

Memorandum

To: DRG Hospitals

From: Lori Coyner, Director of Health Analytics, Oregon Health Authority (OHA) and Diane Waldo, Associate VP of Quality and Clinical Services, Oregon Association of Hospitals and Health Systems

Date: December 8, 2014

Subject: HTPP Medication Safety Measures - Counting Clarification

Both OHA and its partner on the Hospital Transformation Performance Program (HTPP), the Oregon Association of Hospitals and Health Systems (OAHHS), have received numerous requests for clarification on how hospitals need to track and count the three medication safety measures (adverse drug events due to opioids; excessive anticoagulation with warfarin, and hypoglycemia with insulin). Given this, OHA and OAHHS are providing clarification in this memo, in the program measure specification sheets, and in the program's frequently asked questions document. To clarify:

Patients should be counted once per admission (in which Warfarin, Insulin, or an Opioid is administered). However, if the patient is again admitted (even in the same month) the count begins again. The denominator for these measures is a **distinct count of admissions per patient in which one of these drugs is administered (i.e., a patient is counted once per admission)**. The numerator is also a distinct count per admission per patient (after a patient receives one of these medications): For each measure, a patient is counted in the numerator once if he or she is given that drug at any point in that admission and subsequently exceeds the threshold (>6 for Warfarin; plasma glucose concentration of 50 mg per dl or less for insulin; and administration of narcan for opioids).

For example, say a patient is admitted from June 1-20 and receives Warfarin three times, and during this admission has an INR > 6 two times after the Warfarin was administered. For the month of June she would be counted **once** in the denominator (because she received Warfarin during this admission), and only **once** in the numerator (because the elevated INR is only counted once per admission).

Say she is again admitted from August 28 – September 5 and receives Warfarin once, but her INR never exceeds the threshold. In this case, she is again counted in the denominator for September (since she received Warfarin during this admission and was discharged in September), but is not counted in the numerator (as her INR stayed at a safe level).

However, over the course of the measurement year this patient would be counted twice in the denominator (as she received Warfarin in two separate admissions), and only once in the numerator (as in only one admission did her INR exceed the threshold). The aggregated counts over the measurement year are used in assessing whether the hospital achieves the benchmark or improvement target (and receives the incentive payment).

The detailed measure specification sheets and the frequently asked questions document on the OHA HTPP webpage (<http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx>) have been updated to include this clarification. We appreciate your patience and flexibility as we continue to move forward with this program.

If you have any questions, please contact:

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