

2010 Military Health System Conference

Way Forward:

MHS Clinical Quality Management & Strategic Imperatives

Sharing Knowledge: Achieving Breakthrough Performance

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TRICARE Management Activity

Outline



- Mission and Structure
- Clinical Quality Performance Measures
- MHS Clinical Quality Studies
- Strategic Initiatives



Mission & Structure

Purpose of MHS



In law, the purpose of the legislation authorizing the MHS is “to create and maintain high morale in the uniformed services by providing an improved and uniform program of medical and dental care for members and certain former members of those services, and for their dependents.”

- 10 USC 1071

Funding MHS



- ASD (Health Affairs) submits unified medical budget
 - MTF funding
 - including minor constructions, property maintenance and base operations support
 - Medical personnel
 - Purchased care

Transparency Executive Order



“...It is the purpose of this order to ensure that health care programs administered or sponsored by the Federal Government **promote quality and efficient delivery of health care through the use of health information technology, transparency regarding health care quality and price, and better incentives for program beneficiaries, enrollees, and providers...”**

Executive Order 13410 of August 22, 2006
Promoting Quality and Efficient Health Care in
Federal Government Administered or
Sponsored Health Care Programs

Transparency EO



- 1102 issues (posting QA data)
- 3 federal healthcare providers (DoD/VA/IHS) working together
- Encouraged to use existing commercial measures
- <https://mhs-cqm.info>
 - Current state: select National Hospital Measures for direct care, network and non-network hospitals
 - Future state: health plan measures (HEDIS)

1102...what is it?



“This is confidential medical quality assurance information exempt from discovery and restricted from release under 10 U.S.C. 1102. Information contained in this correspondence may be used only by authorized persons in the conduct of official business. Any unauthorized disclosure or misuse of information may result in civil penalties.”

10 U.S.C. 1102, excerpts



- (a) Confidentiality of Records.— **Medical quality assurance records created by or for the Department of Defense as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c)[Authorized Disclosure and Testimony].**

10 U.S.C. 1102 cont'd



- (f) Exemption From Freedom of Information Act (FOIA).— **Medical quality assurance records described in subsection (a) may not be made available to any person under section 552 of title 5.**
- (i) Regulations.— **The Secretary of Defense shall prescribe regulations to implement this section.** [which has been interpreted as aggregate statistical data only]

2007 DoD IG Report



- Inspector General review requested by DASD (Clinical & Program Policy)
- To improve visibility over medical incidents:
 - ASD(HA) and the Military Departments should revise quality assurance guidance, and the Military Departments should implement the revised DoD Regulation

2007 DoD IG Report, cont'd



- ASD(HA) and the Military Departments should require use of the risk management module of the Centralized Credentials Quality Assurance System (CCQAS) for complete and timely reporting of all potentially compensable event (PCE) and claim information
- ASD(HA) should establish an interface between the Patient Safety Reporting System and the CCQAS to facilitate exchange of information on medical incidents that are determined PCEs.

2008 Lumetra Report



- Purpose: address how well DoD is managing medical quality in their healthcare system as outlined in the 2007 NDAA.
- Specific tasks
 - An assessment of the methods used by DoD to monitor medical quality of services provided in direct care and purchased care
 - Additional specific areas of assessment were included

Lumetra findings



Categories

- Leadership (4)
- Staffing (5)
- Information Management (3)
- Quality Management (7)
- Patient Safety (9)
- Credentialing, Peer Review and Risk Management (2)
- MHS Quality Across the Continuum (6)
- General (1)

Recommendation referred to:

- Service Quality Leads (9)
- Service Safety Leads (4)
- CCQAS Committee (2)
- CMSP (3)
- PSPCC (8)
- TMA OCMO (9)
- TMA Pharmacy (1)
- TMA CIO (2)
- TMA Health Plan Operations (1)
- JTF Surgeon (1)
- Personnel (2)
- Congress (1)

DoD-I&M 6025.13



MHS Clinical Quality Assurance Instruction & Manual

- Major areas addressed:
 - Accreditation
 - Credentialing and Adverse Actions
 - Patient Safety
 - Quality & Process Improvement
 - Risk Management

DoD-I&M 6025.13, cont'd



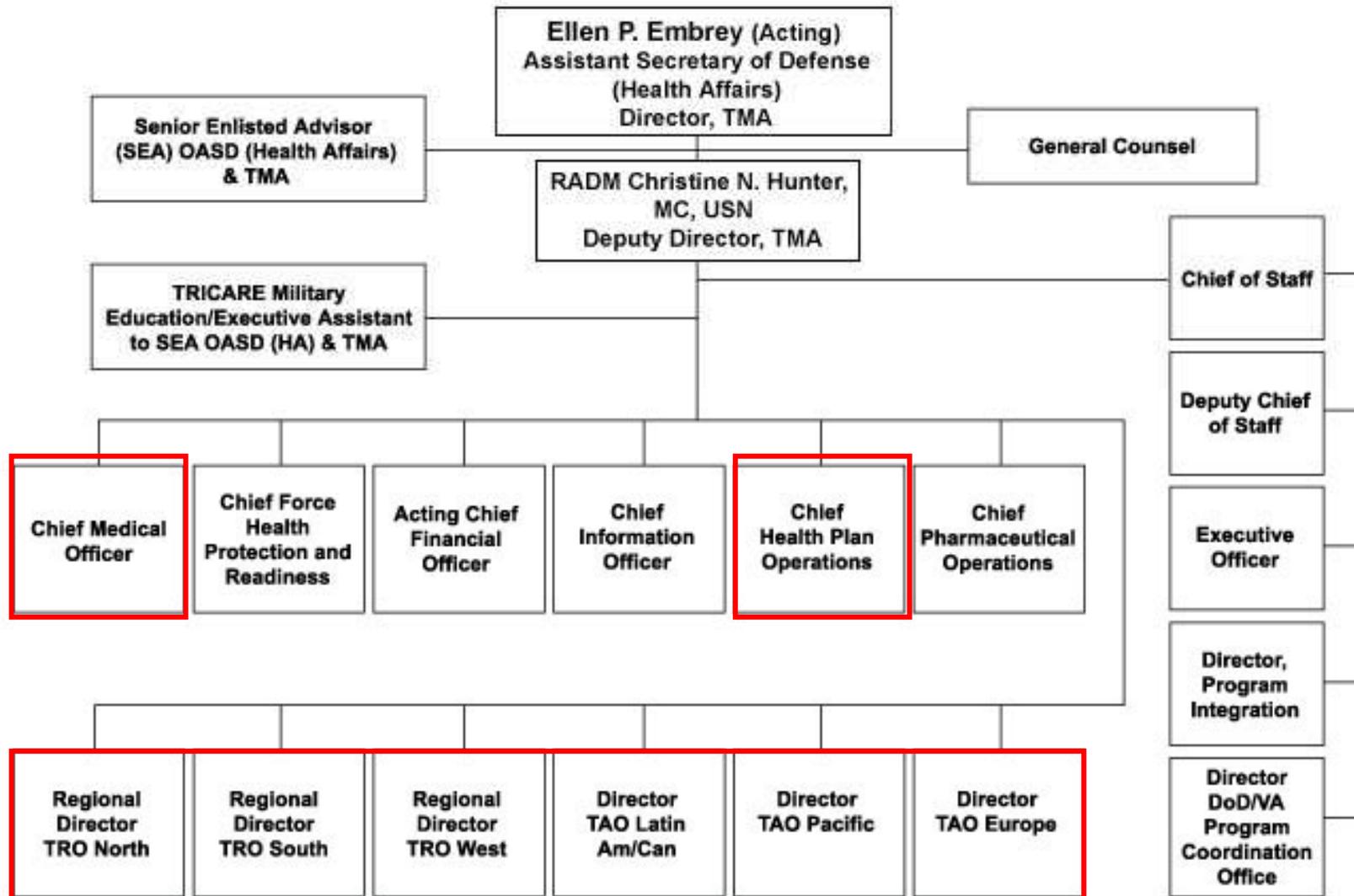
- Quality in health care defined:
 - "the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."
 - More specifically the services provided will be safe, effective, patient-centered, timely, efficient, and equitable.

DoD-I&M 6025.13, cont'd

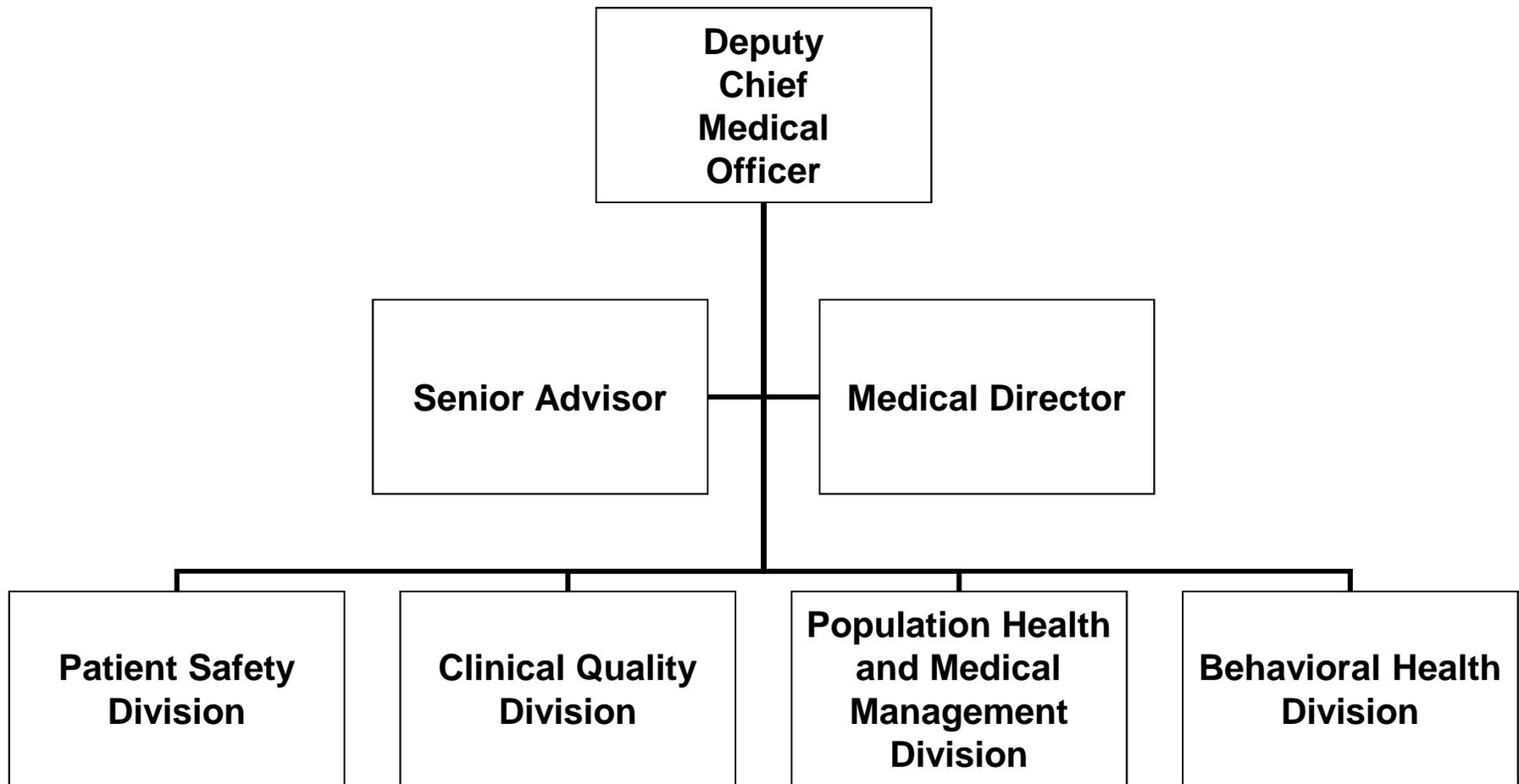


- Much work has been done over the past year to align to Single Business Processes across the three services
 - Credentialing & Privileging
 - Risk Management
 - Adverse procedures
 - Impaired providers
- Project better alignment with purchased care in next iteration

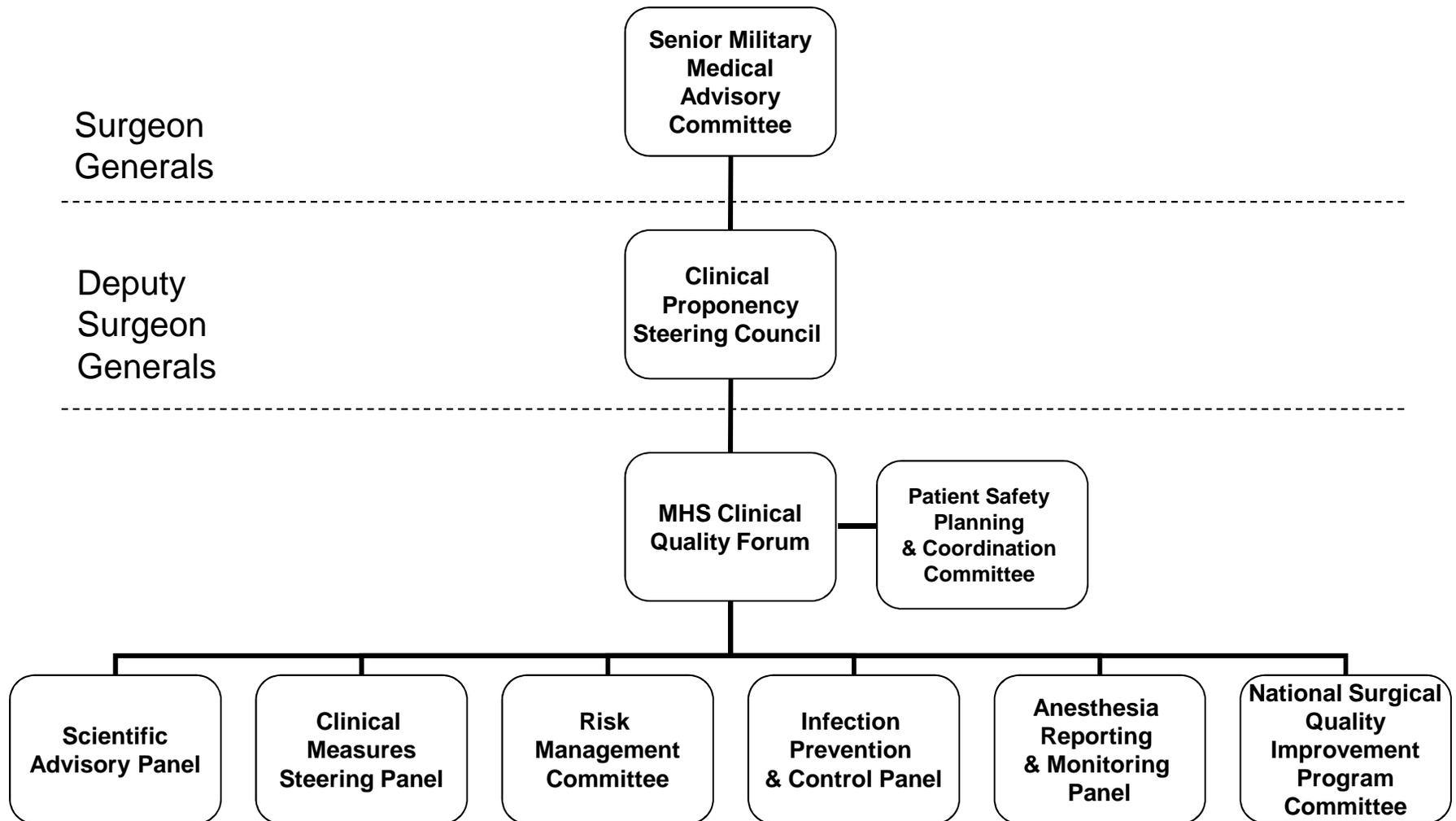
TMA Org Chart



OCMO Org Chart



CQM Structure



MHS Clinical Quality Forum (CQF)



- Collaborative committee sponsored by OASD(HA)/TMA with oversight responsibility for clinical quality assessment across MHS
- Primary responsibilities:
 - continually monitor key performance indicators
 - evaluate the quality of healthcare provided to DoD beneficiaries.

MHS CQF Subcommittees



- Clinical Measures Steering Panel (CMSP)
 - MHS collaborative committee with responsibility for providing recommendations and technical guidance on MHS clinical quality measures

MHS CQF Subcommittees



- Infection Prevention and Control Panel (IPCP)
 - Oversight board for DoD issues pertaining to infection prevention and control including healthcare acquired infections
- Anesthesia Reporting & Monitoring Panel (ARM-P)
 - Oversight board for DoD issues pertaining to anesthesia reporting and monitoring

MHS CQF Subcommittees



- National Surgical Quality Improvement Program Committee
 - Oversight of implementation and monitoring of American College of Surgeon's NSQIP (ACS NSQIP)

MHS CQF Subcommittees



- Scientific Advisory Panel (SAP)
 - Oversight board for DoD special clinical studies
- Risk Management
 - Identification and mitigation of risk to beneficiaries and staff
 - Reduce risks associated with medical malpractice
 - Strengthen other medical quality assurance activities

Resources



- MHS-CQM website: <https://www.mhs-cqm.info>
 - CQM committee documents
 - Transparency data
 - Special studies reports
 - Continuing education training (for credit!)
 - Annual Report to Congress on Quality

Mission & Structures Take-aways



- Much of MHS structure is secondary to mandates and direction from higher authority.
- OCMO has been working to solidify the structures, systems and processes
 - to support the quality functions
 - ensure that Clinical Quality Management continues to move forward



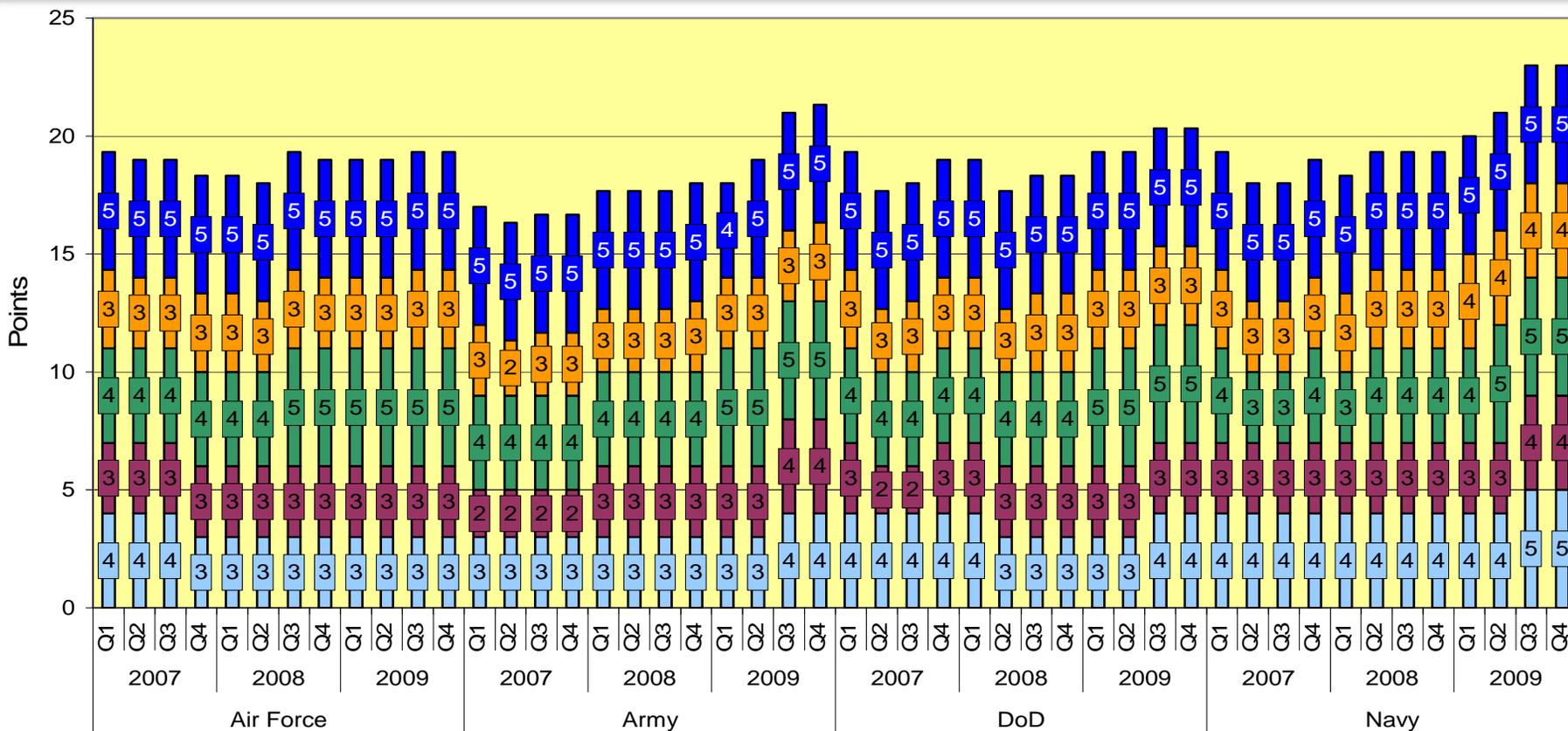
Clinical Quality Performance Measures

Health Plan Performance Measures



- Health Plan measures based on HEDIS methodology
 - Cancer Screening (breast, cervical & colon)
 - Diabetes Care
 - Asthma
- Administrative data obtained from MHS Population Health Portal
- Current index includes Direct Care facilities. Purchased Care data to be added FY 2010

Health Plan Measures Index Slide



Direct Care Health Plan Measures

■ Sum of Breast Cancer
 ■ Sum of Cervical Cancer
 ■ Sum of Colorectal Cancer
 ■ Sum of Diabetes Index
 ■ Sum of (unlabeled)

>= 90%	5
<90th % and >=75th %	4
<75th % >=50th %	3
<50th % and >=25th %	2
<25th % and >=10th %	1
<10th %	0

AHRQ Quality Measures



- The Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QIs) are measures of health care quality that make use of readily available hospital inpatient administrative data.
- Data will be available through MHS Population Health Portal.

AHRQ Quality Measures



- Four Modules
 - Prevention Quality Indicators (PQIs)
 - Inpatient Quality Indicators (IQIs)
 - Patient Safety Quality Indicators (PSI)
 - Pediatric Quality Indicators (PDI)
- Plan is for CMSP to review data semiannually and identify opportunities for improvement.

National Hospital Quality Measures



- Able to see across the system
 - CMS Hospital Compare provides data on network facilities
 - ORYX data collection from MTFs provides data on DoD facilities

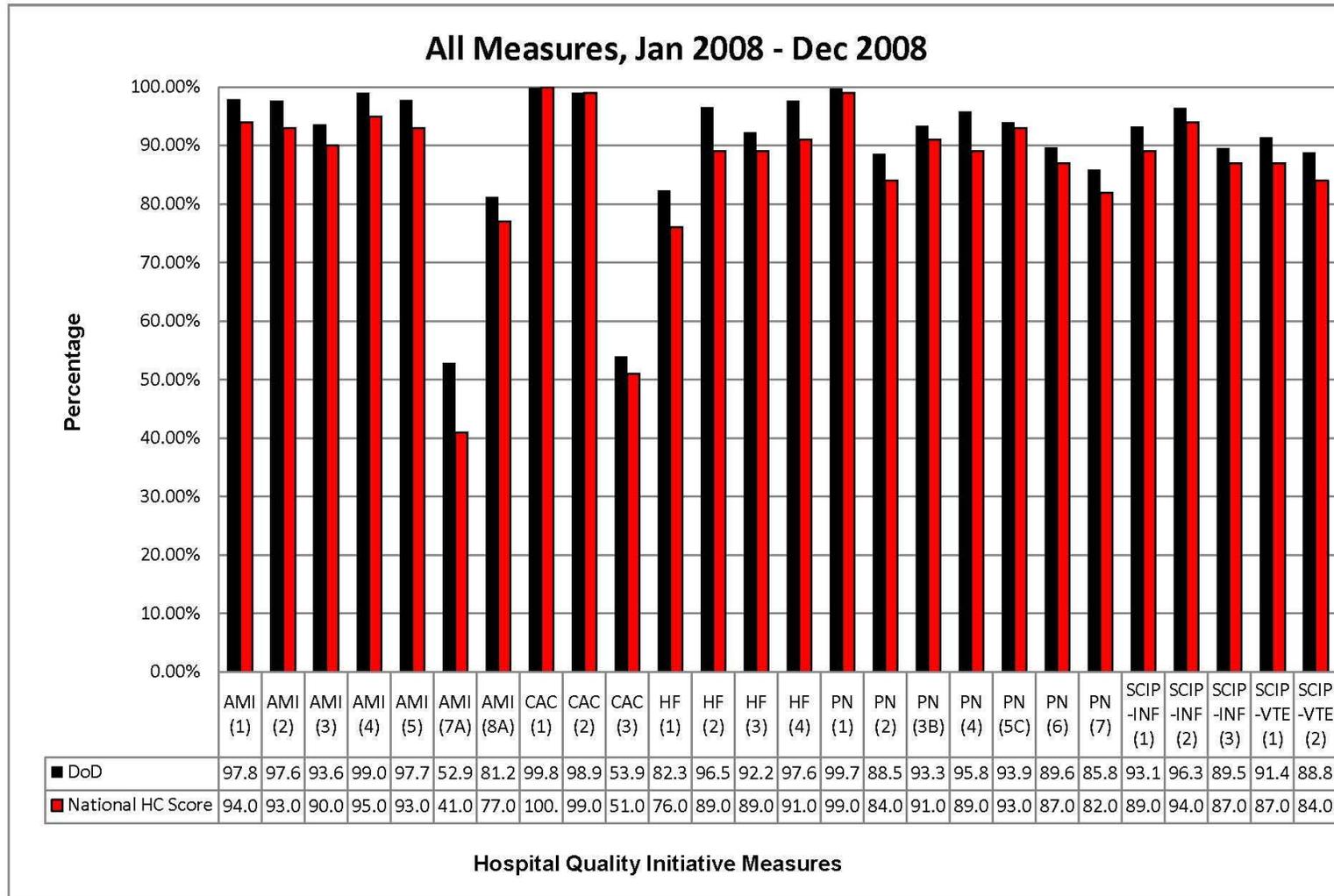
Facility Name	4th Qtr 2008
GEORGE WASHINGTON UNIV HOSPITAL	100
UNITED MEDICAL CENTER	Too few patients to display
GEORGETOWN UNIVERSITY HOSPITAL	Too few patients to display
WASHINGTON HOSPITAL CENTER	98
WALTER REED ARMY MEDICAL CENTER	100



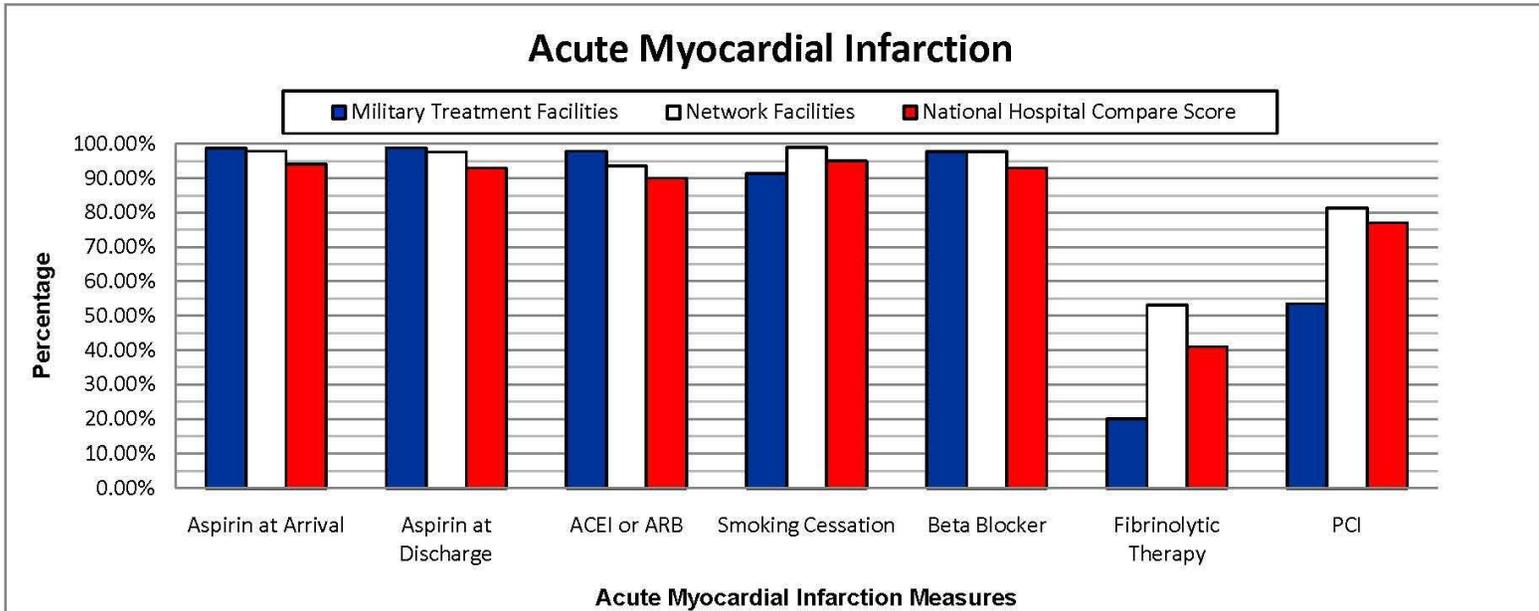
National Hospital Quality Measures



Hospital Quality Initiative - All Measures



Acute MI Measures



Acute Myocardial Infarction	Military Treatment Facilities		Network Facilities		National Hospital Compare Score
	N	%	N	%	%
AMI 1 - Aspirin at Arrival	703	98.72%	171,605	97.86%	94.00%
AMI 2 - Aspirin Prescribed at Discharge	775	98.84%	208,570	97.64%	93.00%
AMI 3 - ACEI or ARB for LVSD	95	97.89%	41,021	93.64%	90.00%
AMI 4 - Adult Smoking Cessation Advice/Counseling	197	91.37%	75,667	99.03%	95.00%
AMI 5 - Beta Blocker Prescribed at Discharge	796	97.74%	206,570	97.72%	93.00%
AMI 7 - Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	5	20.00%	1,234	53.05%	41.00%
AMI 8 - PCI Received Within 90 Minutes of Hospital Arrival	86	53.49%	30,340	81.32%	77.00%

National Health Safety Network



- Internet-based surveillance system hosted by CDC to collect data on healthcare-associated infections. DoD joined to:
 - Provide MTFs with risk-adjusted data
 - can be used for interfacility comparisons and local quality improvement activities
 - Assist MTFs in developing surveillance and analysis methods that
 - permit timely recognition of patient and healthcare personnel safety problems
 - prompt intervention with appropriate measures

National Health Safety Network



- Select modules:
 - Ventilator-associated pneumonia
 - Central line-associated bloodstream infection
 - Multidrug resistant organisms (AF only)
 - Some MTFs have chosen:
 - Surgical site infection
 - Catheter-associated urinary tract infections
- Validating data entered and determining best way to report data to IPCP and leadership.
 - Less than one year of data to date

Surgical and Anesthesia Measures



- Surgical Measures will include both process and outcomes measures
 - Surgical Care Improvement Project (SCIP)
 - ACS NSQIP
- Anesthesia Measures will be proposed by the ARM-Panel
 - MHS-wide deployment of a commonly configured anesthesia reporting and monitoring device will enable standardized data to be collected

Performance Measures Take-aways



- There are many clinical quality measures being looked at across the MHS enabling
 - trending against ourselves
 - benchmarking against others
- POCs: TMA, Service, and MCSC Quality Leadership.



MHS Clinical Quality Studies

Chiropractic Health Care Services



- Full Title: The Impact of Chiropractic Health Care Services on Readiness and Return to Duty of Active Duty Service Members in the Military Health System
- Background
 - Study reviewed acceleration in return to duty and medical readiness in patients treated by chiropractors, non-chiropractors and both.

Chiropractic Health Care Services



- Conclusions/Recommendations:
 - The three groups had differences in prevalence of duty limitations, chronicity and utilization
 - A prospective randomized control study design is recommended to investigate more narrowly defined conditions (e.g., low back pain).

Tobacco Use Cessation Programs



- Full Title: Evaluation of Tobacco Use Cessation Programs
- Background
 - Primary objective of this study was to evaluate the status of tobacco control and tobacco use cessation policies and programs at the Service level and at military installations.

Tobacco Use Cessation Programs



- Conclusions/Recommendations:
 - Update DoD and Service policies, including pricing and TUC interventions
 - A number of specific recommendations for MTF Commanders
 - Providers/Staff: Promote and/or facilitate interdepartmental collaboration through enhanced communication efforts.

Hypertension Among Diabetics



- Full Title: Hypertension Among Beneficiaries with Diabetes Mellitus
- Background
 - Study sample included 11,635 hypertensive diabetic beneficiaries
 - Blood pressure abstractions of outpatient medical record documentation that occurred 01 January – 31 December 2007 were conducted

Hypertension Among Diabetics



- Conclusions/Recommendations:
 - Opportunities exist for improving BP control
 - only 33% met the BP target of 130/80
 - only 61% met the target of 140/80
 - A stepped care approach of pharmacotherapy and therapeutic lifestyle change should be used to achieve BP targets, modifying the treatment plan when the targets are not achieved.

Influenza Immunization Rates



- Full Title: Influenza Immunization Rates Among Beneficiaries with Diagnosed Asthma, Heart Failure, and/or AMI
- Background
 - Influenza immunization rates during the FY08 influenza season for beneficiaries with certain diseases
 - Healthcare utilization is also explored

Influenza Immunization Rates



- Conclusions/Recommendations:
 - Improve influenza vaccination programs for high-risk patients diagnosed with asthma, CHF, or AMI
 - Conduct a future study to track the availability of influenza vaccination within cardiac and specialty clinics
 - Investigate route of vaccination.
 - Findings from this study warrant further investigation into the route of influenza vaccination among chronic disease groups. (nasal vaccine)

Pregnancy In Active Duty Females



- Full Title: Pregnancy Among Active Duty Females
- Background
 - These women were followed for 18 months, with a focus on:
 - pregnancy
 - pregnancy outcomes
 - prenatal care
 - delivery conditions.

Pregnancy In Active Duty Females



- **Conclusions/Recommendations:**
 - Lower pregnancy prevalence among women deployed
 - No significant difference in live birth rates and prenatal care visits for women deployed to Iraq or Afghanistan and women not deployed.
 - Women deployed to any foreign country other than Iraq or Afghanistan had significantly fewer live births and prenatal care visits
 - Need for more detailed study
 - Need for improved documentation regarding prenatal care visits and pregnancies

Additional Special Studies



- FY09
 - Proton Pump Inhibitor Step Therapy
 - Active Duty ER Usage
 - Treatment of Low Back Pain in the MHS
 - Multidrug Resistant Organism Control in MTFs
 - Evaluation of RESPECT-MIL Program Phase II

Additional Special Studies



- FY10
 - Sleep Apnea
 - Evaluating the Benefits of TRICARE Pain Clinics
 - Medication Compliance
 - Intensive Care Units

Quality Studies Take-aways



- Each year approximately 4 clinical quality studies are conducted across the system
 - Suggestions for studies are provided through SAP members
- Continuing educational programs created based on studies
- POCs: SAP members (located on study summaries on mhs-cqm website)



Strategic Initiatives

MHS CQM Summit



Date: August 31 to September 2, 2009

Purpose: To gather Quality Leaders from across the MHS to strategically review the structures, systems, processes and programs supporting clinical quality management in the Department of Defense

Summit Objectives:

- Program validation
- Strategic thinking
- Operational planning

MHS CQM Summit Attendees



Subject matter experts in key MHS CQM specialties:

- *Quality Management*
- *Patient Safety*
- *Risk Management*
- *Credentials/Privileging*
- *Performance Measurement & Performance Improvement*
- *Infection Prevention*

Representatives from various levels of the following components of MHS:

- *HA*
- *TMA*
- *Services*
- *Joint Task Force*
- *Managed Care Support Contractors*
- *Designated Providers*

MHS CQM Summit Agenda



■ Day One Focus:

- Understanding the Components of the MHS
 - HA, TMA, Services, Joint Task Force, Managed Care Support Contractors, Designated Providers
- Research on Best in Class Quality Infrastructure by the Advisory Board Company

■ Day Two Focus:

- Learning from others
 - Kaiser, VA, IHI
- Understanding policies and mandates
- Identification of Strengths, Opportunities and Strategic Issues for MHS CQM
- Strategic Initiative Development (small group)

Strategic Initiative Development



- 5 breakout groups each developed strategic initiatives to share
- Like initiatives were grouped together
- Multi-voting to prioritize initiatives by each attendee and by each breakout group
- Proposed MHS CQM Strategic Initiatives reported at MHS CQForum
 - Forum members compressed number of initiatives from 14 to 7 by combining linked initiatives

Approved Strategic Initiatives



- The strategic initiatives are listed in prioritized order based on input from summit attendees.
 - Leverage Information Technology
 - MHS Quality Management Plan
 - Quality Core Competency
 - Performance Measurement
 - Knowledge Management
 - Reliable System Solutions
 - Patient Partnering

Leverage Information Technology



- Leverage information technology to promote standardization of evidence-based practice, reduce variance and increase efficiency.
- Initial objectives include:
 - Standardize use of technological capabilities that support clinical practice
 - Utilize electronic data sources to collect quality data to measure and improve system performance

Leverage Information Technology



- Plan: Partner with Defense Health Information Management Systems (DHIMS)
 - To structure IT processes around clinical projects
 - such as improving HEDIS numbers
 - In the execution of IT processes to ensure compatibility with clinical processes
 - such as giving the right data to the right person at the right time

MHS Quality Management Plan



- Develop MHS Quality Management Plan as a guide for quality functions and strategic initiatives in direct care and purchased care (MCSC and DP) systems.

MHS Quality Management Plan



- Plan
 - Establish a working group with system-wide representation
 - Create the plan based on current MHS leadership direction as well as the leaders in United States medicine (such as IOM, NCQA, CMS)

MHS Quality Management Plan



- Progress to date
 - Completed initial literature research for examples of quality plans
 - Established a plan template based on literature
- Imminent next steps
 - Insert information into template that we already know
 - Bring working group together to complete template

Quality Core Competency



- Identify core competencies for quality functions and develop standardized education programs.
- Initial Objectives include:
 - Standardize competencies across the MHS
 - Training
 - Standardize content, courses and platforms
 - Multiple methods to maximize opportunities
 - Provide opportunities for all types of staff (military, civilian, contractor)

Quality Core Competency



- Plan
 - Examine roles and functions of quality professionals
 - Commercial sector (Advisory Board)
 - Current roles within the Direct Care System
 - Inventory educational platforms for quality professionals
 - Commercial Sector
 - Currently available in MHS

Quality Core Competency



- Plan (cont'd)
 - Determine the standard quality competencies associated with each identified role of function of each clinical quality professional
 - Present a framework to implement standardized education, and training for quality professionals across the MHS

Quality Core Competency



- Progress to date
 - Identified the generic roles and functions of quality professionals
 - Initiated the identification of roles within the Direct Care System (DCS) for quality professions
 - Initiated the identification of current DCS training platforms and educational offerings for quality professionals

Quality Core Competency



- Imminent next steps
 - Step 1- Develop an assessment tool for distribution by the Service leads to their respective quality professionals to identify all roles within the DCS that will require competency in clinical quality management.
 - Step 2- Present a “straw man” that provides a distribution of the roles and functions of clinical quality professionals

Strategic Initiative Key Points



- 3 initiatives currently being worked on by OCMO Clinical Quality staff
- Next steps are vetting among Quality Leadership across MHS and updating Clinical Quality Forum



■ BACK-UP SLIDES

Funding MHS



- Unified medical budget funded through NDAA
 - National Defense Authorization Act
 - House Armed Services Committee (HASC) & Senate Armed Services Committee (SASC)
 - Authorizes a program to be funded
 - National Defense Appropriations Act
 - Committees on Appropriations (House and Senate each)
 - Provides actual funding for an authorized program

DoD-I 5010.43



- Implementation and Management of the DoD-Wide Continuous Process Improvement/Lean Six Sigma (LSS)
- Applies to all “organizational entities within the Department of Defense”
- Training targets
 - 1% of an organization’s population shall be LSS Black Belts
 - 5% of an organization’s population shall be LSS Green Belts

CQ Performance Measurement



- Monitors clinical quality across the MHS
- Fosters cross-system coordination and collaboration on quality issues through the coordination of monthly meetings
 - MHS Clinical Quality Forum
 - Scientific Advisory Panel
 - Clinical Measures Steering Panel
 - Infection Prevention and Control Panel
 - Anesthesia Reporting and Monitoring Panel
 - National Surgical Quality Improvement Program Committee
 - Risk Management Committee (not monthly)

AHRQ Prevention Quality Indicators



- Measures to identify "ambulatory care sensitive conditions" (ACSCs) for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.
 1. Diabetes short-term complication admission rate
 2. Perforated appendix admission rate
 3. Diabetes long-term complication admission rate
 4. Chronic obstructive pulmonary disease admission rate
 5. Hypertension admission rate
 6. Congestive heart failure admission rate
 7. Low Birth Weight
 8. Dehydration admission rate
 9. Bacterial pneumonia admission rate
 10. Urinary tract infection admission rate
 11. Angina admission without procedure
 12. Uncontrolled diabetes admission rate
 13. Adult asthma admission rate
 14. Rate of lower-extremity amputation among patients with diabetes

AHRQ Inpatient Quality Indicators



- The IQIs are a set of measures that can be used with hospital inpatient discharge data to provide a perspective on quality.
- **Volume indicators** are proxy, or indirect, measures of quality. They are based on evidence suggesting that hospitals performing more of certain intensive, high-technology, or highly complex procedures may have better outcomes for those procedures. Volume indicators simply represent counts of admissions in which these procedures were performed.
- **Mortality indicators for inpatient procedures** include procedures for which mortality has been shown to vary across institutions and for which there is evidence that high mortality may be associated with poorer quality of care.
- **Mortality indicators for inpatient conditions** include conditions for which mortality has been shown to vary substantially across institutions and for which evidence suggests that high mortality may be associated with deficiencies in the quality of care.
- **Utilization indicators** examine procedures whose use varies significantly across hospitals and for which questions have been raised about overuse, underuse, or misuse. High or low rates for these indicators are likely to represent inappropriate or inefficient delivery of care.

AHRQ Patient Safety Indicators



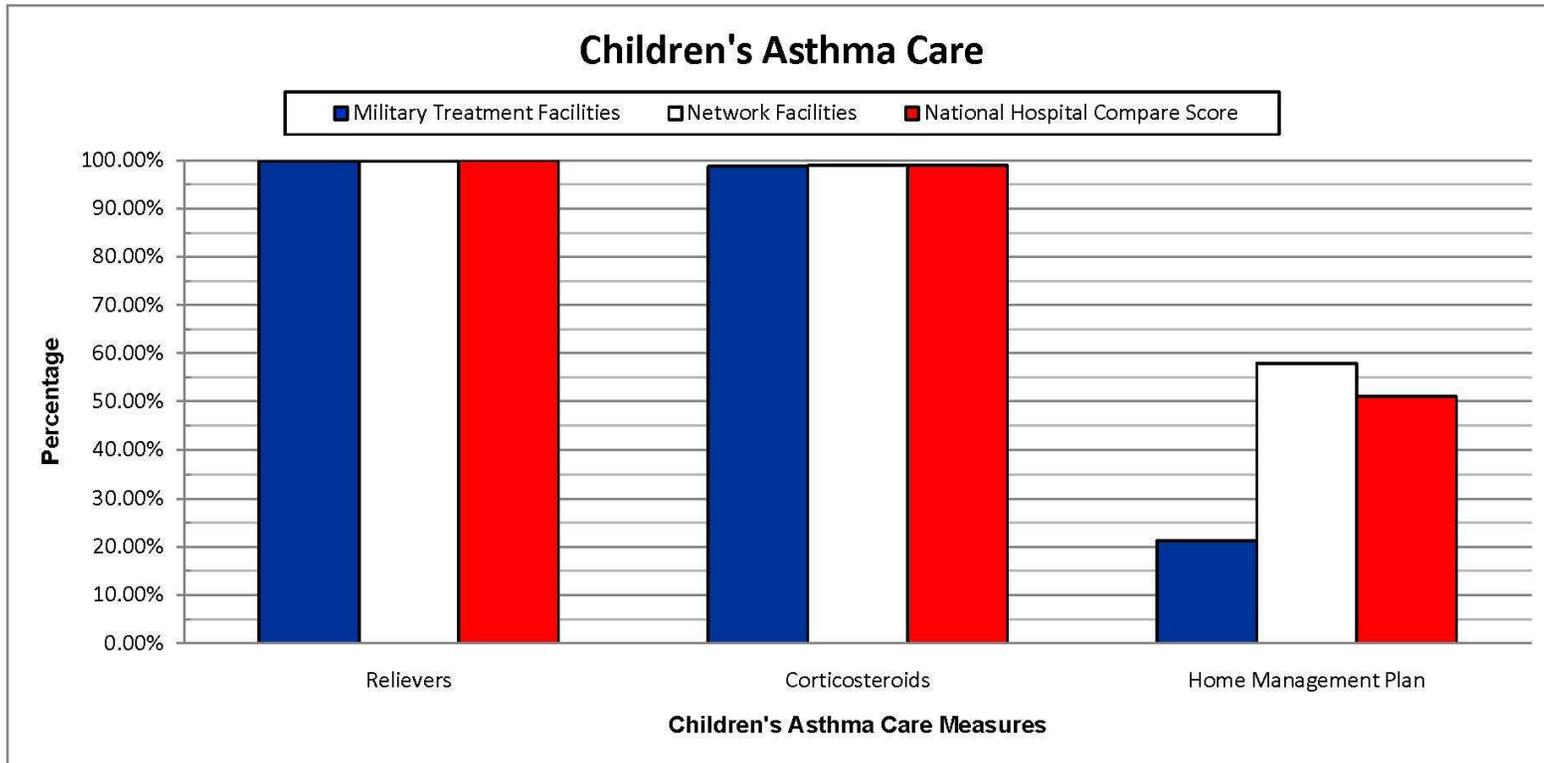
- PSIs are a set of measures that screen for adverse events that patients experience as a result of exposure to the health care system. These events are likely amenable to prevention by changes at the system or provider level.
- Provider-level indicators provide a measure of the potentially preventable complication for patients who received their initial care and the complication of care within the same hospitalization.
- Area-level indicators capture all cases of the potentially preventable complication that occur in a given area (e.g., metropolitan area or county) either during hospitalization or resulting in subsequent hospitalization.

Pediatric Quality Indicators



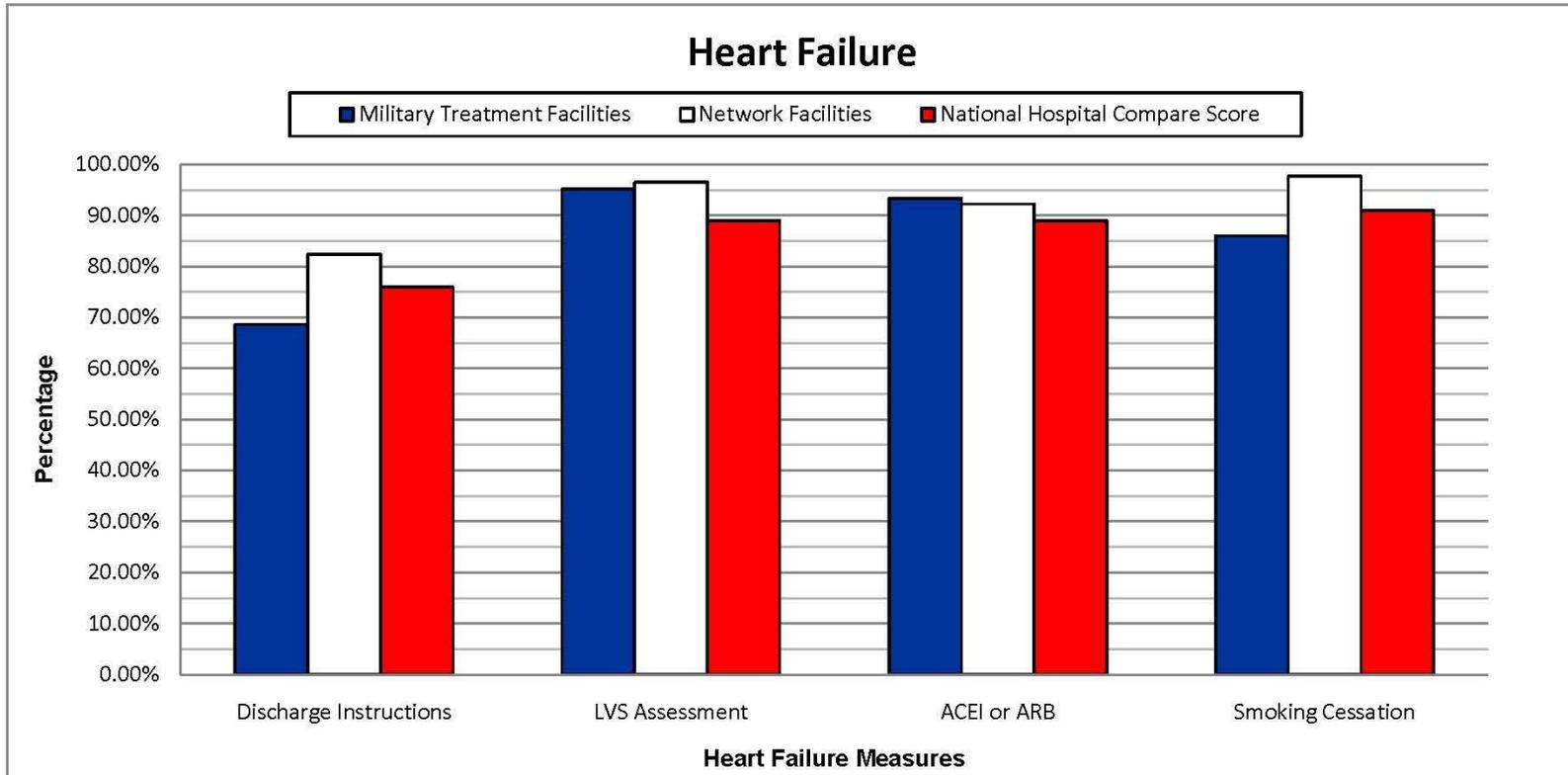
- The Pediatric Quality Indicators (PDIs) are a set of measures that focus on children's health care quality using routinely collected hospital discharge data as the basis for indicator specification.
- Provider-level indicators provide a measure of the potentially preventable complication for patients who received their initial care and the complication of care within the same hospitalization. Provider-level indicators include only those cases where a secondary diagnosis code flags a potentially preventable complication.
- Area-level indicators are specified to include principal diagnosis, as well as secondary diagnoses, for the complications of care. This specification adds cases where a patient's risk of the complication occurred in a separate hospitalization.

Children's Asthma Care Measures



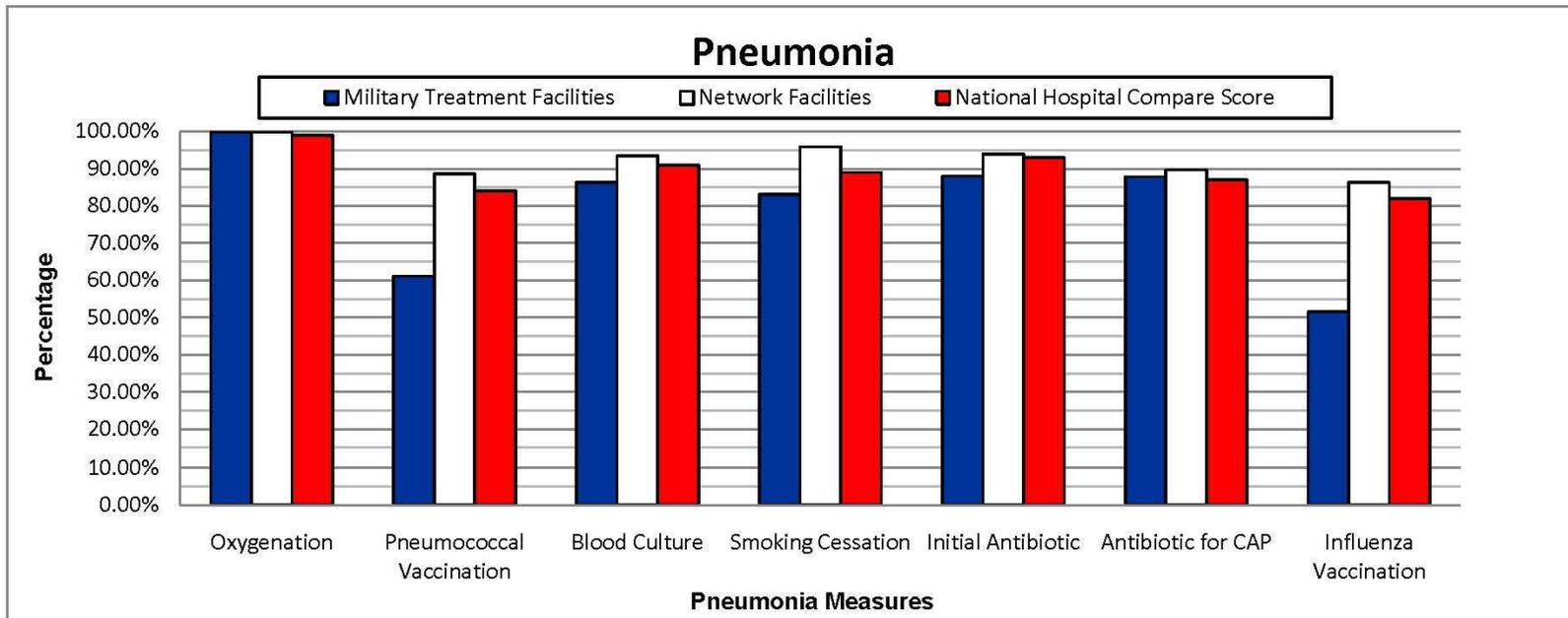
Children's Asthma Care	Military Treatment Facilities		Network Facilities		National Hospital Compare Score
	N	%	N	%	%
CAC 1a - Relievers for Inpatient Asthma	583	99.83%	9,003	99.89%	100.00%
CAC 2a - Systemic Corticosteroids for Inpatient Asthma	581	98.80%	9,003	98.96%	99.00%
CAC 3 - Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	573	21.29%	4,688	57.92%	51.00%

Heart Failure Measures



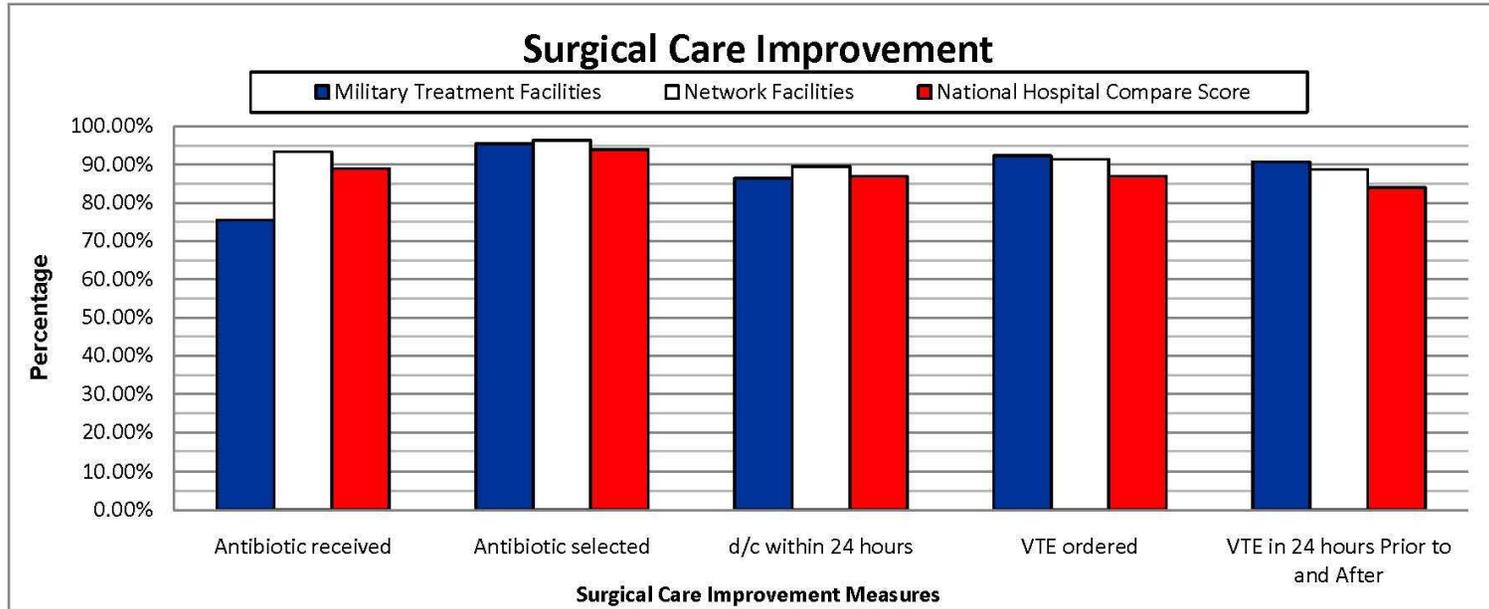
Heart Failure	Military Treatment Facilities		Network Facilities		National Hospital Compare Score
	N	%	N	%	%
HF 1 - Discharge Instructions	1,807	68.62%	327,625	82.40%	76.00%
HF 2 - Evaluation of LVS Assessment	1,980	95.20%	400,705	96.52%	89.00%
HF 3 - ACEI or ARB for LVSD	588	93.37%	132,265	92.26%	89.00%
HF 4 - Adult Smoking Cessation Advice/Counseling	250	86.00%	70,019	97.67%	91.00%

Pneumonia Measures



Pneumonia	Military Treatment Facilities		Network Facilities		National Hospital Compare Score
	N	%	N	%	%
PN 1 - Oxygenation Assessment	2,756	99.89%	354,797	99.76%	99.00%
PN 2 - Pneumococcal Vaccination	1,385	61.16%	267,809	88.71%	84.00%
PN 3B - Blood Culture in the ED Prior to Initial Antibiotic	1,861	86.30%	256,382	93.42%	91.00%
PN 4 - Adult Smoking Cessation Advice/Counseling	634	83.12%	107,487	95.91%	89.00%
PN 5C - Initial Antibiotic Received within 6 Hours of Hospital Arrival	2,158	88.04%	278,625	93.97%	93.00%
PN 6 - Most Appropriate Initial Antibiotic(s)	1,773	87.82%	187,579	89.69%	87.00%
PN 7 - Influenza Vaccination	1,009	51.54%	84,904	86.27%	82.00%

Surgical Care Measures



Surgical Care Improvement (SCIP)	Military Treatment Facilities		Network Facilities		National Hospital Compare Score
	N	%	N	%	%
SCIP-INF-1 - Preventive Antibiotic Received Within One Hour Prior to Surgical Incision	5,319	75.48%	558,592	93.34%	89.00%
SCIP-INF-2 - Preventive Antibiotic Selection for Surgical Patients	4,864	95.48%	563,035	96.38%	94.00%
SCIP-INF-3 - Preventive Antibiotics d/c Within 24 Hours After Surgery End Time	4,775	86.41%	528,946	89.58%	87.00%
SCIP-VTE-1 - Surgery Patients with Recommended VTE Prophylaxis Ordered	5,614	92.34%	503,046	91.41%	87.00%
SCIP-VTE-2 - Surgery Patients Who Receive Appropriate VTE Prophylaxis in 24 Hours Prior to and After Surgery	5,615	90.70%	502,586	88.78%	84.00%

Tobacco Use Cessation Programs



- Recommendations for MTF Command:
 - Require regular reporting of TUC activities, including: quit rates, prevalence estimate; program participation and completion rates; cost of TUC medications and a per-person or per-population estimate
 - Implement and advertise restrictions on the sale and use of tobacco products
 - Ensure programs utilize the practices outlined in the VA/DoD Clinical Practice Guideline

Leverage Information Technology



- Initial Objectives include:

A. Standardize use of technological capabilities that support clinical practice such as;

- Clinical Reminders for Clinical Practice Guidelines
- Alternate Input Method (AIM) forms
- Problem Summary List
- Document Scanning
- Medication reconciliation in the Electronic Medical Record (EMR)

Sharing Knowledge: Achieving Breakthrough Performance

Leverage Information Technology



Initial Objectives include:

B. Utilize electronic data sources to collect quality data to measure and improve system performance;

- The Joint Commission ORYX®
- HEDIS® measures
- Infection Control Surveillance – National Healthcare Safety Network (NHSN)
- Patient Safety and Risk Management

Sharing Knowledge: Achieving Breakthrough Performance