

Do Core measures improve patient outcomes in MI, Pneumonia, and CHF?

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INTRODUCTION

“Core measures are national standards of care and treatment for common conditions. These processes are proven to reduce complications and improve patient outcomes.” (Hopkins, 2021, para. 3).

“Heart failure is a complex clinical syndrome...It results in the inability of the heart to meet oxygen needs” (Lewis et al., 2019, p. 734).

“Pneumonia is an acute infection of the lungs parenchyma” (Lewis et al., 2019, p. 503)

“MI occurs because of an abrupt stoppage of blood flow through a coronary artery... This causes irreversible myocardial cell death” (Lewis et al., 2019, p. 718).

Core measures are based on evidenced based practice which shows the most effective treatments for common conditions such as Pneumonia and CHF. Improved outcomes are achieved by using a uniform care method that is effective in the treatment of these processes. The implementation of core measures can also decrease length of stay and hospitalization costs.

SIGNIFICANCE

- “MI, CHF, and pneumonia are the leading causes of hospital admissions and expenditures” (AJMC, 2016, para. 1).
- “While charges have increased in the care of these patients, costs have remained stable” (AJMC, 2016, para. 8).
- “Congestive heart failure (CHF) is the most common cause of readmission for Medicare patients in the USA. The Heart Disease and Stroke Statistics Report (2016) from the American Heart Association estimated that the prevalence of heart failure is ~5.7 million, and an estimated 1 million hospital stays were attributable to CHF” (NCBI, 2018, para 6).

POSITION STATEMENT

Implementation of core measures developed by the Joint Commission improves health outcomes in patients with Acute Myocardial infarction (AMI), Congestive Heart failure (CHF), and Pneumonia. In addition, these core measures can decrease hospitalization costs and these savings are passed onto patients with lower hospital bills at discharge.

SUPPORT FOR POSITION

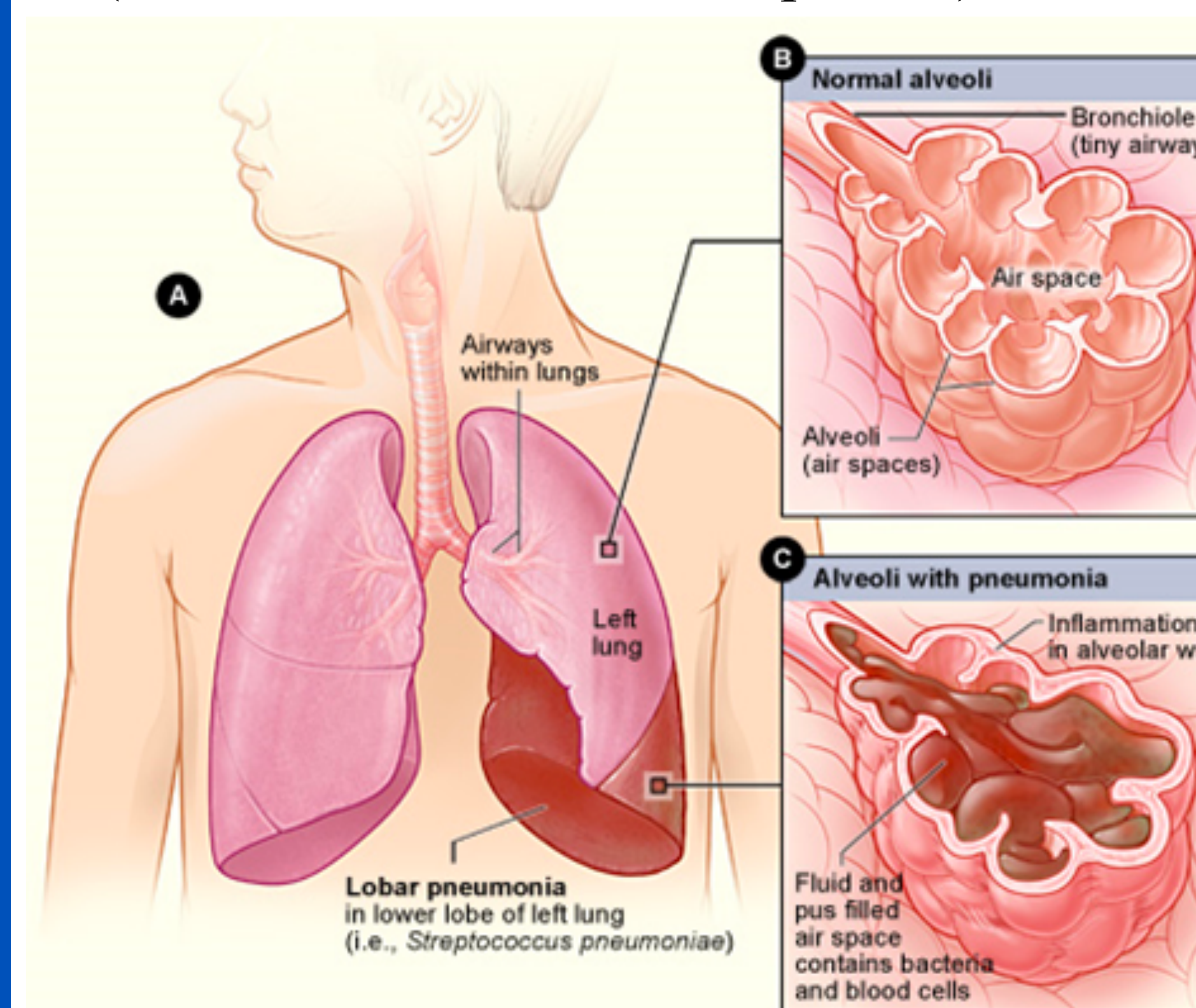
- The National Center for Biotechnology Information (NCBI), conducted a study on the effectiveness of Core measures and showed that with the implementation of core measures, “In-hospital mortality decreased for AMI, CHF, and pneumonia” (NCBI, 2016, para. 4).
- “The average inflation-adjusted cost per case decreased for congestive heart failure and remained stable for acute myocardial infarction and pneumonia”(AJMC, 2018, para. 5).

In a study investigating the effectiveness of core measures on patient outcomes and medical costs , C. Venkatesan et al. (2016) found that:

- “Many clinically meaningful outcomes related to the inpatient care of acute myocardial infarction, congestive heart failure, and pneumonia improved—in the context, notably, of more complex and severe disease. Hospital charges increased but costs remained stable, suggesting improvement in the quality of care.”(Venkatesan, 2016, p. 16).
- "Many measures of quality of inpatient care and resource utilization for Centers for Medicare and Medicaid Services (CMS) core conditions improved despite increases in patient complexity and risk of mortality."(Venkatesan, 2016, p. 9).

IMPLICATIONS FOR PRACTICE

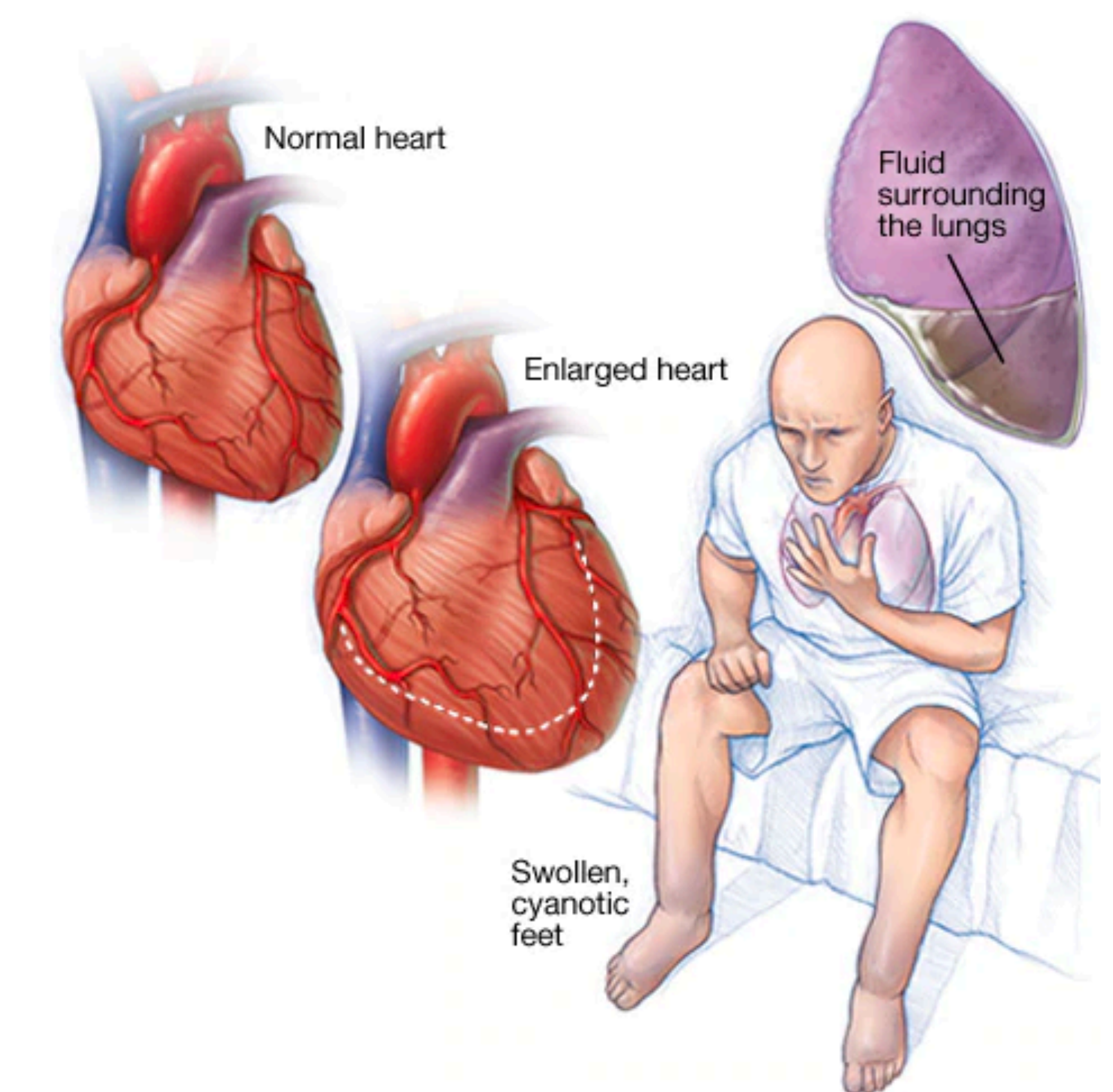
- “RN’s have an important role to play in implementing, auditing, and verifying compliance with Core Measures. Even if you are not a manager, your organization will likely expect you to comply with Core Measures, and may rely on you to ensure compliance with the implementation and documentation of Core Measures “(Nursing on point, 2021, para. 7).
- “Strong scientific evidence demonstrates that performing the evidence-based care process improves health outcomes (either directly or by reducing risk of adverse outcomes)”(Joint Commission, 2021, para. 6).
- “Facilities that maintain higher percentages of compliance with the core measures receive higher reimbursement from Medicare and other payers” (Hospital Council of Western PA, 2017, p. 18).
- “Patient non-compliance with diet and medications is an important reason for changes in clinical status. Health care professionals should ensure that patients and their families understand their dietary restrictions, activity recommendations, prescribed medication regimen, and the signs and symptoms of worsening heart failure” (Joint Commission, 2020, para. 2).



(NHLBI, 2018)

CONCLUSION

AMI, pneumonia and CHF are all life-threatening disease processes that are extremely common in healthcare. Through the adoption of core measures developed by the Joint Commission that implement a standardized care process for treatment, we can have increase in patient outcomes, decreased length of stay, and decreased medical costs which can be directly passed on to patients. Nurses can play a specific role in maintaining positive outcomes through patient education on treatment, medications, diet, and activity both during care and after discharge.



(Mayo Clinic, 2020)

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