

ACOVE quality indicators applicable to both medical records and administrative data by condition

General Medical Conditions
Depression
1. IF a vulnerable elder is diagnosed with depression, THEN antidepressant treatment, psychotherapy, or electroconvulsive therapy should be offered within 2 weeks after diagnosis unless there is documentation within that period that the patient has improved, or unless the patient has substance abuse or dependence, in which case treatment may wait until 8 weeks after the patient is in a drug- or alcohol-free state. *† ‡
2. IF a vulnerable elder is started on an antidepressant medication, THEN the following medications should not be used as first- or second-line therapy: tertiary amine tricyclics (amitriptyline, imipramine, doxepin, clomipramine, trimipramine); monoamine oxidase inhibitors (unless atypical depression is present); benzodiazepines; or stimulants (except methylphenidate).
3. IF a vulnerable elder with a history of cardiac disease is started on a tricyclic antidepressant, THEN a baseline electrocardiogram should be performed prior to initiation of or within 3 months prior to treatment.
4. IF a vulnerable elder is taking a serotonin reuptake inhibitor (SRI), THEN a monoamine oxidase inhibitor (MAOI) should not be used for at least 2 weeks after termination of paroxetine, sertraline, fluvoxamine and citalopram, and for at least 5 weeks after termination of fluoxetine.
5. IF a vulnerable elder is taking a MAOI, THEN he or she should not receive medications that interact with MAOI for at least 2 weeks after termination of the MAOI.
Diabetes Mellitus
1. IF a vulnerable elder has diabetes, THEN his or her glycated hemoglobin level should be measured at least every 12 months.
2. IF a diabetic, vulnerable elder does not have established renal disease and is not receiving an ACE inhibitor or ACE receptor blocker, THEN he or she should receive an annual test for proteinuria.
3. IF a diabetic, vulnerable elder has proteinuria, THEN he or she should be offered therapy with an ACE inhibitor or ACE receptor blocker.*
4. IF a diabetic, vulnerable elder is not blind, THEN he or she should receive an annual dilated eye examination performed by an ophthalmologist, optometrist, or diabetes specialist.
Heart Failure
1. IF a vulnerable elder is newly diagnosed with heart failure, THEN he or she should undergo the following studies within 1 month of the diagnosis (unless they have already been performed within the prior 3 months): chest x-ray, electrocardiogram, CBC, serum sodium and potassium, serum creatinine, and TSH in patients with atrial fibrillation or heart failure with no obvious etiology.
2. IF a vulnerable elder is newly diagnosed with heart failure, THEN he or she should be offered an evaluation of left ventricular ejection fraction within 1 month.*
3. IF a vulnerable elder has heart failure and atrial fibrillation, THEN he or she should be offered anticoagulation to achieve an INR of 2.0 to 3.0.* §
Hypertension
1. IF a vulnerable elder is newly diagnosed with hypertension, THEN within 4 weeks of the diagnosis an electrocardiogram should be performed.
2. IF a vulnerable elder requires pharmacotherapy for treatment of hypertension in the outpatient setting, THEN a once- or twice-daily medication should be used unless there is documentation regarding the need for agents that require more frequent dosing.

ACOVE quality indicators applicable to both medical records and administrative data by condition
(continued)

<p>3. IF a vulnerable elder has hypertension and asthma, THEN beta blocker therapy for hypertension should not be used.</p>
<p>Ischemic Heart Disease</p>
<p>1. IF a vulnerable elder is hospitalized with an acute myocardial infarction, THEN he or she should be offered assessment of left ventricular function before discharge or within 3 days after hospital discharge.*</p>
<p>2. IF a vulnerable elder has an acute myocardial infarction or unstable angina, did not undergo angiography, and does not have contraindications to revascularization, THEN he or she should be offered non-invasive stress testing 4-21 days after the infarction or anginal event.†</p>
<p>3. IF a vulnerable elder has had a recent myocardial infarction or recent coronary bypass graft surgery, THEN he or she should be offered cardiac rehabilitation.†</p>
<p>4. IF a vulnerable elder has had a myocardial infarction, THEN he or she should be offered a beta blocker unless there is a contraindication to beta-blockers.*</p>
<p>Osteoarthritis</p>
<p>1. IF a vulnerable elder is over age 75 and/or has a history of any of the following:</p> <ul style="list-style-type: none"> ▪ peptic ulcer disease ▪ gastrointestinal bleeding ▪ current coumadin use <p>AND the patient is being treated with a COX non-selective NSAID, THEN he or she should be offered concomitant treatment with either misoprostol or a proton pump inhibitor.*</p>
<p>Osteoporosis</p>
<p>1. IF an ambulatory vulnerable elder has an osteoporotic fracture diagnosed, THEN physical therapy or an exercise program should be offered within 3 months.*</p>
<p>2. IF a female vulnerable elder is newly diagnosed with osteoporosis, THEN the patient should be offered treatment with hormone replacement therapy, or bisphosphonates or calcitonin within 3 months of diagnosis.*</p>
<p>3. IF a male vulnerable elder has osteoporosis and is hypogonadal, THEN he should be offered testosterone treatment.*</p>
<p>Pneumonia</p>
<p>1. IF a vulnerable elder has an empyema, THEN drainage is required.</p>
<p>Stroke and Atrial Fibrillation</p>
<p>1. IF a vulnerable elder is taking warfarin for atrial fibrillation, THEN an International Normalized Ratio (INR) should be checked at least every 6 weeks.</p>
<p>Vision Care</p>
<p>1. IF a vulnerable elder is diagnosed with proliferative diabetic retinopathy, THEN a dilated eye exam should be performed at least every 4 months.*</p>
<p>2. IF a vulnerable elder with diabetes is diagnosed with macular edema, THEN a dilated eye exam should be performed at least every 6 months.</p>

ACOVE quality indicators applicable to both medical records and administrative data by condition
(continued)

<i>Geriatric Conditions</i>
Dementia
1. IF a vulnerable elder is newly diagnosed with dementia, THEN a serum B12 and TSH should be performed.
<i>Cross-cutting Indicators</i>
Medication Use
1. IF a vulnerable elder is prescribed warfarin, THEN an INR should be determined at least every 6 weeks.
2. IF a vulnerable elder is prescribed a thiazide or loop diuretic, THEN he or she should have electrolytes checked at least yearly.
3. IF a vulnerable elder is prescribed an oral hypoglycemic drug, THEN chlorpropamide should not be used.
4. ALL vulnerable elders should not be prescribed a medication with strong anticholinergic effects if alternatives are available.
5. IF a vulnerable elder does not need control of seizures, THEN barbiturates should not be used.
6. IF a vulnerable elder requires analgesia, THEN meperidine should not be used.
7. IF a vulnerable elder is newly started on a diuretic, THEN serum potassium and creatinine levels should be checked within 1 month of the initiation of therapy.
8. IF a vulnerable elder is newly started on an ACE inhibitor, THEN serum potassium and creatinine levels should be checked within 1 month of the initiation of therapy.

* Performance of process required with administrative data specifications

† Documentation not assessed for administrative data

‡ Modification for substance abuse or dependence not required for administrative data

§ Treatment with coumadin required for administrative data specification, achievement of specific INR not required