CBE ID

3671

Title

Inappropriate diagnosis of community-acquired pneumonia (CAP) in hospitalized medical patients; Abbreviated form: Inappropriate diagnosis of CAP

Project

Patient Safety

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Fall 2027

Previous Endorsement Cycle

Spring 2022

Initial Endorsement

Mon, 12/12/2022 - 00:00

Steward

University of Michigan

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The inappropriate diagnosis of CAP in hospitalized medical patients (or “Inappropriate Diagnosis of CAP”) measure is a process measure that evaluates the annual proportion of hospitalized adult medical patients treated for CAP who do not meet diagnostic criteria for pneumonia (thus are inappropriately diagnosed and treated).

1.7 Measure Type

Process

1.8 Level of Analysis

Facility

1.9 Care Setting

Inpatient/Hospital

1.14 Numerator

The outcome of this measure is the dichotomous answer of whether a patients was “over-diagnosed” with pneumonia or not. The numerator will consist of all patients “over-diagnosed” with pneumonia in the reporting quarter. Over-diagnosis is defined as patients treated for pneumonia who either do not have at least 2 signs/symptoms of pneumonia or who have radiographs inconsistent with pneumonia. Our measure is calculated quarterly (from 3 months of data) based on ~40 cases per hospital per quarter. Additional details are provided in S.5 Numerator Details

1.15 Denominator

The denominator includes all adult, general care, immunocompetent, medical patients hospitalized and treated for CAP who do not have a concomitant infection.

1.20 Types of Data Sources

Electronic Health Data, Electronic Health Records, Other

6.1.2 Current or Planned Use(s)

Measure Currently in Use, Payment Program, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Regulatory and Accreditation Programs

6.1.3 Current Use(s)

Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

Patients are excluded from the denominator if they are/have:

- Left against medical advice or refused medical care
- Admitted on hospice
- Pregnant or breastfeeding
- Cystic fibrosis
- Pneumonia-related complication (e.g., empyema)

Measure Disclaimer

N/A

Planned Use

Measure Currently in Use, Payment Program, Quality Improvement (Internal to the specific

organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Regulatory and Accreditation Programs

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Adults (Age >= 18), Elderly (Age >= 65), Populations at Risk: Populations at Risk

Steward Organization

University of Michigan

Steward POC email

ashwing@med.umich.edu