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Featured Items

4Q08 Inpatient Population and Sampling Deadline May 1, 2009 – previously reported

Effective with 1Q08 discharges, Population and Sampling Reporting is required for RHQDAPU. Detailed guidelines can be obtained within Section 4: Population and Sampling Specifications and Section 9: National Hospital Quality Data Transmission Section of the Specification Manual. The documents are located at QualityNet at <http://www.qualitynet.org>. Look under the Hospital Inpatient tab, by selecting Specifications Manual, and then version 2.5b in the Data Collection Time Period table.

Measure Designation selection must be completed prior to the submission of 4Q08 data to the QIO Clinical Warehouse, due to the inability to update Measure Designation after cases have been successfully accepted for the SCIP measure set. The deadline for submitting the Population and Sampling is 15 days prior to clinical data submission deadline. For 4Q2008, the Population and Sampling submission deadline is May 1, 2009.

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CMS template for collecting information on hospital acquired pressure ulcers in Critical Access Hospitals is Now Available

The data for calculating the rate for hospital acquired pressure ulcers (PrU-H) will come from Medicare Part A Claims Data for most of the hospitals involved in this component. This will be based on the Hospital Acquired Condition /Present on Admission (HAC/POA) Indicator initiative. Only hospitals paid under the Inpatient Prospective Payment System (IPPS) are required to submit POA indicators with their claims. However, for purposes of working to reduce hospital pressure ulcer rates, QIOs were allowed to recruit CAHs. In order to have comparable data on hospital pressure ulcers for quality improvement purposes, if a QIO chose to recruit one or more CAHs, CMS requires these facilities either to voluntarily report POA indicators on their claims or submit the attached template with stage III and IV pressure ulcer diagnoses and corresponding POA indicators.

Please see the [attached instructions](#) for use of this [template](#) and submission deadlines. Questions regarding the use of this template may be directed to the Patient Safety Support Contractor at PSQIOSC@OKQIO.SDPS.org, Jade Perdue at Jade.Perdue@cms.hhs.gov or Rebecca Kliman at Rebecca.kliman@cms.hhs.gov.

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CMS National Provider Conference Call - ICD-10-CM/PCS Implementation and General Equivalence Mappings (Crosswalks)

CMS will be hosting a National Provider Conference call **on May 19, 2009; 11:00 a.m. – 12:30 p.m. MT**. This conference call will include a discussion of the following topics:

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- an overview of the ICD-10 final rule, which requires the implementation of ICD-10-CM/PCS on October 1, 2013;
- the differences between ICD-9-CM and ICD-10-CM/PCS codes;
- the use of the General Equivalence Mappings that have been created to assist in converting policies, edits, and trend data from ICD-9-CM to ICD-10-CM/PCS; and
- the resources that are available to assist in planning for the transition from ICD-9-CM to ICD-10-CM/PCS.

The materials that will be discussed during this conference call have been posted in the Downloads Section at http://www.cms.hhs.gov/ICD10/07a_2009_CMS_Sponsored_Calls.asp and include:

- ICD-10-CM/PCS Implementation and General Equivalence Mappings (Crosswalks) Overview Presentation; and
- General Equivalence Mappings – ICD-9-CM To and From ICD-10-CM and ICD-10-PCS Fact Sheet.

Registration:

In order to receive call-in information, you must register for the conference call. Please note that if you are planning to sit with a group, only one person needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. Registration will close at 1:00 p.m. EDT on May 18, 2009 or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time. To register for the conference call:

- visit <http://www2.eventsvc.com/palmettogba/051909>;
- fill in all required data;
- verify that your time zone is displayed correctly in the drop down box; and
- select “Register.”

You will be taken to the “Thank You for Registering” page and an e-mail confirmation will be sent to you shortly thereafter. Note: Please print and save the registration page in the event that your server blocks confirmation e-mails. If you do not receive the confirmation e-mail, please check your spam/junk mail filter as the confirmation may have been directed there. For those who will be unable to attend, written and audio transcripts will be posted shortly after the conference call in the Downloads Section at:

http://www.cms.hhs.gov/ICD10/07a_2009_CMS_Sponsored_Calls.asp.

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CMS Measures Call April 30th, 11am MT

The Centers for Medicare & Medicaid Services (CMS) invites you to join a 90-minute national teleconference about the measures on **Thursday, April 30th, 2009 at 11am MT**. The call will feature

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LCDR John Cooper, M.D. (CMS), Harlan Krumholz, M.D., S.M. (Yale University), and Dale Bratzler, D.O., M.P.H. (OFMQ).

The purpose of the teleconference is to:

- Provide a brief overview of the new 30-day readmission measures
- Describe updates to the outcome measures and how they will be reported
- Discuss how hospitals can use their Hospital-Specific Reports (HSRs)
- Answer hospitals' questions

To make the call as informative as possible, we recommend that hospitals visit the QualityNet www.QualityNet.org (measure resources pages) to obtain presentation materials. You may pre-submit any questions you wish to have addressed on the call to readmissionmeasures@mathematica-mpr.com. Please type "Question for National Teleconference" in your subject line. The most frequently asked questions received by 5 pm ET on Friday, April 24 will be addressed on the call. Submitted questions not selected for the call will be answered individually via email reply, and there will be additional time for ad hoc questions at the end of the call. A recording of the call will be made available for download on QualityNet following the presentation. Instructions for the call are below. To facilitate timely entrance to the teleconference please call in at least 5 minutes prior to the start of the presentation. Due to expected high call volume, please use the fewest connections possible from your institution.

Hospitals please call:

1-888-206-4064 or 1-630-827-5973

Passcode: 7005 034

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CMS QIO Clinical Warehouse Modifications Release

CMS is pleased to announce the release of modifications to the QIO Clinical Warehouse in support of the CMS and The Joint Commission alignment for the April 1, 2009 and forward discharges. The [attached release notes](#) document provides a summary of the modifications that have been incorporated in the QIO Clinical Warehouse for April 1, 2009 and forward discharges. Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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Release of Abstraction Resources for Data Collection of Specifications Manual for National Inpatient Hospital Quality Measures, Version 2.6b

Topic-specific documents have been created to support The Specifications Manual for National Inpatient Hospital Quality Measures and CMS Abstraction & Reporting Tool (CART) for April 1, 2009 through September 30, 2009 discharges.

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The documents are available on the QualityNet.org <http://www.qualitynet.org/> select Data Collection & CART under the Hospital Inpatient tab, and then select Abstraction Resources in the left sidebar of the screen: Universal Abstraction Paper Tools. **Note:** To accommodate multiple vendor tools, the data elements are arranged in alphabetical, rather than tool specific order. They are provided in Word format to allow providers to modify to meet their individual needs.

CART Abstraction Paper Tools

The data elements are arranged in CART tool order. For a comprehensive list of the changes, please refer to the Release Notes for the Specifications Manual for National Inpatient Hospital Quality Measures for Discharge of April 1, 2009. Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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HCAHPS April 2009 and Forward Discharges

The data warehouse and Online Data Entry Tool for HCAHPS Version 3.1 will not be available until the end of April 2009. Hospitals/survey vendors should hold any data submission files for April 2009 and forward discharges until they are notified of the release of Version 3.1. Hospitals that are using the HCAHPS Online Data Entry tool must not enter data for April 2009 and forward discharges until after the release of Version 3.1 has been announced.

The release of Version 3.1 does **not** affect the submission of survey data for discharge dates from January 2009 through March 2009. Survey data for first quarter 2009 (January - March) must be submitted to the HCAHPS data warehouse using the HCAHPS XML file specification version 3.0 until 12 Midnight, July 8, 2009, which is the data submission deadline for this quarter. **Survey Data from April 2009 and forward only must be held until after the release of Version 3.1.** For specific questions that individual hospitals have about HCAHPS or for technical assistance, please contact the Health Services Advisory Group (HSAG) at hcahps@azqio.sdps.org or call (888) 884-4007.

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HQA and RHQDAPU June 2009 Public Reporting Preview Information

Preview data for the Hospital Quality Alliance (HQA) and Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) initiatives are available for participating hospitals on My QualityNet. The preview period is from April 10, 2009 through May 9, 2009. Preview Reports may be accessed through the HQA Preview Reports link located in the Reports section of My QualityNet. For detailed instructions on how to retrieve your HQA Preview Report, please refer to the QualityNet Report User's Guide (available from the Help link on My QualityNet). A "Need Help" link on the HQA Preview Report description screen on My QualityNet will direct the user to a Help document with general information regarding this public reporting period. The [Help document](#) is attached to this newsletter. **Note:** AMI-6, Beta-Blocker at Arrival, is no longer reported on Hospital Compare effective January 15, 2009. However, AMI-6 must be submitted to the QIO Clinical Data Warehouse to meet RHQDAPU requirements for discharges through First Quarter 2009.

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Important Pledge Information

Public reporting of measures is in accordance with a hospital's pledge status. For example, in order for PN-5c results to display on the Preview Report, hospitals must have an active HQA pledge. If a hospital has a RHQDAPU pledge but no HQA pledge, "N/A(5)" will display on the Preview Report for PN-5c. Without an active HQA pledge, PN-5c results will not be reported on Hospital Compare.

Important Suppression Information

To withhold publication of data, a hospital must contact Sue Bethel at sbethel@coqio.sdps.org with the request to withhold data and transmit a completed 'HQA Request for Withholding Data From Public Reporting' form to Sue Bethel so that it is received no later than May 9, 2009 QIO close of business. Any change in pledge status entered after the deadline will not be included in the June 2009 Hospital Compare release. Hospitals that have modified HQA Pledge status or measure suppression will be able to view those changes on their Preview Report after an overnight process has been completed (unless the changes are completed on the last day of the Preview Period).

Note: Beginning with the March 2009 public reporting release, HCAHPS results from all Inpatient Prospective Payment System (IPPS) hospitals participating in the RHQDAPU program will be published on the Hospital Compare website. All hospitals will continue to receive a Preview Report prior to public reporting and non-IPPS hospitals will continue to have the option of withholding their HCAHPS results from public reporting. If a hospital elects to withhold HCAHPS data, all of its HCAHPS results will be withheld for this public reporting period. (Hospitals may not choose to suppress some HCAHPS results and publicly report others.) If a hospital withholds its HCAHPS results, a footnote will be displayed on Hospital Compare indicating, "Survey results are not available for this reporting period"; however, state and national rates will still display.

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Release of Specifications Manual 3.0 for Collection of Hospital Inpatient Quality Measures – previously reported

The CMS/Joint Commission Specifications Manual for National Hospital Inpatient Quality Measures, version 3.0, for implementation with acute inpatient discharges beginning October 1, 2009 through March 31, 2010 has been released. This updated version can be found on QualityNet <http://www.qualitynet> by selecting Specifications Manual under the Hospital Inpatient tab and then version 3.0 in the Data Collection Time Period table. Options are available to download the entire manual, the release notes or view specific sections. The updated version is also available through The Joint Commission website at: <http://www.jointcommission.org>.

Changes made were based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and the Joint Commission are outlined in the Release Notes. Several changes to highlight include:

- Addition of three new process measure sets: Venous Thromboembolism, Stroke and Emergency Department
- Deletion of a SCIP measure: SCIP-Inf-7

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- Addition of two new SCIP measures: SCIP-Inf-9 and SCIP-Inf-10
- Addition of one new outcome (claims based) measure set: 30 day Risk Standardized Readmission Measures

Please review the Release Notes 3.0 for a complete list of Specifications Manual changes.

Hospitals are responsible for following and understanding the written guidelines for medical record abstraction, data submission and validation. They are critical in order to be compliant with the Hospital Public Reporting and Reporting Hospital Quality Data Annual Payment Update (RHQDAPU) program initiatives.

Please review the list of current required RHQDAPU measures on QualityNet at <http://www.qualitynet.org> by selecting Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) under the Hospital Inpatient tab and then selecting Measure Comparison. CMS plans to release the proposed list of RHQDAPU measures to be used for Fiscal Year 2011 payment determination later in April 2009 in the Federal Register Inpatient Prospective Payment System (IPPS) FY 2010 proposed rule. Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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Quality Net Password Rules

Passwords are required to access the secure QualityNet network and/or the major application systems running on that network. Please take time to review the following Password Rules found on QNet. Lack of compliance to these rules could cause loss of QNet privileges which could be a huge inconvenience and risk for the hospital not getting data into CMS for their required deadlines.

You are also required to change your password every 60 days. Passwords are case-sensitive and must contain: 8 to 16 alphanumeric characters at least one number at least one uppercase character at least one of the following special characters: % # * + - , : = ? _ Passwords cannot start with a number contain more than 3 repetitive characters, contain your User ID, contain your e-mail address, and contain your first or last name.

A minimum of six unique passwords must be used before a previous password can be used. Passwords must be kept secure at all times and should never be shared with others or posted in an easily accessible area. It is imperative that you sign out of the QualityNet website and close the Internet browser before leaving your workstation to prevent accidental disclosure of private data. Change Your Password. A link on the My Account page (accessible after signing in to My QualityNet) allows you to change your QualityNet password. **To change your password:** Enter your current password in the Old Password box. Enter your new password in the New Password box. Enter your new password again in the Confirm Password box. Click Submit. You will receive a message that the password change was successful and can click on the provided link to return to the My Tasks page.

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Hospital Data Validation Inclusion Document Revised – previously reported

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A revised Hospital Data Validation Inclusion document has been posted to reflect the change to the SCIP Data Validation Inclusion document for Discharges 10/1/2008 through 03/31/2009. You may find the revised document at <http://www.qualitynet.org> by selecting Data Validation under the Hospital Inpatient tab. The change to highlight includes the Validation for SCIP-Card-2: This measure is not validated.

Please refer to the document for revisions that were made. Hospitals are responsible for following and understanding the written guidelines for medical record abstraction, data submission and validation adherence to these guidelines is critical in order to be compliant with the Hospital Public Reporting and Reporting Hospital Quality Data Annual Payment Update (RHQDAPU) program initiatives. Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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QUEST February 09 Data Element – previously reported

Attached is a document entitled “[QUEST Feb 09 DataElement](#)” which lists the most common questions that are being asked of QUEST and also lists those questions which have had revisions to their original answers. Abstractors are responsible for knowing about these revisions. QNet QUEST can be found at www.qnetquest.org and abstractors are encouraged to use current answers found there to help them with questions while abstracting. If you have any questions on how to use QUEST, please contact Sue Bethel at sbethel@coqio.sdps.org.

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HQA and RHQDAPU Data to be Released on Hospital Compare – previously reported

The March 2009 release of Hospital Compare will update the existing quality of care data for providers participating in the Hospital Quality Alliance (HQA) and/or the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. For public reporting purposes AMI-6, Beta-Blocker at Arrival, is no longer reported on Hospital Compare effective January 15, 2009. However, AMI-6 must be submitted to the QIO Clinical Data Warehouse to meet RHQDAPU requirements for discharges through first quarter 2009. Hospital Compare will be updated to reflect:

- Children’s Asthma Care Measures - rates based on hospital discharges from third quarter 2007 through second quarter 2008 submitted to The Joint Commission.
- Clinical Process Measures - rates based on hospital discharge data from third quarter 2007 through second quarter 2008 accepted into the QIO Clinical Data Warehouse.
- 30-Day Risk-Standardized Mortality Measures - rates based on administrative data from hospitalized, fee-for-service Medicare beneficiaries discharged from third quarter 2006 through second quarter 2007.
- HCAHPS Patient Survey Measures - rates based on hospital discharges from third quarter 2007 through second quarter 2008.

- Medicare Payment and Volume data - data based on hospital discharges from fiscal year 2007 (fourth quarter 2006 through third quarter 2007).

HQA-pledged hospitals that have chosen to suppress the public reporting of their Clinical Process Measures, 30-Day Risk-Standardized Mortality Measures and HCAHPS Measures for this reporting period will have only their name, address, phone number and several additional characteristics along with an explanatory footnote displayed in the appropriate section of the Hospital Compare website. At this time, information on the accreditation status for each hospital has been removed from the website.

Note: The March 2009 Hospital Compare release is the first in which RHQDAPU-pledged hospitals are required to publicly report their HCAHPS results. Please submit questions regarding this to Sue Bethel @sbethel@coqio.sdps.org. Questions regarding Children 's Asthma Care Measures should be directed to The Joint Commission at <http://manual.jointcommission.org>.

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Revised Pneumonia Fact Sheet: Chest X-Ray – previously reported

We are happy to announce the posting of a new [MedQIC Fact Sheet](#) regarding the Pneumonia data element Chest X-Ray, revised for 10/1/2008 discharges. The [Fact Sheet](#) is attached to this newsletter, or can be obtained at the following link:

<https://www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1228695674668>

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Get With The Guidelines

Get With The Guidelines (GWTG) hospital-based Quality Improvement Program focusing on Coronary Artery Disease (CAD) and Heart Failure (HF) has a program goal to improve the quality of cardiovascular care in Colorado. A grant supported by the State of Colorado has made it possible for a collaboration to be formed between the American Heart Association and the Colorado Foundation for Medical Care.

Upcoming Get With The Guidelines Regional WebEx Schedule

May 12, 2009

11 a.m. - 12 p.m. MT

“Hospital Provisions in the 2009 Stimulus Bill”

Richard Delaney, JD, MPH, Colorado Foundation for Medical Care, Englewood, CO

June 9, 2009

11 a.m. - 12 p.m. MT

“Overview of the ACC/AHA Heart Failure Guideline Update to be Released in March”

Mori Krantz, MD, Denver Health Medical Center and Colorado Prevention Center

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Note: all GWTG calls are from 11:00 AM - 12:00 PM (MT)

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: GWTG
- 6) Click on Join
- 7) Call in to the teleconference number for the audio portion.

If you have questions about GWTG calls, please contact Marcy Cameron, mcameron@coqio.sdps.org, or at 303.695.3300, x3040.

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5M Lives Campaign Information

Colorado 5M Event – Thank You!

Thank you to all who attended the 5 Million Lives Event on April 16th. It was a wonderful day of celebrating the success of the Campaign and all of your hard work! A special thank you to the five hospitals who presented on their success with the Campaign interventions: Memorial Hospital of Colorado Springs, Yuma District Hospital of Yuma, Rose Medical Center of Denver, Wray Community District Hospital of Wray, and Medical Center of the Rockies of Loveland. Their presentations were informative, creative and provided the event participants with a wonderful learning opportunity. We would also like to thank all of the hospitals who brought posters to the event to share their individual successes, another great learning opportunity for the event participants.

The 5M Event also featured other celebration and learning opportunities: Irene Ibarra and Laurel Petralia of the Colorado Trust began the day with celebration of the successes of the 100K and 5M Campaigns in Colorado, applauding the efforts of Colorado hospitals and the hard work that you all do.

Christina Gunther-Murphy of IHI presented on the overall national success of the 100K and 5M Campaigns. She also focused on the continuation of this work in IHI's Improvement Map. We were excited to hear that this tool will be available in June 2009. More information to come.

The WELLS Center shared the tremendous value of the simulation opportunities provided throughout the campaign. They also solicited audience participation in demonstrating a simulation scenario at the event. If you have not yet taken advantage of this opportunity, provided by the Colorado Trust as part of the 5M Campaign, please contact Mark Longshore for more information at mark@coloradosimulationcenter.org.

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The day ended with a wonderful panel discussion on Colorado's Emerging Patient Safety Agenda. David West, Ph.D., the president of the Colorado Patient Safety Coalition facilitated the discussion. The panel included:

- Dori Biester, Executive Director of the Center for Improving Value in Health Care
- Patty Skolnik, Founder and President of Colorado Citizens for Accountability
- Donna Kusuda, Director of the Rocky Mountain Patient Safety Organization

Again, thanks to all who attended this event. We hope that you enjoyed the event and found the presentations and activities valuable.

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Colorado 5M May WebEx – May 6, 2009

Please join us for our May 5M Webinar on May 6, 2009, from 10-11am MT. This month's call will feature YOU! We choose to format the call as an open forum discussion on hospital successes, lessons learned and sustainability plans created as part of participating in the 5 Million Lives Campaign. At the 5M Event last week, the hospitals presentations fostered valuable discussion amongst each other about these topics. We want to continue that discussion and give other hospitals an opportunity to speak up and share. You will not want to miss this call!

Teleconference: 1.800.514.0831

Teleconference Confirmation Code: 24093437

Please follow these instructions to join the event:

- 1) Click on or go to <https://ifmcevents.webex.com> (<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: 5MCO
- 6) Click on Join
- 7) Call in to the teleconference number for the audio portion. **The number is 1.800.514.0831. The confirmation code is 24093437. Please note these are NEW numbers. Confirmation numbers are changed every month.**

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Hospital-to-Hospital Quality Connections - reminder

One of the best things about working on the 5M Lives Campaign is creating opportunities for Colorado Hospitals to help each other in pursuing excellent patient safety. We do this through our Quality Summit meetings, our monthly web-exes, our 5M Lives website - and now, through our Hospital-to-Hospital Quality Connections. Spring boarding off the IHI mentor hospital program, the concept is simple: hospitals that have expertise in some area of patient safety make themselves

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available to share best practices and learning to other hospitals who want to improve in that specific intervention.

As time goes on, we intend to maintain this valuable resource for Colorado Hospitals. This program will continue to be housed on our 5M Lives website. So far, we have seven hospitals committed to participating—representing 14 distinct areas of expertise. Feedback continues to come in from both mentor hospitals and those who have used this resource. We on the 5M Lives team hope that you also will choose to “share the wealth” of your knowledge and expertise - to the end of improving patient safety throughout the state. If you are interested in posting your hospital’s information as a mentor, please contact Rebecca Fox at rfox@cfmc.org, or by phone at 303.264.7510. To view the current Colorado 5M Lives Hospital-to-Hospital Quality Connections hospitals, [click here](#).

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WIHI – A New Free Audio Program from IHI on Cutting-Edge Health Care Improvement

WIHI is an exciting new audio program from IHI. It’s free, it’s timely, and it’s designed to help dedicated legions of healthcare improvers worldwide keep up with some of the freshest and most robust thinking and strategies for improving patient care. The quality improvement movement has reached a tipping point in terms of global reach, provider and payer consciousness, and bold new ideas for health care reform. The opportunity to influence and shape what fundamental change looks like has never been greater. We invite you to sharpen your thinking and add to the momentum for system redesign.

The issues may be complex, but the format of WIHI is simple. It’s 60 minutes, every other week. There’s a host, one or two carefully chosen guests, and you — with your questions and comments. All we ask is that you register for the program in advance. You can join the program live — via computer or telephone or both — or you can download an archived audio file for listening later. (See the Technology tab for more information.)

Your host is IHI’s Madge Kaplan, who brings a wealth of experience to WIHI from her years reporting on health care for public radio. IHI’s Director of Communications since 2004, and the regular “voice” of the 100,000 Lives and 5 Million Lives Campaign conference calls, Madge is known for her ability to create a shared space for lively and enriching discussions.

For more information, please visit:

<http://www.ihl.org/IHI/Programs/AudioAndWebPrograms/WIHI.htm>

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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 attach 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

Michelle Mills, Patient Safety Project Director
303-847-1727 or mmills@coqio.sdps.org

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

Kelley Strachan, 5M Lives Project Manager
303-999-8674 or kstrachan@cfmc.org

Jean King, Manager of Review Services
303.784.5727 or jking@coqio.sdps.org

Marcy Cameron, Patient Safety & GWTG Project
Assistant
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

Rebecca Fox, 5M Lives Project Assistant
303-264 -7510 or rfox@cfmc.org

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