

NQF ENDORSES MEASURES TO ADDRESS CARE COORDINATION AND EFFICIENCY IN HOSPITAL EMERGENCY DEPARTMENTS

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Measures can help decrease wait time, increase physician productivity, and safety

Washington, DC - To reduce overcrowding, decrease patient wait time, and improve quality of care, the National Quality Forum (NQF) endorsed 10 national voluntary consensus standards for hospital-based emergency department care. The measures aim to improve efficiency and care coordination in emergency departments where high demand and capacity issues have increased patient wait time and decreased physician productivity.

In the US, visits to hospital emergency departments account for approximately 10 percent of all ambulatory medical care visits. From 1994 through 2004, the number of emergency department visits in the US increased by 18 percent, while the number of emergency departments decreased by more than 12 percent.

"Increased accountability and information sharing through measurement and public reporting can help to truly enhance the performance of our nation's emergency departments," said Janet Corrigan, president and CEO of NQF. "These consensus standards for emergency department care are an important part of a broader goal to improve the quality and efficiency of healthcare in America."

As a whole, the measures within this set address the safety and effectiveness of emergency care, care coordination and communication, and efficient management of patient flow through the emergency department. Measures are sensitive to unique needs of vulnerable patients including racial and ethnic minorities, Medicaid patients, and emergency department care in rural settings.

To improve patient safety and efficiency, specific measures within this set track the wait time for patients from arrival to departure within the emergency department, and the number of emergency department patients who leave without seeing a physician. Measures address patient safety by tracking procedures and medications administered to patients while in the emergency department.

Suzanne Stone-Griffin, RN, MSN, assistant vice president of clinical services at the Hospital Corporation of America, and John Moorhead, MD professor of emergency medicine at the Oregon Health and Science University, co-chaired NQF's steering committee on hospital-based emergency department care.

"The measures developed through NQF's consensus process reflect a commitment to advancing safety, quality, access, efficiency and affordability in our emergency departments," said Stone-Griffin. "These measures will help drive safe, high-quality and efficient care and serve as levers to overcome the challenges of emergency department overcrowding."

The endorsement of these measures is phase two of a project to increase public accountability and quality improvement related to emergency care at both the facility and practitioner levels. In November 2007, NQF endorsed 12 national voluntary consensus standards to measure emergency department communication and acute myocardial infarction care as it relates to emergency department transfers.

How to Appeal

NQF is a voluntary consensus standards-setting organization. Any party may request reconsideration of the recommendations, in whole or in part, by notifying NQF in writing via email no later than November 28

(appeals@qualityforum.org). For an appeal to be considered, the notification email must include information clearly demonstrating that the appellant has interests that are directly and materially affected by the NQF-endorsed recommendations and that the NQF decision has had (or will have) an adverse effect on those interests.

Funding

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MEASURES ENDORSED BY NQF

Please visit our website at www.qualityforum.org to read the full specifications for all of the new NQF-endorsed voluntary consensus standards and read NQF's research recommendations.

LIST OF MEASURES

| Measure Title | Measure Description | IP Owner |
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| Median Time from ED Arrival to ED Departure for Admitted ED Patients | Median time from ED arrival to time of departure from the emergency department for patients admitted to the facility from the ED | Centers for Medicare and Medicaid Services |
| Median Time from ED Arrival to ED Departure for Discharged ED Patients | Median time from ED arrival to time of departure from emergency department for patients discharged from the ED | Centers for Medicare and Medicaid Services |
| Admit Decision Time to ED Departure Time for Admitted Patients | Median time from admit decision time to time of departure from the ED for emergency department patients admitted to inpatient status | Centers for Medicare and Medicaid Services |
| Door to Provider | Time of first contact in the ED to the time when the patient sees the physician (provider) for the first time | Louisiana State University Health Services Division |
| Left Without Being Seen | Percent of patients leaving without being seen by a physician | Louisiana State University Health Services Division |
| Severe Sepsis and Septic Shock: Management Bundle | Initial steps in the management of the patient presenting with infection (severe sepsis or septic shock) | Henry Ford Hospital |
| Confirmation of Endotracheal Tube Placement | Any time an endotracheal tube is placed into an airway in the Emergency Department or an endotracheal tube is placed by an outside provider and that | Cleveland Clinic Foundation |

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| | patient arrives already intubated (EMS or hospital transfer) or when an airway is placed after patients arrives to the ED there should be some method attempted to confirm ETT placement | |
| Pregnancy Test for Female Abdominal Pain Patients | Percent of women, ages 14 - 50 years old, who present to the ED with a chief complaint of abdominal pain who have a pregnancy test (urine or serum) ordered in the ED | American College of Emergency Physicians |
| Anticoagulation for Acute Pulmonary Embolus Patients | Percent of patients newly diagnosed with a pulmonary embolus in the ED or referred to the ED with a new diagnosis of pulmonary embolus who have orders for anticoagulation (heparin or low molecular weight heparin) for pulmonary embolus while in the ED | American College of Emergency Physicians |
| Pediatric Weight in Kilograms | Percent of ED patients \leq 13 years of age with a current weight in kilograms documented in the ED record | American Academy of Pediatrics |