

## DESCRIPTION OF QUALITY PERFORMANCE INDICATORS

1. **Overall physician satisfaction.** As patient satisfaction surveyors gather data from discharged patients, they will annotate on their surveys whether the attending of record was a USF physician. Such patients are referred to herein as “USF Patients”. Only records of USF Patients will be used in the calculation.
2. **Would return to TGH.** Percentage of USF Patients who indicated on their surveys that they would return to TGH.
3. **Use of approved abbreviation.** Each month 70 patient records are audited for unapproved abbreviations. Only USF Patient’s records will be used to calculate the score.
4. **Use of indication for PRN medications.** Same methodology as described in 3 above.
5. **Central Line Infection Rate.** The rate is determined by establishing the number of USF ICU Patients with a central line infection (as defined by the Centers of Disease Control) and dividing by the number of USF ICU Patients with central lines (multiplied by 1000 to make data comparable with national data).
6. **Patients receiving prophylactic antibiotics within one hour prior to surgical incision.** Patients undergoing the following surgical procedures performed by USF attending surgeons are the focus of this indicator. Vascular Surgery, Hip and Knee Replacement Surgery, Coronary Artery Bypass Graft Surgery, Other Cardiac Surgery (e.g., valve surgery), Vaginal and Abdominal Hysterectomies, and Colorectal Surgery. A review of the patient’s medical record is performed to determine whether a prophylactic antibiotic was given within one hour prior to surgical incision.
7. **Patients whose prophylactic antibiotic is discontinued within 24 hours of surgery end time.** Same methodology as described in 6 above.
8. **Rate of ventilator associated pneumonias in ICUs.** The rate is determined by establishing the number of USF ICU Patients with ventilator associated pneumonia and dividing by the number of USF ICU Patients on ventilators (multiplied by 1000 to make data comparable with national data).
9. **Medication reconciliation admission sheet reviewed and signed by physician.** Each month 70 USF Patient records will be randomly selected and audited for evidence of medication reconciliation. Only USF Patient records will be used to calculate the score.
10. **Compliance with community acquired pneumonia indicator (composite score of six measures).** The six measures included in the indicator are: (1) Administration of pneumococcal vaccination; (2) Initial antibiotics given within 4 hours of arrival; (3) Oxygenation assessment completed; (4) Smoking cessation advice/counseling provided; (5) Appropriate antibiotics administered; and (6) Blood culture performed before first antibiotic received in hospital. Results of the six indicators will be averaged into a composite score and compared to goal. Only those cases associated with a USF physician attending of record will be used in the calculation.
11. **Compliance with acute myocardial infarction indicators (composite score of seven measures).** The seven measures included in the indicator are: (1) Angiotnsin Converting Enzyme Inhibitors (ACE Inhibitors) or Angiotensin Receptor Blocker (ARBs) for Left Ventricular Systolic Dysfunction (LVSD); (2) Aspirin at arrival; (3) Aspirin at discharge; (4) Beta blocker at arrival; (5) Beta blocker at discharge; (6) Percutaneous Coronary Intervention within 90 minutes of arrival; and (7) Thrombolytic medication given within 30 minutes of arrival. Same methodology described in 10 above.
12. **Compliance with congestive heart failure indicators (composite score of four measures).** The four measures included in the indicator are: (1) ACE Inhibitors or ARBs for LVSD; (2) Assessment of left ventricular function; (3) Discharge instructions given; and (4) Smoking cessation advice/counseling provided. Same methodology described in 10 above.

13. **Neonatal mortality rate.** Neonatal deaths (deaths within 30 days of birth) attributed to a USF Pediatrician.
14. **Percentage of patients discharged before 11:00 a.m.** Using a list of USF attending physicians, the Decision Support Department will calculate the percentage of USF Patients discharged before 11:00 a.m.
15. **Number of faculty with delinquent medical records.** Number of USF attending faculty that have delinquent medical records.
16. **Percentage of patients undergoing procedures whose medical record documents use the universal protocol.** Health Information Management Department will pull 30 records per month of USF Patients who have had either a paracentesis or thoracentesis performed. The Quality Improvement Department will audit charts for presence of a completed universal protocol form indicating use of the protocol before procedure was performed. A percentage of compliance will be determined from the audit results.
17. **Percentage of Genesis/Specialty Clinic cancellations by USF physicians that meet one week notification deadline.** This information will be gathered manually by the Genesis/Specialty Clinic staff.
- 18-24. **Disease Specific Certifications and Centers of Excellence (includes 7 programs).**  
Compliance based upon maintenance of programs and the addition of new programs.  
Official communication from the Joint Commission will be the basis of audit.
25. **Percentage of USF medical directors presenting papers, writing articles printed in peer reviewed journals, or publishing research that recognizes TGH in the context of the paper, article, or research.** Based on number of copies accepted publications or presentations during the fiscal year compared to the number of USF Medical Director agreements.