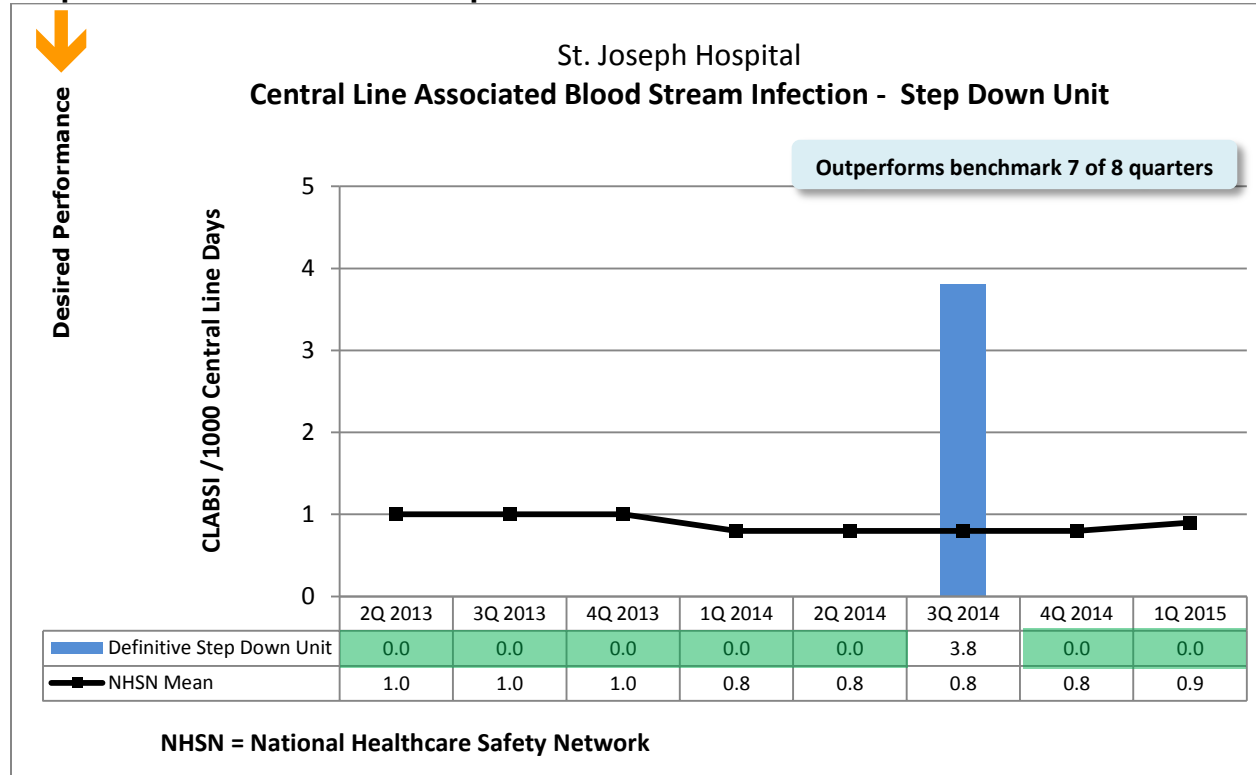
Critical Care: Cardiovascular ICU and SICU



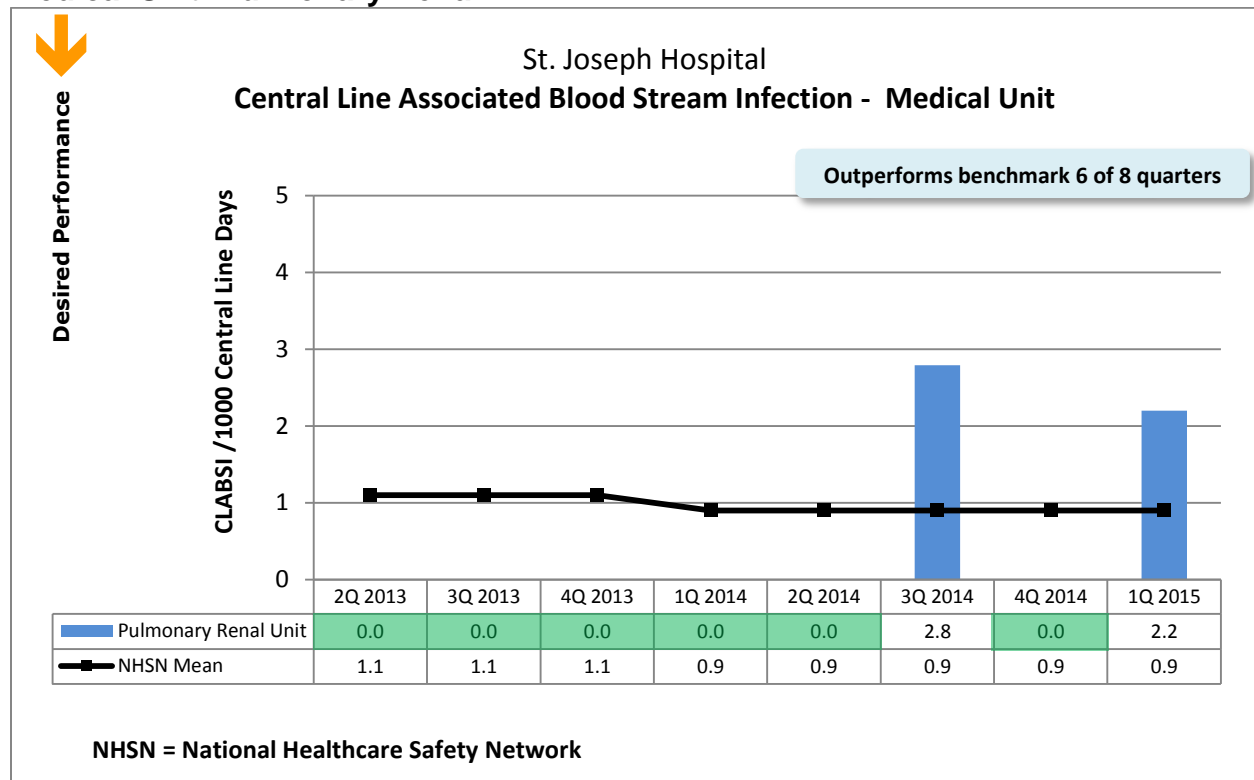
Critical Care: Medical ICU



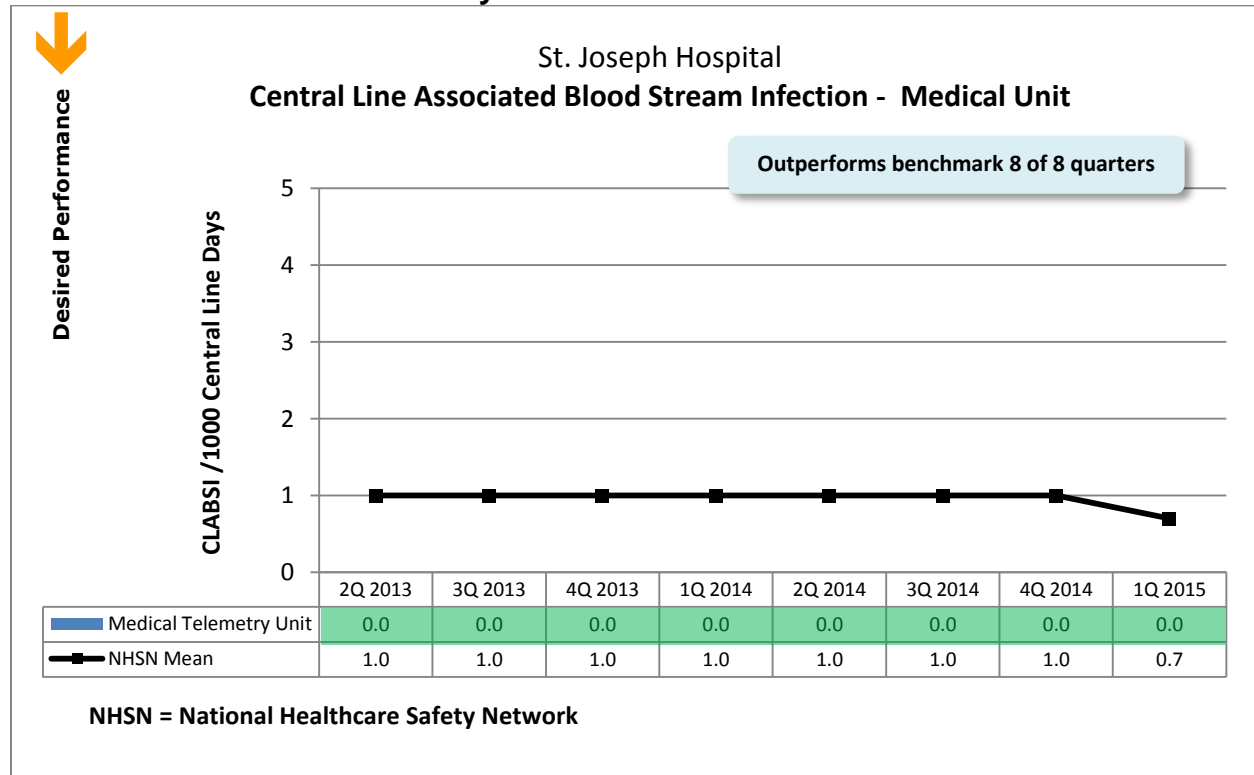
Step Down Unit: Definitive Step Down



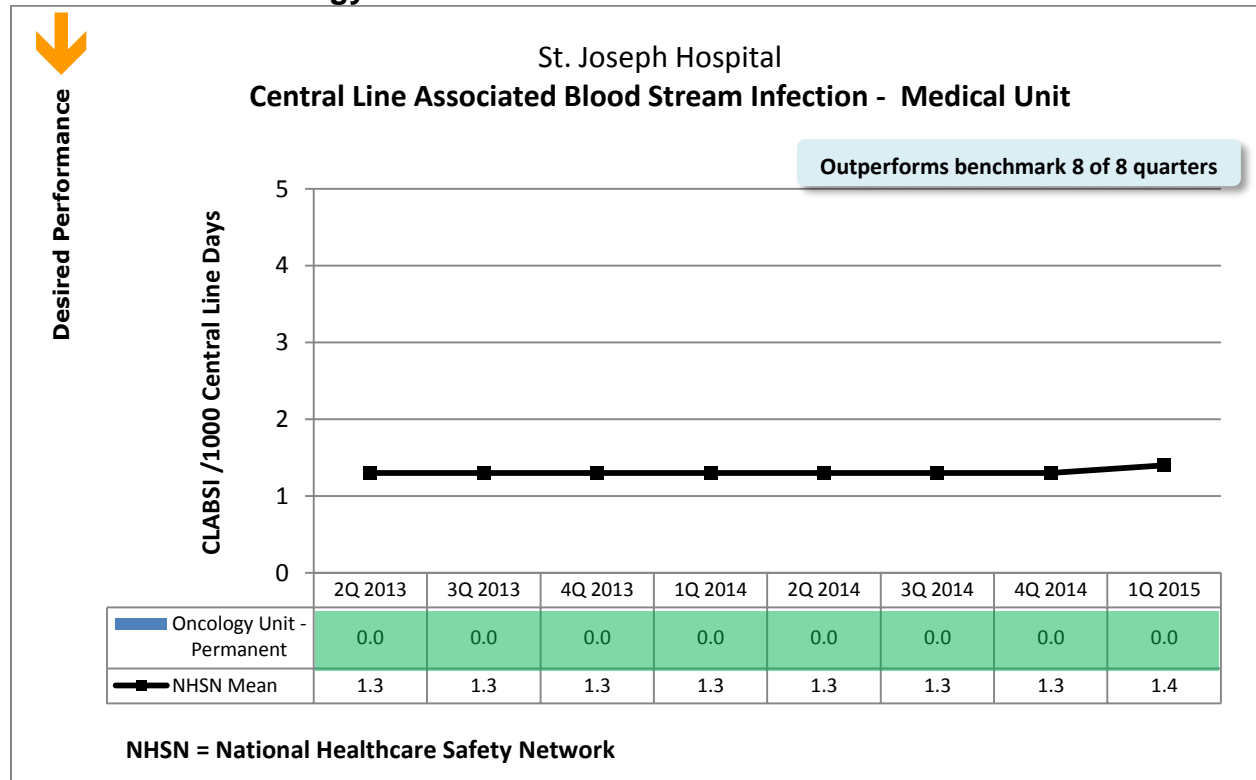
Medical Unit: Pulmonary Renal



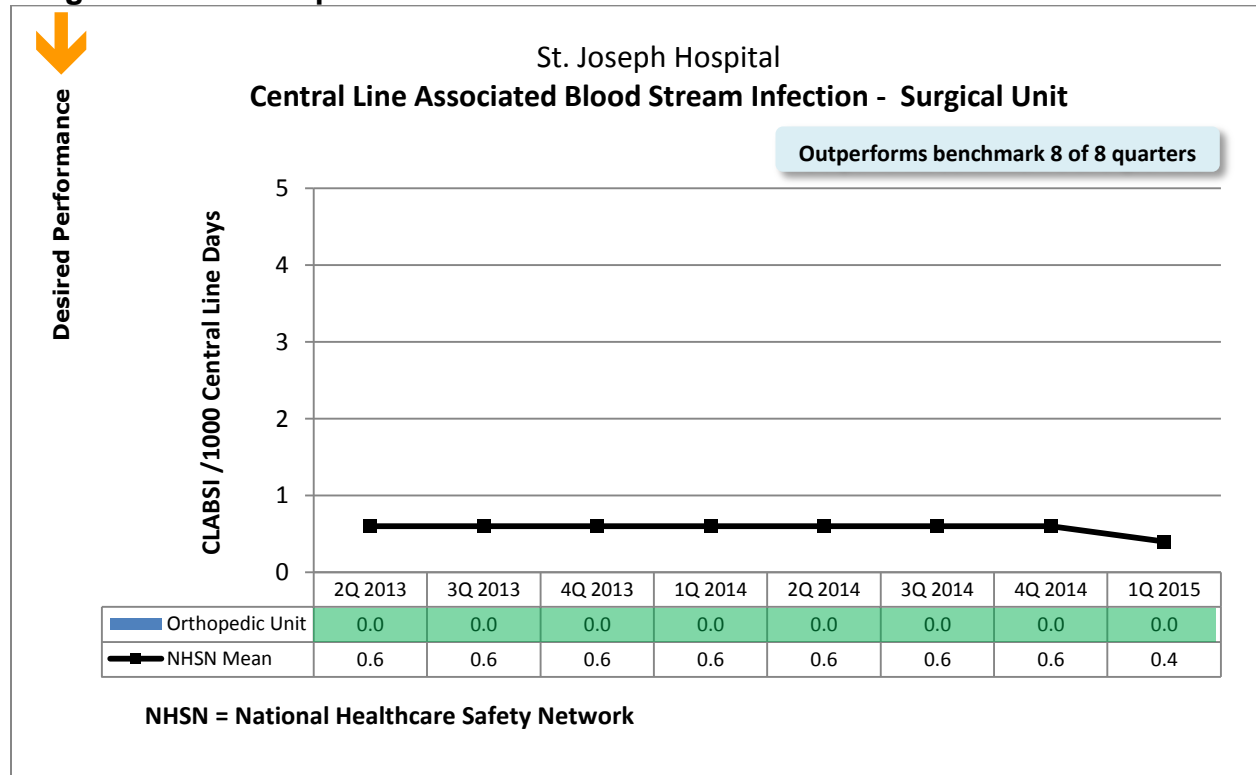
Medical Unit: Medical Telemetry



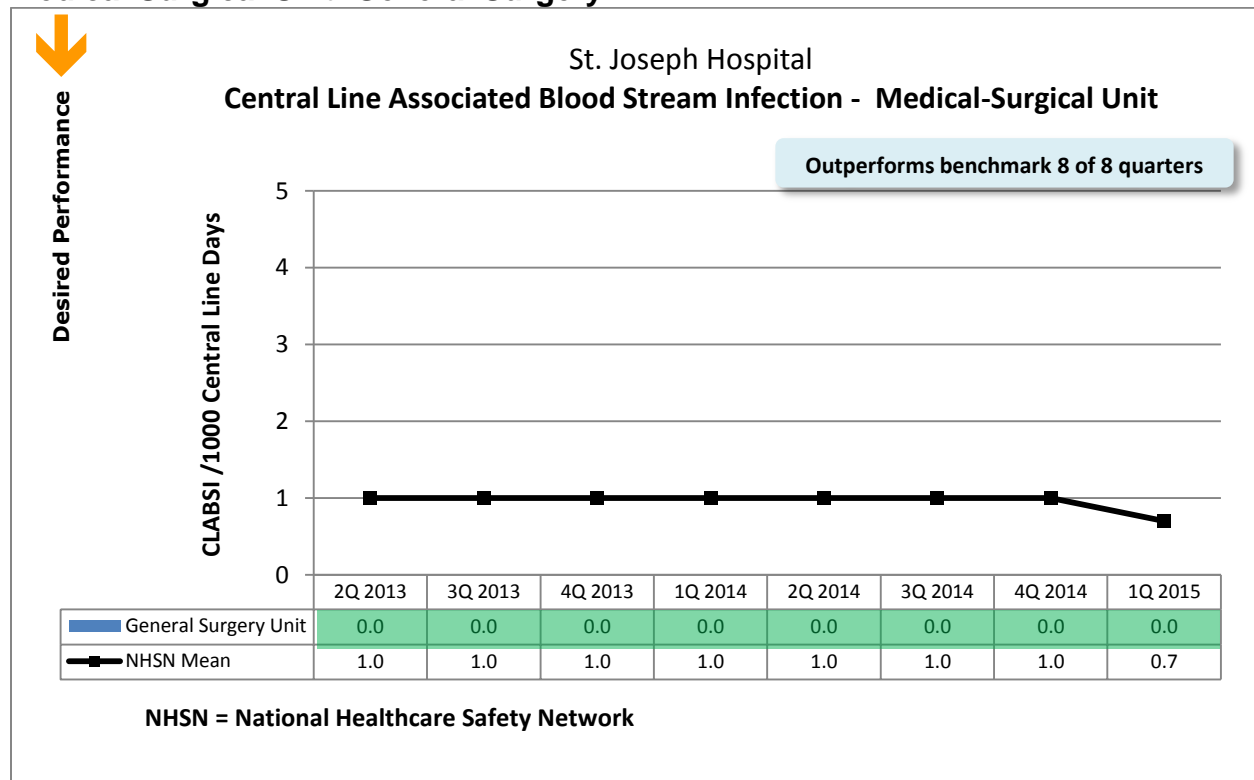
Medical Unit: Oncology



Surgical Unit: Orthopedic



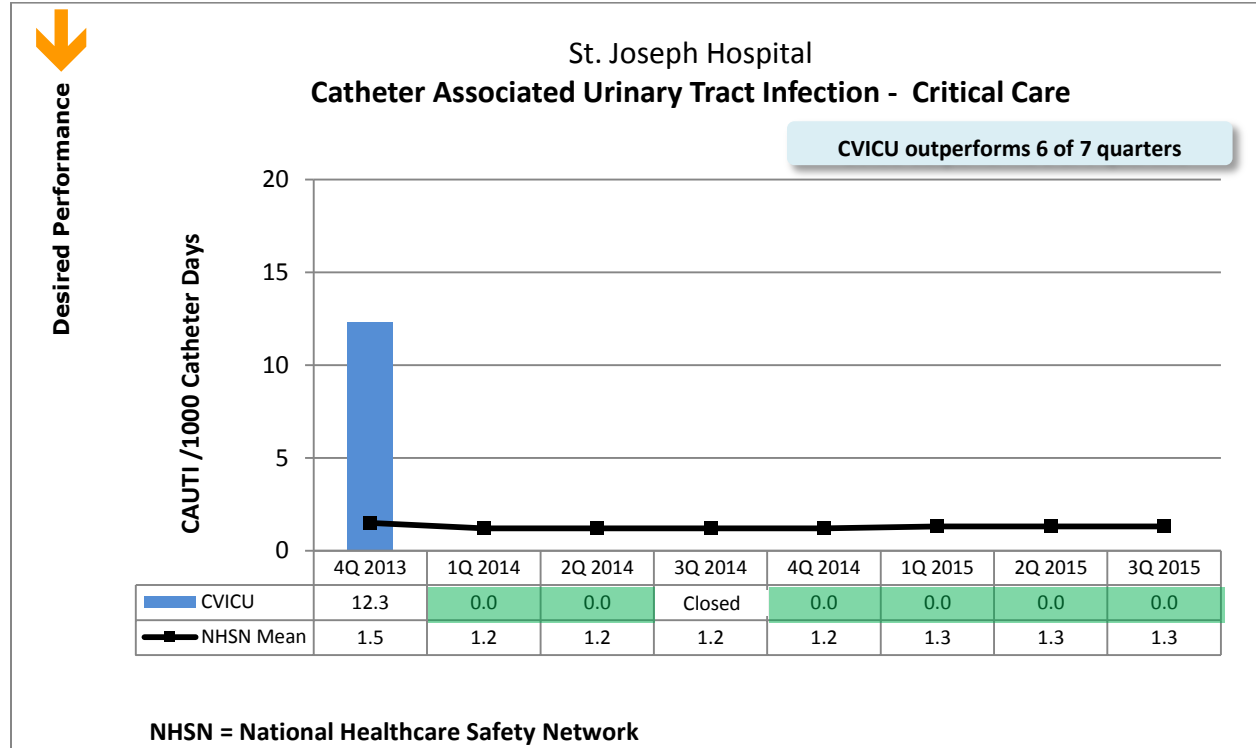
Medical Surgical Unit: General Surgery



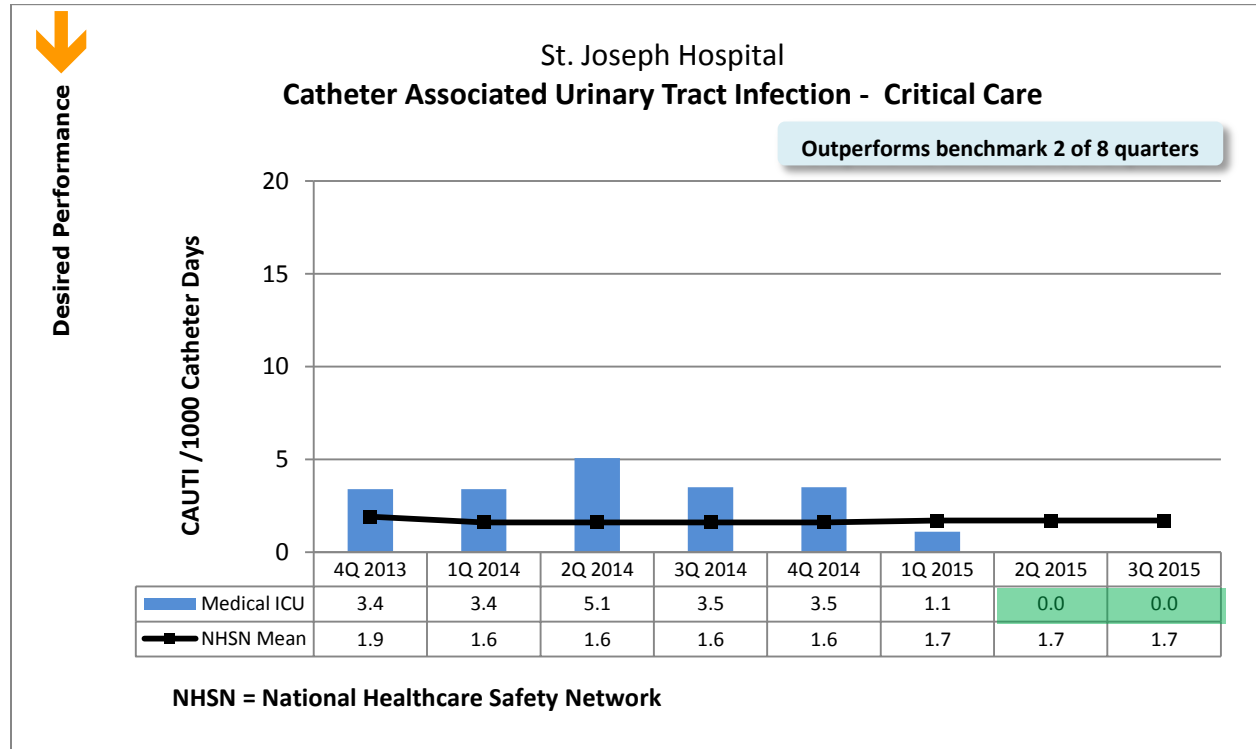
NSHN Catheter-Associated Urinary Tract Infections (CAUTI)

- NSHN does not consider CAUTI a nurse sensitive indicator for the Observation Unit
- CAUTI is defined as the rate of catheter-associated urinary tract infections per 1,000 catheter days.
- CAUTI data is presented for 8 inpatient units with 6 of 8 units (75%) outperforming Standardized Infection Ratio Benchmark for 5 or more of the 8 quarters of data submitted.

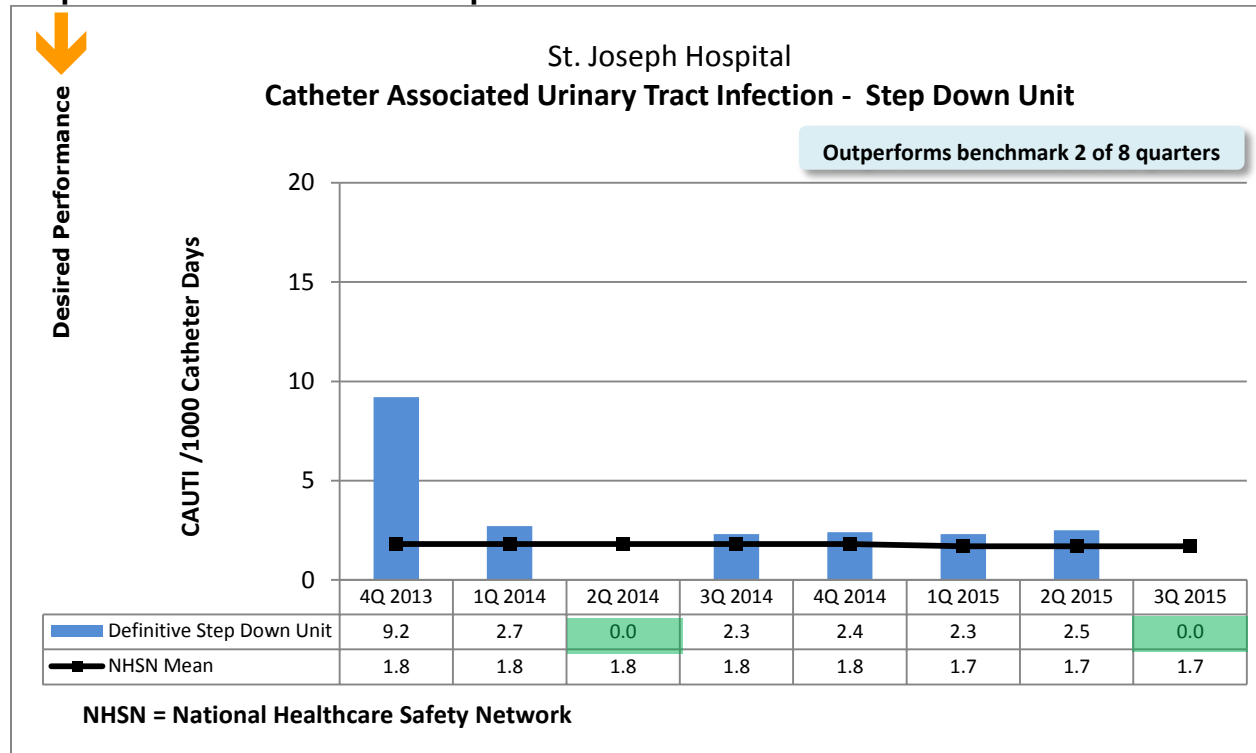
Critical Care: Cardiovascular ICU



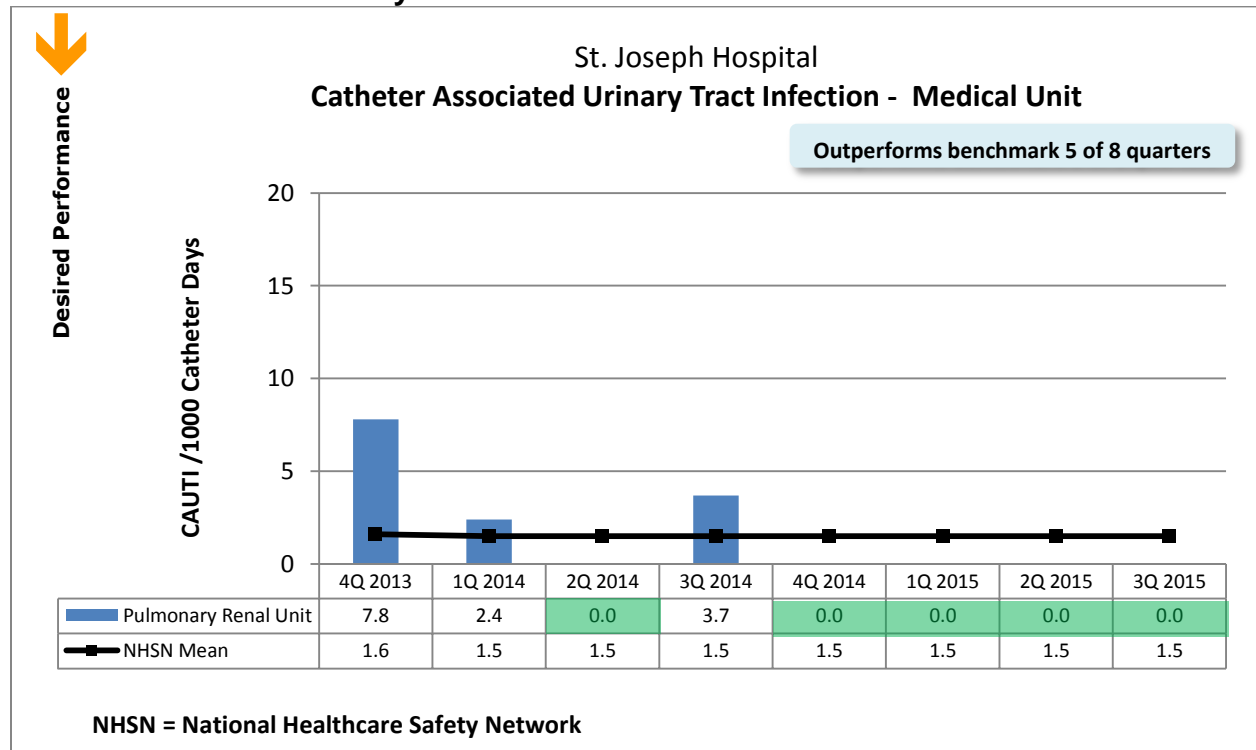
Critical Care: Medical ICU



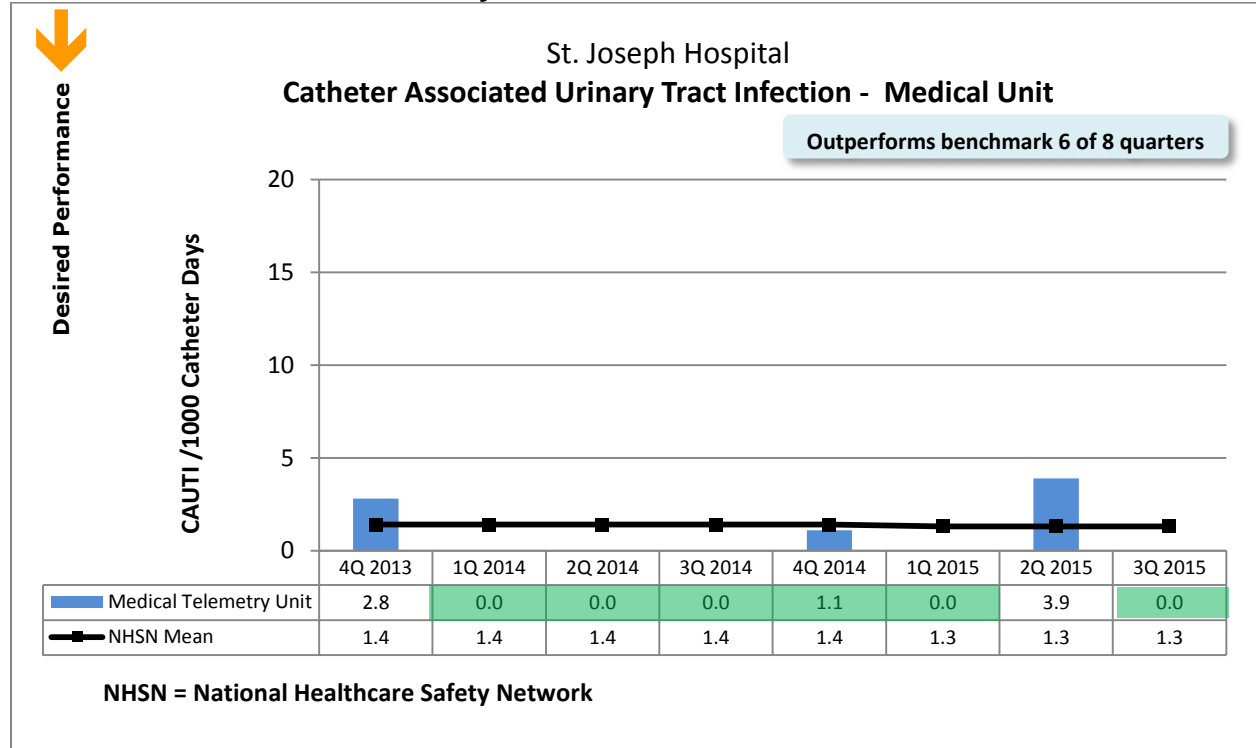
Step Down Unit: Definitive Step Down Unit



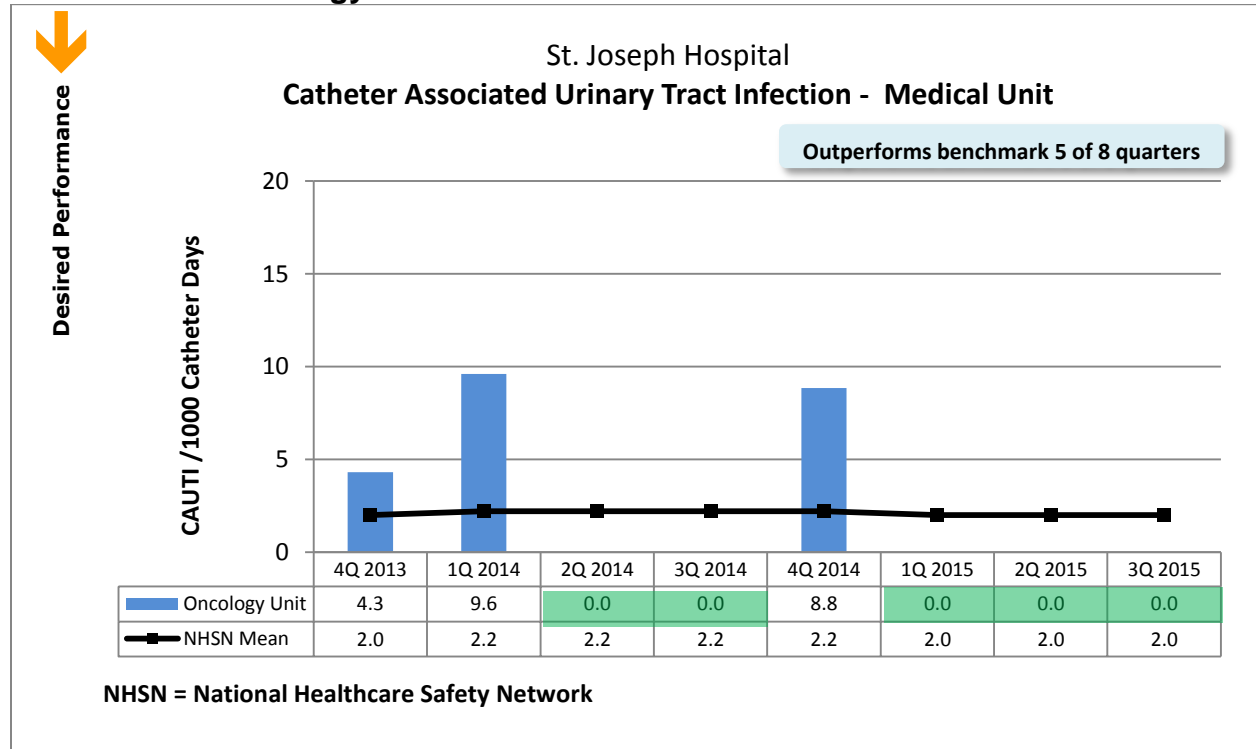
Medical Units: Pulmonary Renal



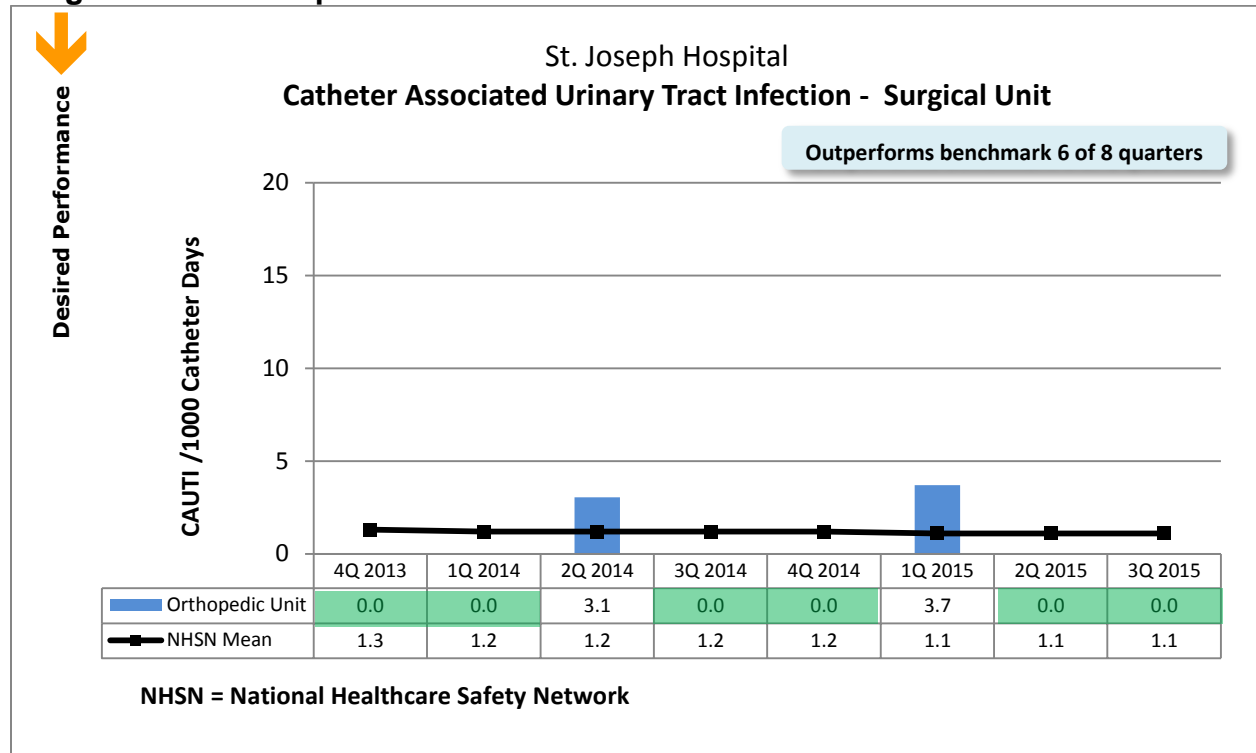
Medical Unit: Medical Telemetry



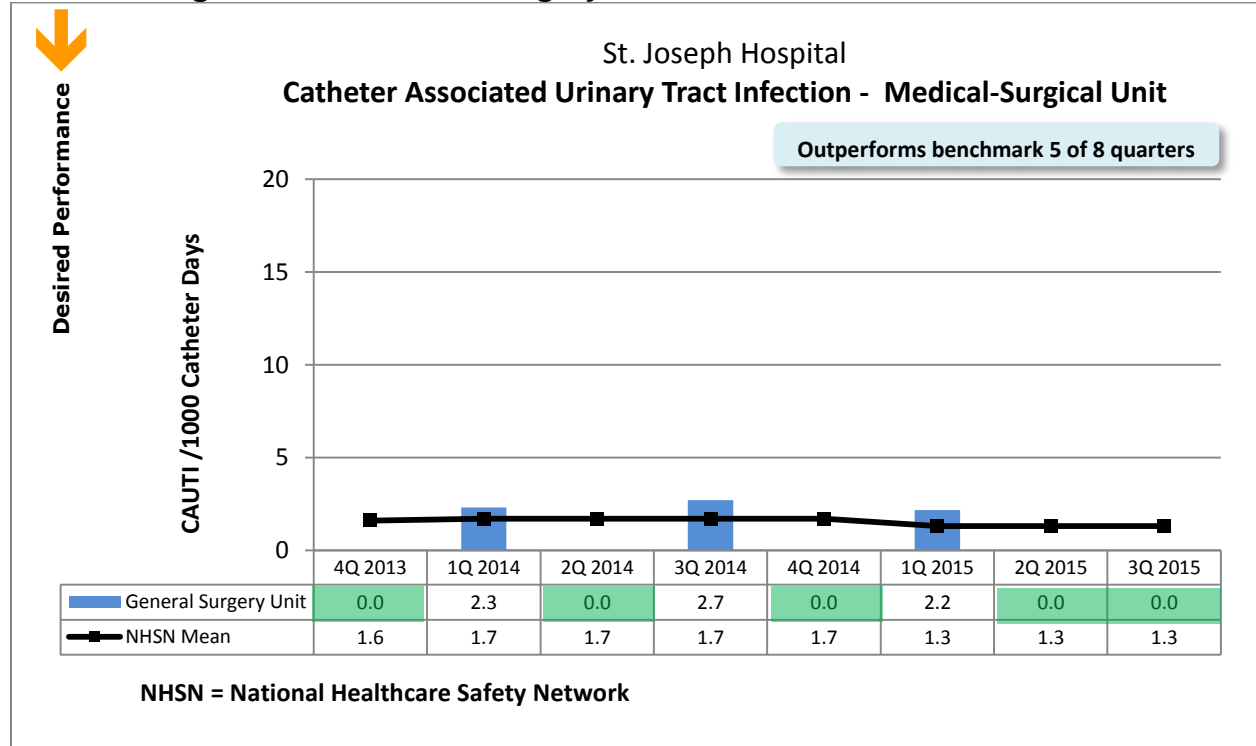
Medical Unit: Oncology



Surgical Unit: Orthopedic



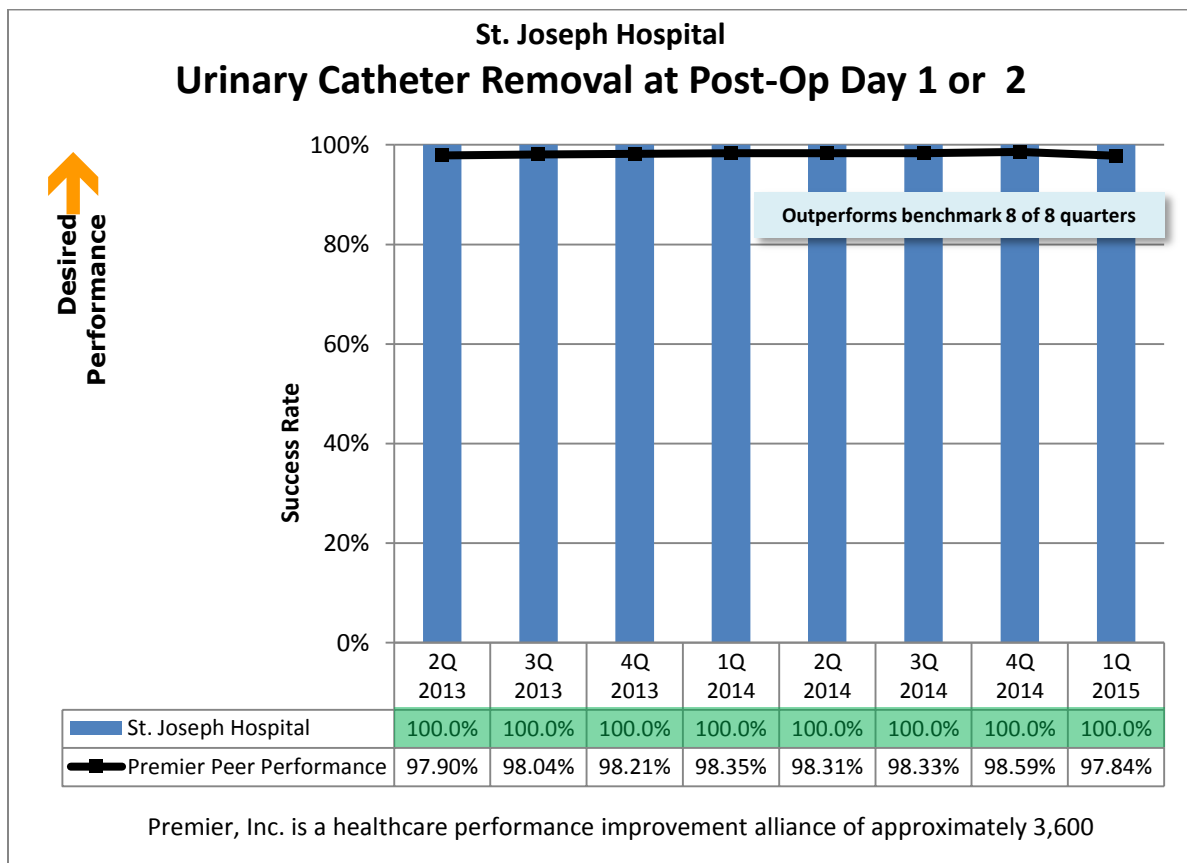
Medical Surgical Unit: General Surgery



Core Measure Nurse Sensitive Indicator

The nurse sensitive core measure indicator the Surgical Care Improvement Project (SCIP) is composed of five indicators, one of which is removal of urinary catheter by post-op day 1 or 2. SCIP is managed through the Joint Commission in collaboration with Centers for Medicare and Medicaid Services (CMS). The hospital reports its organizational-level data electronically on a monthly basis as a Values Based Purchasing (VBP) initiative.

- This measure applies to all adult inpatient units that meet inclusion criteria. This measurement is done by failure rate of not achieving the target at this organization.
- The national benchmark is CMS VBP. 2Q 2013 through 1Q 2015 outperforms 8 of 8 quarters submitted (100%).



Primary ambulatory/outpatient services indicator

The Medicare End Stage Renal Disease (ESRD) Program, a national health insurance program for people with end stage renal disease, was established in 1972 with the passage of Section 299I of Public Law 92-603. The formation of ESRD Network Organizations was authorized in 1978 by Public Law 95-292 which amended Title XVIII of the Social Security Act by adding section 1881. Thirty-two ESRD Network areas were initially established. H.R. 8423 was designed to encourage self-care dialysis and kidney transplantation and clarify reimbursement procedures in order to achieve more effective control of the costs of the renal disease program. In 1986, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) amended section 1881c of the Social Security Act to establish at least 17 ESRD Network areas and to revise the Network Organizations responsibilities.

Today, 18 ESRD Network Organizations exist under contract to CMS and serve as liaisons between the federal government and the providers of ESRD services. The Network Organizations are defined geographically by the number and concentration of ESRD beneficiaries in each area. Some networks represent one state, others multiple states. The ESRD Network Organizations' responsibilities include: the quality oversight of the care ESRD patients receive, the collection of data to administer the national Medicare ESRD program, and the provision of technical assistance to ESRD providers and patients in areas related to ESRD. All ESRD Networks are members of the Forum of ESRD Networks, which is a not-for-profit organization that advocates on behalf of its membership and coordinates projects and activities of mutual interest to ESRD Networks. The Forum facilitates the flow of information and advances a national quality agenda with CMS and other renal organizations. California has been assigned to ESRD Network 18 as the mechanism to participate with the national CMS quality and clinical initiatives set for the ESRD patient population.

In 2008 CMS contracted with Quality Improvement Organizations (QIO) to improve care to beneficiaries, families and caregivers through monitoring and assisting with implementing best practices across the nation. QIOs are private not-for-profit organizations that drive the quality initiatives and priorities set forth by the U.S. Department of Health and Human Services National Quality Strategy and the CMS Quality Strategy. The QIOs are assigned to collaborate with the ESRD networks in advancing the national quality agenda for ESRD patient population. The Health Services Advisory Group (HSAG) has been assigned to work with Arizona, California, Florida and Ohio. HSAG works with the National Forum of ESRD Network to monitor and manage these clinical indicators for CMS. Consequently the national quality data for SJO is reported to HSAG: ESRD Network 18 of Southern California.

The nurse sensitive primary ambulatory/ outpatient services indicator provided is Anemia Management for the Outpatient Dialysis Center in Santa Ana and for the Renal Center to ensure that 65% of their dialysis patients achieve the Hgb goal of 10-12 g/dl.

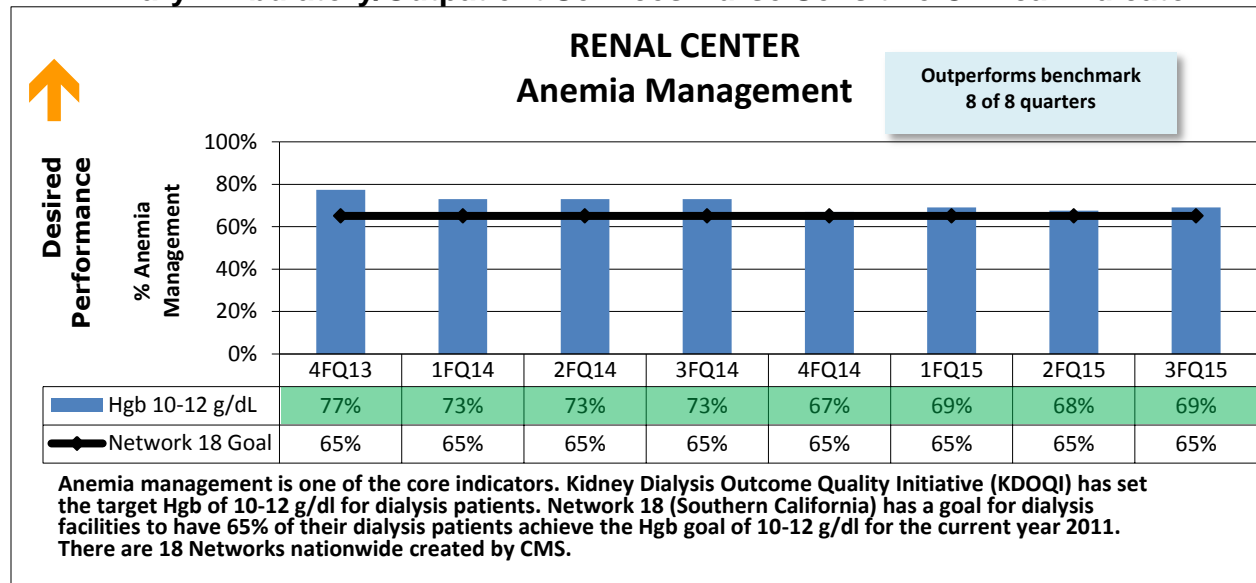
Anemia Management for dialysis patients is defined by CMS Network 18 (Southern California) as a percent of patients receiving dialysis in a dedicated dialysis unit maintain patient hemoglobin levels at a certain percent.

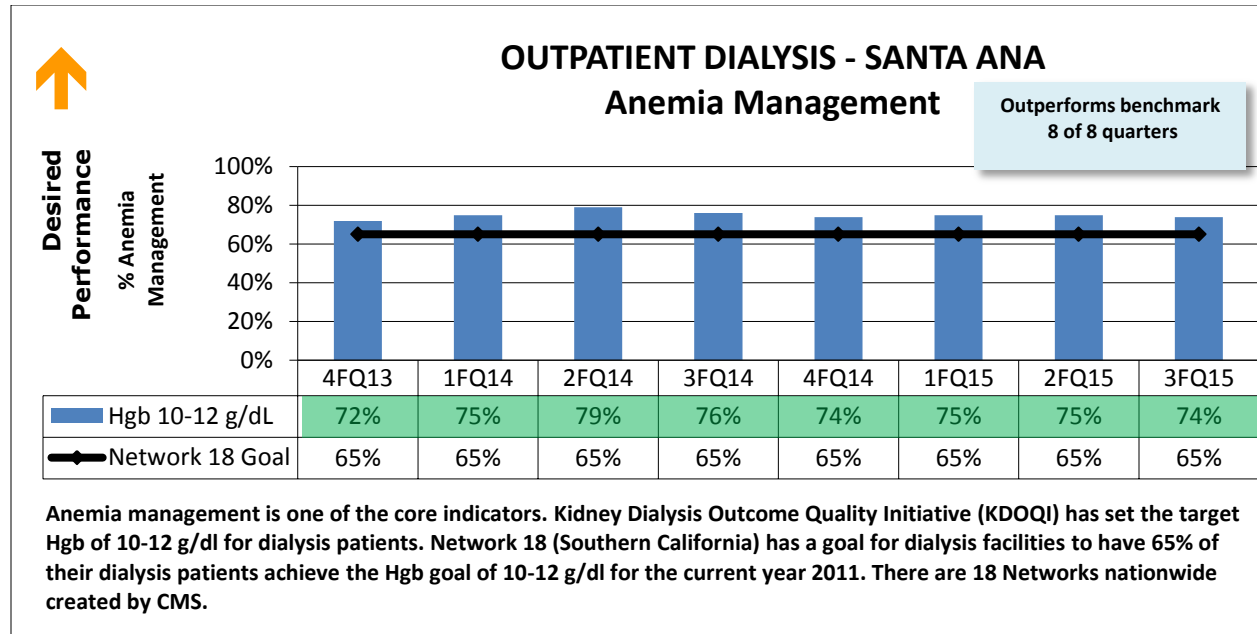
- This is measured by the percent of patients maintaining their Hemoglobin (Hg) level between 10-12 grams per deciliter (g/dL). The National Network 18 benchmark is to have greater than 65% of the population receiving dialysis at this facility within the above mentioned level.

This measure applies to two ambulatory dialysis units: the Outpatient Dialysis Center and the Renal Center. These units collect quarterly data and report internally and to CMS Network 18. The data presented from 2Q 2013 through 1Q 2015 with both units outperforming the Network 18 benchmark.

- Outpatient Dialysis Center Santa Ana outperforms 8 out of 8 quarters (100%)
- Renal Center outperforms 8 out of 8 quarters (100%)

Primary Ambulatory/Outpatient Services Nurse Sensitive Clinical Indicator





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