

2021 ED MIPS QUALITY MEASURES

HIGH PRIORITY MEASURES

EMIQ #1

TPA AND ENDOVASCULAR THERAPY CONSIDERED FOR CVA/TIA PATIENTS (≥ 18 Y/O)

1. tPA should be considered within 4.5 hours of stroke symptom onset or last time seen normal OR 3-hour window for any of the below:
 - a. ≥ 80 years old
 - b. Diabetic and previous CVA
 - c. On Anticoagulants (not antiplatelets)
 - d. NIHSS ≥ 25
2. Interventional therapy should be considered within 24-hours of stroke symptom onset or last time seen normal

NOTE: Measure considered met if provider documents that both treatments were considered within recommended times of stroke symptom onset but patient not appropriate for therapy due to other medical reasons (no availability, patient refusal, patient deemed not candidate for either therapy).

EXCLUSION EXAMPLES: Documentation that symptoms fully resolved at initial evaluation, advanced directive indicating limited intervention.

EMIQ #2

AVOIDANCE OF OPIATE RX FOR > 20 DOSES (ALL AGES INCLUDED)

Opiates should not be prescribed for greater than 20 tablets.

EMIQ #3

HEART SCORE USED FOR TREATMENT OF PATIENTS WITH NON-TRAUMATIC CHEST PAIN (≥ 30 Y/O)

HEART (History, ECG, Age, Risk Factors, Troponin) Score or other cardiac stratification tool (i.e. EDACS) should be used for treatment of patients when:

1. a physician or APC lists primary diagnosis of non-traumatic chest pain **AND**
2. troponin ordered

EXCLUSION: Patient admitted to the cardiac cath lab directly from the ED, patient diagnosed with acute MI, or other indication documented for cardiac disease therefore stratification not indicated.

ANTIBIOTIC STEWARDSHIP/INFECTION CONTROL

#116

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS (3M/O AND OLDER)

Antibiotics should not be prescribed for Uncomplicated Acute Bronchitis.

EXCLUSIONS:

1. Underlying Lung Disease (COPD, Bronchiectasis, CF, other... but not simple asthma)
2. Immunocompromised (Cancer, HIV, other)
3. Suspect Bacterial Infection ("Patient appears toxic, suspect possible bacterial infection" or "Patient with Significant Hemoptysis, suspect possible bacterial infection" or "Patient with significant smoking history, suspect possible bacterial infection")
4. Alternate Infection Exists (Otitis Media, UTI, other)
5. Patient already on antibiotic in previous 30 days
6. Admitted Patient

NOTE: Rationale for Complicated Bronchitis needs to be in the chart: If there is no rationale in the chart for "Complicated Bronchitis", then the chart will fall out.

#65

APPROPRIATE TREATMENT FOR URI (3M/O AND OLDER)

Antibiotics should not be prescribed for these ICD-10 diagnoses:

1. Acute nasopharyngitis/common cold
2. Acute laryngopharyngitis
3. Acute upper respiratory infection

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ANTIBIOTIC STEWARDSHIP/INFECTION CONTROL CON'T

#76

CVC PLACEMENT (ALL AGES INCLUDED)

Needs following documented:

1. Maximal barrier technique
 - Cap/Mask (physician)
 - Sterile gloves (physician)
 - Sterile gown (physician)
 - Sterile full body drape (patient)
2. Hand Hygiene (Ideal is soap and water or alcohol based product)
3. Patient skin prepped
4. If ultrasound used, sterile cover needs to be documented.

The statement "Maximal barrier technique followed, hand hygiene followed, patient to sterile techniques followed, proper skin prep performed, and sterile cover used for ultrasound probe." would meet this measure. This statement or its elements should ideally be part of the procedure note.

EXCLUSION: CVC Insertion emergent and delay for full prep contraindicated.

#93

OTITIS EXTERNA (≥ 2 Y/O)

1. Simple OE should not receive systemic antibiotics
2. Complicated OE may have systemic antibiotic (DM, immunocompromise, cellulitis, other)

HEAD CT RULES

#415

MINOR BLUNT HEAD TRAUMA ADULT (≥ 18 Y/O, NORMAL MS)

Head CT Indications: One indication from Group I or Combination from Group II

Group I

1. GSC score < 15
2. Severe headache
3. Vomiting
4. Age ≥ 65 y/o
5. Basilar skull fracture signs
6. Focal neurologic deficit
7. Coagulopathy
8. Thrombocytopenic
9. Anticoagulant
10. Dangerous mechanism (ejection MVC, pedestrian fall > 5 stairs, other)

Group II

- LOC or Post-traumatic Amnesia
And one or more of the following:
1. GCS score < 15
 2. Any headache
 3. Age ≥ 60 y/o
 4. Intoxication
 5. Short term memory deficit
 6. Any physical evidence trauma above clavicles
 7. Post trauma seizure

NOTE: If LOC is unclear, document "Unclear LOC", which meets the measure.

EXCLUSION EXAMPLES: Shunt, brain tumor, multi-trauma, pregnancy, Plavix, Coumadin, Eliquis

#416

MINOR BLUNT HEAD INJURY PEDI (2-17 Y/O, NORMAL MS)

Low Risk Head Injury

PECARN RULES: No head CT if all of the following

1. No AMS (Agitated, somnolence, perseveration, slow responses)
2. No physical signs of basilar skull fracture
3. No LOC
4. No vomiting
5. No severe mechanism (MVC with ejection, passenger death, pedestrian/cyclist struck MVC, fell > 5 ft, high impact to head, other documented high risk)
6. No severe headache
7. No GCS < 15

PREGNANCY

#254

ULTRASOUND LOCALIZATION OF PREGNANCY IN PATIENTS (14-50 Y/O) WITH VAGINAL BLEEDING OR ABDOMINAL PAIN/PELVIC PAIN

Requires localization of pregnancy by ultrasound

EXCLUSIONS:

1. Pregnancy previously localized in office/other ER visit/other documented location
2. Pain not felt to be pregnancy related (Ex. Epigastric pain likely GERD)