

## Glossary of Quality Terms

1. **Agency for Healthcare Research and Quality (AHRQ)** the nation's lead federal agency for research on quality, costs, outcomes and patient safety. AHRQ is the health services research arm of the U.S. Department of Health and Human Services (HHS), complementing the biomedical research mission of its sister agency, the National Institutes of Health.
2. **Core Measures** are a set of care processes which were developed by The Joint Commission to improve the quality of health care by implementing a national, standardized performance measurement system. The Core Measures were derived largely from a set of quality indicators defined by the Centers for Medicare and Medicaid Services (CMS).
3. **HAC (Hospital Acquired Condition)** a list of conditions, or events, determined by CMS, which are considered to be "reasonably preventable" during a hospital stay and for which Medicare may refuse payment.
4. **HEDIS (Healthcare Effectiveness Data and Information Set)** is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. The measures are some of the same ones seen in other programs; the big difference is that this one is specifically measured by payer.
5. **Hospital Outpatient Quality Data Reporting Program (HOP QDRP)** is a quality data reporting program implemented by the Centers of Medicare & Medicaid Services (CMS) for outpatient hospital services. Participating hospitals agree to allow public reporting.
6. **Hospital Value Based Purchasing** Part of PPACA; value based incentive payments will be made to hospitals that meet standards with respect to quality and patient safety. This is implemented in 2013 (based off discharges that take place starting October 2012). DRG payments will be reduced for ALL hospitals by 1%; only the top performers will get the "incentive".
7. **Hospital CAHPS (H-CAHPS)** a standardized survey instrument and data collection methodology for measuring patients' perceptions of hospital care. S&W uses Press Ganey as our survey tool. This will be part of our calculation of incentive vs penalty for Hospital Value Based Purchasing
8. **Meaningful Use** Congress established with the HITECH Act a system to receive federal funding for health information technology. If a health information technology (HIT) system can demonstrate that it is being used in a "meaningful" way to provide better patient care, a health system can qualify to receive federal subsidies to help pay for the technology.
9. **National Committee on Quality Assurance (NCQA)** a private, nonprofit organization dedicated to improving health care quality through measurement, transparency and accountability.

- 10. National Database of Nursing Quality Indicators (NDNQI)** is a proprietary database of the American Nurses Association. The database collects and evaluates unit-specific nurse-sensitive data from hospitals in the United States. Participating facilities receive unit-level comparative data reports to use for quality improvement purposes.
- 11. National Healthcare Safety Network (NHSN)** is a secure, internet-based surveillance system managed by the Division of Healthcare Quality Promotion (DHQP) at CDC. NHSN also includes a new component for hospitals to monitor adverse reactions and incidents associated with receipt of blood and blood products. It is mainly used in our organization for infection related reporting (eg CLABSI – Central Line-associated Bloodstream Infection, CLIP – Central Line Insertion Practices Adherence, VAP – Ventilator-associated Pneumonia, CAUTI – Catheter-associated Urinary Tract Infection).
- 12. National Quality Forum (NQF)** a nonprofit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. Quality improvement measures endorsed by the NQF are considered the gold standard.
- 13. National Surgical Quality Improvement Program (NSQIP)** is an ongoing program for monitoring and improving the quality of surgical care available to all private sector hospitals. Each hospital assigns a trained Surgical Clinical Reviewer (SCR) to collect pre-operative through 30-day post-operative data on randomly assigned patients. Data is entered online. Blinded, risk-adjusted information is shared with all hospitals, allowing them to nationally benchmark their complication rates and surgical outcomes.
- 14. PQRS (Physicians Quality Reporting System) formerly known as PQRI (Physicians Quality Reporting Initiative)** is a reporting program through Medicare that provides an incentive payment for eligible providers who satisfactorily report data on specific quality measures. The incentives are set to end and penalties to begin in 2015. This is NOT pay for quality, rather pay for REPORTING.
- 15. Surgical Care Improvement Project (SCIP)** national partnership of organizations committed to improving the safety of surgical care through the reduction of post-operative complications. Initiated by CMS and the Centers for Disease Control and Prevention (CDC) the SCIP partnership is a multiyear national campaign to substantially reduce surgical mortality and morbidity through collaboration efforts. Not to be confused with NSQIP which focuses on the measurement of surgical outcomes, the SCIP program focuses primarily on process measures such as prophylactic antibiotic timing, choice and duration.
- 16. Independent Payment Advisory Board (IPAB)** is a 15 member advisory board created by PPACA that replaces Medpac in 2014. This independent board is charged with regulating medical inflation and has the power to make recommendations independently to congress. Congress has 30 days to overrule their recommendations and if congress does not act, the secretary of the HHS has the power to implement.