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Featured Items

FREE resource with CME/CE at Medscape on Surgical-Site Infections

For those who do not visit the Medscape site, there are often many valuable resources there. They do require registration, but it is free. One of the recent offerings: Prevention of Surgical-Site Infections: Best Practices, Better Outcomes is presented by a panel with physicians and national experts.

The recorded webinar features the following panel of speakers:

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E. Patchen Dellinger, MD
Professor of Surgery, University of Washington School of Medicine, Seattle, Washington; Chief,
Division of General Surgery, University of Washington Medical Center, Seattle, Washington

Steven Gordon, MD
Chairman, Department of Infectious Diseases, The Cleveland Clinic, Cleveland, Ohio

Richard P. Wenzel, MD, MSc
Professor and former Chairman, Department of Internal Medicine, Virginia Commonwealth
University, Richmond, Virginia

It is available at the following:

<http://cme.medscape.com/viewarticle/720011>

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New CMS Measure AMI -10: Statin Prescribed at Discharge

Attached to this newsletter, please find the [AMI Statin Fact Sheet](#). It summarizes this upcoming AMI measure. This measure is voluntary for 4Q10. If the hospital chooses to submit this measure for 4Q10, they will need to select it in Measure Designation, available on www.qualitynet.org.

Beginning with 1Q11, AMI-10 is required for RHQDAPU. At that time, it will be automatically selected in Measure Designation, and if the provider is an APU hospital, they will not be able to de-select it. If you have questions regarding this measure, please contact Sue Bethel at sbethel@coqio.sdps.org.

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Structural Measure Requirements for RHQDAPU FY2011

The three registry measures are:

- Participation in a Systematic Database for Cardiac Surgery
- Participation in a Systematic Clinical Database Registry for Stroke Care
- Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care

These measures **do not require** the hospital to participate in a registry. Hospitals that do not currently report to a registry will **not** be required to do so, and will not be penalized for not participating in a registry. **A hospital's APU will only be affected if the hospital does not answer the required questions indicating they do or do not participate in a registry.** Annual data entry period: July 1 - August 15, 2010 covering the time period January 1, 2010 - June 30, 2010.

Data entry will be achieved through the secure side of QualityNet.org via an online tool called **Structural Measures**Data Acknowledgement. It is available in the Manage Measures section with a link on the MyTasks page. This application will allow hospitals or their vendors to view and answer the measure question(s). The role to access this link is the Measure Designation Update or Read role. These roles are currently in use. Once the application is released, if a user has the role, the link will be available. Measure Designation Update will allow the user to view, print or edit the question(s) and answers. Measure Designation Read will allow the user to view or print this information.

Definition for participation: Participation is defined as: submitting standardized data elements applicable to at least two NQF endorsed measures related to the topic measured by the registry and reporting on all patients eligible for the measures.

Definition for qualified database registry: Qualified is defined as: Receiving data from more than five hospitals, providing calculated measures, results, benchmarks, and quality improvement information to the participant (and to designated third parties).

Frequently Asked Questions FY 2011 Structural Measures:

Question: What is the definition of participation in a registry?

Answer: Participation is defined as submitting standardized data elements applicable to at least two NQF endorsed measures related to the topic measured by the registry and reporting on all patients eligible for the measures.

Question: What is the definition of qualified?

Answer: Qualified is defined as Receiving data from more than five hospitals, and providing calculated measures, results, benchmarks, and quality improvement information to the participant (and to designated third parties).

Question: Will I be required to participate in a registry for the fiscal year (FY) 2011 RHQDAPU program?

Answer: For the FY 2011 RHQDAPU hospitals that do not currently report to a registry will not be required to do so, and will not be penalized for not participating. A hospital's Annual payment update (APU) will only be affected if the hospital does not answer the required questions indicating they do or do not participate in the registry.

Question: When will the tool be available for the hospitals to enter data regarding structural measures registries questions and data acknowledgement?

Answer: The tool will be available from July 1, 2010 through August 15, 2010.

Question: Do I have the option to answer the structural measures questions?

Answer: A hospital and/or vendor need to be given access to the Measure Designation Update Role by your QualityNet security administrator.

Question: Can structural measures registries questions and data acknowledgement data be submitted via XML by my vendor?

Answer: Data can only be entered manually through the online tool by the hospital or vendor.

Question: Will I fail to receive my full APU if I answer, "No, I don't participate in a registry?"

Answer: Hospitals will not have a reduction in their APU for selecting "No" to the registry questions.

Question: Why do you have to enter a password?

Answer: Entering a password into the tool again is like an electronic signature.

If you have questions regarding these structural measures, please contact Sue Bethel at sbethel@coqio.sdps.org

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Joint Commission to Expand Heart Failure Certification Program

On May 13, *HealthLeaders Media* reported on the Joint Commission's plans to expand its Heart Failure Advanced Certification Program. The program, a partnership between the Joint Commission and the American Heart Association (AHA), examines the continuum of care for patients who experience heart failure in various healthcare settings. The Joint Commission continues to seek feedback and input from healthcare organizations and professionals to contribute to the improvement of care for patients with heart failure. Read more at: <http://tinyurl.com/29fynff>.

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Quality Safety Investigator Program Encourages Bedside Nurses to Be Patient Safety Champions

On May 13, *HealthLeaders Media* reported on the Quality Safety Investigator (QSI) program, developed with contributions from Liz Carlton, R.N., M.S.N., C.C.R.N., director of quality, safety and regulatory compliance at The University of Kansas Hospital. The program's goal is to empower nurses to become leaders in patient safety and champions of quality. Each care unit within the hospital has a designated QSI and s/he is responsible for educating patients on medication safety, handoffs and hand hygiene. The nurses are also charged with leading unit initiatives. Find more information at: <http://tinyurl.com/286r96m>.

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Medicare Doctor Pay "Fix" Deadline Looming – Again – previously reported

On May 6, *Kaiser Health News* reported, via partner *NPR*, on a scheduled 21 percent pay cut for doctors who treat seniors and others on the Medicare program. While just about everyone agrees a cut of that magnitude would be devastating for Medicare and the patients it serves, no one seems to be able to figure out how to solve the problem in anything except a stopgap way. The trouble actually dates to 1997, when Congress passed a balanced budget law that put the current formula in place determining how doctors will be paid. The idea was that if doctors as a group cost Medicare too much, their pay would be docked to make up the difference in future years. If cuts get big enough, however, people worry that over time there will be more patients who are unable to find doctors accepting Medicare. Read more at: <http://tinyurl.com/2c8lteq>

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Hospitals Falling Short on Heart Patients' Follow-Up Care – previously reported

On May 4, *HealthDay* and *USA Today* reported on a new study from the Journal of the American Medical Association (JAMA) indicating a quick follow-up visit to a physician by a heart failure patient discharged from the hospital reduces the chance the patient will end up back in the hospital, but the preventive measure is more often ignored than observed. The study of more than 30,000 hospital patients covered by Medicare found that fewer than 40 percent of those with heart failure saw a healthcare provider within seven days of discharge. The readmission rate was 15 percent lower for those who did have such a visit. Read more at: <http://tinyurl.com/2c2u7o3> or <http://tinyurl.com/277tntf>

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U.S. to Hospitals: Clean Up Your Act – previously reported

On April 29, *CNNMoney* reported on components of the new healthcare reform law requiring hospitals to improve safety and quality of care for patients. The legislation contains dozens of provisions, including fining hospitals, to reduce medical errors, hospital-borne infections and costly preventable readmissions. Those three issues alone drain billions of dollars annually from the health care system. Industry watchers and consumer advocates say the measures were sorely needed and will go a long way to protect patients and enhance efficiency in the system. For hospitals, however, the new law could present a tough challenge. Read more at: <http://tinyurl.com/2ao47uj>

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Hospitals Not Implementing Changes to Prevent Central-Line Bloodstream Infections – previously reported

On April 26, *American Medical News* reported on some hospitals eliminating deadly catheter-related bloodstream infections by implementing a checklist of simple preventive measures. “On the CUSP: Stop BSI,” a project funded by the Agency for Healthcare Research and Quality (AHRQ), is seeking to spread this success nationwide, and has at least 400 hospitals participating in 27 states. However, not enough hospitals are measuring performance and implementing changes needed to prevent bloodstream infections. In most states, only 15 percent of hospitals are signing up for this initiative, said Peter J. Pronovost, M.D., Ph.D. Also, hospitals nationwide have not improved on the rate of catheter-related bloodstream infections, according to an April AHRQ Report. Read more at: <http://tinyurl.com/2batmly>

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Researchers Test Anti-Microbial Copper to Reduce Hospital-Acquired Infections – previously reported

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On April 23, *The San Diego News Network* reported on hospital-acquired infections (HAIs) being the fourth largest killer in the U.S., making them responsible for more deaths than AIDS, breast cancer and car accidents combined, according to the Committee to Reduce Infection Deaths (RID). HAIs affect two million people in the U.S. each year, with more than 10 percent occurring in California. The Medical University of South Carolina, the Ralph H. Johnson VA Medical Center in South Carolina and New York City's Memorial Sloan-Kettering Cancer Center are testing copper's ability to reduce HAIs. Anti-microbial copper has been proven to kill antibiotic-resistant bacteria such as *E. coli*, Vancomycin Resistant Enterococci (VRE) and *methicillin-resistant Staphylococcus aureus* (MRSA). Read more at: <http://tinyurl.com/2bo5hrq>

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Study Finds One in Five Long-Term Elder Care Patients Carried MRSA in Their Nose – previously reported

On April 23, *Bloomberg Businessweek* reported that while 1 percent of people in the United States carry *methicillin-resistant Staphylococcus aureus* (MRSA) in their noses, the potentially lethal germ is present in the noses of 20 percent of long-term elder care patients, 16 percent of HIV-infected patients and 14 percent and 15 percent of inpatient and outpatient kidney dialysis patients, respectively. This information is based on a new study from the Department of Epidemiology and Infection Control at Rhode Island Hospital. The study's author, Medical Director Leonard Mermel, recommends hospitals consider these groups for screening cultures. Mermel said further research is needed to learn why people have different strains and quantities of MRSA in their noses. Read more at:

<http://tinyurl.com/25qsqpw>

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Hospital Outpatient Quality Data Reporting Program (HOP QDRP) Information – previously reported

It is suggested that if you want to continue to receive information regarding the Hospital Outpatient Quality Data Reporting Program (HOP QDRP), interested parties are encouraged to sign up for the HOP QDRP ListServe. By signing up for this ListServe, you will receive e-mails pertaining to the Outpatient Program.

To sign up to get these e-mails, go to www.qualitynet.org. You do not need to sign in. On the lower left side, there is a box titled "Join List Serves". Select the link that says "Sign up for Notifications and Discussions". This will take you to a screen to sign up for the ListServe. There is also a box on this screen called "Resources" which can direct you if you have further questions regarding signing up for ListServes.

Other questions regarding Outpatient Data Reporting should be directed to the Hospital Outpatient Quality Data Reporting Program (HOP QDRP) at hopqdrp@fmqai.com.

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Upcoming Regional WebEx Series for the Comprehensive Heart Failure Care: From Hospital to Home

We are pleased to announce that we are adapting the Comprehensive Heart Failure Care: From Hospital to Home workshop series that was presented last year into a WebEx series. The new series will be regularly held the second Tuesday of each month from 11:00 a.m. – 12:00 p.m. and will cover topics on pathophysiology and assessment, management of chronic heart failure, management of the patient with acutely decompensated heart failure, and helping the heart failure patient develop self care skills.

June 8, 2010

11 a.m. - 12 p.m. MT

“Helping the Heart Failure Patient Develop Self-Care Skills”

Sally Cudrik, RN, BSN, Memorial Health System

Please follow these instructions to join the event:

- 1) Click on or go to <https://ifmcevents.webex.com>
- 2) Locate your event
- 3) Click on the Join Now link to the right of the event or click on the name of the event
- 4) Enter your name and email address
- 5) Enter the Event Password: **HEART**
- 6) Click on Join
- 7) Dial the teleconference number. The number is **1-877-203-1003**. The access code is **53844780**.

If you have questions about series, please contact Marcy Cameron, mcameron@coqio.sdps.org, or at 303.695.3300, x3040.

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5M Lives Campaign WebEx Sessions Have Concluded – previously reported

CFMC recognizes the outstanding work by Colorado hospitals through the continued commitment to strengthen patient safety and quality improvement using best practice sharing, quality measure improvement, and culture change.

We hope your participation in the 5M Lives Campaign WebEx sessions have helped improve patient safety in your hospital. A special thank you to the Colorado Trust for providing funding for the WebEx sessions that ended May 5, 2010. All of the 5M Lives WebEx recordings can be viewed at <http://www.colorado5millionlives.org/>.

CFMC appreciates your continued support to quality improvement. We look forward to building on our partnerships with opportunities in the future. If you have any questions please do not hesitate to contact Marcy Cameron, Project Coordinator, at 303-784-5795 or mcameron@coqio.sdps.org.

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Up Next on WIHI

Coaching's the Thing for Primary Care Practice

Thursday, May 20, 2010

2:00 PM - 3:00 PM Eastern Time

Featuring:

Ann Lefebvre, MSW, CPHQ, Associate Director, North Carolina Area Health Education Centers Program

Neil Baker, MD, IHI Faculty and Improvement Advisor; Improvement Consultant

Cory B. Sevin, RN, MSN, NP, Director, Institute for Healthcare Improvement

Roger Chaufournier, CEO, CSI Solutions

Primary care practice in the US is undergoing a transformation. In many instances the offices still look cramped and, unlike hospitals, the changes don't take the form of major new construction. But look closely: those sagging shelves of patient files are giving way to electronic health records; practitioners are tapping into online expertise to help with diagnoses and apply evidence-based medicine; patients have their own web portals; and people with similar chronic conditions sometimes meet as a group with a single provider for shared learning and greater efficiency. And, in case you haven't heard, health care reformers are looking to primary care like never before to pave a better path to prevention, continuity of care, and cost containment for the country as a whole. Could the expectations be any higher?

Maybe so -- don't forget the Medical Home -- which is why the newest kid on the block is something called the Primary Care Coach: someone specially trained to help office practices make sense of all these ambitions AND the successful and meaningful use of health information technology.

On May 20 WIHI is pleased to host a panel of experts, each of whom is now engaged in one way or another with leading the redesign of primary care. In addition to learning more about coaches for primary care, we'll hear about the innovative Health Information Technology Regional Extension Centers (RECs) now popping up across the US to help office practices adopt electronic health records. One key goal of all the current efforts is to make sure technology is used in service of healthy outcomes and quality improvement, and not the other way around.

WIHI host Madge Kaplan can't think of any reason NOT to attend this next WIHI, so please join her and her guests for a promising, productive, and timely discussion about primary care. Could all the changes afoot help turn the tide on the shortage of primary care physicians? Let's talk about it on WIHI!

There is no fee for participating in a WIHI program, but enrollment is required.

<http://www.ihl.org/IHI/Programs/AudioAndWebPrograms/WIHI.htm?player=wmp>

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IHI Passport Membership Information – previously reported

Passport is IHI's new easy-access membership program, designed to help hospitals make the most of the Improvement Map. As a Passport member, your hospital and its entire staff, have access to an unparalleled depth of resources and programming that support your improvement work. Once the Improvement Map has helped you chart a course that aligns with your organization's priorities, your Passport membership helps support your frontline teams as they improve.

What's included? Passport provides access to all of the remote learning IHI has to offer in support of the Improvement Map, including:

- *Expeditions.* Expeditions are topic-specific improvement programs designed to help frontline teams make rapid change in a key component of the Improvement Map with extensive virtual support from IHI faculty. As a Passport member, your organization can join as many Expeditions during your membership as you choose. To see a list of upcoming Expeditions, please go to:
<http://www.ihl.org/IHI/Programs/ImprovementMap/Passport.htm?TabId=3>
- *Exclusive on-demand tools and resources.* Available only to Passport members, these tools and resources include podcasts, videos, and presentation materials that can be used at any time at your convenience.
- *Member-only activities.* Passport members can participate in quarterly support and troubleshooting calls, join affinity groups and work groups, and get direct access to faculty support.

Cost Information: The fee for Passport membership is \$5,000 per year. Enrollment is open at any time during the calendar year. The following discounts are available:

- Hospitals with **fewer than 50 beds** and members of the National Association of Public Hospitals are eligible to receive a discounted rate of \$2,500 per year.
- Hospital systems that enroll **five or more** hospitals are eligible to receive a 15% discounted rate of \$4,250 for each membership.
- Members of IHI's IMPACT Leadership Community are eligible to receive a 15% discounted rate of \$4,250 for each membership.

For more information on the Passport Membership, please visit:

<http://www.ihl.org/IHI/Programs/ImprovementMap/Passport.htm?TabId=0>

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Hospital Projects Calendar

In an effort to keep everyone informed of conference calls, webexes, and meetings, we have created a [color-coded calendar](#) and attached it to the newsletter email. This calendar will be included in each week's newsletter with a revised date so you will know when it has been updated.

Contact Information

Deanna Curry, Patient Safety Interventionist
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Karen McGee, Patient Safety Interventionist
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Jean King, Manager of Review Services
303.784.5727 or jking@coqio.sdps.org

Marcy Cameron, Patient Safety Project Coordinator
303-695-3300 x 3040 or mcameron@coqio.sdps.org

Sue Bethel, RN Review Coordinator
303-695-3300 x 3330 or Sbethel@coqio.sdps.org

Lori McNeilley, Health Data Analyst
303.695.3300, ex. 3019, lmcneilley@coqio.sdps.org

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Medicare Appeals Helpline Phone Numbers:

Please list both of CFMC's appeal phone numbers:
800-727-7086 and **303-695-3333** on the "Important Message"
given to Medicare Beneficiaries