



HOSPITAL CHECK-IN

Linking hospitals to quality and safety resources

May 2010

APPLY FOR REACH HIT SERVICES TODAY



REACH - Regional Extension Assistance Center for HIT in Minnesota and North Dakota

The Key Health Alliance (KHA) is now accepting [applications](#) from Minnesota and North Dakota providers (including rural hospitals and Critical Access Hospitals) for REACH health information technology (HIT) services.

Patient safety, care quality, and your ability to be an effective provider all depend on having the right electronic health record (EHR) system and using it fully. Thousands of dollars of federal incentive payments depend on your ability to reach meaningful use—the federal and state requirements for EHR functionality, reporting, and connectivity.

REACH services are aimed at improving care through the adoption and meaningful use of HIT and EHRs, and are available to providers of all sizes and locations.

REACH is ready to assist you, whether you have:

- No EHR
- An installed EHR that is difficult or impossible to use
- A working EHR that needs to be optimized to fully benefit you and meet federal meaningful use requirements

Extraordinary value to early registrants

REACH consultants can help you get EHR right at low subsidized rates. Our subsidized rates offer an exceptional value to primary care providers and small hospitals that need help with EHR implementation and optimization. The lowest fees will be available for a limited period. Register early to take full advantage of our subsidized rates. [Fees and discounts](#). [More>](#)

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Minnesota Health Reform: 2010 Preliminary Recommendations for Quality Measures Available for Comment

MN Community Measurement has submitted preliminary recommendations to the Minnesota Department of Health for the 2010 administrative rule related to quality measures for the Statewide Quality Reporting and Measurement System.

Recommendations are now available for public comment at [Health Care Quality Measures – Recommendations](#). Submit comments to comments@mnhealthcare.org, by Monday, May 17, 2010.

Final recommendations will be presented at a public forum in June, and proposed revisions to the Minnesota Rules will be published in August. [More>](#)

CLINICAL QUALITY IMPROVEMENT

Minnesota Adverse Health Events Measurement Guide Available

Stratis Health and the Minnesota Department of Health are offering hospitals the Minnesota Adverse Health Events Measurement [Guide](#). The guide is designed to assist those new to the Minnesota Adverse Health Care Event Reporting Law and its reporting requirements, as well as to serve as a resource for experienced safety teams.

In its work reviewing reported adverse events, root cause analysis, and corrective action plans since 2003, Stratis Health has observed that organizations often have challenges when creating strong measures that allow them to know if their efforts are having the intended effect. Resources and tools are now available to assist organizations in developing, implementing, and evaluating their measurement strategy. The 28-page guide:

- Outlines the process of setting up and implementing measurement plans, with examples to demonstrate concepts
- Incorporates strong points in measurement to strive for, pitfalls to avoid, limiting choices, and other considerations to guide measurement decision making
- Provides guidance on how to evaluate the success of an action plan based on measurement results and where to start looking when the outcome is not as expected

Share this guide with those in your organization who are working on safety and improvement efforts.

Training Sessions

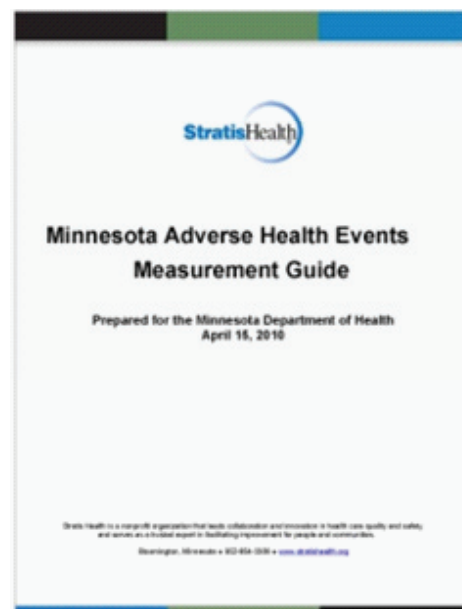
Training sessions will be offered to hospitals and surgical centers in late summer 2010 to provide hands-on practice with development and analysis of measurement strategies. Adverse event examples and case studies will be provided as learning tools.

New Projects to Foster Palliative Care Services in Rural Communities

Stratis Health is recruiting six rural Minnesota communities, through **May 28, 2010**, for the 10-month Rural Palliative Care Community Development Project. Eligible communities must be served by a hospital with 100 or fewer licensed beds.

UCare has awarded Stratis Health funding to continue to build palliative care capacity in rural Minnesota through the new palliative care project. Stratis Health will offer one-on-one foundational support and technical assistance for communities interested in starting or strengthening their community-based palliative care services. Funding also will support development of an online resource center aimed at fostering palliative care in rural communities.

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With an aging population and rise in chronic conditions, palliative care is becoming increasingly important

CLINICAL QUALITY IMPROVEMENT CONTINUED

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Palliative care is an approach to managing serious and advanced illness by relieving suffering and improving quality of life for patients and their families. Palliative care practitioners help patients and their families understand treatment options, and facilitate communication among health care professionals, patients, and family members. This care can be offered in a variety of health care settings, including hospitals, clinics, long-term care facilities, or home. With an aging population and overall rise in chronic conditions, palliative care is becoming increasingly important.

If your community is interested in taking part in this opportunity, complete the [application](#) and signature page, and return to Karla Weng at Stratis Health, kweng@stratishealth.org, by **May 28, 2010**.

Safety and Effectiveness of Standard Order Sets

The Institute for Safe Medication Practices' guide provides recommendations on content, design, approval, and maintenance to ensure the safety and effectiveness of standard order sets. The [guidelines](#) for Standard Order Sets has been developed to help organizations ensure that the elements of safe order communication have been followed when designing paper-based or electronic order sets. The guidelines focus primarily on medication orders within order sets but also cover general aspects related to the design, approval, and maintenance of all standard order sets.

Stratis Health/MHA 2010 Regional Meetings a Success

Stratis Health and the Minnesota Hospital Association (MHA) completed a successful round of regional meetings across the state during March and April. A total of 96 facilities were represented, with 208 participants attending. The six meetings provided a forum for quality of care and patient safety updates, as well as the opportunity for quality and patient safety professionals to network with peers and discuss current issues, common barriers, and success stories.

Stratis Health provided updates on its current Medicare contract work, other contract work, and the new Minnesota Statewide Quality Reporting and Measurement System.

MHA provided updates on the activities of the Minnesota Alliance for Patient Safety, including its upcoming November 2010 conference and its 2010 patient safety priorities, including infection prevention and transitions of care. Hospitals were invited to join the statewide Transitions of Care at the Bedside project, sponsored by MHA and the Minnesota Organization of Leaders in Nursing. MHA also presented information on its work on organizational culture, adverse health events, and call-to-action activities.

Plan to attend one of next year's regional meetings in Spring 2011.



Location	# of facilities participating	# of attendees
Twin Cities	20	38
Redwood Falls	16	33
Bemidji	12	31
Duluth	10	22
Owatonna	13	32
St. Cloud	25	52
Total	96	208

DATA AND PUBLIC REPORTING

Data Submission Reminder



Next quarter of clinical data due to Warehouse: 4Q 2009 (October - December 2009)
Data submission deadline: May 15, 2010 - Must use CART version: 4.7.2

Abstraction Assistance

To receive Stratis Health assistance with abstraction, email Robyn Carlson at rcarlson@stratishealth.org, or call 952-853-8587.

ORGANIZATIONAL CHANGE

Chasing Zero: Winning the War on Healthcare Harm

This inspirational Discovery Channel patient safety documentary is hosted and narrated by Dennis Quaid. Following the near-death experience of his infant twins resulting from a medication error, he has made a call to action for health care leaders to invest in patient safety. View the [documentary](#) online. View the [documentary trailer](#).

What's in a name?

Filling in your name on the 2010 Census seems easy enough, unless your last name is García Ramírez de Arroyo—which far exceeds the 15 boxes provided on the census. When names don't fit the traditional American naming convention of one first name, middle name, surname/last name, opportunities for error arise. The census risks counting people twice. Health care organizations risk having multiple files for the same person—creating the potential for patient safety risks.

Naming conventions can vary among cultures. Understanding the naming conventions of other cultures is important in correctly identifying your patients or clients. Be aware of the naming conventions for the populations you serve.

- ✦ Latino children are commonly given two last names, one from each parent. The middle name comes from the father's name and the last name is the mother's maiden name. Latinos can have up to four names. Examples of common last names are Garcia, Lopez, Gonzales, and Sanches. Common first names are Carlos, Jose, and Diego for men, and Juanita, Anita, and Lupe for women.
- ✦ Hmong are identified by a clan name and one or two first names. The last name is the clan name, although the order of first and last name can vary. Hmong have 18 clans and therefore only 18 last names. Married women may keep their father's name, but become a member of their husband's clan.

Spelling of Hmong names can vary, such as Doua or Dua, just as Jeff and Geoff can be spelled differently. Examples of clan names are Chang, Cheng, Thao, and Yang. Common first names are Hua, May, and Mo.
- ✦ Somalis are identified by three names: a first name followed by the father's first name and the grandfather's first name. Women do not usually change their names when they marry. Unlike English

which has a specific category of names used for first and middle names and a different category for last names, Somalis have one pool for all three names. As a result, many names are similar. First children are commonly named Faduma or Mohammed. Male twins are commonly named Hassan and Hussein. Examples of girl names are Awa, Faadumo, and Fawzia. Examples of boy names are Awaale, Mohammed, and Adam.

To learn more about these and other cultures, go to the Culture Care Connection Web site, Diversity in Minnesota, www.culturecareconnection.org.

Social Determinants of Health

When evaluating the issue of growing health disparities between white and non-white populations, consider the impact of the social and economic factors that already may have put your patient at a health disadvantage.

According to the World Health Organization, social determinants of health are largely responsible for health inequities. Social determinants of health are the social and economic conditions in which people are born, grow, live, work, and age, including factors such as lower income, food insecurity, and living in crowded

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housing. These factors are all associated with poor health and adverse health outcomes.

Social inequities and discriminatory beliefs are shaped by overarching policy choices, such as distribution of money, power, and resources at global,

national, and local levels. WHO and the Centers for Disease Control and Prevention are currently working with partners to develop more-effective programs, policies, and systems that improve health equity and the social determinants of health. They are paying special attention to investing in programs that:

- ♦ Provide the greatest potential to reduce health inequities from the start, such as child development
- ♦ Create healthy places for people living in urban settings, with access to quality housing, clean water, and sanitation
- ♦ Provide fair employment, secure work, a living wage, and improved working conditions
- ♦ Ensure social protection throughout life, illness, disability, and loss of income

EVENTS

Webinar: Centers for Medicare & Medicaid Services Updates on Hospital Outpatient Quality Data Reporting Program May 19, 2010

For all hospital staff members working on the Hospital Outpatient Quality Data Reporting Program. [Registration](#) is required.

- ♦ Call-in number: 1-866-782-8280
- ♦ Access code: 9119849

[More>](#)

University of Minnesota Center on Aging Summer Institute 2010: Transitions in Long-term Care June 2, 2010, St. Paul, MN

Improve care during discharge and transfer of adults to and from acute, post acute, and long-term care, and community based settings.

Learn steps for developing an effective hospital discharge plan, what information should be sent to the emergency room with a nursing home resident, what information emergency rooms should provide to nursing homes when discharging a patient, and how to collect and report data to better inform clinicians. [More>](#)

Minnesota e-Health Summit 2010: Leveraging Meaningful Use June 16-17, 2010 Brooklyn Park, MN



The 2010 Summit and Pre-Summit will provide tools and resources to guide success in implementing electronic health records and health information technology in the current economic and political climate.

This year's Pre-Summit (Wednesday, June 16) features two workshops:

- ♦ Introducing the REACH Program, presented by Key Health Alliance
- ♦ Minnesota Nursing TIGER Collaborative: Working Together, We Can Do It [More>](#)

Minnesota Rural Health Conference: Leading Change for Rural Health June 28-29, 2010, Duluth, MN



Hear from experts and identify resources to respond to urgent changes in health care today, including federal and state health care reform, hospital and nursing home reimbursement, EHR adoption, and Medicare/Medicaid HIT incentives.

Other topics include health care homes, health care workforce shortages, GAMC, prevention, and community health. [More>](#)

EVENTS CONTINUED

Hospice and Palliative Nurses Association Clinical Practice Forum - Breathing Easier: Palliative Care and Advanced Pulmonary Disease September 17-19, 2010 Bloomington, MN

Pulmonary disease is one of the top four leading causes of death in America. Life-limiting illnesses, such as advanced pulmonary disease present unique challenges for patients living with and dying from advanced pulmonary disease.

The 2010 Hospice and Palliative Nurses Association Clinical Practice Forum will demonstrate the integration of palliative care and pulmonary nursing practices for end-of-life care management. [More >](#)

Many Faces of Community Health 2010 Conference October 28-29, 2010 Minneapolis, MN



Stratis Health is a proud sponsor of this year's two-day conference, which explores ways to improve care and reduce health disparities in underserved populations and among those living in poverty. [More >](#)

Minnesota Alliance for Patient Safety 2010 Conference: People and Partnerships November 3-5, 2010, Brooklyn Park, MN

This year's conference will focus on bridging the gap for patient safety with practical strategies and tools to enhance and sustain patient safety. More information to follow.

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

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