



HOSPITAL CHECK-IN

Linking hospitals to quality and safety resources

March 2009

CLINICAL QUALITY IMPROVEMENT

Apply for Excellence in Medication Use Safety Award: Deadline April 29, 2009



The American Society of Health-System Pharmacists Research and Education Foundation created the Award for Excellence in Medication-Use Safety in 2004.

The \$50,000 award, sponsored by the Cardinal Health Foundation, recognizes pharmacy professionals who have assumed a leadership role in promoting safety in the medication use process. The award also honors two finalists, who will each receive \$10,000. [More information >](#)

Health Care Homes Consumer Assessment Project

Contractors for the Minnesota Department of Health are assessing statewide health care home capacity, including the readiness of patients with chronic and complex diseases to participate in health care homes.

A series of patient focus groups and an online survey will be conducted in March and April to gain an understanding about patients' readiness to use health care homes.

If your hospital would like to help identify and recruit patients with chronic disease to attend the focus groups or take the online survey, contact Lynn Balfour, Minnesota Academy of Family Physicians Foundation, foundation@maf.org, 952-542-0130. Focus group dates and locations will be announced soon.

The survey of health care home capacity and readiness assessment is being conducted by the Minnesota Academy of Pediatrics Foundation, Minnesota Academy of Family Physicians and Foundation, Minnesota Chapter of the American College of Physicians, and Stratis Health through a contract with the Minnesota Department of Health.

THIS ISSUE

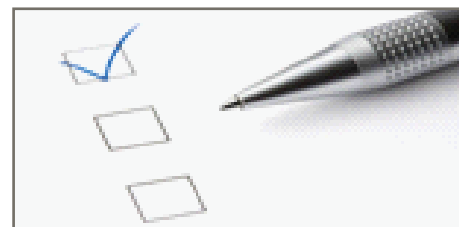
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IHI Initiates "Sprint" for Adoption of WHO Surgical Safety Checklist

The Institute for Healthcare Improvement recently issued a challenge to hospitals to test the World Health Organization's surgical checklist with at least one operating room team by April 1, 2009. The goal of "Sprint" is to have every hospital in the country test the checklist at least once.

If you have information to share or have at least two months experience using the checklist and would like to volunteer as a mentor hospital, email ImprovementMap@ihi.org.

“Expedition” to Reduce Catheter-Associated Urinary Tract Infections

On March 4, 2009, IHI initiated a four-month program to support hospitals working to prevent CA-UTIs by reducing unnecessary catheter days.

UTIs account for approximately 40 percent of all hospital-acquired infections annually, with 80 percent of these infections attributed to indwelling urethral catheters. The duration of catheterization is directly related to risk for developing a urinary tract infection.

Due to the high volume and high cost of CA-UTIs, on October 1, 2008, the Centers for Medicare & Medicaid Services put into effect a new rule stating that, if a patient develops a CA-UTI while hospitalized, the hospital will be paid as if the complication were not present.

[More Information >](#)

Cardiovascular Education Materials Available in Multiple Languages

[Health Information Translations](#) provides downloadable print materials on stroke, high blood pressure, cholesterol, atrial fibrillation, and more.

The materials, created by The Ohio State University Medical Center, Ohio Health, the Mount Carmel Foundation, and Nationwide Children’s Hospital in Columbus, Ohio, are available in more than a dozen languages, including English, Russian, Somali, Spanish, Ukrainian, and Vietnamese. Online videos are available in American Sign Language for stroke, high blood pressure, and cholesterol.



Hmong stroke education materials, created by the National Library of Medicine, National Institutes of Health, the University of Illinois at Chicago, and HmongHealth.org, are available in print, audio, and multimedia formats at [HmongHealth.org](#).

Multimedia files can be played on a computer or an iPod.

DATA AND PUBLIC REPORTING

Data Submission Reminder

Next quarter of clinical data due to Warehouse: Q4 08 (October through December 2008)

Data submission deadline: May 15, 2009
Must use CART version: 4.5



Abstraction Assistance

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



Abstraction Update Conference Call:

April 29, 2009, 1:00 - 2:30 p.m.

Watch for registration information for the next abstraction update conference call, based on changes in Specifications Manual, Version 2.6b, for discharges April 1 through September 30, 2009.

Minnesota Hospital Acquired Infection Reporting

The Minnesota Hospital Association and Stratis Health are collaborating to assist hospitals in meeting Minnesota’s infection reporting mandate, which requires both critical access and prospective payment system hospitals to report certain hospital acquired infections as of January 1, 2009. [Tools and resources](#) detailing the requirements are available at MHA. Infection reporting for hospitals encompasses the following two components:

- Data already collected and reported through the Hospital Quality Alliance (HQA), including Surgical Care Improvement Project (SCIP) measures:** cardiac surgery patients with controlled 6 a.m. postoperative serum glucose and surgery patients with appropriate hair removal
- Data that is not collected and reported through HQA and must be entered into the MHA infection reporting tool database:** central line bundle, ventilator bundle, and surgical site infection rates for total knee arthroplasty and vaginal hysterectomy

DATA AND PUBLIC REPORTING

(Continued from page 2)

Although PPS hospitals have been required to report SCIP, CAHs have not. Some CAHs are submitting data but not publicly reporting the data. To meet Minnesota's infection reporting requirements, CAHs must submit the SCIP measures and publicly report the data. To ensure your CAH hospital is meeting the Minnesota mandate for SCIP data, take the following steps.

- Go to the [QualityNet Web site](#) > Home tab > Hospital Quality Alliance > Pledge of Participation Form
- Complete the pledge form and fax to Mary Montury, at 952-853-1830
- Go to the My QualityNet tab > View/Edit Measure Designation, and add the two SCIP measures listed on page 2 (#1)
- Begin collecting and submitting the SCIP measures.

AMI Fact Sheet Updated

The MedQIC fact sheet addressing AMIs diagnosed late or occurring later in a hospitalization has been updated. References to the Beta-Blocker at Arrival measure (AMI-6) have been removed given the pending retirement of this measure, effective for discharges starting April 1, 2009.



Quest Application Enhancements Complete

The final phase of interim Quest application enhancements for stability and performance has been completed. Users may now access Quest to perform searches and submit new questions. The Quest Published Questions and Answers documents will continue to be updated and posted daily. Additional Quest upgrades will be implemented with the new Quest 2.0 application, scheduled for completion this summer.

National CMS Dry Run: Hospital Specific Report for AHRQ Patient Safety and Inpatient Quality Indicators

CMS recently launched a national dry run and release of the dry run version of hospital specific reports featuring nine Patient Safety and Inpatient Quality Indicators developed by the Agency for Healthcare Research and Quality (AHRQ).

These nine indicators were adopted for the Reporting of Hospital Quality Data for Annual Payment Update program in the Final FY 2009 Inpatient Prospective Payment System rule of August 2008.

The dry run is similar to those conducted for mortality measures in 2006 and the heart failure readmission measure in 2008. It provides hospitals with information about the nine measures prior to implementing public reporting on Hospital Compare, and gives hospitals an opportunity to review their performance and provide feedback to CMS.

Calculations in the dry run reports are based on Medicare fee-for-service claims received for hospitalizations occurring from January 1, 2006, through December 31, 2006. Hospitals that have treated patients and submitted claims to CMS for hospitalizations for the conditions relevant to the nine measures in 2006 will receive a Hospital-Specific Report containing their data and comparative information for the nation, their state, and their Health and Human Services region. [More information >](#)

CART-Inpatient 4.6 Application Changes

Changes with the release of CART-Inpatient 4.6 and CART Module Designer 1.2 will be released the end of March 2009. Modifications to internal processes may be required. Following are some of those changes:

- The installation process for Standalone and Client installations will no longer require a Windows workstation administrator to perform the installation. The server installation will still require a Windows server administrator to perform the server install.

(Continued from page 3)

- CART-Inpatient 4.6 will not be backwards compatible with previous time periods, requiring two installations of CART to be maintained. CART-Inpatient 4.6 will start with the April 1, 2009, discharge time period. An older version of CART can be maintained for previous discharge time periods.
- Population and Sampling will be removed from the CART-Inpatient application. Users may have a vendor submit a population and sampling file to the QIO Clinical Warehouse, or use Hospital Inpatient Population and Sampling, at www.qualitynet.org.
- Measure outcomes will be included with the Excel export. Topic-specific exports will have a column added to provide an outcome of each measure selected in the preferences. For example, the heart failure export will have four columns added; one for each heart failure measure. SCIP exports will provide stratified results for SCIP-Inf-1, 2 and 3, as well as an overall result.
- CART Module Designer 1.2 will not be backwards compatible with discharge time periods prior to April 1, 2009. If you have created your own measure sets, or have added questions to the core measure sets within CART Module Designer, they will need to be re-created for use with the new QMS platform. An older version of CART Module Designer can be maintained for discharge time periods prior to April 1, 2009.

ORGANIZATIONAL CHANGE

Minnesota Rural Health Association Receives \$85,000 to Address Health Care Challenges Facing Rural People and Communities

The Otto Bremer Foundation (www.ottobremer.org) recently awarded the Minnesota Rural Health Association \$85,000 to help build advocacy and ensure that the rural voice is not left out of statewide discussions and decisions on health care.

The grant award is for two years: \$50,000 in year one and \$35,000 in year two. The purpose of the grant is to improve organizational effectiveness and build board capacity; strengthen relationships and advocacy; foster civic engagement; and convene rural health policy summits. MRHA's mission is to bring together diverse interests to address rural health issues and advocate for and with rural Minnesotans. [More information >](#)

EVENTS

Stratis Health and Minnesota Hospital Association Regional Patient Safety and Quality Meetings



The following meetings provide a forum for quality and patient safety professionals to discuss current issues, common barriers, success stories, and the opportunity to problem solve and network with peers.

If you have questions about the meetings, contact Mary Montury, 952-853-8541, mmontury@stratishealth.org.

March 17, Moose Lake, MHA Region 2

Mercy Hospital & Healthcare
710 Kenwood Avenue, Moose Lake, MN

March 18, Bemidji, MHA Region 1

Hampton Inn
1019 Paul Bunyan Drive, Bemidji, MN

March 23, Redwood Falls, MHA Region 5

Redwood Area Community Center
901 Cook Street, Redwood Falls, MN

March 24, Owatonna, MHA Region 6

Owatonna Hospital
902 Oak Avenue South, Owatonna, MN

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EVENTS CONTINUED

Webinar: Hospital Infection, Essential New Information to Support Cleaning and Screening March 31, 11:00 a.m. - noon CT

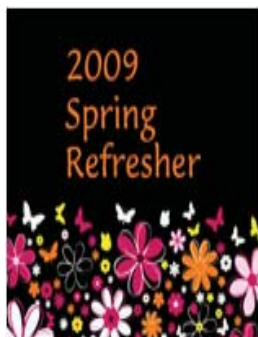
Topics for this free Webinar will focus on the extent of the hospital infection problem, preventability, and the importance of screening and cleaning, with examples of hospitals that have significantly reduced infection rates of SSI, MRSA, and CLABSI. [More information >](#)

Lecture: It Takes a Community, New Horizons in Services for Seniors, April 2, Mankato

The Minnesota State University Mankato Center on Aging will hold its annual Chesley Lecture, with Gayle Kvenvold, president and CEO of Aging Services of Minnesota. CEUs will be available for nurses, social workers, and nursing home administrators. For more information, contact ggwaldner@rncd.org.

Children's Institute for Pain and Palliative Care (CIPPC) Ahlaya Seminar in Pediatric Palliative Care, April 15-17, Minneapolis

This comprehensive pediatric palliative care program is offered free of charge to eligible practitioners—professionals currently working in the U.S. in the areas of hospice care, pediatric care, or pediatric home care, and who plan to care for children facing life-limiting diseases. For more information, call the CIPPC, Children's Hospitals and Clinics, 612-813-6450, or e-mail CIPC@childrensmn.org.



Minnesota Academy of Family Physicians Spring Refresher, April 16-17, Minneapolis

This conference is intended to help family physicians, residents, medical students, and allied professionals improve their clinical practice.

The conference offers educational sessions, exhibits, a networking

lunch for residents and medical students, a 3K run/walk for registrants and their families, and award presentations for MAFP Medical Student, Teacher of Year, Resident of Year, and Researcher of the Year. [More information >](#)

Save the Date



Minnesota Critical Access Hospital and Rural Health Conference, June 15-16, Duluth, MN

This annual conference is co-sponsored by the Minnesota Department of Health - Office of Rural Health & Primary Care, along with many other organizations concerned with rural health issues, including Stratis Health. [Nominations](#)

for this year's outstanding individual and team in the field of rural health are due May 4, 2009. [More information >](#)

Save the Date

Minnesota e-Health Summit 2009 June 24-25, Brooklyn Park, MN



Plan to attend this year's fifth annual Minnesota e-Health Summit. The summit is intended for health care and information technology professionals planning for or working on health information technology implementation.

In addition to advancing efforts to connect clinicians and protect communities in Minnesota, the summit promotes efforts to meet state and national mandates to achieve interoperable electronic health records (EHR) by 2015.

Get the latest updates on technology standards, optimizing EHR systems, and meeting the 2011 state mandate for e-prescribing. Learn about the progress of innovative projects underway in Minnesota, and get progress reports that highlight statewide activities.

Watch the [Stratis Health Web site](#) in the upcoming months for more information.

EVENTS CONTINUED

Health Information Technology Leaders to Share Best Practices at Free Online Forums

The National Alliance for Health Information Technology recently launched a series of free online forums on best practices for management and board collaboration in health information technology and electronic health record adoption.

NAHIT is a diverse partnership of senior health care executives who believe that HIT will bring the U.S. health system to a higher level of performance. The organization works to achieve connected delivery systems supported by interoperable HIT that enables timely and informed patient-focused care, and to identify and eliminate major barriers to effective HIT implementation, which will ultimately improve quality, safety, and operational efficiency.

The organization partners with the American Hospital Association and the College of Healthcare Information Management Executives. Members include hospitals, health systems, academic medical centers, health plans, vendors, consultants, and other health care services organizations.

Upcoming forums:

- *All On Board: Winning Board of Trustee Support for Health IT Initiatives*
- *We're All in This Together: Building Organizational Support for Major IT Initiatives*
- *Do You Need a Chief Medical Information Officer?*
- *Good, Better, Best: IT's Pivotal Role in Achieving World-Class Quality*

[More information >](#)

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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-6.1-09-17 030909

