



How to Utilize Quality Tab Inpatient-“Surgery”

What: 1) The queries that address core measures will be consolidated into a distinct ***Quality Tab*** on the Progress notes and Discharge Instructions.

2) New MRSA Positive query has been added to the ***Quality Tab***, for **California Only**.

Why: To improve the documentation of Quality Measures

***NOTE:** The Quality Directors from each region have been the key stakeholders directly involved in providing the information.

Quality Measures

- Required section that needs to be addressed daily.
- Select the Quality Measure associated with the patient.
- If the patient **does not have** any Quality Measures related diagnosis, you can use **“Reviewed”** to bypass the required field.

Quality Measures			
*Quality measures	VTE prophylaxis	SCIP	reviewed
	VTE therapy	comfort measures - end of life	addressed by other care team member

Reason Cont. Inpt Stay, Central Lines Present, Urinary Catheter Present:

- Must be addressed daily, if it pertains to the patient’s care.

Reason Cont Inpt Stay			
Reason(s) for cont inpt stay	defer to attending physician discharging today observation status acute coronary syndrome acute CVA acute renal failure acute respiratory failure	cardiac monitoring continue IV diuretic further diagnostic testing high chest tube output high oxygen requirements IV antibiotics IV pain control	mechanical ventilation nausea, continue IV antiemetic pain uncontrolled, consult surgical intervention transition to oral pain control vomiting, continue IV antiemetic OTHER
Central Lines Present			
Indication for continued use	antibiotics chemotherapy hemodialysis/phoresis hemodynamic monitoring hyperalimentation phlebitis-prone meds pressors IV fluids IV access OTHER OTHER OTHER OTHER	<input type="checkbox"/> Central <input type="checkbox"/> PICC <input type="checkbox"/> HD Cath <input type="checkbox"/> Arterial	
Urinary Catheter Present			
Indication for continued use	strict I&O monitoring comfort measures - end of life urinary retention	post GU/GYN/Rectal surgery impaired healing-incontinent inability to void	trauma chronic present on admission OTHER

***Note:** The sections below needs to be addressed only once, it will recall the information to the next note but the provider is responsible to update the information if any changes occur during the patient’s stay.

MRSA

- Positive query has been added for **California Only**.

MRSA Positive - CALIFORNIA ONLY

Pt/Family was informed by	attending physician	OTHER
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VTE Therapy Patients:

- If the patient has a contraindication, scroll down to the **VTE Tx Contraindications** section and document the appropriate contraindication associated to the patient.

Quality Measures			
*Quality measures	VTE prophylaxis	SCIP	reviewed
	VTE therapy	comfort measures - end of life	addressed by other care team member
VTE Tx Contraindications			
Overlap therapy ordered	drug allergy medical contraindication	procedural contraindication patient refused	bleeding complications
Anticoagulant ordered	drug allergy medical contraindication	procedural contraindication	patient refused

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For Quality Questions, Please contact:
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VTE Prophylaxis Patients:

- If the patient has a contraindication, scroll down to the **VTE Prophylaxis** section and document the appropriate

Quality Measures			
*Quality measures	VTE prophylaxis VTE therapy	SCIP comfort measures - end of life	reviewed addressed by other care team member
VTE Prophylaxis			
VTE risk category	<input type="radio"/> low risk (0-1)	<input type="radio"/> moderate risk (score 2-4)	<input type="radio"/> high risk (score of 5 or more)
Pharmacologic contraindication	drug allergy current anticoagulants bleeding risk hemorrhagic cerebral infarction coagulopathy (INR>1.5) comfort measures - end of life	continue IV heparin therapy hypersensitive LMWH or UH uncontrolled hypertension intracranial surgery/lesions lumbar puncture prior 24hrs medical contraindication	anticoag other than warfarin procedural contraindication patient/family refusal significant renal insufficiency thrombocytopenia
Mechanical contraindication	bilateral amputee comfort measures - end of life peripheral ischemia severe lower peripheral edema medical contraindication	sensory neuropathy procedural contraindication pulm edema related to HF patient/family refusal	localized skin condition treatment not tolerated bilateral lower-extremities trauma peripheral vascular disease
VTE Diagnosis			
VTE present on admission	<input type="radio"/> Yes <input type="radio"/> No		
VTE suspected date	[Calendar Icon]		
VTE suspected time	[Clock Icon]		

contraindication associated to the patient.

***Note:** The areas highlighted in yellow are information that is pre filled on the note from the VTE Risk Assessment order. See order below, highlighted areas are pulled into the note:

VTE Risk Assessment (QUAL) Today Now *Edit*

Evidence suggests choosing per Risk Categories
 LOW RISK: No mechanical or pharmacologic VTE Prophy needed
 MODERATE RISK: EITHER mechanical or pharmacological prophy
 HIGH RISK: BOTH mechanical AND pharmacological prophy

* VTE Assessment Performed (Y/N): [Text Box]
 * VTE Risk Category: [Dropdown]

* Known/Suspected VTE/DVT Present On Admission (Y/N): [Text Box]

If a contraindication(s) exists, use selection(s) below:
 Reason to withhold Pharmacologic VTE prophylaxis: [Dropdown]
 Reason to withhold Mechanical VTE prophylaxis: [Dropdown]

SCIP (Surgical Care Improvement Project) Patients:

- If the patient has a contraindication, scroll down to the **SCIP Indications/Contraind** section and document the appropriate contraindication associated to the patient.

Quality Measures			
*Quality measures	VTE prophylaxis VTE therapy	SCIP comfort measures - end of life	reviewed addressed by other care team member
SCIP Indications/Contraind			
Reason continued ABX>24hrs	<input type="radio"/> known infection <input type="radio"/> suspected infection		
Beta blocker contraindications	not on home Beta Blocker		
Beta blocker contraindications	received prior to arrival	POD0	POD1
	allergy	<input type="checkbox"/>	<input type="checkbox"/>
	refused	<input type="checkbox"/>	<input type="checkbox"/>
	not tolerated	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER - specify reason	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER - specify reason	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER - specify reason	<input type="checkbox"/>	<input type="checkbox"/>

Comfort Measures-End of Life

Quality Measures			
*Quality measures	VTE prophylaxis VTE therapy	SCIP comfort measures - end of life	reviewed addressed by other care team member

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• **Reviewed**

- May be utilized, if the patient **does not have** any Quality Measures related diagnosis.
- For notes entered on the next day, providers may select, **“Reviewed”** if they are satisfied with the response entered under the ***Quality*** tab.

Quality Measures			
*Quality measures	VTE prophylaxis VTE therapy	SCIP comfort measures - end of life	reviewed addressed by other care team member

• **Addressed by other care team member**

- May be utilized for consulting physicians.

Quality Measures			
*Quality measures	VTE prophylaxis VTE therapy	SCIP comfort measures - end of life	reviewed addressed by other care team member

***Note:** It is important to remember that when you make a change to a Core Measure or Quality query, that it will appear across **all** subsequent notes for that patient. Thus it is **important** to **review** the query responses each day **before** you **sign** your note.

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How to sign documents with *required fields

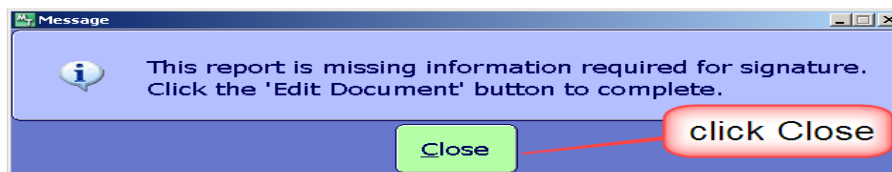
WHAT: Step by step Instructions to sign documents with required fields.

Steps:

Select Process All in your sign que.

<input type="button" value="All"/> <input type="button" value="Orders"/> <input type="button" value="Reports"/>			
	Date	Name	Document
X	2/3/15 09:42	MyInflu2,Mark AV0000089443 34 M	Order: MIC/Surgical Culture
X	2/2/15 14:42	TEST,GREG INPT SJF FV0000111686 35 M	Discharge Instructions 0202-0010
X	2/2/15 14:04	TEST,GREG INPT SJF FV0000111686 35 M	Progress Note 0202-0009

Message will appear stating the report is missing information.
Click Close and the document will be presented on the screen.



Click Edit and response to the required field.



Enter the required field of Quality Measures, save and sign.

***Note: If your patient does not apply to the selection above. Select "reviewed".**

Quality Measures			
*Quality measures	GI Bleed prophylaxis	HF	SCIP
	VTE prophylaxis	stroke	comfort measures - end of life
	VTE therapy	pneumonia	reviewed
	AMI		

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