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Featured Items

New Quest topic: Hospital-Inpatient ED Measure

A new "Hospital-Inpatient ED Measure" topic has been made available in Quest. This new topic will support questions regarding the Emergency Department (ED) Measure, which was recently added to the Specifications Manual for National (Inpatient) Hospital Quality Measures. Quest Researchers and Publishers for the new topic will respond to questions regarding the Emergency Department (ED) inpatient measure set related to the specifications and evidence for the quality measures, including questions about the measures, rationale for collection, data specifications, and algorithms.

The Quest Search screen can be accessed at:

https://www.qualitynet.org/dcs/ContentServer?pagename=Quest/Content/Search . The topic will display in the drop-down list of topics available for searching when at least one question has been

answered and published in the topic. The topic will also be available for selection on the New Question screen at:

<https://www.qualitynet.org/dcs/ContentServer?pagename=Quest/Content/SubmitQuestion>.

Information on searching the Quest database and submitting new questions is available in the *User's Guide*, posted on the Quest Search page.

If you have further questions, please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org)

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### **FY 2011 RHQDAPU Confidence Interval Reports Are Available**

CMS would like to announce the release of the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program Confidence Interval report. A RHQDAPU Confidence Interval rate is calculated for all RHQDAPU eligible hospitals. The report is the combined rate for data from the fourth quarter of calendar year 2008 (4Q08) and the first three quarters of calendar year 2009 (1Q09, 2Q09, and 3Q09).

For this calculation, appropriate confidence intervals are used to determine if a hospital has achieved greater than or equal to 80% reliability. The validation of the sample size determines if the remaining hospital records are reliable. The use of confidence intervals allows the Centers for Medicare & Medicaid Services (CMS) to establish an appropriate range below the 80% quarterly threshold in which the data will still be considered valid. An estimate of the chart validation's percent reliability will be calculated based on the upper bound 95% confidence limit for the said estimate. If this Upper Bound limit is above the required 80%, the hospital data will be considered validated.

The RHQDAPU Confidence Interval report can be accessed via My QualityNet. The report is accessible in the Reports category under the Annual Payment Update Reports section. Please note that users must have the QIO Clinical Warehouse Feedback Reports role designated in order to access the report.

Please notify Sue Bethel by email: [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

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### **2010 Planetree Annual Conference**

Registration is now open for the [2010 Planetree Annual Conference](#)- October 5 - 8, 2010 at the Colorado Convention Center in Denver! The conference will feature several nationally-known speakers. There will be learning labs on implementation of best practices and session tracks related to best practices, transitions of care, physician engagement, HCAHPS, and patient safety.

For more information or to register, please visit <http://www.planetree.org/conference.html>.

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## **Certified Professional in Healthcare Quality Review Course**

After a well attended Certified Professional in Healthcare Quality (CPHQ) review course in 2009, The **Healthcare Quality Coalition of Colorado (HQCC)** welcomes back Nancy Claflin, PhD RN CCRN CPHQ FNAHQ as guest speaker for the 2010 fall CPHQ review. This one day CPHQ Review to be held on Saturday November 13<sup>th</sup> from 8-5PM is ideal for anyone wishing to expand existing quality and performance improvement skills and prepare for the CPHQ exam. Attendance provides no guarantee of successful completion of the CPHQ exam. Take advantage of attending the review day as an HQCC member for \$125 or non-member for \$160. See HQCC website for HQCC membership details and CPHQ review details and registration <http://www.hqcc.org/>

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## **Interpreters in Emergency Rooms Improve Patient and Physician Satisfaction**

On August 2, *HealthLeaders Media* reported on a recently published study in the *Annals of Emergency Medicine* that found having professional on-site interpreters in hospital emergency rooms (ERs) greatly improves patient and physician satisfaction. To conduct the study, researchers enrolled 242 Spanish-speaking patients in a professional interpreter group and 205 patients in a control group. Of the patients assigned to the interpreter group, 96 percent were “very satisfied” with their ability to communicate during the ER visit. Of the patients in the control group, only 24 percent were “very satisfied.” Overall, the patients who had in-person interpreters were four times more likely to be satisfied than patients who did not have one. The results also showed increased satisfaction from physicians and nurses, suggesting that interpreters can reduce staff burnout and medical errors. According to the study, using professional interpreters also increases patients’ understanding of discharge instructions, which could potentially reduce hospital readmissions. Read more: <http://tinyurl.com/24m2zdd>.

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## **New from AHRQ: Guide to Help Patients Care for Themselves when Discharged from the Hospital**

*Taking Care of Myself: A Guide for When I Leave the Hospital* is a guide to help patients care for themselves when they leave the hospital. The guide can be used by both hospital staff and patients during the discharge process, and provides a way for patients to track their medication schedules, upcoming medical appointments and important phone numbers.

The guide is available in English at: <http://www.ahrq.gov/qual/goinghomeguide.htm> and in Spanish at: <http://www.ahrq.gov/qual/goinghomesp.htm>. The guide is available as a PDF form that allows care providers to fill in patient information directly. For a free hard copy of this guide, send an e-mail to the Agency for Healthcare Research and Quality (AHRQ) Publications Clearinghouse at [AHRQPubs@ahrq.hhs.gov](mailto:AHRQPubs@ahrq.hhs.gov) or call 1-800-358-9295 and ask for AHRQ Publication No. 10-0059.

*Taking Care of Myself: A Guide for When I Leave the Hospital* is adapted from the Project RED (Re-Engineered Discharge), which was funded by AHRQ and the National Heart, Lung and Blood Institute and operated by the Boston University Medical Center. Project RED showed that preparing patients to care for themselves when they leave the hospital can improve patient safety and reduce re-hospitalization rates. Giving patients an easy-to-understand discharge plan is 1 of 11 elements in the RED process. More information about Project RED and tools to support some of the other elements of the RED can be obtained at: <https://www.bu.edu/fammed/projectred/>.

More detailed tools for implementing RED, and revisions of existing tools to ensure they are appropriate for diverse populations — especially patients with limited English proficiency — are now being developed. The tools are expected to be completed by late 2012 and will be posted on the AHRQ website and the Boston University Medical Center's Project RED Web site.

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### **CMS Finalizes Hospital Inpatient PPS for FY 2011 – previously reported**

On July 30, 2010, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that includes revisions to policies and payment rates for general acute care hospitals that are paid for inpatient services under the Inpatient Prospective Payment System (IPPS). The provisions of this rule are generally effective for discharges in fiscal (FY) 2011 – that is, on or after Oct. 1, 2010.

Attached to this newsletter are two PDF files. The first file, labeled [FSQ07.IPLTCH11.FINAL.07 30 10.pdf](#) is a fact sheet which discusses only the quality provisions of the IPPS FY 2011 Final Rule. The second file, labeled [PR07.IPLTCH11.Final.07 30 10.pdf](#) provides more detail on the payment and policy changes.

The final rule was placed on display at the *Federal Register* today, and can be found under Special Filings at: [www.ofr.gov/inspection.aspx#special](http://www.ofr.gov/inspection.aspx#special).

For more information CMS refers you to: [www.cms.hhs.gov/AcuteInpatientPPS/01\\_overview.asp](http://www.cms.hhs.gov/AcuteInpatientPPS/01_overview.asp).

Note: More information about the interim proposed rule (see attached file, [PR07.IPLTCH11.Final.07 30 10.pdf](#) regarding non-diagnostic services billing), including the documentation and coding adjustment and the RHQDAPU changes and HACs discussion, will be included in Fact Sheets to be posted on our Web page at: [www.cms.hhs.gov/apps/media/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp).

Please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have questions after reading these fact sheets.

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## Hospitals Chosen for FY 2012 Validation – previously reported

For FY2012, 800 hospitals have been randomly selected for validation. CMS has notified the selected hospitals of selection. The list of hospitals that have been chosen for FY 2012 Validation can be found at: [Hospitals Chosen for FY 2012 Validation](#)

- For FY2012 - Up to, but no more than, three cases per topic will be selected for each quarter's validation, so there will be a maximum of 12 randomly-selected cases for a hospital per quarter. Selected records will be stratified by measure topic. If a hospital has fewer than three cases in one topic, then that hospital will have fewer than 12 cases validated. For example, if a heart-care hospital does not have any PN cases for a quarter, but has more than three HF, more than three AMI, and more than three SCIP cases, that hospital would be required to submit nine cases for validation for that quarter.
- FY2012 - The first validation record requests from the CDAC will occur following the 8/15/10 data submission deadline.
- FY2012 - The quarterly validation rate will be based on measure outcome matches and mismatches. For example, heart failure cases will have four measure outcomes to compare and the denominator will be four. The Final Rule changes the annual validation passing rate from 80% to 75%
- FY2012 - Feedback will be available to all hospitals based on aggregate information from the 800 hospitals' validated cases.

Please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

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## Reducing Healthcare-Associated Infections Becoming a Bigger Priority among Agencies – previously reported

On July 15, *HealthLeaders Media* reported progress on making the reduction of healthcare-associated infections (HAIs) a top priority for health care providers. Beginning October 2014, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare website will report hospital rates for several infections covered by Medicare. The Department of Health and Human Services (DHHS) also moved forward with a five-year action plan to reduce HAIs. In May, the Centers for Disease Control and Prevention released a first-ever report showing U.S. health care facilities reduced the rate of central line associated bloodstream infection by 18 percent. Read more: <http://tinyurl.com/28q32eb>.

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## **Hospitals Nationwide Reduce Readmission Rates with Patient Coaching and High-Tech Applications – previously reported**

On July 21, *U.S. News & World Report* profiled hospitals throughout the country taking various approaches to reduce readmission rates, some of which are part of the Centers for Medicare & Medicaid Services' Care Transitions project. While the new Medicare penalties will not take effect until October 2012, hospitals have some experience with such a system. Medicare currently does not pay for a readmission on the same day as a discharge, unless it is for an unrelated reason. But the new law goes much further, directing Medicare to recover payments made for unnecessary readmissions within 30 days of discharge after a stay for three conditions: heart attack, pneumonia and heart failure. Last summer, the agency began publishing rates for the three conditions on its "hospital compare" website. The latest data show, for example, that Florida Hospital in Orlando has a rate of 23 percent for heart attack patients, compared to a much-better-than-average 15.9 percent at Sarasota Memorial Hospital. While Florida Hospital and Trinity Regional both say they are addressing their rates, they note the particular challenges of serving elderly populations. CMS generally counts all readmissions for any reason. If someone discharged after treatment for heart failure falls, breaks a hip, and is back two weeks later, the hospital takes a hit. That makes sense, argues Harlan Krumholz, director of the Center for Outcomes Research and Evaluation at Yale-New Haven Hospital, which worked with CMS to develop comparative hospital quality measures. Counting only rehospitalizations for the same condition might encourage institutions to game the system by selecting condition codes for the readmissions to avoid a penalty. And hospitalizations that do not appear related actually may be. Heart failure patients are vulnerable to a whole range of risks, Krumholz says. "Was that fall preventable? Were they too weak and not ready to go home? Were they given too much blood pressure medication, so they became dizzy and fainted?" Read more: <http://tinyurl.com/2fosu87>.

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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](http://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](mailto: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](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](mailto:mcameron@coqio.sdps.org), or by phone: 303.695.3300, x3040.

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### **Up Next on WIHI**

#### **Leaders Never Stop Learning: A Conversation with IHI’s New President and CEO, Maureen Bisognano**

**Thursday, September 9, 2010**

**11:00 AM - 12:00 PM Eastern Time**

Featuring:

**Maureen Bisognano** President and CEO, Institute for Healthcare Improvement

Here's the thing about IHI's new President and CEO, Maureen Bisognano: she has unshakable optimism. And it's not because she wears rose-colored glasses or is looking at a different health care world than the rest of us. No, Maureen's optimism is fed by her regular contact with some of health care's most reliable sources: patients and families, frontline providers, leaders -- all of whom know first-hand where the problems lie and where the opportunities reside. They also share Maureen's belief, honed by over 25 years' worth of experience working to improve patient care, that the next barrier is only as formidable as you make it. The questions always need to be, “What new processes can you test?” “What new skills are needed?” “Who haven't you included in the discussion?”

Talk to anyone who has met Maureen, and they'll tell you she is a leader for our times; she's keenly aware of every vexing and hard-nosed cost and policy issue the US health care system especially is facing, and clearer than ever how IHI and the quality improvement movement can and must provide a path forward.

WIHI host Madge Kaplan is pleased to welcome Maureen to the studio for a candid discussion about these issues and more. Opportunity has knocked for health care reform in tandem with quality and patient safety like never before, and we invite you to engage with Maureen and share your comments and questions on this first, exciting WIHI of the fall season.

**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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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