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| **Indicator** | **Description** | **Cohort** | Denominator | Numerator |
| ***imm4*** | ***Influenza Immunization*** | **70** | Includes all cases except:* **Discharge date is <01/01/2022**
* **Admissions with length of stay > 120 days**
* **Discharges >3/31/2022 and <10/1/2022**
* **Principal or other procedure code is on Table 12.10 (organ transplant during current hospitalization)**
* **Discharge status is acute care facility, AMA or expired**

There is documentation the vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND none of the other options apply | Cases included in the denominator will pass if:* **Influenza vaccine was given during this hospitalization or**
* **Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization or**
	+ **There is documentation of: Allergy/sensitivity to influenza vaccine, OR -- is not likely to be effective because of bone marrow transplant (or ASCT) within the past 6 months, OR prior history of Guillian-Barre syndrome within 6 weeks after a previous influenza or vaccination or symptomatic suspected or confirmed COVID-19 during this hospitalization**
* **Documentation of patient’s refusal or caregiver’s refusal of influenza vaccine**
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| **Indicator** | **Description** | **Cohort** | Denominator | Numerator |
| ***tob20*** | ***Tobacco Use Treatment Provided or Offered*** | **70** | Includes all cases except:* **Discharge date is <01/01/2022**
* **LOS <=1 days or >120 days**
* **Patients with comfort measures only documented**
* **Per tobstatus3 the patient**
	+ **is a former tobacco user**
	+ **is a never tobacco user**
	+ **was not screen d/t cognitive impairment**
	+ **refused the tobacco screen**
 | Cases included in the denominator will pass if:* **The patient is a current everyday tobacco user or a current some day tobacco user (tobstatus3= 1 or 2)**

**AND*** **The patient received or refused tobacco use treatment practical counseling that included all three required components (tobrxcoun1, and 2, and 3=yes or reftobcoun=1)**

**AND*** **the patient received or refused one of the FDA approved tobacco cessation medications during the hospital stay or**
	+ **the patient did not receive one of the FDA approved tobacco cessation medications and there is a documented reason for not administering the tobacco cessation medication during the hospital stay**
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| **Indicator** | **Description** | **Cohort** | Denominator | Numerator |
| ***tob40*** | ***Tobacco Use Treatment Provided or Offered at Discharge*** | **70** | Includes all cases except:* **Discharge date is <01/01/2022**
* **LOS <=1 days or >120 days**
* **Patients with comfort measures only documented**
* **Per tobstatus3 the patient**
	+ **is a former tobacco user**
	+ **is a never tobacco user**
	+ **was not screen d/t cognitive impairment**
	+ **refused the tobacco screen**
	+ **tobacco use status unknown**
* **Discharge disposition is home hospice, hospice facility, acute care facility, other health care facility, expired, left AMA**

The patient is being discharged to a residence outside the USA or released to a court hearing and did not return or being discharged to jail/law enforcement* **The patient is a current every day or some day tobacco user and a referral to OP tobacco counseling was made or refused but tobacco cessation medications were not prescribed at discharge because**
	+ **the patient is being discharged to a residence outside the USA or**
	+ **was released to a court hearing and does not return or**
	+ **is being discharged to jail/law enforcement**
 | Cases included in the denominator will pass if:* **The patient is a current everyday tobacco user or a current some day tobacco user (tobstatus3= 1 or 2)**

**AND*** **A referral (i.e. an appointment with date and time) to outpatient tobacco cessation counseling treatment was made by the healthcare provider prior to discharge or the patient refused the referral**

**AND*** **the patient was prescribed or refused one of the FDA approved tobacco cessation medications at discharge or**
	+ - **the patient was not prescribed one of the FDA approved tobacco cessation medications at discharge and there is a documented reason for not prescribing the tobacco cessation medication**
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| **Indicator** | **Description** | **Cohort** | Denominator | Numerator |
| ***sub20*** | ***Alcohol Use Brief Intervention Provided or Offered*** | **70** | Includes all cases except:* **Discharge date is <01/01/2022**
* **LOS <=1 day or >120 days**
* **Patients who were not screened for alcohol use during the first day of admission because of cognitive impairment**

Patients with comfort measures only documented* **The patient refused screening with the AUDIT-C within the first day of admission**
* **The patient was screened with the AUDIT-C within the first day of admission and the total score is <5 or is not documented**
 | Cases included in the denominator will pass if:* **The patient was screened for alcohol misuse with the AUDIT-C within the first day of admission and the total score is >=5 and**

The patient received brief intervention that contained all of the required components ORThe patient refused brief intervention |

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| **Indicator** | **Description** | **Cohort(s)** | Denominator | Numerator |
| ***sub40*** | ***Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge*** | **70** | Includes all cases except:* **Discharge date is <01/01/2022**
* **LOS <=1 day or >120 days**
* **Patients who were not screened for alcohol use during the first day of admission because of cognitive impairment**

Patients with comfort measures only documented* **Discharge disposition is home hospice, hospice facility, acute care facility, other health care facility, expired, left AMA**
* **Cases with no diagnosis code on tables 13.1 or 13.2 or procedure code on 13.3**

The patient is being discharged to a residence outside the USA or released to a court hearing and did not return or being discharged to jail/law enforcement* **A prescription for an FDA approved medication for alcohol or drug disorder was not offered because the patient’s residence was not in the USA**
 | Cases included in the denominator will pass if:* **There is a diagnosis code on table 13.1 or 13.2 or a procedure code on table 13.3 and**
* **An appointment for addictions treatment with date and time was made by the healthcare provider prior to discharge or the patient refused and a referral was not made**

**OR if referral information was given to the patient but no appointment was made or the referral for addictions treatment was not offered at discharge** * + **A prescription for an FDA approved medication for alcohol or drug disorder was given to the patient at discharge or the patient refused the prescription**
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| **Indicator** | **Description** | **Cohort** | **Denominator** | **Numerator** |
| fe81 | Hospitalized patients age >=65 identified at risk for delirium |  70 | * The denominator **includes** cases with INPT\_FE flag received on the pull list
* Only patients age >= age 65 years at the time of discharge are included
 | Cases included in the denominator will pass if: * One of the following is documented in the H&P, ED note or admission note by a physician/APN/PA
	+ a current problem of delirium
	+ a current change in mental status
	+ a current problem of confusion
	+ a current problem of disorientation
	+ the patient was assessed or screened for delirium
 |
| sc1all | Informed consent within 60 days (all forms) | 70 | Includes all cases except:* Length of stay is >120 days
* The principal procedure code is not a code on Table 5.11, 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24 or VASC
 | Of cases included in the denominator:* The medical record contains a consent dated 0-60 days prior to the procedure
 |
| sc2all | Informed consent within 60 days ( iMed) | 70 | Includes all cases except:* Length of stay is >120 days
* The principal procedure code is not a code on Table 5.11, 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24 or VASC
* Those without a consent form dated 0-60 day prior to the procedure
 | Of cases included in the denominator:* iMedConsent was used to create the consent form dated 0-60 days prior to the procedure
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**VHA Quality Indicators**

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| **Indicator** | **Description** | **Cohort** | **Denominator** | **Numerator** |
| mrec34 | Consistent Medication List |  70 | Includes all cases except:* LOS was <=1 day
* Patient was discharged to a hospice facility, an acute care facility, other healthcare facility, left AMA or expired
* Documented medications were not prescribed at discharge
 | Cases included in the denominator will pass if: * The medications listed on the discharge instructions given to the patient are the same as the medications listed in the discharge summary or
	+ no medications are listed in the discharge summary and it refers to a document that contains the information
 |
| mrec44 | Essential medication list for review with all components in note | 70 | Includes all cases except:* LOS was <=1 day
 | * Number of cases with evidence in the medical record upon admission or within 24 hours after admission that a medication list for review included all of the Essential Medication List components
	+ Active VA Prescriptions
	+ Remote Active VA Prescriptions
	+ Non-VA Prescriptions
	+ Expired VA Prescriptions within the last 90 days (and may include those expired within the past 180 days)
	+ Discontinued VA Prescriptions within the last 90 days (and may include those discontinued within the past 180 days)
	+ Any Pending Medication Orders
	+ Inpatient Medications
	+ Remote and Local Allergies
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| **Indicator** | **Description** | **Cohort** | **Denominator** | **Numerator** |
| mrec51 | Essential medication list reviewed with patient/caregiver on admission | 70 | Includes all cases except:* LOS was <=1 day
* None of the medication list components were in the medical record upon admission or within 24 hours after admission
* Documented the patient/caregiver refused or was unable to participate in review of essential medication list components
 | Cases included in the denominator will pass if:* There is documentation in the medical record that the available essential medication list components were reviewed with the patient/caregiver upon admission or within 24 hours after admission
 |