

Stratis Health Patient Safety and Quality Update

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March/April 2010

Updates

- 9th Scope of Work Overview (August 1, 2008, to July 31, 2011)
 - Beneficiary Protection
 - Patient Safety
 - SCIP, MRSA, Drug Safety, Pressure Ulcers
 - Prevention
- Measurement and Data
 - Core measures
 - MN Statewide Quality Reporting and Measurement System
 - Infection measures
- Special Projects



BENEFICIARY PROTECTION



Beneficiary Protection

- Respond to quality of care concerns, appeals, utilization reviews, EMTALA (Emergency Medical Treatment and Active Labor Act/Anti-Dumping), referrals
- Increased emphasis on quality improvement



Beneficiary Protection, cont'd

- Hospital appeals
 - Hospital-designated Stratis Health contact number
- Admission necessity/level of care assignment
 - Inpatient vs. observation
 - <https://www.noridianmedicare.com/>
 - CMS material to help educate Medicare consumers
 - **Are You a Hospital Inpatient or Outpatient** (handout)
 - <http://www.medicare.gov/Publications/Pubs/pdf/11435.pdf>



Medicare Administrative Contractor (MAC)

- Medicare Administrative Contractor (MAC)
 - Noridian Administrative Services awarded contract but four protests filed against this decision with no resolution
 - Noridian still the FI and Wisconsin Physician Services carrier for MN
 - http://www.cms.hhs.gov/MedicareContractingReform/07_PartAandPartBMedicareAdministrativeContractor.asp#TopOfPage



Recovery Audit Contractor (RAC)

- **Recovery Audit Contractor (RAC)**
 - MN RAC is CGI Technologies and Solutions, Inc. of Fairfax
 - Hospitals in MN have received record requests
 - <http://www.cms.hhs.gov/RAC/>



PATIENT SAFETY



Patient Safety

- **Hospital**
 - Surgical care (all SCIP measures/one HF)
 - 9 hospitals
 - Benchmark Data for State and National
 - The ABC method provides an objective, clinically relevant, data-driven basis for process of care performance improvement by identifying benchmark care levels already achieved by 'best-in-class' care givers.
 - MN ranks higher than the nation on almost every measure
 - Reference Benchmark Data table for Heart Failure and Surgical Care Improvement Project Measures



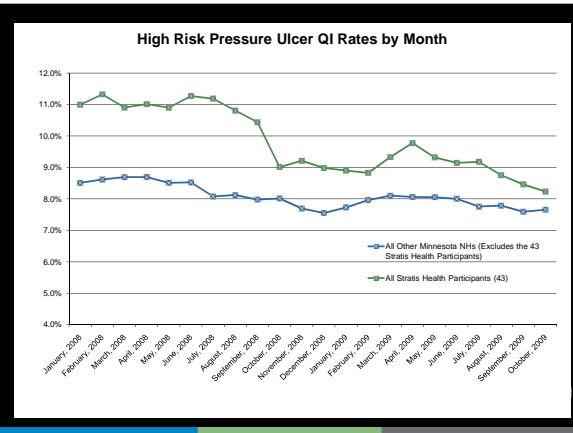
Patient Safety, cont'd

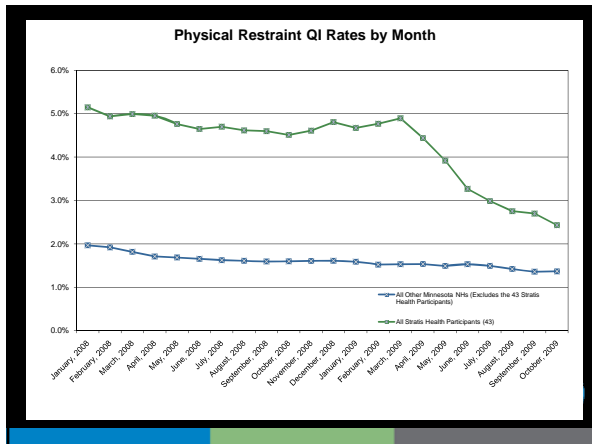
- **MRSA**
 - Two hospitals participating
 - Improve infection and transmission rates
 - Support hospitals to report into CDC's National Healthcare Safety Network data repository
- **Special assistance to NHs that are on CMS's "special focus facilities" list**



Patient Safety, cont'd

- **Decrease use of physical restraints**
- **Nursing Home/Hospital Pressure ulcer prevention**
 - Nursing homes and hospitals in same county
- **43 nursing homes working to improve care for pressure ulcers and decrease physical restraint use**





Patient Safety, cont'd

- Assistance in area of prescription drug therapy
 - Working with a health plan to decrease the use of medications known to cause drug-drug interactions (DDIs) and potentially inappropriate medications (PIMs) in the frail elderly

Drug Safety

- Most often prescribed PIM in MN
 - Acetaminophen-Propoxyphene Napsylate (Darvocet) – 23.7%
- Most often prescribed DDI in MN
 - Levothyroxine Sodium (Synthroid) with Warfarin Sodium (Coumadin)
 - No alternatives but close monitoring of INRs required

PREVENTION

Prevention

- Optimization of clinic electronic health record systems (EHR)
- Submission of data to national data warehouse on:
 - Mammography screening rates
 - Colorectal cancer screening rates
 - Influenza immunization rates (both seasonal and H1N1)
 - Pneumococcal immunization rates

Prevention Findings

- Working with clinics to use their EHR reports rather than use a manual process to notify patients of preventive care

Hospital's Role in This Work

- When possible, transferring information electronically to clinic when preventive procedures or immunizations are given in hospital



MEASUREMENT AND DATA



MN Health Care Reform Initiative

- In both 2007 and 2008, the state legislature passed and Governor Pawlenty signed significant health care reform legislation into law
- You can follow the details and sign up for email alerts at:
 - <http://www.health.state.mn.us/healthreform/>



MN Health Care Reform Initiative

- Statewide Health Improvement Program (SHIP)
- Health Care Homes
- Payment reform, quality measurement, and cost/quality transparency
- Insurance coverage and affordability
- eHealth

Reference Commissioner's Perspective & Health Reform Implementation Update (yellow)



MN Statewide Quality Reporting and Measurement System

- Final rule published December 28, 2009
- <http://www.health.state.mn.us/healthreform/measurement/index.html>



Implications for MN Hospitals

- The new system includes required reporting by all Minnesota hospitals:
 - Measures are predominantly either CMS/Joint Commission chart review measures or AHRQ measures derived from claims
- No additional reporting by PPS hospitals
 - Measures already required by CMS for annual payment update (APU)
- Critical Access Hospitals (CAHs) required to report all the measures
 - To date this has been voluntary though the majority of CAHs were reporting to Hospital Compare
 - Reference Measures Grid in packet (white)



Hospital Quality Alliance

- Hospital Quality Alliance (HQA) data (on Hospital Compare)
 - Data pulled by MHA and MDH for
 - Minnesota Hospital Quality Report
 - Minnesota Infection Reporting
 - Includes CAH
 - MN Quality Measurement
- Reference Data Transmission Document (tan)*



CMS Hospital Data Reporting

- AMI, HF, Pneumonia, SCIP
 - <http://www.qualitynet.org>
 - Tools, resources, information, and submission of data

Reference Inpatient Hospital Quality Measures (light blue document)
Reference Data Submission Deadlines (light green document)



Hospital Data Reporting, cont'd

- Hospital Data Profile Report
 - Quarterly report provided by Stratis Health
 - Critical Access Hospital (CAH) and PPS comparative data

– Reference Hospital Data Profile Report



Appropriate Care Measure (ACM)

- Publicly reported only on MN website (MHQR)
- Appropriate Care Measure (ACM)
 - Patient focused measure
 - Did patient receive all of the care they were eligible for during their hospital stay?
- CMS no longer uses this measure
- State will probably write into the next revised rule



Validation

- CMS changed validation
 - No validation for Q4 2009 data
 - No validation for CAHs ongoing
 - 800 PPS hospitals nationwide randomly selected for validation for one year

– Reference Validation Fact Sheet (pink)



New SCIP Measure – SCIP-Inf-9

- Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) with day of surgery being day zero



New SCIP Measure – SCIP-Inf-10 Surgical Normothermia

- Surgery Patients with Perioperative Temperature Management
- Proportion of patients undergoing any operation (any age) who have anesthesia for more than one hour, who have active warming devices used or achieve normothermia within 15 minutes before or after the end of anesthesia
 - Measure aligned with physician (PQRI) measure
 - Excludes patients with intentional hypothermia



SCIP Infection 9 and 10

- Required submission 1Q2010
- Hospital Compare Release December 2010
- Resource for SCIP 9
www.stratishealth.org/documents/Great8_SCIP0209.ppt



Important Notes

- CART Version CART V4.7.2
 - discharges 10/1/09 to 3/31/10
- Reports – QualityNet
 - QIO clinical warehouse submission and feedback reports
 - Annual Payment Update Report for PPS hospitals



Important Notes, cont'd

- Hospital Check-In
 - Data and Public Reporting Updates
- Specifications Manual Version 3.1a
 - Data Collection Time Period 04/01/10 - 09/30/10
- Questions, Validation, and Appeals
 - Contact Robyn Carlson rcarlson@stratishealth.org
952-853-8587



AHRQ Measures, cont'd

Inpatient Quality Indicators (IQI)

- IQI 11 – abdominal aortic aneurysm (AAA) mortality rate
- IQI 19 – hip fracture mortality rate
- IQI Composite #1 - Mortality for selected surgical procedures
- IQI Composite #2 - Mortality for selected medical conditions

Reference: AHRQ Inpatient Quality Indicators (lavender)



Agency of Healthcare Research and Quality (AHRQ) Measures

AHRQ Patient Safety Indicators (PSI)

- PSI 4 – death among surgical patients with treatable serious complications
- PSI 6 – Iatrogenic pneumothorax, adult
- PSI 14 – postoperative wound dehiscence
- PSI 15 – accidental puncture or laceration
- PSI Composite - Complication/patient safety for selected indicators

Reference: AHRQ Patient Safety Indicators (lavender)



AHRQ Measures, cont'd

- Detail information on measures
 - <http://www.qualityindicators.ahrq.gov/>
- Reports
 - Preview report placed in Quality Net Inbox
 - March 26, 2010 end of comment period (closed)

Reference AHRQ document (peach handout)



Present on Admission (POA)

- Required by PPS hospital for Medicare patients only
- MHA strongly encourages *all* hospitals to use POA indicator on bills for *all* patients
- Example: If POA used, patients who are admitted with a pressure ulcer from another facility would not be in the pressure ulcer calculation



Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Required by CMS and MN
- Publicly reported on Hospital Compare
 - www.hcahpsonline.org
Submit questions and/or comments
 - hcahps@azqio.sdps.org or 1-888-884-4007
Technical assistance, HCAHPS Project Team, Arizona QIO



Hospital Outpatient Quality Data Reporting (HOP QDRP)

- QualityNet website
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1191255879384>
- Contact
Submit all questions (**do not use Quest**) to FMQAI weekdays from 7 a.m. to 6 p.m. ET by
 - e-mail: hoppqdrp@fmqai.com or
 - Phone: 866-800-8756



SPECIAL PROJECTS



Rural Work

- Funding from the Office of Rural Health and Primary Care (ORHPC)
- 2009-2010
 - End-of-Life Nursing Education Consortium (ELNEC) Training
 - Advancing HIT in MN
 - Building Data Measurement Capacity in CAHs



Building Data Measurement Capacity

- Provided context for the new MN Health Care Reform Statewide Reporting and Measurement System finalized December 28, 2009
- Provided education on measures and their impact on the work of CAHs
- Provided training for outpatient measures



Minnesota Rural Palliative Care Initiative Partners

- Stratis Health
- Fairview Health Services
- UCare
- Minnesota Department of Health - Office of Rural Health and Primary Care



Minnesota Rural Palliative Care Initiative

Goal: Assist communities in establishing or strengthening palliative care programs in rural Minnesota

How: By forming a learning collaborative bringing together 10 selected rural communities

Fall 2008 – Fall 2010



Palliative Care Communities



Communities/Lead Organizations

- Bemidji - Bemidji State University Department of Nursing
- New Ulm - New Ulm Home Care and Hospice
- Olivia - Renville County Hospital & Clinics
- Red Wing - Fairview Red Wing Health Services
- Roseau - LifeCare Home Medical Center
- Staples - Lakewood Health System
- Waconia - Ridgeview Medical Center
- Wadena - Tri-County Community Health Services
- Willmar - Rice Memorial Hospital
- Winona - Winona Area Hospice



Results (to date)

- All communities have identified a focus population and strategies for an action plan
- Strategies related to the National Quality Forum's *Preferred Practices for Palliative Care*
- Each community maintained a core group to participate during the collaborative



Ongoing palliative care work

- Rural Palliative Care Resource Center –
 - Tools, resources, links
 - Recorded educational sessions
- Assist 6 additional communities to build capacity for community-based palliative care services



Cultural Competency

- <http://www.culturecareconnection.org/>
- Culture Care Connection is an online learning and resource center, developed by Stratis Health, aimed at supporting health care providers, staff, and administrators in their ongoing efforts to provide culturally competent care in Minnesota.



Culture Care Connection, cont'd



Culture Care Connection, cont'd



Culture Care Connection, cont'd



Health Information Technology Services Center

- Critical Access EHR Toolkit
 - <http://www.stratishealth.org/expertise/healthit/hospitals/index.html>
- Long Term Care EHR Toolkit
 - http://www.stratishealth.org/index.php?submenu=HCP_HealthInfoTech&src=qendocs&ref=HIT_ToolkitForNursingHomes&category=HCP_HealthInfoTech



Health Information Technology Services Center, cont'd

- Home Health EHR toolkit
 - <http://www.stratishealth.org/expertise/health/homehealth/hhtoolkit.html>
- Clinic EHR toolkit
 - <http://www.stratishealth.org/expertise/health/clinics/index.html>



Key Health Alliance

- Selected as Regional Extension Center for Health Information Technology (REACH) for MN and ND
- Partnership of Stratis Health, The College of St. Scholastica, and the Rural Health Resource Center
- Emphasis on improving health for the rural and underserved



REACH, cont'd

- REACH is a federally funded project through the Office of the National Coordinator, Dept of Health and Human Services
- Provide technical assistance and education to 5,100 priority primary care physicians and other clinicians in MN and ND over the next four years



REACH, cont'd

- Targeted uninsured, underinsured and medically underserved rural populations to receive Health Information Technology (HIT) technical assistance



Adverse Events

- Stratis Health role
 - Support, feedback, assistance for root cause analysis (RCA), corrective action plan (CAP), & measure of success
 - Partner with MDH and MHA on statewide training on RCA
- Measurement guide
 - Release this spring
 - Resource for new and experienced patient safety and QI teams on measurement for action plans



Adverse Events, contd

- Questions/assistance
 - Kate Peterson at 951-853-8501
 - kpeterson@stratishealth.org
- More information:
 - <http://www.health.state.mn.us/patientsafety/>



Upcoming Conferences

- ICSI/IHI Colloquium 2010, May 3-5, 2010
Saint Paul RiverCentre, St. Paul, MN,
http://www.icsi.org/calendar/calendar_special_events/2010_colloquium.html
- MN Critical Access Hospital and Rural Health Conference, June 28-29, 2010
Duluth, MN, <http://www.health.state.mn.us/divs/orhpc/conf/index.html>
- Minnesota e-Health Summit, June 16-17, 2010
(Tentative dates)



Resources

- Stratis Health
www.stratishealth.org
- Minnesota Hospital Association
www.mnhospitals.org
- Centers for Medicare & Medicaid Services
www.cms.hhs.gov
- Medicare
www.medicare.gov



Resources, cont'd

- QualityNet Exchange
www.qualitynet.org
- MedQIC supports providers in finding, using, and sharing quality improvement resources
www.medqic.org
- Minnesota Alliance for Patient Safety (MAPS)
www.mnpatientsafety.org
- Institute for Healthcare Improvement (IHI)
www.ihl.org



Contact Us

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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.

