Nash Health Care Systems struggle to identify creative ways for overcoming The Joint Commission’s (TJC) Core Measure Compliance. As many hospitals and organizations across the country, Nash’s teams find that opportunities for improvement increase in parallel with increased data extraction.

The organization implemented an electronic medical record (EMR) and data extraction from the computerized system revealed that performance of physicians and nurses in the care of Community Acquired Pneumonia (CAP) rested far below the national standards for core measure compliance. Like many hospitals and organizations throughout the country, Nash Health Care Systems struggle to identify creative ways for overcoming The Joint Commission’s (TJC) Core Measures and mastering the challenges of core measure compliance.

The first step required collecting accurate data. Paper records limited the ability to monitor 100% of patient visits. Using an EMR allows tracking data and capturing information on every patient diagnosed with pneumonia. Almost every patient admitted with this diagnosis passed through the emergency department. This singular point of contact provided an excellent target area to focus efforts.

Step two included learning the rules and regulations of core measure compliance. A paired effort between two nurses ensued, followed by expanded efforts involving a multidisciplinary team of nurses, physicians, and pharmacists. The team compared CMS requirements with the organization’s computerized physician order entry (CPOE) for patients with pneumonia. Although an elaborate order set prompt compliance with CMS guidelines, few physicians elected to use this electronic protocol when admitting pneumonia patients.

Why? The order set and the CMS guidelines for medication selection offer a dizzying and complex assortment of options. Nurses remained on the periphery of care, followed orders, and offered little or no input regarding physician decision-making. This singular point of contact provided an excellent target area to focus efforts.

Step three required simplifying choices. Each time the physician champion was approached with a new suggestion, his response was the same—“Drop it down.” This Eggs and Toast approach was the final precipitate from a long distillation process. The Eggs and Toast tool simplifies the CPOE order set by providing a visual tool to prompt correct antibiotic selection. Nurses can validate appropriate therapies for their patients, providing an additional tier to reinforce core measure compliance.

CONCLUSIONS

Great care does not require complex systems or fancy vocabulary. A combination of chart review, ongoing education, and development of functional tools contributed to the success of this project. Ongoing efforts target the appropriate treatment for patients with medication allergies, pseudomonal risk, or admission in critical care areas.

Changing practice patterns requires the support of organizational leaders, particularly when seeking compliance from professionals and multiple skill levels. This team learned that creative teaching tools can create a lasting impression. This project supplemented ongoing efforts including computerized physician order entry, protocol implementation by triage nurses, and ongoing educational efforts.

REFERENCES


Acknowledgements

Special thanks to Kathy Button, RN—data collection, conference performance review, Gail Gregory, RN—chart review, member of Process Improvement Team. Dr. Daniel Minot—Physician Champion during development of this tool. Luke Harris, PharmD—Hospital pharmacist and infectious supporter of the CAP Team. Ryan Griffin, RN—Nurse Manager of Critical Care at NMC. And all other members of the CAP PI Team who offered support, encouragement, feedback, and insight during this creative project.

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