Improving Appropriate Care Measure Scores
at Methodist Sugar Land Hospital

Purpose:

To showcase an evidence-based quality improvement program designed to achieve superior for the appropriate care measure (ACM) score (the ACM is a composite score of the core measures that captures whether or not a patient received all the care eligible to receive.) The ACM is comprised of the Acute Myocardial Infarction (AMI), Pneumonia (PN), Heart Failure (HF), and Surgical Care Improvement Project (SCIP) core measures.

Design:

This was an evidenced-based quality improvement project.

Setting:

An acute care hospital with four 28 bed Medical/Surgical Units and a 20 bed Intensive Care Unit.

Participant/Subjects:

NA

Methods:

On a daily basis nursing quality rounds occurred on the Medical/Surgical Units and the Intensive Care Unit. The rounds are limited to one hour. Team members included nursing directors and managers, quality management staff, the charge nurse, and the staff nurse responsible for a group of patients. The focus of the rounds included adherence to core measure requirements, updating nursing care plans, and improving critical thinking skills. In order to monitor the progress of the ACM, a retrospective medical record review of patients was conducted for patients with the core measure sets of AMI, PN, HF, and SCIP that were admitted to the hospital between January 1, 2009 and Sept. 30, 2011. The quality management coordinators screened the medical record and if an AMI, PN, HF, or SCIP patient was found to be a candidate for the core measures, documentation that the core measure indicators were followed needed to be found in the medical records.

Results/Outcomes:

ACM Results
Quarter 1 2009- 85.1%
Quarter 2 2009-86.2%
(Nursing Quality Rounds began July 2009)
Quarter 3 2009-93.7%
Quarter 4 2009-93.0%
Quarter 1 2010-93.8%
Quarter 2 2010-97.6%
Quarter 3 2010-95.7%
Quarter 4 2010-96.1%
Quarter 1 2011-97.1%
Quarter 2 2011-96.8%
Quarter 3 2011-100.0% (Preliminary)

Implications:

Rounds are a method to achieve success in core measure outcomes. May be used in other settings.