

## From the Office of Clinical Informatics Cerner Millennium Quality Measures Summary June 22, 2021

Electronic Clinical Quality Measures (eCQM) are initiated by providers when placing orders for a specific group of diagnoses. The Quality Measures Summary allows for nursing leadership and quality staff to review completion of actionable items during the inpatient stay.

## **Quality Measures Summary**

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The tool acts as a checklist for quality measure-related documentation. It will also assist in quantifying the healthcare process and outcomes while offering high-quality care. The components retrieve data from the clinical workflow, such as ordering, medication administration, documentation of allergies and problems, or other structured documentation. As the documentation occurs in the patient chart, the applicable tasks in the component are completed. The incomplete tasks remain in the component.

- ➤ Click the **Quality Measures Summary** button in the toolbar.
- ➤ When the summary page is opened, all columns will be collapsed. Click the + at the top of the column to expand.
  - VTE orders will automatically be placed on all patients over 18 years of age and the status will default to **Ordered**.
  - Icons will display indicating the status of the measure, as well as which section has outstanding tasks, Inpatient and/or Discharge.
    - Full blue circles indicate a completed measure.
       Partial circles are seen when some documentat
      - Partial circles are seen when some documentation has been completed.
      - Empty circles are incomplete.
      - Timeclock icon signifies a time-sensitive measure needs to be completed.
- ➤ Click the + beside the patient's name to expand for more details.
- ➤ If information is missing, the reviewer will contact the provider. Providers can click the hyperlink to assess the documented information, such as medication and results, and determine if a Quality Measure is appropriate to order.



吓 Quality Measures Summary

N/A

N/A

Quality Measures Status: All

All

N/A

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- HBIPS Discharge N/A

N/A

• If the patient does not clinically meet the qualifications, providers can opt to select a **Do Not Initiate** option of **Not Clinically Relevant** or **Primary Physician Request**.

NOTE: Staff will have the ability to filter the summary by changing the List or Condition drop-down selections.

For questions regarding process and/or policies, please contact your unit's Clinical Educator or Clinical Informaticist. For any other questions please contact the Customer Support Center at: 207-973-7728 or 1-888-827-7728.