CBE ID

0668

Title

Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury

Project

Neurology

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Fall 2017

Removal Date

Mon, 10/16/2017 - 20:00

Initial Endorsement

Mon, 04/25/2011 - 22:39

Steward

American College of Emergency Physicians

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percent of adult patients who presented within 24 hours of a non-penetrating head injury with a Glasgow coma score (GCS) >13 and underwent head CT for trauma in the ED who have a documented indication consistent with guidelines(1) prior to imaging.

(1) Jagoda AS, Bazarian JJ, Bruns JJ Jr, Cantrill SV, Gean AD, Howard PK, Ghajar J, Riggio S, Wright DW, Wears RL, Bakshy A, Burgess P, Wald MM, Whitson RR; American College of Emergency Physicians; Centers for Disease Control and Prevention. Clinical policy: neuroimaging and decision-making in adult mild traumatic brain injury in the acute setting. Ann Emerg Med. 2008 Dec;52(6):714-48. PubMed PMID: 19027497.

1.7 Measure Type

Efficiency

1.8 Level of Analysis

Clinician: Group/Practice, Facility

1.9 Care Setting

Inpatient/Hospital, Other

1.14 Numerator

Number of denominator patients who have a documented indication consistent with the ACEP clinical policy for mild traumatic brain injury prior to imaging.

1.15 Denominator

Number of adult patients undergoing head CT for trauma who presented within 24 hours of a non-penetrating head injury with a Glasgow Coma Scale (GCS) ?14

1.20 Types of Data Sources

Claims Data, Electronic Health Data, Electronic Health Records: Electronic Health Records, Other, Paper Records

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

- Age <16 years
- GCS <14 on initial ED evaluation
- Obvious penetrating skull injury or obvious depressed skull fracture
- Patients with multisystem trauma
- Returned for reassessment of the same injury
- Pregnant

Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Elderly

Steward Organization

American College of Emergency Physicians

Steward POC email

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