

Dress in Red on September 29 - World Heart Day

Observe World Heart Day and increase awareness among your patients and staff of the risks associated with heart disease and stroke.

The world's leading causes of death, heart disease and stroke, claim 17.1 million lives each year—yet 80

percent of these deaths are avoidable when the main risk factors—tobacco use, unhealthy diet, and physical inactivity—are controlled.

As part of a nation-wide program to Improve Health for Populations and Communities, Stratis Health is working

with Minnesota physician offices to improve coordination of preventive services using electronic health records to reduce cardiac risk factors.

We are working with medical experts, community partners, and physician offices to improve the following therapies:

- ♦ Appropriate low-dose aspirin therapy use in patients with ischemic vascular disease

- ♦ Blood pressure control in patients with hypertension
- ♦ LDL-C control among adults with ischemic vascular disease
- ♦ Tobacco cessation screening and counseling

Encourage your providers, staff, patients, and partners to wear red on September 29.

For more information about heart disease and stroke prevention, review or download the following educational resources:

- ♦ [For patients](#)
- ♦ [For providers](#)
- ♦ [Prevention](#)
- ♦ [Cardiovascular screening](#)
- ♦ [Lowering blood pressure](#)
- ♦ [Smoking cessation counseling](#)
- ♦ [World Heart Federation](#)
- ♦ [Centers for Disease Control and Prevention \(CDC\)](#)



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CLINICAL QUALITY IMPROVEMENT

CDC Influenza Vaccine Recommendations and Coverage

The latest issue of the CDC *Morbidity and Mortality Weekly Report* features influenza vaccine recommendations and statistics from its Prevention Advisory Committee on Immunization Practices for the 2011-2012 influenza season.

Also available are statistics on influenza vaccination coverage from the 2010-2011 season for health care personnel and pregnant women.

CLINICAL QUALITY IMPROVEMENT CONTINUED

2011-12 Minnesota Fall Flu Guide Available

The [2011-12 Minnesota Fall Flu Guide](#) is available on the Minnesota Department (MDH) of Health Influenza Vaccine Information for Health Professionals web page. Additional resources related to this year's flu season are also available.

Participate in FluSafe

If you haven't already, [register](#) to participate in the 2011-2012 FluSafe Program. The program includes a webinar overview and instructions for participation.

FluSafe was implemented during the 2010-11 influenza season to address low health care worker vaccination rates. The program uses employee influenza vaccination information to calculate vaccination coverage for nursing homes and hospitals enrolled in the program. As part of the program, MDH will publicly recognize facilities with vaccination rates of 70 percent or greater.

Recommendations for Flu Immunization of Children

On September 2, the American Academy of Pediatrics published a policy statement titled *Recommendations for Prevention and Control of Influenza in Children, 2011-2012*. The [document](#) updates current recommendations for routine use of trivalent seasonal influenza vaccine and antiviral medications for the prevention and treatment of influenza in children.

Reducing Readmissions in Minnesota

Profiles of three programs that reduced hospital readmissions from long-term residential care and skilled nursing facilities, leading to significant cost savings, were recently featured in the Agency for Healthcare Research and Quality (AHRQ) publication Health Care Innovations Exchange.

One such program was conducted at Lakeview Ranch, Inc., in Minnesota, a long-term care residential facility for dementia patients. Using a person-centered approach, including comprehensive screening and evaluation, daily activities and therapies tailored for dementia patients, extensive medication reviews, and ongoing monitoring of needs, Lakeview Ranch, Inc. reduced psychiatric hospitalizations and behavior-related medications.

[More >](#)

Consumer Reporting Systems for Patient Safety Events

A recent AHRQ-funded [report](#) found little evidence of improvements in patient safety since the publication of the 1999 landmark Institute of Medicine report, "To Err is Human: Building a Safer Health System."

The report, "Designing Consumer Reporting Systems for Patient Safety," was developed for the purpose of making recommendations for an ideal reporting system that consumers would use to report experiences with patient safety events.

The technical expert panel associated with the project recommends that reporting systems collect information on all types of events, ranging from near-miss and no-harm events to adverse events.

The panel recommends that information collected from consumers include where a patient safety event occurred, what contributed to the event, whether or to whom an event was reported, what happened when an event was reported, and the impacts or consequences of the event. [More >](#)

AHRQ Publishes Second Progress Report for On the CUSP: Stop BSI Project

A recently updated AHRQ report summarizes progress made in the first two years of the On the CUSP: Stop BSI project, a national effort to prevent central line-associated bloodstream infections (CLABSIs) in U.S. hospitals by implementing a Comprehensive Unit-based Safety Program (CUSP).

The project is a partnership with the Health Research and Educational Trust, the Johns Hopkins University Quality and Safety Research Group, and the Michigan Health and Hospital Association's Keystone Center for Patient Safety and Quality. [More >](#)

PATIENT-CENTERED CARE

Honoring Choices Minnesota: Multicultural Advance Care Planning

Learn how to initiate advance care planning conversations with your family and community. Explore Honoring Choices Minnesota, which features community wide listening sessions with in-depth conversations on end-of-life care among Minnesota's diverse faith, cultural, and identity communities. www.honoringchoices.org

Also visit www.metrodoctors.com, for advance care planning training opportunities and Honoring Choices Minnesota advance care directive in English, Hmong, Somali, Spanish, and Russian.

Community-Based Participatory Research Grants Available

The Midwest Division of the American Cancer Society requests applications for community-based participatory research projects focused on reducing cancer disparities in vulnerable and medically underserved populations. Researchers in Iowa, Minnesota, South Dakota, and Wisconsin are invited to apply. **The application deadline is October 15, 2011.**

New Spanish Language Guides for Consumers

AHRQ has released six new Spanish-language guides to help patients compare treatments for common illnesses:

- Guía para pacientes que están en tratamiento de una cardiopatía coronaria estable (ACE Inhibitors and ARBs to Protect Your Heart?)
- Controle el dolor por una fractura de cadera (Managing Pain from a Broken Hip)

- Opciones para tratar el desgarro de los músculos y tendons del hombro (Treatment Options for Rotator Cuff Tears)
- La depresión después de una lesión cerebral (Depression after Brain Injury)
- Conozca sobre la radioterapia en el cáncer de cabeza y cuello (Understanding Radiotherapy for Head and Neck Cancer)
- Hormona del crecimiento humano para los niños con fibrosis quística (Human Growth Hormone for Children with Cystic Fibrosis)

Email: ahrqpubs@ahrq.hhs.gov for print copies of Spanish Language Effective Health Care patient guides.



Minnesota Rural Palliative Care Initiative: 10 Rural Communities Enhance Palliative Care Services

Ten rural communities in Minnesota have made advances toward establishing or strengthening palliative care services, through the Minnesota Rural Palliative Care Initiative, an 18-month learning collaborative. The initiative required interdisciplinary community-based teams that spanned multiple health care settings. Participants represented hospitals, clinics, home care, hospice, long term care, assisted

living, a college nursing program, parish nurses, clergy, and public health agencies. Participating communities included Bemidji, New Ulm, Olivia, Red Wing, Roseau, Staples, Waconia, Wadena, Willmar, and Winona. The size of the population served in each community varied from 9,000 to 200,000 with a median of 49,000.

As an interdisciplinary approach to managing serious and advanced illness, palliative care centers on relieving suffering and improving quality of life for patients and their families, including emotional and spiritual support. It customizes treatment to meet the needs of each individual, seeking to relieve pain, anxiety, shortness of breath, fatigue, nausea, loss of appetite, and other symptoms. Practitioners help patients and families understand treatment options, and facilitate effective communication with health care professionals.

Although studies demonstrate positive clinical and financial impacts from providing palliative care, support for palliative care programs in rural communities are lacking. Stratis Health developed and led the Minnesota Rural Palliative Care Initiative to help address the need for these services in rural Minnesota. UCare funded the project and Fairview Health Services provided expertise in program development and clinical topics.

As of April 2011, six of the 10 communities were enrolling patients and providing interdisciplinary palliative care services. The other four developed and/or improved processes to support palliative care, such as advanced care planning or implementing common order sets across care settings to support effective communication and patient transitions. [More>](#)

LEADERSHIP AND CULTURE CHANGE



HLQAT: Hospital Leadership and Quality Assessment Tool

Domain 12 - Employee Rewards/Recognition for Achieved Goals

In [Domain 12](#), the last of the [12 HLQAT](#)

[domains](#), staff strongly committed to performance improvement are rewarded and compensated for their work. Performance expectations are built into performance evaluation criteria for leadership and front line staff. Physician performance on clinical quality indicators is linked to privileging and re-credentialing decisions.

Resources for Domain 12:

- ♦ [Employee Recognition, Rewards, Awards, and Thank You Ideas](#)

- ♦ [The Power of Positive Recognition](#)
- ♦ [Healthcare Workforce](#)
- ♦ [Healthcare Workforce—Rewards and Recognition Ideas in Action](#)
- ♦ [Use of Modest Incentives to Boost Adoption of Safety Practices](#)
- ♦ [Trends in Employee Recognition](#)

HLQAT is a self-assessment tool used to help hospitals identify and improve leadership structures and processes associated with high performance in clinical quality measures. It is the result of a national public-private col-

laboration of organizations interested in helping hospitals maximize reimbursement on value-based purchasing quality measure sets and in facilitating meaningful leadership conversations about improving health care quality in hospitals.

The HLQAT survey assesses gaps in quality and, together with leadership interventions, provides a strategic roadmap to excellence.

Online [resources](#), with 120 evidence-based articles and tools, are available to hospitals.

QUALITY REPORTING AND IMPROVEMENT

Data Submission Reminders

Outpatient: Population and sampling, Q2 (April, May, June) due November 1
Clinical data, Q2 (April, May, June) due November 1
CART version 1.5 or higher

Inpatient: Population and sampling, Q2 (April, May, June) due November 1
Clinical data, Q2 (April, May, June) due November 15
CART version 4.10.1



Abstraction Assistance

To receive Stratis Health assistance with abstraction, contact Robyn Carlson, 952-853-8587, rcarlson@stratishealth.org.

Quality Improvement Assistance

If you or your colleagues would like assistance related to any of the following topics: inpatient measurement, outpatient measurement, including HCAHPS (hospital care quality information from the consumer perspective), performance improvement, or other data related issues, contact Vicki Olson, 952-853-8554, volson@stratishealth.org.

Core Measures Group Meeting: October 18, 2011, at Stratis Health

Due to limited space, we are offering two sessions, 9:00 a.m. to 12:00 noon and 1:00 to 4:00 p.m. Topics for discussion will include an update on CMS and Minnesota state reporting requirements, improvement data/strategies, and the new global population and sampling requirements. Please [register online](#) by October 4.

QUALITY REPORTING AND IMPROVEMENT

ROBYN SPEAKING:

I know everyone involved with abstraction doesn't always see the emails from CMS. Watch this corner every month for a discussion of issues related to abstraction. Email me if you have questions or issues you would like me to address.

Robyn Carlson, Data Quality Specialist, 952-853-8587, rcarlson@stratishealth.org

QUEST System Backlog Impacts Hospital Inpatient Quality (IQR) Reporting Program

CMS sent out an email on September 2 informing us of a backlog in the QUEST system, which is currently impacting timely responses to questions for the Hospital IQR Program. CMS is monitoring the situation and will provide information as it becomes available. Until the issue is resolved, users will experience a delay in receiving a response. (Please don't send me questions that you have already sent to QUEST. Wait for the answer from QUEST.)

Revised Version of Specs Manual for National Hospital Inpatient Quality Measures.

On August 29, CMS informed us of a revised version of the Specifications Manual for National Hospital Inpatient Quality Measures. Version 4.0, for implementation with acute inpatient discharges from January 1 through June 30, 2012, was revised to incorporate changes resulting from the IPPS final rule released August 1. The updated version, 4.0a, is available on QualityNet. Please use that version for planning as there are quite a few big changes. Review the Release Notes for 4.0a for a list of specification manual changes. (Remember, however, that those release notes only take into account changes made since version 4.0 came out.) You still will need to review the release notes for 4.0, as these contain all the changes from manual 3.3a.

It's important to look at the new specs manual early this time as there are changes in more than just the data elements—especially changes in determining your population and sampling. Watch for an announcement of an upcoming Stratis Health conference call regarding the new way to determine your population and sampling.

New HAI Initiative Opportunity: CAUTI/SSI

In partnership with the Minnesota Department of Health and the Minnesota Hospital Association, Stratis Health is excited to offer a quality improvement opportunity to hospitals that is focused on reducing catheter associated urinary tract infections (CAUTI) and surgical site infections (SSI) in ICU and non-ICU settings.

CAUTI, SSI, and other hospital-acquired infections result in prolonged illness, avoidable deaths, and high costs. Although a significant problem in hospitals, they can be prevented with standard precautions, appropriate

hand hygiene, environmental cleaning, and antimicrobial stewardship. The goal of this work is to implement an evidence-based system of tracking and monitoring infection precautions and to prompt providers to remove unnecessary catheters and central lines.

We will provide opportunities for project teams to come together in collaborative workshops for learning, sharing, and networking, and will support teams in data collection and use to reduce CAUTI and SSI.

If you are interested in participating in this important work, contact Vicki Olson, volson@stratishealth.org, 952-853-8554 by September 15.

Statewide Quality Reporting Program: Comments Due Wednesday, September 14

On August 15, the Minnesota Department of Health (MDH) published proposed amendments to Minnesota Rules Chapter 4654 (Minnesota Statewide Quality Reporting and Measurement System) and initiated a formal 30-day comment period.

Comments on the amendments are due by Wednesday, September 14, 4:30 p.m. to Katie Burns, MDH, 651-201-5530, PO Box 64882, St. Paul, MN 55164-0882. TTY users can call 651-201-5797.

The final rule is expected sometime in November.

QUALITY REPORTING AND IMPROVEMENT

2011 Physician Quality Reporting and Incentive Payments

In 2006, the Tax Relief and Health Care Act established a physician quality reporting system with an incentive payment for eligible professionals (EPs) who satisfactorily report data on quality measures for covered services provided to Medicare beneficiaries. In 2011, Stratis Health will assist EPs and group practices in using their electronic health records (EHRs) to improve care management. Practices will be required to integrate health information and data exchange infrastructures into their practices and demonstrate use of decision support tools to improve care, care coordination, and patient engagement. We will assist in streamlining workflow, data reports, and registry functions.

To participate in 2011 Physician Quality Reporting, individual EPs report information on quality measures to the Centers for Medicare & Medicaid Services (CMS) on their Medicare Part B claims, to a qualified registry, or to CMS through a qualified EHR.

Individual EPs who meet criteria for satisfactory submission of data for services furnished during a 2011 reporting period will qualify for an incentive payment equal to 1.0 percent of their total estimated Part B physician fee schedule allowed charges for services furnished during that same reporting period. Individual EPs do not need to pre-register to participate, but must meet criteria for satisfactory reporting for a particular period.

A group practice also may qualify to earn incentive payments equal to 1.0

percent of its total estimated Part B allowed charges for services furnished during a reporting period by meeting criteria for satisfactory reporting.

Physicians can earn an additional incentive of 0.5 percent by working with a maintenance of certification entity and by satisfactorily submitting data on quality measures and successfully completing a qualified practice assessment. [More>](#)

Change to Medicare Complaint Intake Process

In August 2011, the Florida Medical Quality Association, Inc. (FMQAI) was awarded the Beneficiary and Family Centered Care National Coordinating Center contract with the Centers for Medicare & Medicaid Services (CMS).

With this award, FMQAI began serving as the centralized intake point for receiving information from Medicare beneficiaries, families, representatives, providers, and stakeholders regarding all quality of care concerns and complaints related to health care services in all states and territories. As part of this new CMS contractor award, FMQAI, in its centralized intake role, will contact hospitals in Minnesota to request medical records.

Stratis Health wants to assure hospitals that record requests from FMQAI are legitimate requests. Stratis Health will continue in its role as Minnesota's Medicare Quality Improvement Organization (QIO) and will work with FMQAI. We will continue to perform QIO medical record reviews and will receive the requested QIO review from FMQAI. At this time, the centralized intake role of FMQAI is limited to beneficiary

requested quality of care complaint reviews. Stratis Health will continue to receive requests for hospital discharge appeals, hospital admission appeals, and other reviews directly from beneficiaries, families, and providers. We also will continue to maintain our hospital discharge appeal line, as well as our Medicare beneficiary helpline to provide information about Medicare rights and responsibilities, protections, and QIO programs and initiatives.

For more information regarding FMQAI in its role as the Beneficiary and Family Centered Care National Coordinating Center, contact FMQAI at www.fmqai.com/bfccncc.aspx, or 1-855-472-4440.

CMS to Release First IRF PEPPERS in September

CMS will release the first annual Program for Evaluating Payment Patterns Electronic Reports (PEPPER) for inpatient rehabilitation facilities (IRF) in September. PEPPERS provide hospital-specific data for Medicare discharges at risk for improper payments. Facilities can use the data to support internal auditing and monitoring, and compare their Medicare billing practices with other IRFs in the state, nation, and Medicare administrative contractor/fiscal intermediary jurisdiction. CMS has contracted with TMF Health Quality Institute to develop and distribute the reports through My QualityNet. The CEO/administrator at free-standing IRFs will receive their PEPPER by Federal Express around September 22. TMF will conduct an online training session for IRF staff on September 23, 11:00 a.m. [Register](#) for training. Additional information is available at www.pepperresources.org.

EVENTS

Community-Based Participatory Research: Elimination of Health Disparities - Why, What, Who and How **September 15 - December 19** **Minneapolis, MN**

This free semester-long course is intended for community practitioners, junior faculty, and post-doctorate and graduate students interested in effective approaches to understanding and addressing health disparities. The course will take place on Mondays, 1:00 - 3:30 p.m., at the University of Minnesota, 717 Delaware Street, Room 105. It will be minimally didactic and maximally interactive and participatory. Attendees will tour a community by van and visit the Cultural Wellness Center. Independent readings and reflections will be expected; no final, no papers, no grades. Email mc3@umn.edu to register. Space is limited.



Celebrate the Launch of the RARE Campaign **September 19** **Bloomington, MN**

Celebrate the launch of RARE, the Reducing Avoidable Readmissions Effectively Campaign with keynote speaker, Eric Coleman, MD, director of the care transitions program at the University of Colorado in Denver, and one of the nation's leading authorities on care transitions.

Attendees will have the opportunity to publicly sign a poster indicating their organization's support. The signing will be followed by a reception. Senior executives, physician champions, and leaders/members of RARE Campaign teams are invited to attend, as are members of the operating, supporting, and community partners and any other leaders in organizations working to reduce avoidable hospital readmissions. [Register.](#)

APIC Minnesota 34th Annual Fall Conference: Navigate Your Course to Inspire Success **September 22-23** **Minneapolis, MN**

Attend the Association for Professionals in Infection Control and Epidemiology Conference and hear experts present on the following topics: emerging trends in infectious diseases, a statewide program for infection control and prevention, health care-associated infection performance improvement projects, strategies to prevent joint prosthesis biofilm, glucose control in perioperative patients, colorectal surgical site infections, urinary tract infections, C. Diff, wound and incision care, and disinfection in long-term care. [Brochure.](#) [Register.](#)

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

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 and a model for health, wellness, and rural economic development. Special sessions will be presented on mental health services delivered virtually, locally grown foods, and community supported agriculture and its impact on a region. [More >](#)

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

Get the latest information on preventing and managing diabetes and its deadly complications.

The Minneapolis Diabetes EXPO offers health screenings, cooking demonstrations, product and service exhibitors, as well as leading experts who will discuss diabetes management and prevention. [More >](#)

National Healthcare Quality Week **October 16-22**

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

Celebrate health care quality in your facility with materials and suggestions for activities from the National Association for Healthcare Quality. [More >](#)

EVENTS CONTINUED



RARE Action Day October 18 Maple Grove, MN

Plan to attend RARE Action Day, 8:30 a.m. – 4:00 p.m. at the Maple Grove Community Center. Details and agenda are coming soon.

If you haven't signed up yet for RARE, you can still [register](#).

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

Today's health care marketplace is marked by uncertainty and rapid change. Safety net providers need to focus on the building blocks of health to be ready for the future. This year's event will explore ways to improve care and reduce health disparities in underserved populations and among those living in poverty.

Hear from keynote speaker and rural health care expert Clinton MacKinney, MD. Hear about local efforts to increase colorectal cancer screening from Jane Korn, MD, Minnesota

Department of Health Cancer Control Program; Matt Flory, American Cancer Society in Minnesota; and Liesl Hargens, Stratis Health epidemiologist.

Plan to attend the Thursday evening Reinertson Lecture—sponsored by the Institute for Clinical Systems Improvement—with national accountable care organization expert Elliot S. Fisher, MD, MPH, Dartmouth Medical School. [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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