

CMS STAR RATING COHORT: SAFETY OF CARE MEASURE

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May 31, 2023

SESSION OBJECTIVES

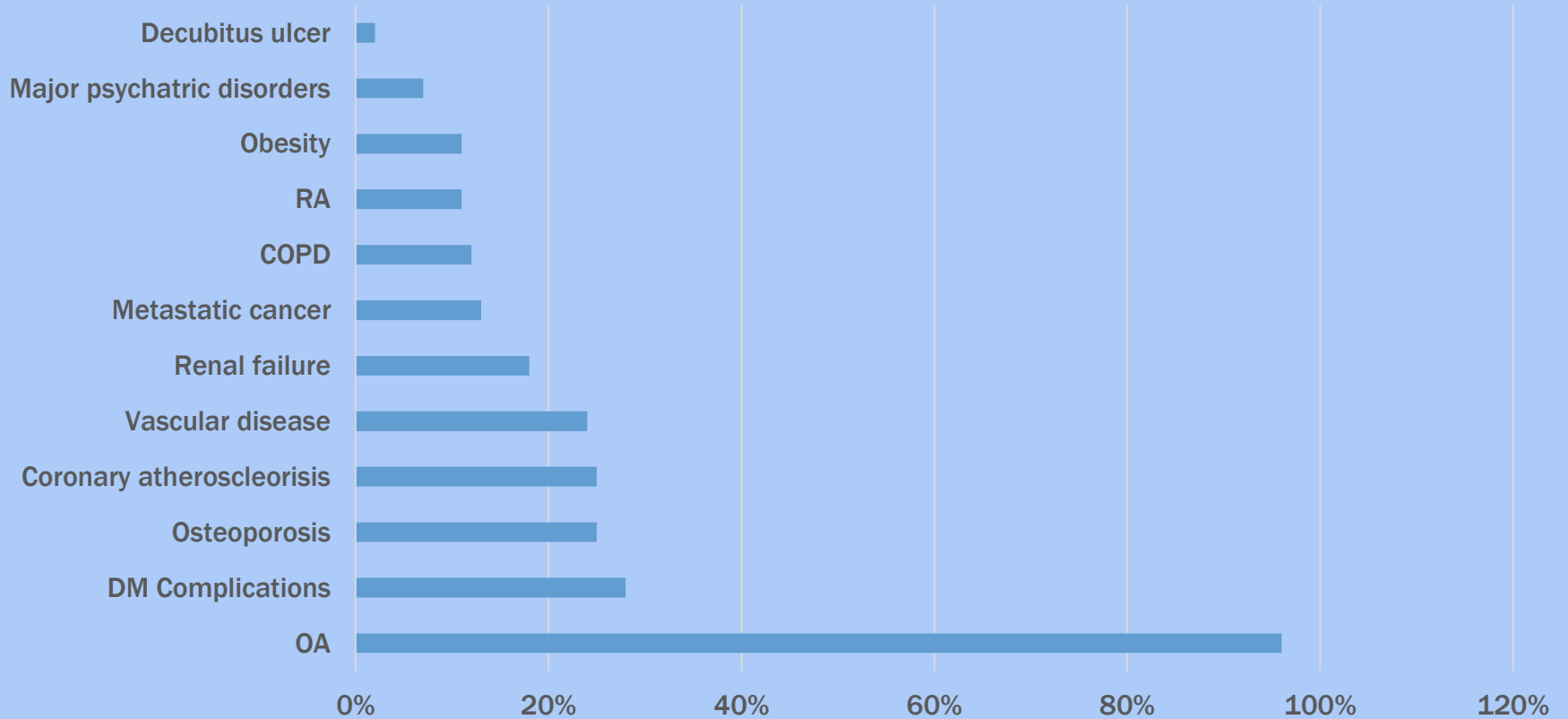
- Identify and explain the 8 standards for the “Safety of Care” measure group and how they are weighted within the overall star rating
- Describe common complications related to hip and knee replacement patients
- Compare best practices for hip and knee replacements to existing organizational orthopedic clinical pathways
- Evaluate organizational falls prevention protocols in relation to hip and knee replacement patients

SAFETY OF CARE MEASURE GROUP

- Central line-associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Surgical site infections from colon surgery (SSI: Colon)
- Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) Blood Laboratory-identified Events (Bloodstream infections)
- *Clostridium difficile* (*C. diff*) Laboratory-identified Events (Intestinal infections)
- **Rate of complications for hip/knee replacement patients**
- **Serious complications**

COMPLICATIONS RELATED TO TKA/THA PATIENTS

Distribution of risk factors for the complication measure

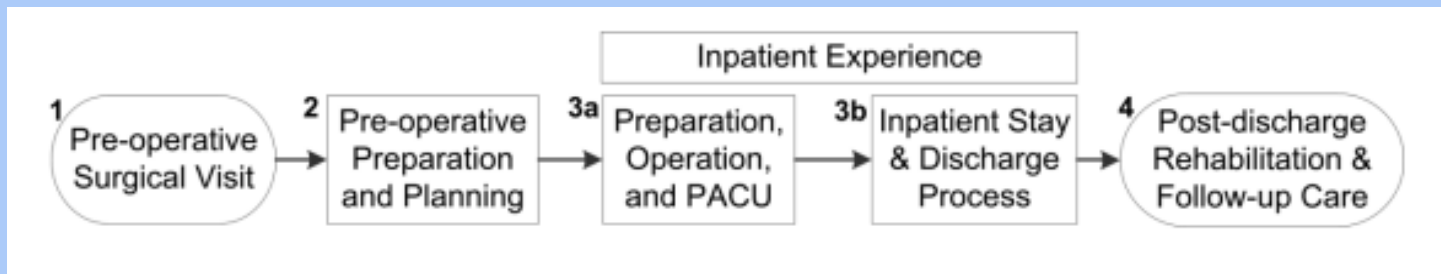


CLINICAL PATHWAYS

- **Significance and importance of clinical pathways**
- **Outcomes correlations**
 - Length of stay
 - Healthcare costs
 - Re-admissions
- **Review study statistics in clinical pathway implementation**

CLINICAL PATHWAY EXAMPLE

- Integrated Care Pathway for Total Joint Arthroplasty (Institute for Healthcare Improvement, 2013)
- Identifies processes and steps in four categories:
 - Safety and reliability
 - Effectiveness
 - Efficiency
 - The patient and family experience of care

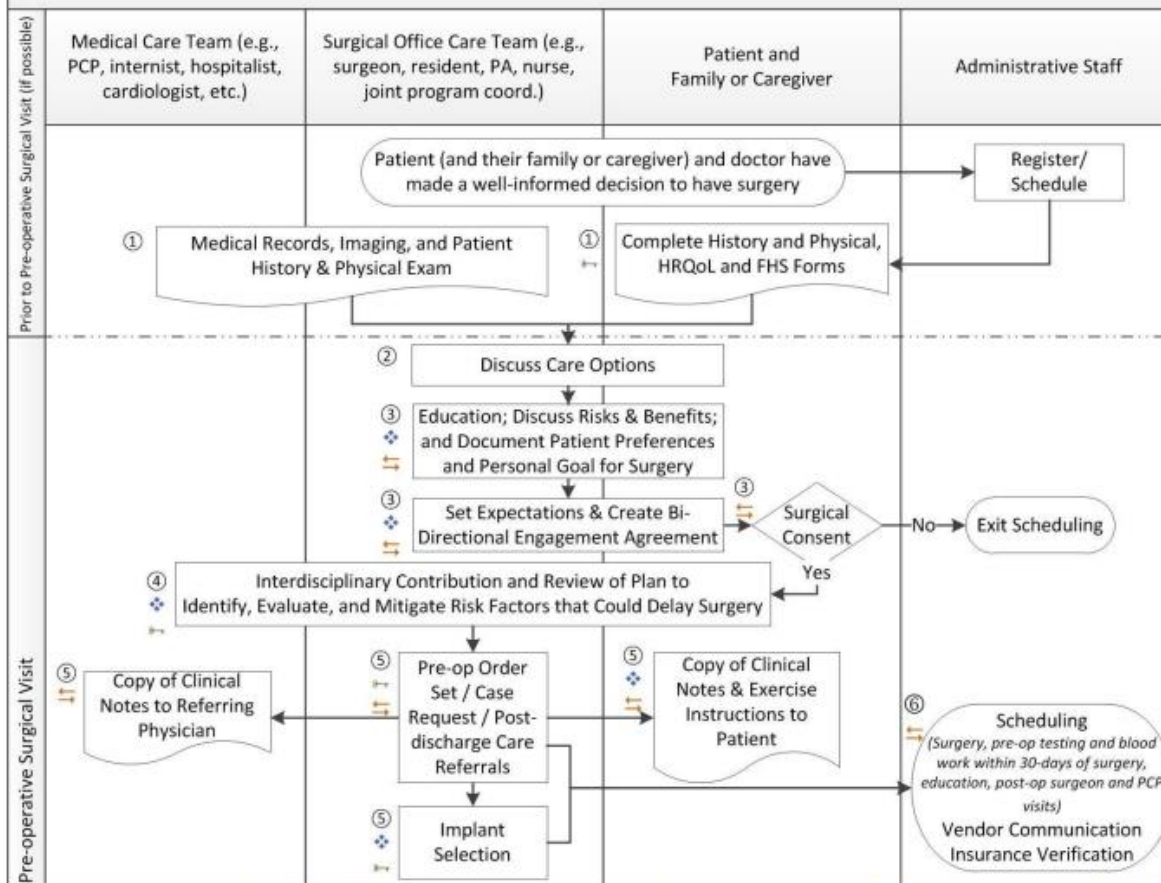


INTEGRATED CARE PATHWAY FOR TOTAL JOINT ARTHROPLASTY

- Processes that apply across the continuum of care
 - High-leverage processes for providing safe, effective, efficient, and patient/family-centered care
 - Tips for reducing waste
 - Tips for avoiding communication pitfalls

PRE-OPERATIVE SURGICAL OFFICE VISIT FLOW DIAGRAM

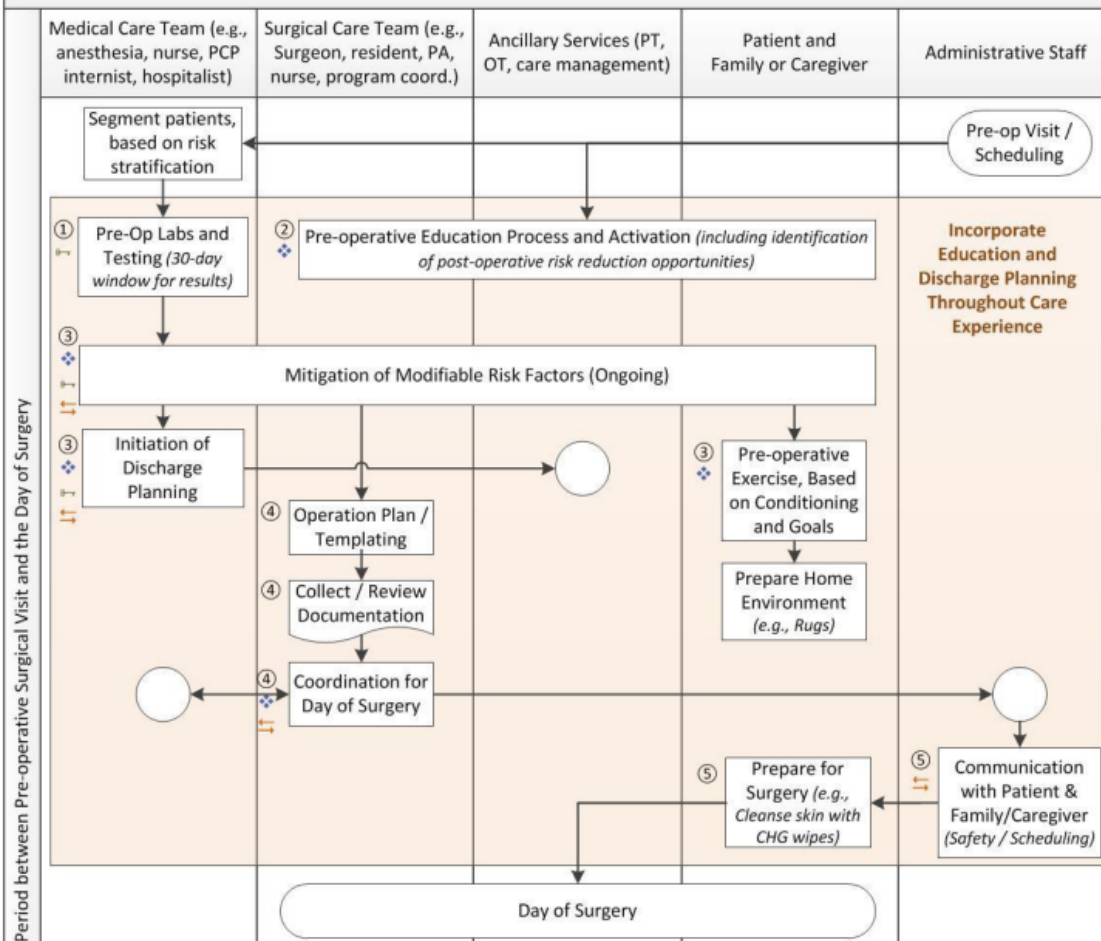
Figure 3: Pre-operative Surgical Office Visit Flow Diagram



①②③④⑤⑥: Steps in Care Flow; ❖: High-Leverage Process; ⇄: Opportunity to Reduce Waste; ⇆: Critical Communication Area
 HRQoL: Health Related Quality of Life; FHS: Functional Health Status

PRE-OPERATIVE PREPARATION AND PLANNING FLOW DIAGRAM

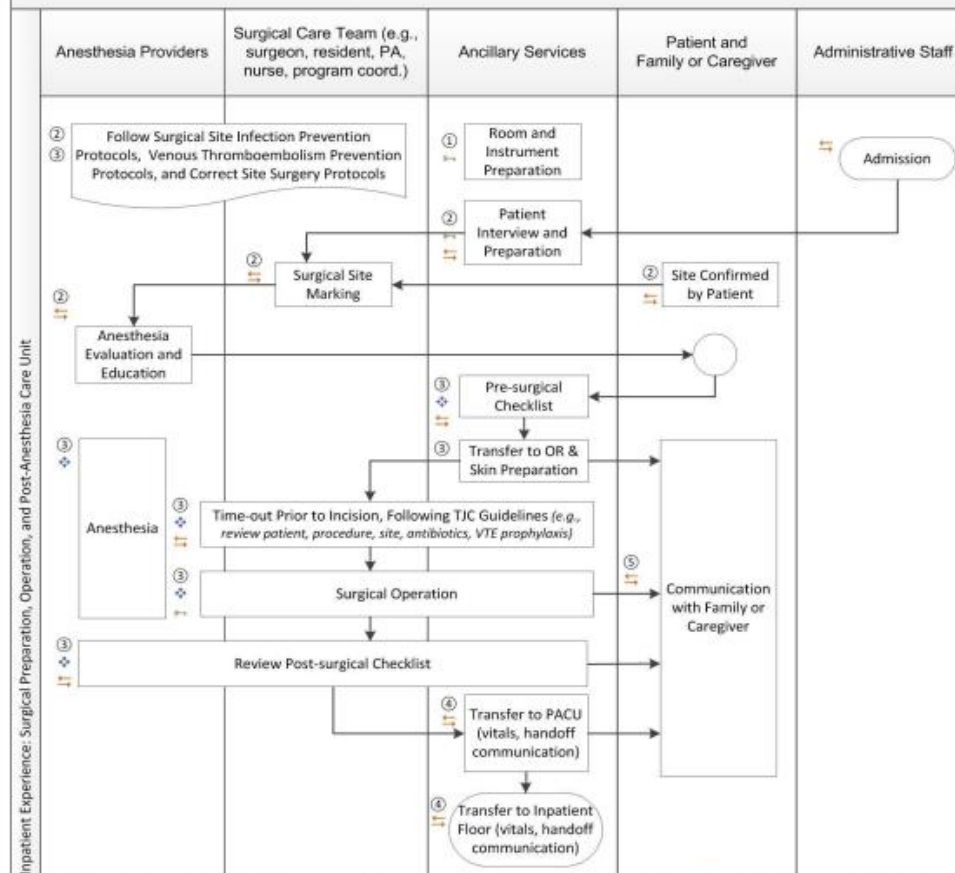
Figure 4: Pre-operative Preparation and Planning Flow Diagram



①②③④⑤: Steps in Care Flow; ❖: High-Leverage Process; ⇨: Opportunity to Reduce Waste; ⇄: Critical Communication Area

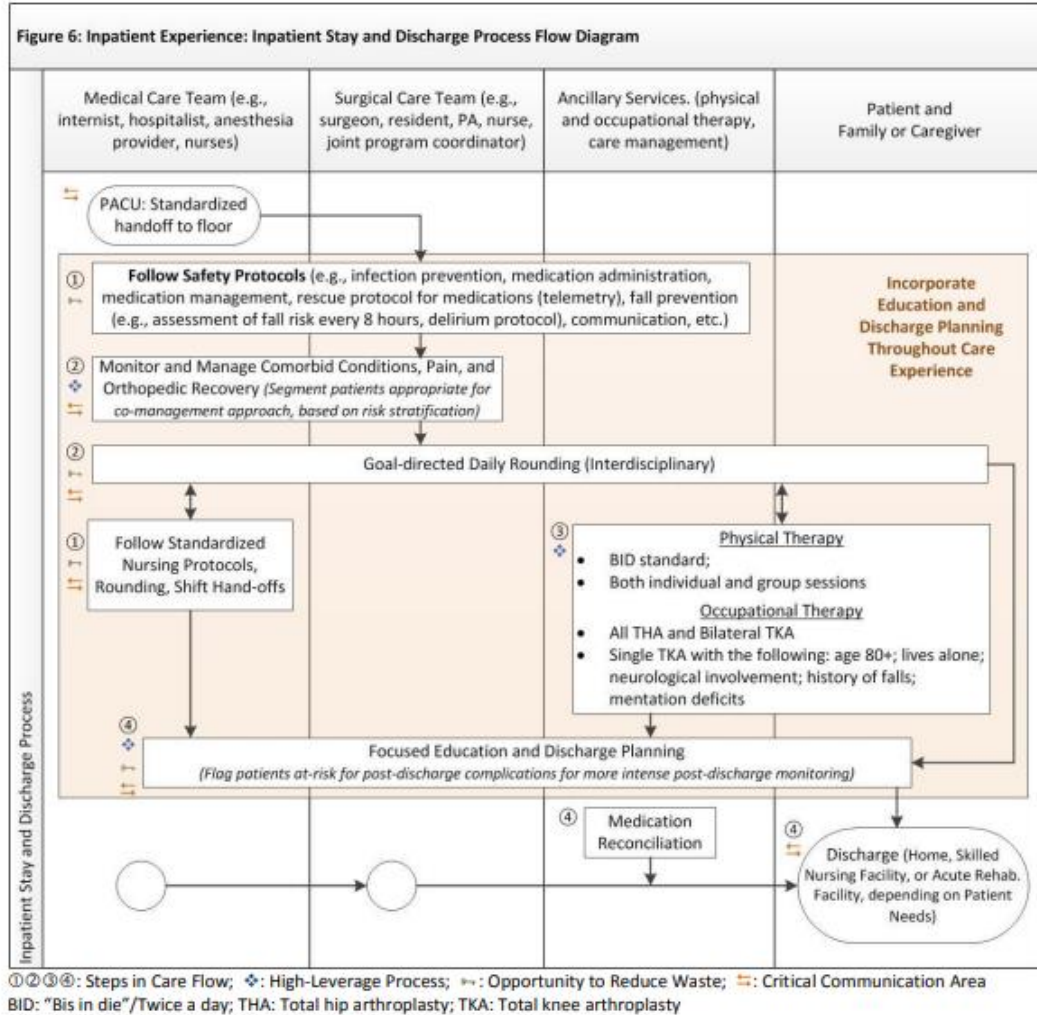
INPATIENT EXPERIENCE: SURGICAL PREPARATION, OPERATION, AND POST-ANESTHESIA CARE UNIT FLOW DIAGRAM

Figure 5: Inpatient experience: Surgical Preparation, Operation, and Post-Anesthesia Care Unit Flow Diagram



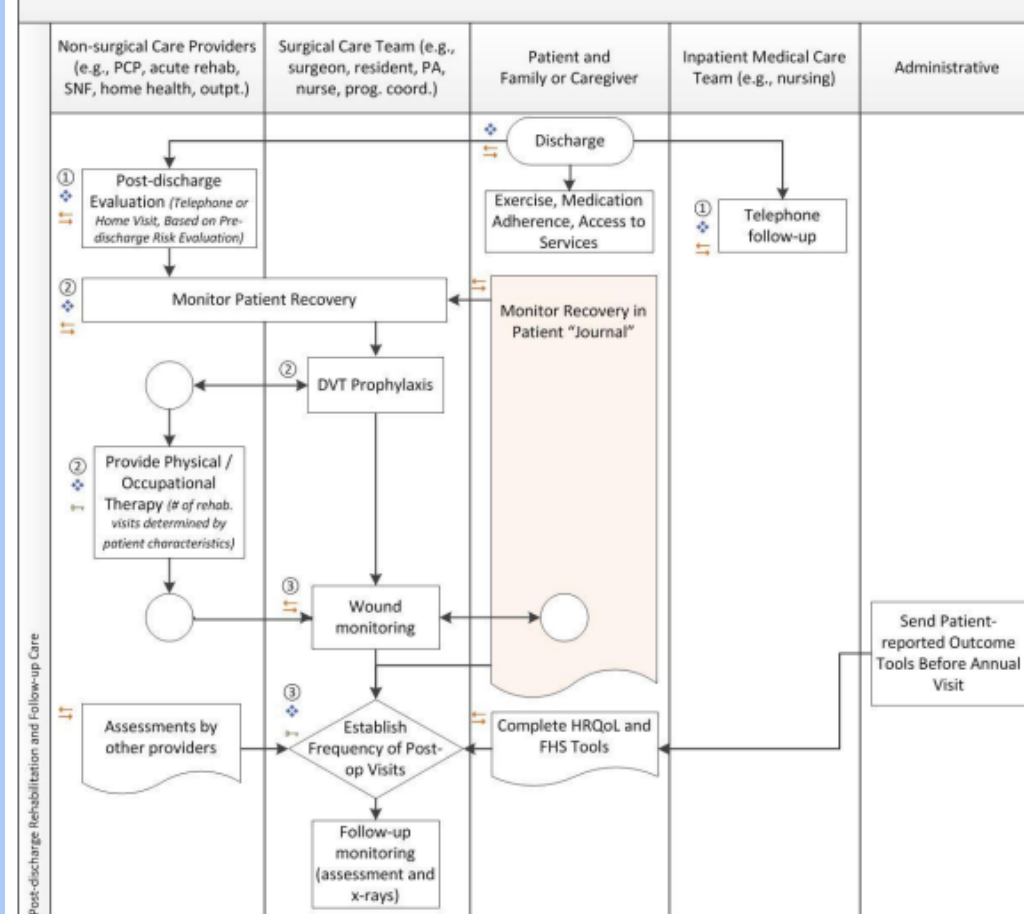
①②③④⑤: Steps in Care Flow; ✦: High-Leverage Process; ⇨: Opportunity to Reduce Waste; ⇨: Critical Communication Area
TJC: The Joint Commission (on Accreditation of Healthcare Organizations); OR: Operating Room; PACU: Post-acute Care Unit; VTE: Venous Thromboembolism

INPATIENT EXPERIENCE: INPATIENT STAY AND DISCHARGE PROCESS FLOW DIAGRAM



POST-DISCHARGE REHABILITATION AND FOLLOW-UP CARE FLOW DIAGRAM

Figure 7: Post-discharge Rehabilitation and Follow-up Care Flow Diagram



① ② ③: Steps in Care Flow; ♦: High-Leverage Process; ⇌: Opportunity to Reduce Waste; ⇄: Critical Communication Area
 HRQoL: Health Related Quality of Life; FHS: Functional Health Status

FALLS PREVENTION PROTOCOLS

- **AHRQ Roadmap for preventing falls in hospitals**
 - Are you ready for this change?
 - How will you manage change?
 - **Which fall prevention practices do you want to use?**
 - **How do you implement the fall prevention program in your organization?**
 - **How do you measure fall rates and fall prevention practices?**
 - **How do you sustain an effective fall prevention program?**

WHICH FALL PREVENTION PRACTICES DO YOU WANT TO USE?

- Identify how fall prevention care processes connect to one another
- Implement universal fall precautions
- Identify important risk factors for falls in your patients
- Use identified fall risk factors to implement fall prevention care planning
- Assess and manage patients after a fall
- Assess your progress on completing the best practices available

HOW DO YOU IMPLEMENT THE FALL PREVENTION PROGRAM IN YOUR ORGANIZATION?

- Assign staff roles and responsibilities for tasks identified in set of best practices
- Assess current staff education practices and facilitate integration of new knowledge on fall prevention into existing or new practices
- Assess your progress on implementing best practices activities

HOW DO YOU MEASURE FALL RATES AND FALL PREVENTION PRACTICES?

- Collect the right data to learn about falls, fall-related injuries, and their causes
- Measure fall prevention practices
- Assess your progress on measuring progress activities

HOW DO YOU SUSTAIN AN EFFECTIVE FALL PREVENTION PROGRAM?

- Identify factors needed to sustain your fall prevention efforts
 - Is the vision clear?
 - Are goals clear?
 - Do you have the human infrastructure needed?
 - Are materials and resources readily available?
 - Are information systems in place to support the program?
 - Does the program appear to add value, and can it be measured quantitatively?

REFERENCES

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