



# HOSPITAL CHECK-IN

Linking hospitals to  
quality and safety  
resources

July 2011

## Affordable Care Act Funding to Help Providers Improve Care and Stop Preventable Injuries

The national Department of Health and Human Services will provide up to \$500 million in [Partnership for Patients](#) funding to help hospitals, provider organizations, and others improve care and stop preventable injuries and complications related to healthcare-acquired conditions and unnecessary readmissions.

The Partnership will contract with large health care systems, associations, state organizations, and other parties to support hospitals in redesigning care processes to reduce harm. Funding, made available by the Affordable Care Act, will be awarded by the Centers for Medicare & Medicaid Services (CMS) Innovation Center. [More >](#)

### Patients Urged to Consider Medical Treatment Options

The Agency for Healthcare Research and Quality (AHRQ) multimedia ad campaign, "Explore Your Treatment Options," encourages patients to become more informed about their options before choosing a treatment for a health condition or illness.

The campaign fosters increased consumer involvement in their care by providing access to unbiased information about treatment options and [tools](#), and by encouraging patients to work with their doctors, nurses, pharmacists, and other clinicians to make health care decisions. It features television, radio, print, web and outdoor ads, and personal patient stories, as well as plain-language guides for medical conditions, such as diabetes, osteoarthritis, high blood pressure, and high cholesterol.

Included is a new health priorities snapshot tool, that asks questions about a patient's common daily activities and allows them to rate the importance of quality-of-life concerns. Patients can print out a list of their own health priorities and share it with their clinicians during medical appointments. [More >](#)

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# CLINICAL QUALITY IMPROVEMENT

## Resources: Venous Thromboembolism

- ♦ **VTE Toolkit.** This [toolkit](#) offers PowerPoint presentations with a practical overview and summary of the key concepts in VTE and anticoagulant management for health professionals who care for patients with or at risk for VTE. Content reflects current, evidence-based knowledge in 12 presentations, with patient stories, videos, webinars, a toolkit, and CMEs offered through education modules.
- ♦ **This is Serious Campaign.** This campaign was designed by the Spirit of Women Hospital network as part of 5-year cooperative agreement with the Centers for Disease Control and Prevention to promote the health of women who suffer from, or are at risk for deep vein thrombosis. A web site, risk assessment quiz, fact sheet, videos, and other materials were developed to support the program. For more information, go to [www.ThisIsSerious.org](http://www.ThisIsSerious.org).
- ♦ **VTE Webinars.** Six webinars on VTE prevention and treatment are being hosted on Medscape. CME credits will be provided. The first webcast, "[Prevention and Treatment of Venous and Arterial Thromboembolic Disease: Revisiting the Evidence Base.](#)" is now available for viewing.

## Partnership for Patients: NQF Patient Safety Webinar Series

Partnership for Patients, a national initiative to improve patient safety, aims to engage stakeholders from the private and public sectors to reduce harm and hospital readmissions.

The following National Quality Forum webinars bring together thought leaders in the field of patient safety to discuss strategies for starting and sustaining meaningful execution of change in organizations across the country.

Watch a live or recorded webinar on the following topics:

- ♦ [June 20, Introduction to the Patient Safety Initiative & Stand-out Stories](#)
- ♦ [July 6, Reducing Readmissions through Care Transitions](#)
- ♦ [July 19, 2011, Adverse Drug Events](#)
- ♦ [August 3, Infections in Intensive Care Units](#)

Additional topics (not yet scheduled) will include surgical site infections, pressure ulcers, injuries from falls, venous thromboembolism, and obstetrical adverse events.

## High Performance Quality: Patient Safety Webinar Series

Building on a recent public meeting on patient safety hosted by CMS, the following four-part webinar series offers step-by-step guidance for engaging major health care value stakeholders in patient safety efforts.

- ♦ [Engaging, Activating, and Partnering with Healthcare Boards](#)
- ♦ [Engaging, Activating, and Partnering with Patients and Families](#)
- ♦ [Engaging, Activating, and Partnering with Purchasers as Performance Partners](#)
- ♦ [Engaging, Activating, and Partnering with Suppliers as Performance Partners](#)



# DATA AND PUBLIC REPORTING

## Data Submission Reminders:



- Outpatient - 1st Q 2011: Population and sampling due August 1, 2011  
Clinical data due August 1, 2011  
CART version 1.5
- Inpatient – 1st Q 2011: Population and sampling due August 1, 2011  
Clinical data due August, 15, 2011  
CART version at least 4.9.1  
CLABSI final submission deadline for FY 2013 payment determination due August 15, 2011
- HCAHPS – 1st Q 2011: Data for patients discharged in January, February, and March due July 13, 2011; March 2011 Dry Run data due July 13, 2011

## Abstraction Assistance:

To receive Stratis Health assistance with abstraction, email Robyn Carlson at [rcarlson@stratishealth.org](mailto:rcarlson@stratishealth.org), or call 952-853-8587.

# ORGANIZATIONAL CHANGE



## Hospital Leadership Quality Assessment Tool

Domain 10, Quality Improvement Education for All Staff

In Domain 10, of the 12 HLQAT domains, a great deal of formal quality improvement training is provided to all board members, chief executive officers, other senior executives, and physician and nursing leaders. In addition, quality improvement education is provided at all levels of the organization.

For additional information on this topic, see the following resources:

- ✦ [Get Boards on Board Mentor Hospital Registry](#)
- ✦ [Get Boards on Board](#)
- ✦ [Corporate Responsibility and Health Care Quality: A Resource for Health Care Boards of Directors](#)
- ✦ [How to Drive a Quality Dashboard](#)
- ✦ [Sample Policies, Templates, and Other Governance Resources](#)

# ORGANIZATIONAL CHANGE CONTINUED



## Core Measures Team Critical to Improving SCIP Measures

Rhonda Mulder, director of quality, utilization, and medical staff at District One Hospital in Faribault, MN, describes how the facility's new core measures team is helping the hospital achieve a new level of success in improving quality of surgical care.

The hospital has been participating with Stratis Health in the national Surgical Care Improvement Project (SCIP), an initiative that aims to improve health care quality by reducing surgical complications. The three-year project began in August 2008 and ends in July 2011.

District One Hospital is a 99-bed acute care hospital with approximately 2,100 patients admitted annually and outpatient and emergency services of more than 48,000 visits per year.

A 15-year employee at the hospital, Mulder is especially proud of how the core measures process has become hardwired at the facility, and how the team is reinforcing efforts to achieve minimal measure deficiencies and improve the hospital's SCIP rates.

The team was formed to assess and resolve failures of surgical measures required by the Centers for Medicare & Medicaid (CMS). It monitors the hospital's performance on the following SCIP measures for inpatients:

- Prophylactic antibiotic pre-op timing
- Prophylactic antibiotic selection

- Prophylactic antibiotic discontinuation within 24 hours after surgery
- Hair removal with clippers only or nothing at all
- Temperature management with immediate postoperative normothermia
- Beta-blocker therapy
- Venous thromboembolism prophylaxis

The multidisciplinary team, with members who represent all clinical areas, meets quarterly to review reports of measure performance before data are sent to CMS. They address any areas that need improvement by looking at the hospital's current processes to determine what isn't working. Each measure failure is addressed.

They then develop action plans to change processes that will resolve those issues, such as improving documentation and implementing standing orders and concurrent abstraction. For example, the anesthesia team is now responsible for documenting the beta blocker.

Process changes are embedded in the electronic health record system, which has helped reinforce adherence to new procedures so staff doesn't revert to old habits. The electronic health record also helps to ensure that processes are maintained even for low volume surgical procedures.

A communication tool developed long ago and unique to District One, the "hot pink sheet," is reserved for delivering only critical time-sensitive information. It is an effective tool used by the core measures team when needed to highlight critical core measure information quickly for staff.

Mulder says, "When staff see a hot pink sheet, they are to read it immediately." The team also takes advantage of the hospital's in-house newsletter and the peer-to-peer communication of physicians for getting news out.

Initial challenges the team faced included getting physician buy-in and ensuring timely communication of new information. Now, with physicians enthusiastically on board and communication processes in place, the team continues to face and address other issues, such as getting new staff up to speed and accommodating regular ongoing changes, whether from within or outside of the organization. For example, District One Hospital is currently initiating a new strategic planning program.

**Hot  
Pink  
Sheet!**

## ORGANIZATIONAL CHANGE CONTINUED

Mulder says, “Our first priority is the care and safety of our patients. And with the clinical and financial implications of national pay-for-performance and value-based purchasing programs coming down the road, we know we have to stay on top of the clinical process-of-care measures that assess the care of our patients.”

“A great share of our success,” she says, “can be attributed to the commitment of physicians and other clinical staff on the core measures team who are determined to improve processes and patient care. Physician leaders, like

Tom Howell, MD, have been instrumental in implementing those changes.

As part of the SCIP initiative, Stratis Health has provided District One Hospital with best practice resources and clinical support tools that address specific measures, such as a urinary catheter protocol, a policy for removing urinary catheters, and a patient stay check list. Stratis Health Program Manager Janelle Shearer says, “District One has done a great job making changes to its SCIP processes.”

## EVENTS

### **MMGMA 2011 Summer Conference: Bridging the Gap, Where Tradition and Transformation Converge** **July 27-29, 2011, Duluth, MN**

A multi-day conference that provides a forum for the exchange of new ideas and experiences with peers and industry experts. [Brochure >](#) (8-page PDF) [Register >](#)

### **A Multidisciplinary Approach to Falls Prevention Webinar** **August 17, 2011**

Offered by the National Patient Safety Foundation, this webinar is presented by Ross Ehrmantraut, RN, CCRN, patient safety officer, Harborview Medical Center, Seattle, Washington. [More >](#)

### **Rural Economic & Wellness Regional Symposium: A Virtual Conference** **October 13, 2011**

Funded by a National Rural Health Association grant, this free interactive event is intended for city, county, and state officials, as well as rural health care providers and consumers, educators, rural health association members, public health employees, and rural business owners and their employees.

Hear about national rural health policy; a model for health, wellness, and rural economic development. Special sessions will be held on mental health services delivered virtually and locally grown foods, the principles of community supported agriculture, and its impact on a region.

Registration opens in early September. Watch for additional information to come.

For more information, contact Judy Neppel, [jneppel@umn.edu](mailto:jneppel@umn.edu), 218-281-8323.

### **Diabetes Expo** **October 15, 2011** **Minneapolis, MN**

The Minneapolis EXPO includes health screenings, cooking demonstrations, product and service exhibitors, as well as leading experts talking about diabetes management and prevention. Get the latest information on preventing and managing diabetes and its deadly complications to help stay healthy. [More >](#)

## EVENTS CONTINUED

### National Healthcare Quality Week October 16-22, 2011

Healthcare Quality Week features the work of health care quality professionals and highlights their influence on improved patient care outcomes and healthcare delivery systems.

Celebrate health care quality in your facility with materials and suggestions for activities from the National Association for Healthcare Quality.

[More >](#)

### 6th Annual Many Faces of Community Health Conference October 27-28, 2011, Minneapolis, MN

Stratis Health is again a proud sponsor of this two day conference that explores ways to improve care and reduce health disparities in underserved populations and among those living in poverty. The conference brings together more than 300 individuals, including physicians, health care professionals and students; community clinic management and staff; professionals from public health, social services, health plans and government;

community health workers; policy makers; health activists and others involved in the community.

**Note new location this year**—the Hilton Minneapolis/St. Paul Airport Mall of America Hotel.



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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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This material was prepared by Stratis Health, the Minnesota Medicare Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 9SOW-MN-6.1-11-132 071111

