

QUALITY AND SAFETY MEASURES UPDATE

July 2022

JOINT COMMISSION CORE MEASURES 2022

See attached Results

Joint Commission Core Measure Dashboard updated with most recent data available: Q1 2021 – Q1 2022.

Highlights of results and improvement work:

- **Perinatal measures**
 - We saw a slight increase in Cesarean Section Rates in Q1 2022 (29%, 11/38) and Elective Delivery Prior to 39 Weeks Gestation (13%, 1/8), but do not believe this is a significant increase. We do sample for Cesarean Section Rates which may skew our full population rate. In Q1 2022, our full population Cesarean Section Rate was 16%. Twice a week, perinatal attending physicians convene for a morbidity and mortality review, including discussion of prevention and mitigation for Cesarean Section cases.
 - We continue to meet internal targets and exceed the Vizient median for Exclusive Breast Milk Feeding During Hospital Stay.
- **Psychiatry Measures**
 - Psychiatry has sustained improvements in patients discharged on multiple antipsychotic medications with appropriate justification.
 - In Q1 2022, high rates of seclusion continue to be observed. The increase in seclusion hours is attributable to 4 patients with significant length of stay of seclusion. Symptoms in common for this patient group include paranoia, attempts to leave the unit, refusal of medications which results for need for court order, assaultive behavior towards other patients and staff, and mood disorder diagnosis.
 - In Q1 2022, there was a significant increase in restraint usage. This increase is attributable to a patient with over 130 hours in restraint. This patient refused medication and exhibited assaultive behavior to staff due to command auditory hallucinations.
 - Measures implemented in real time to bring patients out of seclusion or restraint include: Clinical Nurse Specialist assesses all patients with 24+ hours of seclusion/restraint and consultation with nursing staff, Clinical Pharmacist reviews all patients with 24+ hours of seclusion/restraint, Occupational Therapist provides 1:1 sensory treatments and develops coping skills with patients in seclusion and restraint, and all patients in seclusion and restraint are discussed at morning meeting/huddle with emphasis on how to safely discontinue seclusion/restraint.
- **Electronic Clinical Quality Metrics**
 - For CY 2021, ZSFG was required to submit a minimum of 4 self-selected electronic Clinical Quality Measures (eCQMs) for two self-selected quarters to The Joint Commission and Centers for Medicare and Medicaid Services. CY 2021 eCQM data will be publicly reported.
 - eCQMs are clinical data elements transmitted directly from our electronic medical record system to The Joint Commission and Centers for Medicare and Medicaid Services without manual medical record review. We perform a quality step prior to submission to validate the rate by sampling a number of cases for each metric. Significant efforts continue to be spent in 2021/2022 in validation of the metrics to align the metric with our current workflow.
 - For CY 2022, ZSFG is required to submit a minimum of three self-selected eCQMs plus the Safe Use of Opioids eCQM for three self-selected quarters.