

Colorado Foundation for Medical Care (CFMC) Hospital and Nursing Home Patient Safety Overview

As the Medicare Quality Improvement Organization for Colorado, CFMC plays a pivotal role in helping providers improve hospital and nursing home quality of care and patient safety in Colorado. CFMC offers technical assistance and a variety of state of the art resources. CFMC values its many national and state partnerships that bring synergy to our quality improvement and patient safety efforts: Colorado's Patient Safety Coalition; the Colorado Culture Change Coalition; the Colorado Hospital Association's Quality and Performance Committee, and Hospital Report Card Committee; the Colorado Health Care Association's Quality and Standards Initiative, Education Committee, and Nurse Executive Councils; the Colorado Association of Homes and Services for the Aging; the Colorado Medical Directors' Association; the State Ombudsman program; the Colorado Department of Public Health and Environment (CDPHE); CMS Region VIII; Colorado Department of Health Care Policy & Financing (HCPF), the LTC Solution Building Forum, and many others.

Quality Summit, A Forum for Patient Safety Collaboration

Through regional and statewide meetings, webinars, and teleconferences, CFMC provides a quality improvement education, best practice sharing, and statewide collaboration on Centers for Medicare & Medicaid Services' (CMS) national priority topics, Institute for Healthcare Improvement's (IHI) 5 Million Lives Campaign, and the Get With The Guidelines (GWTG) Hospital Cardiovascular project. These meetings provide an ideal environment for hospitals and nursing homes to share their success stories, as well as barriers and lessons learned. Between meetings, CFMC staff remain in frequent contact with the hospitals and nursing homes to provide one-on-one assistance and support for quality improvement and patient safety efforts. The Quality Summit meeting provides a unique forum for discussions related to transitions of care and effective transfers of patients between care settings.

Centers for Medicare & Medicaid Services (CMS)

In our current 9th Scope Of Work with CMS, CFMC is working closely with Colorado hospitals and nursing homes to improve the quality of care through system and process changes in ten focused areas: surgical care, heart failure, methicillin-resistant staphylococcus aureus, pressure ulcers, physical restraints, the Health Care Leadership and Quality Assessment Tool, the AHRQ Culture Survey, drug safety, and public reporting.

The surgical care improvement project focuses on reducing pre-operative complications for surgical site infections, adverse cardiac events, venous thromboembolism and post-operative pneumonia. Participating hospitals will implement system changes to ensure improvements in care. These efforts overlap

While we recognize that those people who reside in long term care facilities are "residents," we have used the term "patient(s)" throughout this fact sheet, since we are addressing individuals within the context of treating a medical condition. When referring to pharmaceutical products, we have avoided the use of brand names.

with the 5 Million Lives Campaign.

The heart failure project focuses on improvement of ACE-I and ARB use in hospitalized patients. In addition to focusing on ACE-I and ARB's CFMC will provide hospitals with a composite score as a way to provide the right care for patients every time. This project overlaps with 5 Million Lives Campaign and Get With The Guidelines project.

MRSA is a new focus area for QIOs in the 9th SOW. However, many hospitals are currently improving systems through the 5 Million Lives project, and CFMC will build upon these existing efforts. Emphasis is currently being placed on hand-hygiene, environmental services, active surveillance cultures, contact precautions, and compliance with central line and ventilator bundles.

Pressure ulcer care improvements are focused on identifying the essential elements of pressure ulcer prevention and treatment: conducting a pressure ulcer assessment on admission, use of a valid and reliable pressure ulcer risk assessment instrument, and daily skin inspections. Another major area of focus is improving collaboration between hospitals and nursing homes. The 5 Million Lives Campaign is also working on similar pressure ulcer improvements.

Improvements related to physical restraints are focused on nursing home leadership's commitment to restraint reduction or zero restraint use unless medically necessary and alternative interventions for conditions that are commonly associated with restraint use. Training on proper MDS coding will be offered through the CDPHE MDS & Automation Coordinators. These activities will include person-centered approaches and will utilize cooperative efforts between state partners.

Our leadership emphasis is a major component necessary for improving quality and patient safety. Through active involvement and buy-in from boards of directors and senior leadership from hospitals and nursing homes, we can help ensure quality and patient safety goals and compensation are aligned. Educational efforts are focused on individual hospital needs as identified through a CMS, IHI, and American Hospital Association collaborative tool.

AHRQ's Organizational Safety Culture Survey helps hospitals and nursing homes to determine the greatest areas of need for promotion of patient safety activities.

CFMC's also provides assistance with quality improvement efforts related to drug safety and the use of potentially inappropriate medications and drug-on-drug interactions. Tools and literature will be readily available to providers on our website (www.cfmc.org) and through our project collaborators.

While we recognize that those people who reside in long term care facilities are "residents," we have used the term "patient(s)" throughout this fact sheet, since we are addressing individuals within the context of treating a medical condition. When referring to pharmaceutical products, we have avoided the use of brand names.

Critical Access Hospital Collaborative

CFMC provides a concentrated focus for Critical Access Hospitals by offering bi-monthly conference calls. Synergy is created through these calls by bringing rural resources together on one call. During the bi-monthly calls, updates are given on initiatives related to CMS areas of focus, 5M Lives, GWTG, Colorado Rural Health Center, and Colorado Hospital Association. Best practices, lessons learned, successes, and barriers are shared amongst call participants.

5 Million Lives Campaign

In Colorado, the 5 Million Lives Campaign is being supported by The Colorado Trust, a grantmaking foundation dedicated to advance the health and well-being of the people of Colorado. The Colorado 5 Million Lives Campaign follows on the successful Colorado 100k Lives Campaign, helping hospitals across the state further strengthen their quality improvement systems to ensure safe patient care.

Forty-six of Colorado's hospitals have been awarded grants averaging \$40,000 over an 18-month period to participate in the Colorado 5 Million Lives Campaign. Additionally, \$5,000 grants from The Colorado Trust were awarded to 7 hospitals to participate in the campaign's educational programs and technical assistance trainings.

The campaign helps hospitals to adopt up to 12 interventions to improve care, including rapid response at the first sign of patient decline, making certain that patients receive the right medications at every transfer point in care, adherence to best practices known to prevent heart attacks and ventilator-associated pneumonia, reduction of infections and drug-resistant staph, reduction of pressure ulcers and engaging hospital leadership in patient safety efforts.

Additionally, CFMC is receiving support from The Colorado Trust to share knowledge among the hospitals and provide technical assistance support to the hospitals. As components of this technical assistance, the Colorado Rural Health Center is working with participating hospitals to address rural patient safety issues, and SE2 is helping hospitals develop communication strategies that support the spread and sustainability of interventions among staff and patients. The Colorado Trust also supports the Colorado Hospital Association to work with participating hospitals' CEOs and boards to provide related professional development and leadership training. For more information, please visit: www.colorado5millionlives.org

Get With The Guidelines, Hospital Based Quality Improvement Project

CFMC and the American Heart Association (AHA) are collaborating on the Get With The Guidelines (GWTG), Hospital Quality Improvement Project through a grant funded by the Cancer, Cardiovascular Disease and Pulmonary Disease Program at

While we recognize that those people who reside in long term care facilities are "residents," we have used the term "patient(s)" throughout this fact sheet, since we are addressing individuals within the context of treating a medical condition. When referring to pharmaceutical products, we have avoided the use of brand names.

the Colorado Department of Public Health and Environment for a three-year period (June 2006 – June 2009).

The GWTG, Hospital Based Quality Improvement Project helps to strengthen hospitals' quality improvement systems for cardiovascular care. Twenty-one hospitals have been awarded a \$5,000 grant per tool (Coronary Artery Disease and/or Heart Failure) for quality improvement efforts.

Through technical assistance by CFMC and AHA, hospitals are applying evidence-based guidelines and systems/process change for the CMS national acute myocardial infarction (AMI) and heart failure (HF) measures. These focused efforts are helping to reduce recurrent events and improve patient outcomes for all Coloradans. For more information, please visit:

www.cfmc.org/getwiththeguidelines/

Resources

CFMC provides a weekly Hospital Projects Newsletter to all hospitals and other healthcare partners. This weekly newsletter on CFMC lead projects helps provide a central location for information and reduces the number of emails that hospitals receive on various projects. CFMC submits long-term care newsworthy items and updates to Colorado Department of Public Health & Environment (CDPHE), Colorado Health Care Association (CHCA), and Colorado Association of Homes and Services for the Aging (CAHSA).

CFMC's calendar of events, which is sent out in our weekly newsletter and available on our website, is a central location for meetings, conference calls, and other events related to hospital and nursing home projects. This calendar is continually updated and partners are encouraged to add events to the calendar to reduce redundancy and create a single document that provides information. To access our calendar, please visit: <http://www.cfmc.org/>

Contact Information

Laura Palmer, Director, Quality Improvement Services – 303-784-5749 or lpalmer@coqio.sdps.org

Michelle Mills, Patient Safety Project Director – 303.847.1727 or mmills@coqio.sdps.org

Hilarie Olson, Project Manager – 5M Lives – 303-875-6975 or holson@cfmc.org

Niki Hyde, Project Coordinator – GWTG Project – 303-847-5376 or nhyde@cfmc.org

Shari Ward, Project Manager – 9th SOW - 303-699-9581 or sward@coqio.sdps.org

Judy Fye, Project Coordinator – 9th SOW - 720-206-9342 or jfye@coqio.sdps.org

Jennifer Regensburger, Biostatistician – 303.931.0027 or jregensburger@coqio.sdps.org

Christina Martinez – Manager of Review Services – 303.784.5723 or cmartinez@coqio.sdps.org

Sue Bethel, RN Review Coordinator – 303.695.3300 x 3330 or sbethel@coqio.sdps.org

Marcy Cameron, Project Assistant – Hospital Focus – 303.695.3300 x 3040 or

mcameron@coqio.sdps.org

Laura Koski-Mankin, Project Assistant – Nursing Home Focus – 303.695.3300 x 3345 or

lmankin@coqio.sdps.org

Rebecca Fox, Administrative Assistant – 5M Lives – 303.695.3300 x 3011 or rfox@cfmc.org

While we recognize that those people who reside in long term care facilities are “residents,” we have used the term “patient(s)” throughout this fact sheet, since we are addressing individuals within the context of treating a medical condition. When referring to pharmaceutical products, we have avoided the use of brand names.