Meaningful Use: Moving to Stage 2 and the Leadership Required to Achieve Success

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Tenet Healthcare Corporation
ONC Health Information Technology Standards Committee Member
Tenet today spans 16 states in a variety of settings.

- **California**: 11 Hospitals, 29 OP Centers
- **Illinois**: 4 Hospitals, 4 OP Centers
- **Massachusetts**: 3 Hospitals, 4 OP Centers
- **Pennsylvania**: 2 Hospitals, 3 OP Centers
- **Connecticut (LOI)**: 2 Hospitals
- **Tennessee**: 2 Hospitals, 5 OP Centers
- **Connecticut (LOI)**: 2 Hospitals
- **Michigan**: 8 Hospitals, 9 OP Centers
- **Missouri**: 2 Hospitals, 5 OP Centers
- **Arizona**: 6 Hospitals, 2 OP Centers
- **New Mexico**: 2 OP Centers
- **Texas**: 18 Hospitals, 55 OP Centers
- **Florida**: 10 Hospitals, 27 OP Centers
- **S. Carolina**: 4 Hospitals, 10 OP Centers
- **N. Carolina**: 2 Hospitals, 4 OP Centers
- **Georgia**: 5 Hospitals, 9 OP Centers

-(a) Excludes 2 Connecticut hospitals currently under LOI
-(b) Includes the Resolute Health Hospital and Wellness Campus under construction in New Braunfels, Texas
A Remarkable Journey

Meaningful Use
Today’s Discussion

• Stage 2 highlights and overview:
  • Core and Menu
  • Clinical Quality Measures

• How leadership makes a difference

• A glimpse of Meaningful Use Stage 3
Supporting Continuous Quality Improvement

Meaningful Use

Improved Quality of Patient Care

Stage 1
Data capture and sharing

Stage 2
Advanced Clinical Processes & decision support

Stage 3
Improved Outcomes

Enabling:
- Better clinical outcomes
- Patient Engagement
- Improved population health
- Increased transparency
Highlights - Stage 2 Meaningful Use

Impact on MU Program

- Reporting Periods for FFY 2014 changed
- Penalties definition clarified
- Limited options for menu (5/10 vs. 3/6)
- Expansion of CQMs to 29 (select 16) and linked to Clinical Decision Support

Impact on Measures

- Patient Engagement is real
- eMAR is now required
- eRx and Progress notes are now options
- CPOE increased thresholds and definition
- Medication Reconciliation is now part of Core
- Expanded Summary of Care document with electronic exchange component
- All Public Health measures are now required
- Clinical Decision Support requirements now tied to quality domains

Impact on Standards and Certification

- New 2014 Edition of Certified EHR Technology (CEHRT)
- Standard changes for Smoking Status, new standard for Preferred Language
“We received the guidelines on what we need to do to demonstrate Meaningful Use for the incentives, or as I like to call it: '50 shades of grey'.”
Leading the Journey

**Governance**
- Clear vision and mission
- Leadership buy in
- Clinical advisory teams
- Standards

**Process Continuity**
- Future state workflow localization
- Change readiness assessment
- Key Stake holder analysis
- Change readiness survey

**Communications**
- Communication plan template for each hospital with lead to tailor and manage
- Regular (monthly) communication campaigns with predesigned messages throughout the project life cycle
- Hospital communication owners
- Guides and vehicles

**Adoption and Sustainment**
- End user engagement and adoption
- Clinical Informaticist
- Physician Champion
- Risk mitigation plan-change strategy

**Value Realization & Expertise**
- Clinical performance improvement and business value, Program based value metrics
- Identify, act on, report and monitor the CMS Meaningful Use requirements

**Optimization**
- Post go-live optimization
- Ongoing continuous improvement
- Change management
Leading the Journey

PMO/FMO
- Global Business Functions
- Delivery Solutions

BOARD OF DIRECTORS
- SUB-COMMITTEE

EXECUTIVE STEERING COMMITTEE

Liz Johnson, IMPACT Program Leader

MEANINGFUL USE COMMITTEE

HOSPITAL STEERING COMMITTEES

Hospital Project Leads

Clinical Councils

Critical Input for Direction

Corporate Accountability

Operations/Regional Accountability

Hospital Accountability

PMO/FMO

Clinical Leadership Council

Clinical Advisory Councils

Physician Advisory Council
# Nurse Leader Watch List for Stage 2

<table>
<thead>
<tr>
<th>Core Objective</th>
<th>Measure is Changing from “this” to “this”</th>
<th>Nurse Leader Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. CPOE for Med, Lab and Rad Orders</strong></td>
<td>• Threshold increase from 30% to 60% for use of CPOE for medication orders, 30% of laboratory, and 30% of radiology</td>
<td>• Minimize verbal, telephone, and written orders in the practice environment</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>3. Record Vital Signs</strong></td>
<td>• Threshold increase from 50% to 80%. • Changed from 2 years of age to 3 years of age for BP recording • Record height/length and weight on all patients</td>
<td>• Will you be surprised by the compliance with this expectation?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Record Smoking Status</strong></td>
<td>• Threshold increase from 50% to 80%. • Structured data required for type of smoker (Light vs. Heavy and record cigarettes per day)</td>
<td>• Creating the scale to determine light vs. heavy – ensure adoption for this new terminology for nursing</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>5. Implement Clinical Decision Support Interventions</strong></td>
<td>• Threshold increase from 1 to 5 clinical decision support (CDS) interventions implemented and must be related to 4 or more CQMs</td>
<td>• Bringing quality, safety and meaningful use together</td>
</tr>
</tbody>
</table>
# Nurse Leader Watch List for Stage 2

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<th>Core Objective</th>
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<th>Nurse Leader Implication</th>
</tr>
</thead>
</table>
| 8. Automatically track medications from order to administration (eMAR) | New Core Measure.  
• eMAR is implemented and used for more than 10% of medication orders  
• Tracking of the administration of all doses of the medications using computer assisted technology (required) | • Establish eMAR (and bar code medication administration) as the practice standard for your setting, if not already done so |
| 9. Provide patients the ability to view online, download and transmit their health information | New Core Measure with 2 requirements:  
• Greater than 50% of all patients must be offered the opportunity to access electronic summary of care  
• More than 5% of all patients will view, download or transmit to a third party their information during the reporting period | • Patient portal becomes part of your patient engagement and patient satisfaction strategy |
## Nurse Leader Watch List for Stage 2

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<th>Core Objective</th>
<th>Measure is Changing from “this” to “this”</th>
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</table>
| **10. Patient-specific education**    | • No change in threshold in using the EHR to identify and provide education resources for more than 10% of all unique patients  
• Moved from a **menu to a core** measurement | • Understand the patient–specific trigger within your EHR and ensure adoption of a workflow (for patient care services) based on that trigger |
| **12. Transition of Care Summary**    | • No change in threshold for providing a summary of care document for more than 50% of transitions of care and referrals  
• Moved from a **menu to a core** measurement  
**New Requirements:**  
• 10% of the SOC documents must be provided via electronic transmission using Consolidate CDA standard  
• Conducts one or more successful electronic exchanges of a SOC with a recipient who has different EHR technology than the sender's EHR technology, OR conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period | • Begin to shift focus to the patient’s journey through the care continuum instead of the hospital admission and discharge as isolated events |
Leadership Tactics:
Stage 2 Watch List Measures
CPOE – Leadership Tactics

Core Objective | Measure is Changing from “this” to “this”
--- | ---
1. CPOE for Med, Lab and Rad Orders | • Threshold increase from 30% to 60% for use of CPOE for medication orders, 30% of laboratory, and 30% of radiology
• Denominator changed from “unique patient” and “at least one medication” to “all medications orders”

- **Ownership** – Collaborate with medical colleagues to establish the clinical imperative and business case for CPOE
  - Fine tune your elevator speech
    • Patient safety, increased quality, value realization
  - Leverage your formal and informal relationships (and influence) with providers

- **Governance** – Co-author policies related to verbal and telephone orders in the CPOE world
  - Nurse-provider relationships at the point of care

- **Time for a formal mandate for CPOE?**
Suggested Patient Education – Leadership Tactics

<table>
<thead>
<tr>
<th>Core Objective</th>
<th>Measure is Changing from “this” to “this”</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Patient - specific education</td>
<td>• No change in threshold in using the EHR to identify and provide education resources for more than 10% of all unique patients</td>
</tr>
<tr>
<td></td>
<td>• Moved from a menu to a core measurement</td>
</tr>
<tr>
<td></td>
<td>• Removal of “if appropriate” from the objective and replaced with “are provided patient-specific education resources identified by Certified EHR Technology”</td>
</tr>
</tbody>
</table>

• **Expertise**
  – Understand how your EHR works – what is the suggested patient education trigger?
    • Do you have a clinical informaticist expert on your team?
    • Does the trigger come from another discipline’s workflow?

• **Ownership**
  – Based on the certified technology – determine the role patient care services plays
  – Sponsorship of patient engagement via education
Patient Portal – Leadership Tactics

<table>
<thead>
<tr>
<th>Core Objective</th>
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</table>
| 9. Provide patients the ability to view online, download and transmit their health information | New Core Measure with New requirements:  
  - More than 5% of all patients will **view, download or transmit** to a third party their information during the reporting period  
  - Required data elements for summary of care are now satisfied by using the Consolidated CDA standard |

- **Governance**
  - Establish a multi-disciplinary portal adoption team as part of your larger patient and family engagement strategy

- **Expertise**
  - Utilize your MU expert to understand how your portal numbers are achieved
  - Target specific patient populations (OB, elective surgery)

- **Ownership**
  - Guide the adoption team through the workflow and optimization process...there will be many refinements along the way
Current Workflow for “View and Download”

Each patient will be asked at admission if they would like to set up a portal (opt in/out)

*If patient says yes (opt in)*, staff enter information into ADT and EHR systems

*If patient says no (opts out)*

The hospital will provide information describing how to opt in to patient portal at a later date

*Once registered*, a email invitation is sent. A link in the invite takes the patient to a page with instructions to verify information and enter a password. Access is granted with ability to view, download, and transmit information
## Transition of Care Summary – Leadership Tactics

### Core Objective

<table>
<thead>
<tr>
<th>Measure is Changing from “this” to “this”</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Transition of Care Summary (Summary of Care)</td>
</tr>
<tr>
<td>• No change in threshold for providing a summary of care document for more than 50% of transitions of care and referrals</td>
</tr>
<tr>
<td>• Moved from a menu to a core measurement</td>
</tr>
</tbody>
</table>

### New Requirements:

- 10% of the SOC documents must be provided via electronic transmission using Consolidate CDA standard
- Conducts one or more successful electronic exchanges of a SOC with a recipient who has different EHR technology than the sender's EHR technology, OR conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period

### Leadership Tactics

- **Expertise**
  - Acquire a basic understanding of “consolidated CDA standard” and acceptable electronic transmission modalities (HISP, Direct, etc.)

- **Governance**
  - Collaborate closely with legal and compliance during Direct email and/or HIE process

- **Ownership**
  - Coordinate closely with Case Management and HIM as their workflow will change
  - Participate in design changes needed in the patient discharge instruction content and format
Work with your vendor

NOTE: If 3rd party is outside of our vendor AND NOT part of Tenet organization – Counts for Measure 3

* HISP – Health Information Service Provider
2014 Clinical Quality Measures - Key Themes

- Beginning in 2014, reporting of Clinical Quality Measures (CQM) will be independent of MU stage
  - CQM measures are the same for Stage 1 or Stage 2

- Measures and reporting align (NOT YET) with other quality reporting initiatives
  - PQRS, ACO and NQCA (Patient Centered Medical Home)

- Almost all of the CQM’s that are included in the hospital Inpatient Quality Reporting (IQR) program now have electronic equivalents included in the MU program
  - There is extensive discussion in the final rule about the intention of CMS to convert the hospital IQR and VBP program to electronic measures, as early as 2015
EHs and CAHs must report on 16 of the 29 CQMs.

Must report measures **electronically** to CMS and/or States.

Must submit at least one measure from at least 3 of the 5 Domains:
- Care Coordination
- Clinical Processes/Effectiveness
- Efficient Use of Healthcare Resources
- Patient and Family Engagement
- Patient Safety

Four of the Five Clinical Decision Support interventions will need to address CQMs.

*Report clinical quality measures to CMS for the States is no longer a separate objective for Stage 2, but providers must still submit CQMs to CMS or the State in order to achieve meaningful use.

### Clinical Quality Measure Changes

<table>
<thead>
<tr>
<th>Domains</th>
<th># of Measures</th>
<th>New</th>
<th>Existing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Process/Effectiveness</td>
<td>14</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Efficient Use of Healthcare Resources</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Patient &amp; Family Engagement</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>29</strong></td>
<td><strong>14</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>
Clinical Decision Support for MU2

– Implement five clinical decision support interventions related to **four or more clinical quality measures** at a relevant point in patient care for the entire EHR reporting period

– In addition, the clinical decision support interventions **must be related to high-priority health conditions**

– CMS also “suggests” that 1 of 5 be related to improving healthcare efficiency. (CDS support to avoid unnecessary or inappropriate care)

Nursing: Choose 5 -7 CDS interventions related to 4 CQMs and high priority conditions. 1 could be related to improving healthcare efficiency
Moving to Improved Outcomes and Patient Engagement

Stage 1
Data capture and sharing

Stage 2
Advanced Clinical Processes & decision support

Stage 3
Improved Outcomes

Enabling:
- Better clinical outcomes
- Patient Engagement
- Improved population health
- Increased transparency

Meaningful Use
Improved Quality of Patient Care
A glimpse into Meaningful Use Stage 3 ... the underlying concepts

HITECH Meaningful Use Program  🔄  Health Outcomes

Identify Population at Risk  ➔  Pre-Visit  ➔  Check-in  ➔  Exam Room  ➔  After Visit / Follow-up

Using Informatics and technology across the continuum of care
<table>
<thead>
<tr>
<th><strong>Stage 3 - Most Significant for Eligible Hospitals</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Decision Support Rules</strong></td>
</tr>
<tr>
<td><strong>Patient Information</strong></td>
</tr>
<tr>
<td><strong>Patient Generated Data (PGHD)</strong></td>
</tr>
<tr>
<td><strong>Patient education</strong></td>
</tr>
<tr>
<td><strong>Improving Continuum of Care</strong></td>
</tr>
<tr>
<td><strong>Patient View and download</strong></td>
</tr>
<tr>
<td><strong>Immunization Records</strong></td>
</tr>
<tr>
<td><strong>Advance Directives</strong></td>
</tr>
<tr>
<td><strong>Physician Progress Notes</strong></td>
</tr>
<tr>
<td><strong>Clinical Quality Measures</strong></td>
</tr>
</tbody>
</table>
So where is MU3 Today?

✓ Reduced total number of objectives by 8
✓ Focused level of effort in emphasis areas:
  • Clinical decision support
  • Patient and family engagement
  • Care coordination
  • Public and population health
✓ Relied on more mature standard

Rule-making schedule
  ▪ HITPC recommendation, March, 2014
  ▪ NPRM, Fall, 2014
  ▪ Final rule, 1st half 2015
Nursing has evolved significantly …

…Today, nursing leaders have a critical voice
Meaningful Use is a Stepping Stone to Meaningful Care
Contact Information

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Chief Clinical Informaticist

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Dallas, TX 75202

Office 469.893.2039
e-mail: liz.johnson@tenethealth.com
## Stage 2 Core Measures

<table>
<thead>
<tr>
<th>Core Objective</th>
<th>Measure is Changing from “this” to “this”</th>
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</table>
| 1. CPOE for Med, Lab and Rad Orders                | • Threshold increase from 30% to 60% for use of CPOE for medication orders, 30% of laboratory, and 30% of radiology  
• Denominator changed from “unique patient” and “at least one medication” to “all medications orders”  |
| 2. Record Demographics                             | • Threshold increase from 50% to 80%  
• Structured data (ISO standard) for preferred language  |
| 3. Record Vital Signs                               | • Threshold increase from 50% to 80%  
• Changed from 2 years of age to 3 years of age for BP recording  
• Record height/length and weight on all patients  |
| 4. Record Smoking Status                            | • Threshold increase from 50% to 80%  
• Structured data required for type of smoker (Light vs. Heavy and record cigarettes per day) |
| 5. Implement Clinical Decision Support Interventions| • Threshold increase from 1 to 5 clinical decision support (CDS) interventions implemented and must be related to 4 or more CQMs.  
• Also incorporated the drug/drug and drug/allergy interaction measure into this measure |
| 6. Incorporate Lab Results into EHR                 | • Threshold increase from 40% to 55%  
• Moved from a menu to a core measurement |
## Stage 2 Core Measures

<table>
<thead>
<tr>
<th>Core Objective</th>
<th>Measure is Changing from “this” to “this”</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Generate Patient Lists</td>
<td>• No change in objective. Moved from a <strong>menu to a core</strong> measurement</td>
</tr>
</tbody>
</table>
| 8. Automatically track medications from order to administration (eMAR)      | **New Core Measure.**  
  • eMAR is implemented and used for more than 10% of medication orders  
  • tracking of the administration of **all doses** of the medications using computer assisted technology (required) |
| 9. Provide patients the ability to view online, download and transmit their health information | **New Core Measure**  
Consolidates these two Stage 1 measures: while the 50% threshold remains:  
• eCopy of HI measure  
• Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request  
**New requirements:**  
• More than 5% of all patients will **view, download or transmit** to a third party their information during the reporting period  
• Required data elements for summary of care are now satisfied by using the Consolidated CDA standard |
| 10. Patient - specific education                                             | • No change in threshold in using the EHR to identify and provide education resources for more than 10% of all unique patients  
• Moved from a **menu to a core** measurement  
• Removal of “if appropriate” from the objective and replaced with “are provided patient-specific education resources identified by Certified EHR Technology” |
### Stage 2 Core Measures

<table>
<thead>
<tr>
<th>Core Objective</th>
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</tr>
</thead>
</table>
| 11. Medication Reconciliation                                                 | • No change in threshold for medication reconciliation for more than 50% of patients upon transitions of care  
• Moved from a menu to a core measurement                                       |
| 12. Transition of Care Summary (Summary of Care)                              | • No change in threshold for providing a summary of care document for more than 50% of transitions of care and referrals  
• Moved from a menu to a core measurement                                       |
|                                                                             | **New Requirements:**  
• 10% of the SOC documents must be provided via electronic transmission using Consolidate CDA standard  
• Conducts one or more successful electronic exchanges of a SOC with a recipient who has different EHR technology than the sender's EHR technology, OR conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period |
| 13. Capability to submit immunizations data to registries or immunization information systems | • Moved from a menu to a core measurement  
• Went from a test to successful ongoing transmission of immunization data |
# Stage 2 Core Measures

<table>
<thead>
<tr>
<th>Core Objective</th>
<th>Measure is Changing from “this” to “this”</th>
</tr>
</thead>
</table>
| 14. Capability to submit electronic data on reportable lab results to public health agencies | • Moved from a **menu to a core** measurement  
• Advanced from a **test** to successful ongoing submission of reportable laboratory results |
| 15. Capability to submit electronic syndromic surveillance data to public health agencies | • Moved from a **menu to a core** measurement  
• Advanced from a **test** to successful ongoing submission of electronic syndromic surveillance data |
| 16. Security Risk Analysis                                                    | • Conduct or review security analysis and incorporate in risk management process; *added encryption and data at rest* |
## Stage 2 Menu Measures (3 of 6 required)

<table>
<thead>
<tr>
<th>Core Objective</th>
<th>Measure is Changing from “this” to “this”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Imaging Results</td>
<td><strong>New</strong> - more than 20% of imaging results are accessible through CEHRT</td>
</tr>
<tr>
<td>2. Record Family Health History</td>
<td><strong>New</strong> - record family health history of one or more first degree relatives for more than 20% of unique patients</td>
</tr>
</tbody>
</table>
| 3. Generate and transmit permissible discharge prescriptions electronically (eRx) | **New** - more than 10% electronic prescribing (eRx) of discharge medication orders  
  • Implement drug formulary checks measure is included in this measure |
| 4. Record Advance Directives | Record status of advance directives as structured data for more than 50% of patients 65 years or older |
| 5. Provide structured electronic lab results to ambulatory providers | **New** - provide structured electronic lab results to EP(physician practices) for more than 20% |
| 6. Record electronic notes in patient records | **New** - enter at least one electronic progress note created, edited and signed for more than 30% of unique patients |
### Stage 2 CQM Measures (14)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing screening prior to hospital discharge (EHDI-1a)</td>
<td></td>
</tr>
<tr>
<td>AMI-2: Aspirin Prescribed at Discharge for AMI</td>
<td></td>
</tr>
<tr>
<td>AMI-7a: Fibrinolytic Therapy received within 30 minutes of hospital arrival **</td>
<td></td>
</tr>
<tr>
<td>AMI-8a: Primary Percutaneous Coronary Intervention (PCI)**</td>
<td></td>
</tr>
<tr>
<td>AMI-10: Statin Prescribed at Discharge</td>
<td></td>
</tr>
<tr>
<td>VTE-3: VTE Patients with Overlap of Anticoagulation Therapy *</td>
<td></td>
</tr>
<tr>
<td>VTE 4: Patients Unfractionated Heparin (UFH) Dosages/Platelet Count Monitoring by Protocol (or Nomogram) *</td>
<td></td>
</tr>
<tr>
<td>Stroke-2: Ischemic stroke – Discharged on anti-thrombotic therapy *</td>
<td></td>
</tr>
<tr>
<td>Stroke-3: Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter *</td>
<td></td>
</tr>
<tr>
<td>Stroke-4: Ischemic stroke – Thrombolytic Therapy *</td>
<td></td>
</tr>
<tr>
<td>Stroke-5: Ischemic stroke – Antithrombotic therapy by end of hospital day two *</td>
<td></td>
</tr>
<tr>
<td>Stroke-6: Ischemic stroke – Discharged on Statin Medication *</td>
<td></td>
</tr>
<tr>
<td>Elective Delivery Prior to 39 Completed Weeks Gestation</td>
<td></td>
</tr>
<tr>
<td>Exclusive Breastfeeding at Hospital Discharge</td>
<td></td>
</tr>
</tbody>
</table>

* Stage 1 CQM currently tracked electronically
** Value Based Purchasing
<table>
<thead>
<tr>
<th>Stage 2 CQM Measure (2)</th>
<th>Efficient Use of Healthcare Resources Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke-10: Ischemic or hemorrhagic stroke –Assessed for Rehabilitation *</td>
<td>PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients**</td>
</tr>
<tr>
<td>ED-3: Median time from ED arrival to ED departure for discharged ED patients *</td>
<td>SCIP-INF-2: Prophylactic Antibiotic Selection for Surgical Patients for discharged ED patients**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 2 CQM Measure (5)</th>
<th>Patient and Family Engagement Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Management Plan of Care Document Given to Patient/Caregiver</td>
<td>VTE-5: VTE discharge instructions *</td>
</tr>
<tr>
<td>Stroke-8: Ischemic or hemorrhagic stroke –Stroke education *</td>
<td>ED-1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients *</td>
</tr>
<tr>
<td>ED-2 Emergency Department Throughput –admitted patients – Admit decision time to ED departure time for admitted patients *</td>
<td></td>
</tr>
</tbody>
</table>
### Stage 2 CQM Measure (6)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE-1:</td>
<td>Venous Thromboembolism Prophylaxis *</td>
</tr>
<tr>
<td>VTE-2:</td>
<td>Venous Thromboembolism Prophylaxis - Intensive Care Unit (ICU) *</td>
</tr>
<tr>
<td>VTE-6:</td>
<td>Incidence of potentially preventable VTE *</td>
</tr>
<tr>
<td>SCIP-INF-9:</td>
<td>Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero</td>
</tr>
<tr>
<td>SCIP-INF-1:</td>
<td>Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision**</td>
</tr>
<tr>
<td>Healthy Term Newborn</td>
<td></td>
</tr>
</tbody>
</table>

**Value Based Purchasing overlaps with 5 of the CQM measures and also includes 2 additional measures:**

- PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
- SCIP-INF-3: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time