2018 ACEP QI Measures

Measure #	Measure Title	Measure Description	NQS Domain	Numerator	Denominator	Denominator Exclusions	Measure Type	Rationale/Evidence	Notes
ACEP QI101	Sepsis Management: Septic Shock Blood Cultures Ordered	Percentage of emergency department visits for patients aged 18 years and older with septic shock who had a blood culture ordered during the emergency department visit	Effective Clinical Care	Emergency department visits for patients who had a blood culture ordered during the emergency department visit	All emergency department visits for patients aged 18 years and older with septic shock	Patients with any of the following: •Transferred into the emergency department from another acute care facility or other in-patient hospital setting •Left before treatment was complete •Died during the emergency department visit •Cardiac arrest within the emergency department visit •Patient or surrogate decision maker declined care •Advanced directives present in patient medical record for comfort care •Toxicological emergencies •Burn •Seizures •Secondary diagnosis of - Acute Gastrointestinal Hemorrhage - Acute Pulmonary Hemorrhage - Ischemic Stroke - Hemorrhagic Stroke - Acute myocardial infarction - Acute trauma	Process (QI Measure)	In order to identify the origin of infection in critically ill septic shock patients, blood cultures should be ordered to guide the course and type of antibiotics used against harmful pathogens for treatment. The failure to order a blood culture during the emergency department visit may impact the appropriate identification and growth of bacteria which is associated with an increase in negative health outcomes to the patient including death.	This measure is intended for quality improvement reporting and not intended for QPP reporting.
ACEP QI102	Emergency Medicine: Appropriate Use of Imaging for Renal Colic	Percentage of emergency department (ED) visit for patients aged 18-50 years presenting with flank pain with a history of kidney stones during which no imaging is ordered, OR appropriate imaging (i.e., plain film radiography or ultrasound) is ordered	Efficiency: Overuse	Emergency department visits during which no imaging is ordered OR appropriate imaging (i.e., plain film radiography or ultrasound) is ordered	All emergency department visits for patients aged 18 - 50 years presenting with flank pain with any history of kidney stones	•Infection (fever, elevated white blood cell count, laboratory confirmation of urinary tract infection) •Cancer •Known acute or chronic renal disease (i.e., transplant, creatinine >1.5 mg/dL, renal insufficiency, polycystic kidney disease, acute kidney failure) •Patient on anticoagulants •Stone episode duration >= 72 hours •Pregnancy •Trauma •Persistent pain that cannot be controlled during the ED visit •Urologic procedure performed in the past 48 hours	Process (QI Measure)	Abdominal computed tomography (CT) is commonly used in patients with a history of kidney stones who experience recurrent symptoms. The use of CT exposes patients to ionizing radiation with its associated increased long-term cancer risk. Additionally, use of CT is also associated with increased incidental findings, which can set off a cascade of unnecessary follow-up visits and tests, resulting in increased costs. Despite the high sensitivity of CT for the detection of kidney stones, there is no evidence that its use is associated with improved outcomes for patients with recurrent symptoms. Often, the results of the CT do not influence the course of treatment for the patient.	This measure is intended for quality improvement reporting and not intended for QPP reporting.
ACEP 26	Sepsis Management: Septic Shock: Lactate Level Measurement	Percentage of emergency department visits for patients aged 18 years and older with septic shock who had a serum lactate level ordered during the emergency department visit	Effective Clinical Care	Emergency department visits for patients who had a serum lactate level ordered during the emergency department visit	All emergency department visits for patients aged 18 years and older with septic shock	Patients with any of the following: • Transferred into the emergency department form another acute care facility or other in-patient hospital setting • Left before treatment was complete • Died during the emergency department visit • Cardiac arrest within the emergency department visit • Patient or surrogate decision maker declined care • Advanced directives present in patient medical record for comfort care • Toxicological emergencies • Burn • Seizure • Secondary diagnosis of Acute Gastrointestinal Hemorrhage • Acute Pulmonary Hemorrhage • Ischemic Stroke • Hemorrhagic Stroke • Acute myocardial infarction • Acute trauma	Process (QI Measure)	As soon as patients presenting to the emergency department with sepsis induced tissue hypoperfusion are identified, protocolized, quantitative resuscitation is recommended. Early resuscitation strategies, including evidence-As soon as patients presenting to the emergency department with sepsis-induced tissue hypoperfusion are identified, protocolized, quantitative resuscitation is recommended. Early resuscitation strategies, including evidence-based treatments to normalize elevated lactate, are associated with improved survival rates in emergency department patients. In order to achieve lactate normalization in patients with elevated levels, an initial lactate measurement must be obtained. Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock 2012 We recommend routine screening of potentially infected seriously ill patients for severe sepsis to increase the early identification of sepsis and allow implementation of early sepsis therapy (grade 1C).	This measure is intended for quality improvement reporting and not intended for QPP reporting.
ACEP 27	Sepsis Management: Septic Shock: Antibiotics Ordered	Percentage of emergency department visits for patients aged 18 years and older with septic shock who had an order for antibiotics during the emergency department visit	Effective Clinical Care	Emergency department visits for patients who had an order for antibiotics during the emergency department visit	All emergency department visits for patients aged 18 years and older with septic shock	Patients with any of the following: • Transferred into the emergency department from another acute care facility or other in-patient hospital setting • Left before treatment was complete • Died during the emergency department visit • Cardiac arrest within the emergency department visit • Patient or surrogate decision maker declined care • Advanced directives present in patient medical record for comfort care • Toxicological emergencies • Burn • Seizures • Secondary diagnosis of: o Acute Gastrointestinal Hemorrhage o Acute Pulmonary Hemorrhage o Ischemic Stroke o Hemorrhagic Stroke o Acute myocardial infarction o Acute trauma	Process (QI Measure)	The emergency physician should order antibiotics for patients with septic shock in order to ameliorate patient decline. Delay in delivery of antibiotics in the emergency department putsthe patient at high-risk for adverse outcomes such as drug reactions, increase length of hospital stay, and mortality.	This measure is intended for quality improvement reporting and not intended for QPP reporting.

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ACEP 28	Sepsis Management: Septic Shock: Fluid Resuscitation	Percentage of emergency department visits for patients aged 18 years and older with septic shock who had an order for ≥ 1 L of crystalloids during the emergency department visit	Effective Clinical Care	Emergency department visits for patients who had an order for >= 1 L of crystalloids during the emergency department visit	All emergency department visits for patients aged 18 years and older with septic shock	Patients with any of the following: • Transferred into the emergency department from another acute care facility or other in-patient hospital setting • Left before treatment was complete • Died during the emergency department visit • Cardiac arrest within the emergency department visit • Patient or surrogate decision maker declined care • Advanced directives present in patient medical record for comfort care • Severe Heart Failure (LVEF <20%) • Left Ventricular Assist Device (LVAD) • Toxicological emergencies • Burn • Seizures • Anuria • End state renal disease • Secondary diagnosis of: o Acute Gastrointestinal Hemorrhage o Acute Pulmonary Hemorrhage o Ischemic Stroke o Hemorrhagic Stroke o Acute myocardial infarction o Acute trauma	Process (QI Measure)	The goal of this measure is to close the gap in provider performance as patients with septic shock are not receiving adequate fluid regimens during the emergency department visit. Failure to deliver intravenous fluids can lead to extended length of in-patient hospital stay, long-term health complications, and mortality	This measure is intended for quality improvement reporting and not intended for QPP reporting.