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Featured Items

RMR-WOCN/NPUAP is holding a Regional Seminar in Denver, CO this October!

Presented by the Rocky Mountain Region of the WOCN in cooperation with the National Pressure Ulcer Advisory Council (NPUAP) featuring Best Practices for Pressure Ulcer Prevention & Management: Old Concepts, New Ideas.

RMR-WOCN / NPUAP FALL CONFERENCE
OCTOBER 14–16, 2010 in DENVER, CO

Please see the attached document for [more information](#).

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RHODAPU Submission Deadlines

Please find attached to this newsletter the [RHODAPU Submission Deadlines](#) document. It contains deadlines for HCAHPS, Structural Measures, Data Accuracy and Completeness, Public Reporting Deadlines and Medical Record Validation Schedule. All deadlines are subject to change by CMS. Any changes will be noted in future newsletters.

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QUEST Responses Revised in April, 2010

Below are the QUEST Questions with Revised Answers for April, 2010. Abstractors are responsible for knowing these revisions when abstracting. When searching for a particular QUEST question number, we have been told that it will work best if you put the number in the search engine, and leave the topic as "All Topics". Please let Sue Bethel at sbethel@coqio.sdps.org know if you have any questions.

| QUEST Questions with Revised Response | | |
|--|-------------------|------------------------------------|
| Topic | Question # | Data Element/Subject |
| PN Measures | 1228738926452 | Identified Pathogen |
| PN Measures | 1228753498482 | Antibiotic Received |
| PN Measures | 1228753325252 | Chest X-Ray |
| PN Measures | 1228735607475 | Chest X-Ray |
| PN Measures | 1228730957331 | Identified Pathogen |
| PN Measures | 1228738928152 | Antibiotic Administration Route |
| PN Measures | 1228754800432 | Another Source of Infection |
| SCIP Measures | 1228755178311 | Surgical Incision Time |
| SCIP Measures | 1228754159661 | Infection Prior to Anesthesia |

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Transparency, Checklists Help Reduce Central Line Infections

On May 16, *The Chicago Tribune* reported on the work of Illinois hospitals to reduce central line-associated bloodstream infections known as CLABSIs. Among the strategies used by these hospitals to reduce CLASBSIs is a simple checklist promoted by Dr. Peter Pronovost. At Loyola University Medical Center in Maywood, Ill., staff began paying more attention to how central lines were inserted, their daily care, and bathing patients with chlorhexidine, a chemical antiseptic. Northwestern

Memorial Hospital in Chicago, along with the Northwestern Feinberg School of Medicine, carried out research showing that infections can also be cut by teaching doctors-in-training the best way to insert a central line on a simulator using a headless, armless dummy. The residents were taught to use “a central line bundle” checklist as well. To learn more at: <http://tinyurl.com/23ptkxp>

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A 2020 Vision for Healthy People

On May 5, *The New England Journal of Medicine* featured commentary by Howard K. Koh, M.D., M.P.H. about the Healthy People Initiative, a program of the Department of Health and Human Services (DHHS). In the article, Dr. Koh describes the initiative, which was launched in 1979, as a systematic approach to health improvement, encompassing the mutually reinforcing tasks of setting goals, identifying baseline data and 10-year targets, monitoring outcomes, and evaluating the collective efforts of health-improvement activities nationwide. He touches on the activities of Healthy People 2010 which wraps up this year and provides data on some of the initiative’s objectives including reducing the number of deaths associated with coronary heart disease, decreasing the rate of cigarette smoking among adults and decreasing obesity rates among adults. Dr. Koh also discusses Healthy People 2020, the fourth-generation plan to be released this fall. Read more at: <http://tinyurl.com/36fqks6>.

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DHHS Seeks Patient Feedback on Health Information Technology

On May 17, *HealthLeadersMedia* reported on the Department of Health and Human Services’ (DHHS) plan to launch two surveys to gather patients’ feedback and satisfaction with Electronic Health Records (EHRs) and Personal Health Records (PHRs) to improve nationwide health information technology (HIT) adoption efforts. DHHS will survey about 500 Medicare beneficiaries who are enrolled in the Medicare PHR Choice Pilot, a program that allows beneficiaries to track their own health and healthcare services. The results of the survey will be crucial in Medicare’s decision whether or not to adopt a national PHR program. The second survey will assess the gap between patients’ and providers’ perceptions about how EHR systems affect the delivery of care. DHHS plans to gather information about EHR preferences through three projects: A survey that will collect information directly from 840 patients; a screening and recruitment form for staff at primary care practices; and a focus group of about 20 patients from primary care practices. Read more: <http://tinyurl.com/2crmokt>.

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

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:

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 – previously reported

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 – previously reported

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

This material is distributed by the Colorado Foundation for Medical Care (CFMC), the Medicare Quality Improvement Organization for Colorado, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. PM-2100-001 CO 2010

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 no 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 – previously reported

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 - previously reported

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

This material is distributed by the Colorado Foundation for Medical Care (CFMC), the Medicare Quality Improvement Organization for Colorado, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. PM-2100-001 CO 2010

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, June 3, 2010

2:00 PM - 3:00 PM Eastern Time

Featuring:

Tom Nolan, PhD, Statistician and Member, Associates in Process Improvement; Senior Fellow, Institute for Healthcare Improvement

John M. Hogan, President and CEO, Capital Health Plan

Carol Beasley, Director of Strategic Projects, Institute for Healthcare Improvement

Laura K. Landy, President and CEO, Fannie E. Rippel Foundation

What happens when health care leaders from different regions in the country get in the same room and talk about their efforts to redesign patient care? Among other things, there's often a sense of relief that, across state lines and political affiliations, there's a shared concern for improving people's health, improving their health care experiences, and lowering the costs of care. Washington may be able to bring about broad reforms for health care, but communities of all shapes and sizes are increasingly being looked to for the day-to-day solutions and innovations that will "bend the cost curve" and offer new, humane models for the future.

Fresh off a meeting in the nation's capital focused on building low-cost, high-quality health care regions in America, WIHI hosts a timely discussion about what 14 "Hospital Referral Regions" are starting to figure out about their quality data, their cost data, and the way forward. John Hogan is at the nexus of important changes taking place in Tallahassee, Florida; Tom Nolan, Carol Beasley, and Laura Landy are part of a group of national leaders (others include Don Berwick, Elliott Fisher, Atul

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Gawande, and Mark McClellan) who've been digging for the data and the ingenuity across the country that can be harnessed, shared, and turned into blueprints for change the nation so badly needs.

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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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

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303.847.1727 or dcurry@coqio.sdps.org

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Shari Ward, Patient Safety Interventionist
303.669.9581 or sward@coqio.sdps.org

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

Karen McGee, Patient Safety Interventionist
kmcgee@coqio.sdps.org

Lori McNeilley, Health Data Analyst
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Jean King, Manager of Review Services
303.784.5727 or jking@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