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Featured Items

Voluntary ED Measure Set – October 2010 Discharges – previously reported

Beginning with October, 2010 discharges, there will be a new Emergency Department (ED) measure set. The purpose of the measure set is to inform facilities and consumers of the time from the decision to admit to the actual admission from the ED. Please find attached to this newsletter a document titled “[ED Measures Fact Sheet for 100110](#)” which will give you further details.

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If hospitals want to submit the ED measures and have it calculated, they will have to select them in measure designation area on www.qualitynet.org. Remember, if a hospital selects ED 1 and 2 for 4Q10, they will remain selected for subsequent quarters unless the hospital deselects them. Selections carry over whatever was in the quarter before. ED measures will have to be extracted separately, just like they do the other measure sets. Hospitals can only submit one measure set in an abstraction file. They will have to submit ED measures in a different file than other measure sets. If they submit the same hospital patient identifier, with the same admission date and discharge date, and one case is in there for ED and one is in there for AMI that will be allowable. They will not receive a message saying they cannot have that combination.

For Population and Sampling questions regarding the new ED measures, please see the attached Power Point presentation titled, "[ED Measure Population and Sampling](#)."

For more information, refer to the Specifications Manual for National Hospital Quality Measures for discharges 10/1/2010.

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099>

Please contact Sue Bethel at sbethel@coqio.sdps.org if you have questions.

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MedQIC Updates – previously reported

Working with the QIO community, CMS developed the Medicare Quality Improvement Community (MedQIC) to support high-level transformational change with an all-new web-based Resource Center and Improvement Support Center (<http://www.medqic.org>). The Improvement Support Center is a **free** web-based workspace for providers and QIOs to manage their quality improvement work and communicate with their peers. MedQIC is a place where healthcare professionals can find and share **free** resources that others have used successfully, actions to take to implement strategies, and numerous support materials to assist with the work of transforming health care. It provides expertise and guidance to support the combined efforts of healthcare workers, institutions, improvement support organizations, purchasers, and regulators - as all are essential to achieve transformation. For your convenience, here is a comprehensive list of items that have been posted recently to MedQIC divided by topic.

MRSA

Henry The Hand - A Handwashing Campaign:

Will Sawyer, MD, created "Henry The Hand," a.k.a. the Champion Handwasher Hospital Campaign, to assist in conveying the importance of hand hygiene.

<https://www.qualitynet.org/dcs/ContentServer?c=MQWeblinks&pagename=Medqic%2FMQWeblinks%2FWeblinkTemplate&cid=1228755821633>

CDC's Hand Hygiene for Healthcare Settings (CDC link):

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<https://www.qualitynet.org/dcs/ContentServer?c=MQWeblinks&pagename=Medqic%2FMQWeblinks%2FWeblinkTemplate&cid=1228755817489>

PRESSURE ULCERS

Pressure Ulcer Documentation Compliance (tool):

The Valley Hospital in Ridgewood, NJ, developed this poster and progress note to aid in the documentation of pressure ulcers, including location, size and staging.

<https://www.qualitynet.org/dcs/ContentServer?c=MQTools&pagename=Medqic%2FMQTools%2FToolTemplate&cid=1228753359333>

QUALITY IMPROVEMENT

Behavioral Styles Impact on Leadership and Teambuilding (presentation):

KePRO, the Ohio QIO, developed this presentation recognizing the impact of behavioral styles on leadership and teambuilding. The concepts are based on the DiSC Personal Profile System developed by John G. Geier, Ph.D.

<https://www.qualitynet.org/dcs/ContentServer?c=MQPresentations&pagename=Medqic%2FMQPresentations%2FPresentationTemplate&cid=1228754727795>

SCIP

SCIP Data Abstraction Form:

This form was created by Beaufort Regional Hospital in Washington DC to assist abstractors with SCIP data. It includes all the SCIP data elements.

<https://www.qualitynet.org/dcs/ContentServer?c=MQTools&pagename=Medqic%2FMQTools%2FToolTemplate&cid=1228755222071>

SCIP Surgical Safety Checklist:

North Shore University Health System in Chicago developed this surgical safety checklist that aids in documentation of surgical safety processes.

<http://www.qualitynet.org/dcs/ContentServer?c=MQTools&pagename=Medqic%2FMQTools%2FToolTemplate&cid=1228755215108>

VTE Prophylaxis Options for Surgery:

An easy-to-read list of options of prophylaxis for different surgeries created by the Kansas Foundation for Medical Care.

<https://www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1228755841566>

Stop The Clot Reminder:

Quality Insights of Pennsylvania created this reminder sticker for VTE prophylaxis.

<http://www.qualitynet.org/dcs/ContentServer?c=MQTools&pagename=Medqic%2FMQTools%2FToolTemplate&cid=1228755795263>

SCIP Abstraction Worksheet:

Gratiot Medical Center in Alma, MI, developed this abstraction tool for use with the SCIP quality measures.

<https://www.qualitynet.org/dcs/ContentServer?c=MQTools&pagename=Medqic%2FMQTools%2FToolTemplate&cid=1228756453883>

SCIP Beta Blocker Poster:

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Quality Insights of Pennsylvania has created a poster to remind nursing staff to keep patients NPO prior to surgery and to give peri-operative beta-blocker.

<https://www.qualitynet.org/dcs/ContentServer?c=MQTools&pagename=Medqic%2FMQTools%2FToolTemplate&cid=1228756404975>

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DHHS Launches Mobile and Social Media Applications to Make Health Data Available to the Public – previously reported

On June 3, *HealthLeaders Media* reported on the launch of the Department of Health and Human Services (DHHS) Community Health Data Initiative (CDHI) to improve health care across the country. The initiative utilizes free Web applications, mobile phone applications, social media, video games and other cutting-edge technologies to make public health data available to the public. According to DHHS Secretary Kathleen Sebelius, the project rests on the belief that people in communities can actually improve the quality of their health care and their public health systems if they have the information to do so. The initiative highlights data currently available on www.Data.Gov. To promote community health data, a new web-based health indicators warehouse will be launched online at the end of this year. It will provide data on national, state, regional and county health performance rates of smoking, diabetes, obesity and other health indicators. CMS will be supplying new data on this site related to disease prevalence, cost, quality and utilization of services. Read more at: <http://tinyurl.com/2frpcat> or <http://tinyurl.com/29ujg93> or <http://tinyurl.com/ydkqfza>.

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Study Finds Shorter Hospital Stays Increase Readmission Rates for Patients with Heart Failure – previously reported

On June 1, a number of publications reported on a new study which found that although hospital length of stay and in-hospital mortality are decreasing for older patients with heart failure, quality of care is not necessarily improving. The research lead, Héctor Bueno, M.D., Ph.D., examined data from 6,955,461 heart failure hospitalizations among patients covered by Medicare fee-for-service arrangements from 1993 to 2006. The trend showed the length of stay and in-hospital mortality significantly decreased in the U.S., but post-discharge mortality and 30-day readmission rates increased by 49 percent and 17 percent, respectively. Bueno and his colleagues could not prove the trend is directly caused by the shortening of hospital stays. However, medical experts claim the U.S. emphasis on shorter lengths of stay runs contrary to best practices in Europe, which favor longer hospitalizations. Read more at: <http://tinyurl.com/24ayz9c> or <http://tinyurl.com/38kfs4a>.

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Hand Hygiene in Hospitals Not Up to Par – previously reported

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On May 31, *Medpage Today* reported on a new study demonstrating that nurses and other health care providers complied with hand hygiene guidelines less than half of the time before participating in medical procedures. Compliance was better after procedures, with 72 percent following guidelines after procedures compared with 41.7 percent before procedures, according to a report published in the May issue of *Applied Nursing Research*. Overall compliance with hand hygiene guidelines was just 34.3 percent. The researchers used the Centers for Disease Control and Prevention definition of proper hand hygiene, which includes such things as hand washing, use of hand sanitizers, and gloving. Procedures were classified as high-risk – including drawing blood, changing surgical dressings, emptying a urinary bag and airway suctioning – or low-risk, including giving oral medications and checking IV tubes. They found that compliance was higher in high-risk procedures (OR 1.77; 95 percent CI 1.18 to 2.65) and when the health care providers were exposed to blood (OR 1.40; 95 percent CI 1.07 to 1.73). Yet noncompliance occurred even in cases where nurses were exposed to blood, urine, saliva, sweat and feces. Read more at <http://tinyurl.com/2fvevvs>. Read the study's abstract here: <http://tinyurl.com/2chqdh>.

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How to Avoid a Round-Trip Visit to the Hospital – previously reported

On June 1, the Agency for Healthcare Research and Quality (AHRQ) released a column by Dr. Carolyn Clancy highlighting the steps patients and their family members/caregivers can take to prevent an unnecessary return trip to the hospital. Dr. Clancy said that millions of patients each year end up back in the hospital. In fact, one in five Medicare patients returns within one month of being released. Even more people face unexpected medical problems within weeks of leaving the hospital. She said research sponsored by AHRQ found that more than one-third of patients who leave the hospital don't get the follow-up care they need like lab tests or a referral to see a doctor who specializes in their condition. To read Dr. Clancy's column, go to: <http://tinyurl.com/2u7ul2s>.

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Researchers Discover July Spike in Medical Errors Related to Medical Residents Entering Health Care Workforce – previously reported

On June 3, *The Wall Street Journal* reported on a new study that found an increase in fatal medical errors in the month of July. The study, performed by researchers from the University of California at San Diego and University of California at Los Angeles who examined more than 244,000 death certificates from 1979 to 2006, found there was a “significant July spike” in those errors in counties that include teaching hospitals. Researchers found the increase in fatal medical errors is related to the inexperienced residents starting their residency in the month of July. Also, mortality from medication errors was 10 percent above the expected level. The study suggests the significant July spike poses the need to re-examine the responsibilities assigned to incoming residents, boost supervision and increase medication safety education. Read more at: <http://tinyurl.com/22s4gjh>.

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Specification Manual Release Data Chart – previously reported

The attached chart ([Specification Manual Release Data Chart](#)) may be useful to you in the upcoming months - to reflect the change in the manual updates. SDPS memo #10-116-HD outlines the changes in the schedule. The schedule change will align all inpatient and outpatient manual releases to be in January and July, rather than April and October. There will be a final October manual update/release in 2010. The attached chart reflects the release dates and timeframes. For more information, the memo is available at: http://qionet.sdps.org/sdps_memos/sdps_memos_2010/10116hd.htm

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

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Quest Responses Revised in May – previously reported

Please find below the *QUEST Responses Revised in May, 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, but leave the “topic” area blank. Please let Sue Bethel at sbethel@coqio.sdps.org know if you have any questions.

Quest Responses Revised (AMI, HF, PN or SCIP Topics) May 2010

| Revised Responses Measure Set | Question # | Data Element/Subject |
|-------------------------------|---------------|---|
| PN Measures | 1228730569392 | Adult Smoking History |
| PN Measures | 1228755246684 | Antibiotic Received |
| PN Measures | 1228736351870 | Pneumonia Diagnosis: ED/Direct Admit |
| PN Measures | 1228755677036 | Another Source of Infection |
| SCIP Measures | 1228755828181 | Infection Prior to Anesthesia |
| SCIP Measures | 1228755868251 | Reason for Not Administering VTE Prophylaxis |
| SCIP Measures | 1228756236606 | Reason for Not Administering Beta-Blocker Perioperative |

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CMS Changes Rule to Increase Hospital Access to Telemedicine – previously reported

On May 26, *HealthLeaders Media* reported that CMS published proposed changes to the Conditions of Participation (CoP) rule, allowing hospitals and critical access hospitals (CAH) to use credentialing and privileging information about telemedicine providers from remote locations. Previously, CMS

allowed hospitals and CAH to accept credentialing information about telemedicine providers from the distant site, but not privileging information. However, in order to increase efficiency and to provide patients with access to vital telemedicine services, CMS decided to ease the conditions. Read more at: <http://tinyurl.com/3ahrzgt>.

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Experts Expect Health Reform to Increase Quality of Care for Medicare Beneficiaries – previously reported

On May 25, *Danville News* reported that changes to Medicare in the health reform law could drive innovation in the hospital delivery system and primary care, reducing the use of emergency rooms for non-emergencies. In addition, Medicare won't pay for preventable hospital readmissions starting in 2012. That means providers must work together to assure efficiency and quality of care while focusing on health outcomes for patients. Medicare aims to change how hospitals are being paid by allowing providers, organized as "accountable care organizations," to share in the cost savings they achieve in the Medicare program. Read more at: <http://tinyurl.com/36oaqzh>.

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AHRQ Study Finds One in Four Hospital Patients Were Readmitted for Same Condition Within Two Years – previously reported

On May 26, *HealthNewsDigest.com* reported that the Agency for Healthcare Research and Quality (AHRQ) released findings that one-quarter of all hospital patients were readmitted over a two-year period for the same conditions that prompted their initial hospitalization. The study analyzed data from 15 million patients in 12 states in 2006 and 2007. Among Medicare patients, 42 percent experienced multiple hospital admissions and 38 percent experienced multiple emergency department visits. Read more at: <http://tinyurl.com/3xn54ab>.

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CDC Study Finds 18 Percent Drop in Central Line Infections in 17 States – previously reported

On May 28, *HealthLeaders Media* reported that the U.S. Centers for Disease Control and Prevention (CDC) published a report finding that central line-associated bloodstream infections dropped by 18 percent overall in 17 states in the first six months of 2009 compared with the previous three years. According to Peter Pronovost, MD, medical director of the Center for Innovations in Quality Patient Care at Johns Hopkins University, the report marks a turning point in transparency and accountability for health care. The report used information from CDC's National Healthcare Safety Network (NHSN) and included data from 1,538 facilities in 17 states. Department of Health and Human Services (DHHS) Secretary Kathleen Sebelius stated that central line-associated infections not only cause death in hospitalized patients, but cost \$2.7 billion in added costs to the health care system. The data provides a solid benchmark against which future efforts can be measured, according to officials

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at the Association for Professionals in Infection Control and Epidemiology (APIC). Read more at: <http://tinyurl.com/36m87se> or read the summary of the report at: <http://tinyurl.com/34rxlej>.

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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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Comprehensive Heart Failure Care: From Hospital to Home WebEx Series

We are pleased to announce that the recordings from the Comprehensive Heart Failure Care: From Hospital to Home WebEx series that were presented March – June are now posted on our website. The series covered 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.

To access the recordings, please go to: http://www.cfmc.org/hospital/hospital_hf.htm and scroll down to “WebExes.”

For the remainder of the summer, the Heart Failure WebExes will be suspended. Please monitor this newsletter to receive updates on when they resume.

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

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Up Next on WIHI

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The Image of Better (Radiation) Imaging Practices

Thursday, June 17, 2010

2:00 PM - 3:00 PM Eastern Time

Featuring:

Guest: James R. Duncan, MD, PhD, Associate Professor of Radiology and Surgery, Washington University School of Medicine

Guest: Richard T. Griffey, MD, MPH, Associate Chief for Quality and Safety, Emergency Medicine, Washington University School of Medicine

Have you had a CT scan lately? Chances are good that you have. In fact, you may have even had some repeat CT scans for the same problem -- often because the original scans couldn't be found. Until recently, we've been so enamored of this powerful diagnostic technology that most of us haven't thought twice about repeating a scan, or considered the benefits versus the risks. Not to mention the costs. But we're learning that a lifetime of exposure likely contributes to a greater risk of cancer. And many CT scans just aren't needed, contributing to vast overutilization and significant health care spending. One person's expense is of course another's revenue, patients demand the best imaging, and physicians have a hard time saying no. What if they've missed something? How can we safely and wisely slow down this medical breakthrough?

WIHI host Madge Kaplan welcomes Drs. James Duncan and Richard Griffey to the program on June 17 to help sort it all out. As the amount of radiation Americans are exposed to from medical imaging skyrockets, notably among children, various federal agencies, radiologists, and improvement experts are taking notice and suggesting changes.

Duncan and Griffey plan to discuss the latest research on radiation imaging risks; new thinking about appropriate doses and the technology that can support greater accuracy; options for alternative imaging (e.g., ultrasound or MRI); decision supports for patients and clinicians; and more. Did you know that the International Atomic Energy Agency is spearheading the introduction of a "smart card" that could keep track of how much medical radiation an individual has been exposed to? Is that a smart idea? Please join WIHI on June 17 for a timely discussion about medical imaging.

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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Deanna Curry, Patient Safety Interventionist
303.847.1727 or dcurry@coqio.sdps.org

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

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

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