



HOSPITAL CHECK-IN

Linking hospitals to quality and safety resources

June 2011

Minnesota Ranked Second to New Hampshire in AHRQ 2010 Health Care Quality State Snapshot Report

The national Agency for Healthcare Research and Quality (AHRQ) reports Minnesota to be one of the top states to show overall improvement in health care quality, second only to New Hampshire.

Care in Minnesota was characterized as *strong* and was ranked high in several areas, such as, first for heart attack care and for the lowest number of

deaths from HIV. It also ranked high in ambulatory care, nursing home care, and hospital care.

The annual state snapshot showed health care quality improving across the nation, but that improvement is slow and disparities in the quality of care delivered continue. [More >](#)

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CLINICAL QUALITY IMPROVEMENT

Minnesota TimeOut Campaign: Eliminate Wrong-site Surgical Events—take 60 seconds to get it right (or left)

Stratis Health recently joined the Minnesota TimeOut coalition, a new safe surgery campaign, which begins June 15, to eliminate wrong-site surgical and invasive procedure events. By conducting an effective time out for every patient, every procedure, every time, the campaign aims for the combined efforts of administrators, physicians, and front-line staff to hold each other accountable.

Wrong-site events in Minnesota have increased, often the result of ineffective time out processes that lack the active participation of all team members. The campaign asks hospitals to engage staff in the time-out process, communicate time-out expectations across their

organizations, and ensure that the five time-out steps are followed every time.

The coalition is sponsored by the Minnesota Department of Health, Minnesota Hospital Association, Minnesota Medical Association, Minnesota Medical Group Management Association, and Minnesota Medical Insurance Company. [More >](#)



New Tool Helps Consumers Reduce Medication Errors

According to AHRQ, three out of four Americans do not follow their doctor's advice when taking prescription medication. To address this issue, AHRQ and the National Council on Patient Information and Education have released a revised [guide](#) to help patients learn more about how to take medicines safely. "Your Medicines: Be Smart. Be Safe" includes a card patients can use to keep track of their medications, vitamins, and other dietary supplements. Available in English and Spanish, the guide includes questions patients can ask their doctors about their medications. To order print copies, email ahrq-pubs@ahrq.hhs.gov.

CLINICAL QUALITY IMPROVEMENT CONTINUED

Reducing Avoidable Readmissions Effectively (RARE)

Stratis Health has joined the Minnesota campaign to Reduce Avoidable Readmissions Effectively between July 1 and December 31, with the goal of preventing 4,000 avoidable hospital readmissions and decreasing health care costs. Stratis Health, the Institute for Clinical Systems Improvement (ICSI), and the Minnesota Hospital Association (MHA) will serve as operating partners for the campaign, working with MN Community Measurement to engage hospitals and care providers across the continuum of care.

The campaign builds upon work done over the past two years by HealthPartners, ICSI, the Minnesota Council of Health Plans, MHA, Minnesota Medical Association, Stratis Health, and many other medical, health plan, state health agency, and patient advocacy groups.

FDA Approves Test to Distinguish MRSA and MSSA

The U.S. Food and Drug Administration (FDA) approved the first test that can quickly identify whether staphylococcus aureus infections are methicillin-resistant (MRSA) or methicillin-susceptible (MSSA). The KeyPath MRSA/MSSA Blood Culture Test takes about five hours and does not need any specific instruments. FDA's clearance was based on a clinical study that determined MRSA with 98.9 percent accuracy and MSSA with 99.4 percent accuracy. [More >](#)

Michigan ICUs Sustain Zero CLABSI for up to Two Years

According to a study published in the Archives of Internal Medicine, intensive care units (ICUs) in both large and small Michigan hospitals eliminated central line-associated bloodstream infections (CLABSIs) for up to two years by using the Comprehensive Unit-based Safety Program, or CUSP, funded in part by AHRQ.

The study reported that 60 percent of the 80 ICUs evaluated went one year or more without an infection, and 26 percent achieved zero infections for two years or more, with smaller hospitals sustaining zero infections longer than larger hospitals. [More >](#)

New Interactive Video to Prevent Healthcare-Associated Infections

[“Partnering to Heal,”](#) a new training video and guide produced by the U.S. Department of Health and Human Services allows a viewer to become one of five characters who can make decisions that impact health risks, then view the results of those decisions, and learn from the outcomes.

Available online at no cost, the video is intended for health care students, health care personnel, and patients and families to help prevent infections acquired in hospitals and other health care settings. See [Fact Sheet](#) and [Press Release](#) for more information.

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



Abstraction Assistance

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

800 Hospitals Selected for FY2013 Hospital Inpatient Quality Reporting (IQR) Program Validation for Payment Determination

For the FY2013 validation requirement, a random selection of hospitals participating in the Hospital IQR Program has been identified. Hospitals not selected will not have cases validated. See the Centers for Medicare & Medicaid (CMS) communication plan:

- An email notification will be sent to the 800 selected hospitals.
- An email will be sent to all hospitals and vendors explaining the FY2013 validation requirement and hospital selection and notification process.
- An article will be posted on QualityNet explaining FY2013 validation requirement and the selection and notification process.
- A list of selected hospitals will be posted on QualityNet one week after provider notification.
- Once FY2012 results are calculated, a request for records from hospitals that did not meet the validation requirement will be sent.

The medical records point of contacts will be notified by e-mail that they will receive validation record requests for FY2013 validation. Requests will be sent in August 2011 for 1Q11 records; in November 2011 for 2Q11 records; and in February 2012 for 3Q11 records. Copies of requested records must be received no more than 45 days following the date of request. [More](#)

Reminder to IPPS Hospitals to Enter CCN in NHSN for CLABSI Reporting

Inpatient prospective payment system (IPPS) hospitals are reminded to enter their current CMS certification number (CCN) into the National Healthcare Safety Network (NHSN) database prior to the August 15 submission deadline for 1Q11 discharges. This will allow the Centers for Disease Control and Prevention (CDC) to submit CLABSI data to CMS as required by the Hospital Inpatient Quality Reporting Program.

Note: This requirement applies to IPPS hospital only. It does not apply to critical access hospitals.

Hospitals that may not have provided their CCN when they enrolled are

encouraged to do so by June 20. The NHSN Web site has been updated and hospitals can now add or update their CCN directly into the system. CDC will not be able to provide data to CMS for hospitals submitting CLABSI data without a CCN entered in the NHSN. The Annual Payment Update (APU) Dashboard and the Provider Participation Report are expected to display hospital CLABSI reporting status as early as July for hospitals with a CCN in the NHSN database.

Hospitals are encouraged to verify their correct CCN is in the NHSN system. Data will be sent to CMS monthly, and will be reflected on the APU Dashboard and the Provider Participation Report.

FY 2012 IPPS Proposed Rule Open for Public Comment until June 20.

The proposed rule for changes to the IPPS for acute care hospitals and FY 2012 rates is open for public comment through June 20. Comments may be submitted electronically at www.Regulations.gov.

ORGANIZATIONAL CHANGE



Hospital Leadership Quality Assessment Tool

Domain 9, Adequate Resource Allocation to Quality Improvement

In [Domain 9](#) of the [12 HLQAT domains](#), sufficient staff should be available to provide high quality of care. Funding, expertise, and staff time are allotted to meet the organization's commitment to quality.

- ♦ [Doing Well By Doing Good: Improving the Business Case for Quality](#), The Reinertsen Group
- ♦ [The Business Case for Quality: A United Field Theory Applied to Health Care](#), The Reinertsen Group
- ♦ [Research and White Papers](#), The Council for Adult & Experiential Learning
- ♦ [Nurse-Staffing Levels and the Quality of Care in Hospitals](#), *The New England Journal of Medicine*
- ♦ [Resource Allocation to Support a Quality and Safety Program](#), CareScience and The Governance Institute

AHRQ Health Care Innovations Exchange Highlights Cultural Competence

Three programs that describe innovative approaches to providing services that are culturally and/or linguistically competent offered by the [AHRQ Health Care Innovations Exchange](#).

One of the programs, the [Daylight Program](#) in St. Louis, MO, trains influential immigrant and refugee volunteers to educate other women in their communities about breast health, including self-examination and the importance of early detection. The program has increased awareness of the benefits of early detection and enhanced access to counseling, screening, and treatment for newly arrived refugees.

EVENTS



7th Annual Minnesota e-Health Summit: Accelerating e-Health Across the Continuum of Care June 15-16, Brooklyn Park, MN

Co-sponsors Stratis Health and the Regional Extension Center for HIT (REACH) encourage you to attend this two-day event. Sessions will include specific examples from clinics and labs to dental and long-term care, with practical information from providers for achieving success in implementing each stage of the Minnesota HIT Implementation Plan. [Brochure Register](#)

Webinar: A Hospital Accident: Lesson Learned - A Death, A Conviction, and A Healing June 16, 12:00 noon

Presented from the patient and family perspective and from the health care provider involved. Hear directly from the father who lost a child, the pharmacist who went to jail, and experts who will share best practices that can spare suffering of all of the victims when an accident occurs.

The first victims are patients and families; however, the second victims are their caregivers. There is even a third victim—the culture of the organization that fails to handle the events. Caregivers are still being fired without

supportive care. Healing can occur and families and caregivers can be united.

[Register](#). After you register, you will receive a confirmation email message with instructions on how to join the event online. Please add "messenger@webex.com" to your list of safe senders.

[Presentation slides and resources](#), will be available for download Wednesday, June 15. For Webinar assistance, go to webinars@safetyleaders.org or call 512-457-7676.

EVENTS CONTINUED

Public Forum: Minnesota Statewide Quality Reporting and Measurement System June 21, St. Paul, MN

The Minnesota Department of Health and MN Community Measurement will hold a public forum to present 1) final quality measure recommendations for the Minnesota Statewide Quality Reporting and Measurement System, and 2) new measures for pediatric preventive care and hospital readmissions and potentially avoidable admissions. The forum will take place at the [Hamline Midway Branch](#) of the Saint Paul Public Library. [More information](#) will be available June 16.



Minnesota Rural Health Conference 2011: The Cornerstones of Rural Health June 27-28, Duluth, MN

The conference will focus on access, community, quality, and value, with presentations on critical access hospitals and the communities they serve.

Exchange ideas and share innovations, solutions, and collaborations.

Hear from Edward Ehlinger, Minnesota's new commissioner of health, as well as Stratis Health's Karla Weng on community-based palliative care and Paul Kleeberg, MD, on HIT incentives for rural hospitals and redesigning workflow. [More >](#)

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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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