

HOLY CROSS CORE MEASURES

CHF



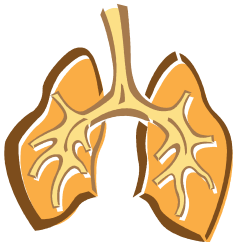
- Evaluation of Left Ventricular Function (LVSD)
- ACEI or ARB for LVSD
- Complete Discharge Instructions
 - Diet
 - Weight Monitoring
 - Activity
 - Medication Reconciliation
 - S/S of worsening & what to do
- Follow up appointment must be made prior to D/C (MD office, Heart Clinic, HH or SNF)

AMI



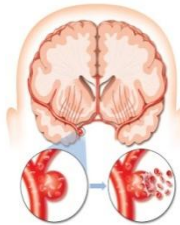
- Aspirin within 24 hours
- ASA @ discharge
- ACEI or ARB for LVSD
- Beta Blocker @ discharge
- Statin on discharge
- PCI within 90 minutes of arrival (STEMI)

PNEUMONIA (CAP)



- Blood Culture in ED before first antibiotic
- Appropriate antibiotic within 6 hours of arrival

STROKE



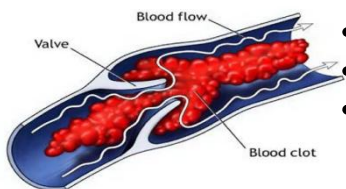
- Swallow Screen done & documented prior to any PO
- VTE prophylaxis within 24 hrs. adm
- Antithrombotic by day 2 of admission
- Antithrombotic at discharge
- Fasting Lipid profile ordered
- Statin started for LDL > 100
- Statin at discharge LDL > 100
- Anticoagulation for patients with A-fib (Ask Neurology before starting)
- Stroke Education; Blue Book, Act: F.A.S.T
- Assess for Rehab: PT/OT/Speech-eval & treat

SCIP



- Antibiotic within 1 hr. prior to surgical incision
- Appropriate Antibiotic Selection
- Prophylactic Antibiotic d/c'd within 24 hour after anesthesia end time
- Cardiac patients with postop 6AM glucose (<180)
- Urine catheter removed POD 1 or POD 2
- Pts on Beta Blockers day before surgery, day of surgery and post op day 1 and 2
- VTE prophylaxis initiated within 24 hours pre-op to 24 hrs. post op

VTE



- VTE Prophylaxis
- Intensive Care VTE Prophylaxis
- VTE anticoagulation Overlap therapy
- Patients on heparin has platelet monitoring
- Coumadin Education/ Discharge instructions:
 - Compliance
 - F/U monitoring of PT/INR
 - Diet Considerations
 - S/S and Adverse Drug Reactions
- Hospital acquired VTE rate

GLOBAL VACCINATION



- Pneumococcal Immunization to patients 65 & Older
- Pneumococcal Immunization for high risk populations (age 6-64)-e.g. HF, PN, Asthma, HIV
- Influenza Immunization (Sept-March)