

# Great Lakes Partners for Patients: Hospital Improvement Innovation Network - Encyclopedia of Measures

## Frequently Asked Questions

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### Reporting Deadlines

- **Question:**  
What is the data submission deadline for hospitals participating in HIIN?  
**Answer:**  
Please have data entered by the 15<sup>th</sup> of each month. Recognizing this may be a stretch for some hospitals as the NHSN deadline is 4.5 months at the end of the quarter, we ask that you submit what you have available by that time.

### NHSN Measures

- **Question:**  
Are all NHSN Rate Measures Prevalence Rates?  
**Answer:**  
No – the NHSN Rate Measures we report on for HIIN are all incidence rates.

- **Question:**  
Should swing beds be excluded from NHSN surveillance?

**Answer:**  
Not necessarily. If there are a few swing beds contained within an inpatient unit, they should be included in reporting. However a unit comprised entirely of swing beds should not be included. Please refer to NHSN surveillance definitions for more guidance.

## CLABSI Rate

- **Question:**  
Are MBI (mucosal barrier injury) excluded from CLABSI Reporting?

**Answer:**  
Yes, the CLABSI Export File we use excludes any CLABSI events that were classified as an LCBI (laboratory confirmed bloodstream infection).

## MRSA

- **Question:**  
Does this measure include Hospital Onset (HO) cases only, or does it include Community Onset (CO) too?

**Answer:**  
The MRSA measure includes only hospital onset cases which were identified from blood specimens.

## SSI Rate

- **Question:**  
Are superficial SSIs included or excluded in SSI rate calculations?

**Answer:**  
Superficial SSIs are included as we use the “All SSI Model” which includes superficial, deep, and organ/space SSIs.

## VAE

- **Question:**  
My hospital only ventilates patients in event of an emergency, and these patients are quickly transferred to other larger institutions. Do we still need to perform surveillance on VAE?

**Answer:**  
In order to reduce data burden, since your facility is not caring for ventilated patients for extended periods of time, you do not need to complete VAE surveillance.

- **Question:**  
Are VAC, IVAC, and PVAP being considered in the VAE measures?

**Answer:**  
The numerators for each of the VAE measures account for these conditions. The formulas for calculation of the numerators are below:

- VAE-1 (Total VAE) = VAC + IVAC + PVAP
- VAE-2 (Total IVAC Plus) = IVAC + PVAP

The denominator for all VAE-related rates is Ventilated Patient Days (Vent Days).

The GLPP HIIN is also reporting VAC, IVAC, and PVAP rates separately as well, for comparability to other HIINs.

## ADE

- **Question:**  
Should swing beds and observation patients be included when reporting ADE measures?  
(Anticoagulation, Hypoglycemia, and Opioids)  
**Answer:**  
No. Please exclude swing beds and any observation patients who are not admitted from reporting in all 3 ADE measures.
- **Question:**  
Should hospice, respite care, or hospice patients be included?  
**Answer:**  
No. Please exclude any hospice, respite care, and hospice patients from ADE Reporting.

## Anticoagulation (ADE-2)

- **Question:**  
If a patient is taking warfarin anticoagulation therapy at home, however it was never administered to them while they were in the hospital, should they be excluded from this measure?  
**Answer:**  
Yes. If the patient was never on *inpatient* warfarin anticoagulation therapy, they should be excluded from the numerator.

## Hypoglycemia (ADE-3)

- **Question:**  
If the point of care Accucheck is <50, and the lab value is >50, does this count as an ADE?  
**Answer:**  
No, the lab value trumps the point of care test result.
- **Question:**  
What is the definition for Present on Admission (POA)?  
**Answer:**  
Present on Admission is defined as the patient being diagnosed with hypoglycemia in the admission diagnosis or had hypoglycemia coded as one of the admitting diagnosis.
- **Question:**  
The numerator definition is “Number of patients experiencing hypoglycemia event (e.g. hypoglycemia defined as plasma glucose concentration of 50 mg/dl or less)” - Does that include POC [Point of Care] and Blood Draws or just Blood Draws?  
**Answer:**  
Just Blood Draws. This does not include point of care testing or finger sticks.
- **Question:**  
Should hypoglycemic events for non-insulin receiving patients be excluded?  
**Answer:**  
Yes, we have revised the Encyclopedia of Measures (01/2017) to reflect this exclusion.
- **Question:**  
Should we count all hypoglycemic events, regardless of event timing after insulin administration?  
**Answer:**  
Yes. All hypoglycemic events occurring at any time during an inpatient’s stay should be counted as an

event. For patients who are ill enough to require inpatient care, ongoing monitoring of blood sugars is important.

- **Question:**

What does “identified as warranted” mean, for denominator reporting?

**Answer:**

The denominator is indicating that only patients who had both an order for insulin and received insulin should be included. Patients with orders that were not qualified to receive insulin, should not be included.

## Opioids (ADE-4)

- **Question:**

Will a procedure code list be provided that includes all outpatient surgical procedures to be included in the denominator? What about Interventional Radiology procedures? Specific codes for endoscopy?

**Answer:**

Due to the long list of ICD-10 procedures and the variability of hospital coding practices, including endo and IR procedures, a specific list will not be provided in the EOM. We recommend multidisciplinary teams define a patient type or patient location to query and couple that data element with those who had an opioid administered for the patient population for the measure.

- **Question:**

Should a patient who received naloxone (Narcan) in the OR be included in our numerator?

**Answer:**

The numerator will include any patient that received an opioid and received naloxone (Narcan). Thus, if a patient is receiving naloxone but has not been administered an opioid at that facility, they would not be included in the numerator nor denominator.

- **Question:**

We routinely reverse anesthesia by administering naloxone, which is one of our standards of care and planned for procedures. Should these be removed from the numerator since they are planned utilization of naloxone?

**Answer:**

No, these patients should be included in the numerator if they received an opioid and are receiving naloxone. Naloxone is a medication used to reverse opioid overdose. Its use can be associated with hypertension, tachycardia, and, rarely, pulmonary hypertension. Routine use of naloxone in the perioperative setting exposes patients to unnecessary drug risk, and suggests that opioids are being misused/overused initially. In keeping with national safety requirements, non-opioid multimodal analgesics should be given to all patients experiencing pain, and opioids should be used sparingly, especially in our elderly/obese/frail/pediatric patients. Its use generally should be limited to:

- Opioid overdose in the emergency department setting
- Inadvertent iatrogenic opioid overdose in the hospitalized or perioperative setting
- Reversal of severe itching associated with intrathecal opioids

- **Question:**

Should cases where Narcan is being administered as a low dose infusion along with an opioid, be excluded from this measure?

**Answer:**

No. Though Narcan is occasionally given along with opioid infusions to combat itching, the number of patients this applies to outside the OB unit, which is excluded, is likely a very small subset of all

patients who are receiving opioids and, therefore, the burden of excluding these patients would likely be greater than their collective impact on the measure.

- **Question:**

Should Tramadol/Ultram be included in Opioid reporting?

**Answer:**

Tramadol (Ultram) was recently updated to be considered an opioid, since it binds to the same receptor as opioids do. Since the opioid measure includes opioids and all routes please ensure this medication is included when reporting for the Opioid measure.

- **Question:**

Should a patient who received an opioid in the ER and subsequently received naloxone (Narcan) in the ER be included in our numerator?

**Answer:**

While these cases are still important to track and monitor, for HIIN reporting these cases should not be included, as the focus is on inpatients only.

## Falls

- **Question:**

If a patient falls in September but is discharged in October, would we count the patient days and fall with injury for September or October?

**Answer:**

Both falls and patient days should be attributed to the month in which they occurred, not the month of the patient's discharge.

- **Question:**

Are Swing Beds included in Falls with Injury reporting?

**Answer:**

Swing Beds are included in surveillance and reporting for critical access units. Please refer to NQF 0202 for more information on bed types that are included. The following excerpt is from page 11 of their source document:

Critical Access Unit:

Located in a Critical Access Hospital that cares for a combination of patients that may include critical care, medical-surgical, skilled nursing (swing bed) and/or obstetrics.

- **Question:**

Since pediatrics are listed as an exclusion criteria, would we count a unit that contains both pediatric and adult patients? (e.g. burn unit)

**Answer:**

Since the burn unit is not listed as an 'eligible inpatient unit', it would be excluded. However if there are pediatric patients located on a unit that is an eligible 'adult inpatient unit', they would not be excluded; they should be included in counts due to location and not be excluded due to age.

- **Question:**

The NQF definition lists excluded populations: “other unit types (e.g., pediatric, psychiatric, obstetrical, etc.)” What is included in “etc.”?

**Answer:**

Please focus on surveillance for the units which NQF has specifically indicated are *included*:

- Adult Critical Care
- Step-Down
- Medical
- Surgical
- Medical-Surgical Combined
- Critical Access
- Adult Rehabilitation Inpatient Units

One note of caution: though pediatric units are excluded, if pediatric cases are housed on one of the above adult inpatient units, they will be included in the count.

*Please note: The slight differences in the measure definition should even out over time. If you already have a data collection process established and you consistently collect and report the data in that fashion, there is no need to modify that to accommodate for this project.*

## Pressure Ulcers

- **Question:**

Are Deep Tissue Injuries considered unstageable? Should they be included in this reporting?

**Answer:**

Deep Tissue Injuries do not fall within the ‘unstageable’ category, and should not be included in Pressure Ulcers reporting.

## Person & Family Engagement

- **Question:**

We have a shared governance model for our system where we have patients serve on the board at the system level. Does this count as having a patient on the board (to meet PFE goal 5)?

**Answer:**

If the voice of the patient is actively woven throughout the services and interventions for each hospital in the system, then yes.

e.g. If a hospital in the system decides to implement post-fall huddles, and the patient voice that is present at the system level has an opportunity to apply the voice of the patient to that proposed intervention, then yes, that meets the intent of the measure.

- **Question:**

What criteria make us eligible to have this metric fully implemented (PFE goal 5)?

**Answer:**

In addition to having a patient on the board, you can also

- Ask for PFAC input on matters within the board and/or incorporate a PFAC report into the board agenda
- Identify a specific board member to represent the patient and family voice on all matters before the board
- Require board members to round within the hospital, or engage in other activities connecting them closer to patients