

# 2017 ED MIPS QUALITY MEASURES

## ANTIBIOTIC STEWARDSHIP/INFECTION CONTROL

### #91/93 ( $\geq 2$ Y/O) OTITIS EXTERNA

1. All OE requires topical preparation (#91) (May be antibiotic but doesn't have to be antibiotic, acetic acid meets measure)
2. Simple OE should not receive systemic antibiotics (#93)
3. Complicated OE may have systemic antibiotic (DM, immunocompromise, cellulitis, other) (#93)

### #65 PEDIATRIC URI (3 M/O TO 18 Y/O)

Antibiotics should not be prescribed for these ICD-10 diagnoses:

1. Acute nasopharyngitis/common cold
2. Acute laryngopharyngitis
3. Acute upper respiratory infection

### #116 ADULT BRONCHITIS (18 - 64 Y/O)

Antibiotics should not be prescribed for Simple Acute Bronchitis

#### EXCLUSIONS:

1. Abx written for alternate infection (eg. UTI, OM, other)
2. Patient already on abx (previous 30 days)
3. Underlying lung disease (COPD, bronchiectasis, CF, many etiologies other than simple asthma)
4. Immunocompromised (Cancer, HIV, other)

### #76 CVC PLACEMENT (ALL AGES INCLUDED)

Needs following documented:

1. Maximal barrier technique
  - Cap/Mask (physician)
  - Sterile gown (physician)
  - Sterile gloves (physician)
  - Sterile full body drape (patient)
2. Hand Hygiene (Ideal is soap and water or alcohol based product)
3. Patient skin prepped
4. If ultrasound used, sterile cover needs to be documented.

The statement "Maximal barrier technique followed, hand hygiene followed, patient proper skin prep performed, and sterile cover used for ultrasound probe." would meet this measure. This statement or its elements should ideally be part of the procedure note.

OR

#### EXCLUSION:

CVC Insertion emergent and delay for full prep not indicated.

### #24 INITIATION OF 3 HOUR SEPSIS BUNDLE ( $\geq 18$ Y/O)

1. All patients with severe sepsis or septic shock.
  2. 4 elements of 3 hour bundle ordered
    - Lactic acid/lactate
    - 2 blood cultures
    - IV fluid bolus
    - IV antibiotics
- For the IV fluid bolus, realize this differs slightly from hospital core measure SEP-1. Any fluid bolus meets the measure, but required for severe sepsis in addition to septic shock. (SEP-1 does not require bolus for severe sepsis, only for septic shock, and requires 30cc/kg bolus.)

## HEAD CT RULES

### #415 MINOR BLUNT HEAD TRAUMA ADULT ( $\geq 18$ Y/O, NORMAL MS OR GCS = 15)

Head CT Indications:

One indication from Group I or Combination from Group II

#### I. Group I

1. Severe headache
2. Vomiting
3. Age  $\geq 65$  y/o
4. Basilar skull fracture signs
5. Focal neurologic deficit
6. Coagulopathy
7. Thrombocytopenic
8. Anticoagulant
9. Dangerous mechanism (ejection MVC, pedestrian fall > 5 stairs, other)

#### II. LOC or Post-traumatic Amnesia

- AND
1. Any headache
  2. Age  $\geq 60$  y/o
  3. Intoxication
  4. Short term memory deficit
  5. Any physical evidence trauma above clavicles
  6. Post trauma seizure

### #416 MINOR BLUNT HEAD INJURY PEDS (2-17 Y/O, NORMAL MS OR GCS = 15)

Low Risk Head Injury

- PECARN RULES : No head CT if all of the following

1. No AMS (Agitated, somnolence, perseveration, slow responses)
2. No signs of basilar skull fracture (Hemotympanum, "raccoon eyes", CSF leak ear/nose, Battle sign)
3. No LOC
4. No vomiting
5. No severe mechanism (MVC with ejection, passenger death, pedestrian/cyclist struck MVC, fell > 5 ft, high impact to head, other documented high risk)
6. No severe headache

## PREGNANCY

### #254 ULTRASOUND LOCALIZATION OF PREGNANCY IN PATIENTS (14-50 Y/O) WITH VAGINAL BLEEDING OR ABDOMINAL PAIN

- Requires localization of pregnancy by ultrasound

#### EXCLUSIONS:

1. Pregnancy previously localized in office/other ER visit/other documented location
2. Pain not felt to be pregnancy related (Ex. Epigastric pain likely GERD)

### #255 RHOGAM, RH-NEGATIVE PREGNANT PATIENTS (14-50 Y/O) WITH VB OR BLUNT ABD TRAUMA

- Rh negative pts with risk of fetal blood exposure (blunt abd trauma, vaginal bleeding, ectopic) need Rhogam

- Exclusions (Rhogam < 12 weeks prior, patient refusal)

## OTHER

### #317 BLOOD PRESSURE FOLLOW UP ( $\geq 18$ Y/O)

Any patient with SBP  $\geq 120$  or DBP  $\geq 80$  needs follow-up

- a. SBP  $\geq 120$  (OR) DBP  $\geq 80$  on last BP measured OR actively treated with BP medication in ED
- b. New onset for increased BP requires follow up for blood pressure.  
Easiest method is PCP/specialist follow up for all patients.

**EXCLUSIONS:** Admitted patients or established diagnosis of hypertension. While level 4,5 patients previously excluded, they are now included in this measure if discharged.

### #40 PAIN MANAGEMENT LONG BONE FRACTURE ( $\geq 2$ Y/O)

1. Included patients: Any fracture of the 6 long bones arm/leg (humerus, ulna, radius, femur, tibia, fibula).
2. Any documented pain medication given, prescribed or recommended (including ibuprofen, acetaminophen) meets the measure.
3. All fractures from hip fractures to minor avulsion fractures count.
4. Not a timed measure, simply whether pain medication addressed.