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Featured Items

HCAHPS deadline July 14, 2010

CMS would like to remind hospitals participating in the HCAHPS hospital patient perspectives of care survey that the data submission deadline for 1Q10 (January-March) discharges is July 14, 2010. This is a requirement for all RHQDAPU hospitals.

CMS strongly encourages all hospitals, whether they self-administer the HCAHPS survey or use a survey vendor, to submit their data at least two days prior to the deadline in order to allow time to address any submission issues, should they occur.

Hospitals participating in the Reporting Hospital Quality Data for Annual Payment Update

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(RHQDAPU) program must collect and submit HCAHPS data.

Background

The national implementation of HCAHPS (also known as the CAHPS® Hospital Survey), a Hospital Quality Alliance (HQA)-endorsed measure, began on October 1, 2006. Beginning in July 2007, all IPPS hospitals must continuously collect and submit HCAHPS data in order to qualify to receive their full Annual Payment Update (APU).

To communicate with CMS staff about HCAHPS, please send an email to Hospitalcahps@cms.hhs.gov. For specific questions that individual hospitals may have about HCAHPS or for technical assistance, QIOs should refer hospitals to the HCAHPS Project Team, via email at hcahps@azqio.sdps.org or call (888) 884-4007. If you have additional questions regarding this SDPS memorandum, please contact the QualityNet Help Desk at qnetsupport@sdps.org.

Detailed information on the HCAHPS initiative, file specifications and data submission protocols can be found on the official HCAHPS website, HCAHPS OnLine, <http://www.hcahponline.org>.

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APU Dashboard and Hospital Data Validation Case Selection Report - 4Q09 Validation Display

CMS has passed on the following information regarding the Hospital Inpatient Data Validation for 4Q09 in relation to the APU Dashboard display of 'Validation Sample Medical Records Received' and the Hospital Data Validation Case Selection Report for Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) hospitals.

RHQDAPU hospitals will not have records requested from the CDAC for validation of 4Q09. However, the 4Q09 APU Dashboard display for the APU Element 'Validation Sample Medical Records Received' is red, 'Not Satisfied'. This is in error. The display of this APU Element will not be corrected until an early summer release of the APU Dashboard. Following the next release the status will display as 'Not Applicable'.

In addition, the Hospital Data Validation Case Selection Report, when run by hospitals that did not have cases requested for 4Q09 validation, including RHQDAPU hospitals, is displaying a message indicating that "No medical records were selected for validation due to less than (<) 6 cases being accepted into the QIO Clinical Warehouse for the quarter." This message is inaccurately displaying due to hospitals not selected for 4Q09 Validation. This will be corrected in an upcoming release of the Case Selection report.

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

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Improving the Quality of Health Care for Medicare Beneficiaries

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Mary was admitted to ICU today following a massive stroke. You remember her and recall that last week she was admitted for a scheduled procedure. You also recall that she was very much looking forward to attending her granddaughter's wedding this week.

Prior to the procedure, Mary was on multiple medications for blood pressure control. It was necessary for Mary's maintenance medications to be held during the brief inpatient stay following her procedure. Her family reported that Mary did not restart her blood pressure medications when she was discharged following her procedure last week because the medication instructions given to her at discharge did not include resuming the medications she was taking prior to the scheduled procedure.

The patient described here is factitious, nonetheless, a failure or breakdown of the medication reconciliation process is often identified as one of the underlying or root causes for a patient's failure to resume prior home medications following discharge. **See the [attached article](#) to learn more about how one health care facility worked to improve quality of patient care by improving the medication reconciliation process.**

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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.

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):

<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>

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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:

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>

[Return to Top of Document](#)**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/2firpcat> 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

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/2chqdhy>.

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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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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

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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

Unprofessional Behavior Not Permitted Here

Thursday, July 1, 2010

2:00 PM - 3:00 PM Eastern Time

Featuring:

Barry Silbaugh, MD, MS, FACPE, CEO, American College of Physician Executives

Kevin Stewart, FRCP, Medical Director Winchester and Eastleigh NHS Trust; Health Foundation Fellow, IHI

Charlotte Guglielmi, RN, CNOR, Perioperative Nurse Specialist, BIDMC; President, Association of periOperative Registered Nurses

Gerald B. Healy, MD, Emeritus Healy Chair in Otolaryngology, Children’s Hospital (Boston); Senior Fellow, IHI

Ron Wyatt, MD, MHA, General Internist, Huntsville Hospital (Alabama); Merck Fellow, IHI

Over the years, the positions held by doctors in health care organizations have unfortunately empowered some to behave unprofessionally towards other staff and practitioners, especially nurses. Giving a pass to belligerent or temperamental clinicians, even while many of those affected quietly seethe, has been tolerated in part because of the pecking order in medicine, and in part as a nod to the organization’s sources of revenue.

Well, the times are a changing...and not just because hospitals are worried about their reputation or retaining staff. Those in a position to confront a culture that’s permitted outbursts and intimidation now consider such behavior a contributor to medical errors, and a major disruption to the teamwork and robust communication that’s so critical to patient safety and quality improvement today. It’s a

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start. And nurses with a penchant for coming down hard on other, less senior RNs, or giving new interns and residents a hard time, are also being called out.

WIHI host Madge Kaplan has gathered up an expert panel to parse out these complicated and controversial issues, get a handle on what regulators have to say about unprofessional conduct, and learn about a new determination among professional societies and hospitals to face up to behavior that truly has no place in a safe, high performing organization. Our guests have stories to share and most importantly, are tracking the solutions and policies that show the most promise. There's word that that newer generations of health professionals are more willing to stand up to inappropriate behavior of colleagues and superiors alike. That's the right spirit... now we need the systems to back this up. Join WIHI on July 1.

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

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

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

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
303.695.3300, ex. 3019, lmcneilley@coqio.sdps.org

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