

The 8th Scope of Work: A Review

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Transformational Change in the 8th SOW

Requires a change in culture,
dedication to patient safety,
adoption of new
technology, and system-
wide alterations.

**TRANSFORMATIONAL
CHANGE** takes many
forms, including IPGs.



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What Are IPGs?

IDENTIFIED PARTICIPANT GROUPS

- IPGs are groups of hospitals that work intensively on improvement activities.
- Each IPG has its own eligibility and reporting criteria.
- Think of projects consisting of small groups of hospitals.

Four Identified Participant Groups

1. Appropriate Care Measure (ACM)
2. Systems Improvement and Organizational Culture Change (SIOC)
3. Surgical Care Improvement Project (SCIP)
4. Rural Organizational Safety Culture Change (ROSC)

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Appropriate Care Measure (ACM)

ABOUT ACM:

- A composite of the 10-measure set from Hospital Public Reporting (5 AMI measures, 2 heart failure measures, and 3 pneumonia measures).
- All patients eligible for care in at least one of the 10 measures are counted in the denominator.
- To be counted in the numerator, the patient must receive **ALL** of the care specified in the measures the patient is eligible to receive.

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ACM Measure

Actions Required:

- Continue to submit data in compliance with the Medicare Modernization Act.
- EXCEL! ACM Improvement Goal: *At LEAST* a 50% Reduction in Failure Rate (RFR)
- Hospital CEO commitment.
- The GOOD NEWS: ACM requires no extra data collection.

ACM and the Ten Publicly Reported Measures: The Evolution

- 2004 – These 10 measures were voluntarily submitted for public reporting
- 2005 – The 10 measures were tied to the Annual Payment Update (submit, or receive 0.4% less APU)
- 2006 (for fiscal year) – The 10 measures have to be submitted AND valid (or receive less APU)
- 2007 – APU for performance?

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SoW News

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HQA and RHQDAPU Data Available

The preview data for the Hospital Quality Alliance (HQA) and Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) are now available for review for each participating provider and QIO on <http://qnet.exchange.org>. The hospital performance rates are based on data submitted and successfully accepted into the QIO Clinical Warehouse. The Preview Report will reflect discharge data from 2nd through 4th quarter 2004 and 1st quarter 2005, depending upon the measure. It is anticipated that the data will be posted on the Hospital Compare Web site on December 1, 2005.

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Systems Improvement and Organizational Culture Change (SIOC)

About SIOC:

- Systems improvement and organizational culture change in telehealth through working with HSAG and ATP
- Arizona Telehealth Program (ATP): an award-winning program consisting of over 150 nodes that provide telemedicine services, distance learning, informatics training, and telemedicine technology assessment capabilities to communities throughout Arizona.

Systems Improvement and Organizational Culture Change (SIOC)

Actions required:

- Diagnose the current status of telehealth in your facility.
- Identify area(s) for growth and work with HSAG and ATP.
- Re-survey to determine improvement and growth in telehealth.
- Submit data on the 10-measure set for Public Reporting.

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Identified Participant Groups (IPGs) in the 8th SoW

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SCIP Statewide Measure

Antibiotic given within one hour of incision time.

Surgical Care Improvement Project (SCIP)

About SCIP:

Combination of 24 process, outcome, and test measures

- Prevention of surgical-site infections (9 measures)
- Cardiovascular complications (4 measures)
- Venous thromboembolism (4 measures)
- Ventilator-associated pneumonia (4 measures)
- Promotion of the use of fistulas for hemodialysis (1 measure)
- Global (2 measures)

Surgical Care Improvement Project (SCIP)

Action required: Choose “modules” and adopt processes of care for five areas:

1. Infections: Surgical site infections (SSIs)
2. Venous thromboembolic (VTE)
3. Respiratory: Ventilator-associated pneumonia (VAP)
4. Cardiac: Cardiovascular complications (CVCP)
5. ESRD Vascular Access: Promotion of the use of fistulas for hemodialysis



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Rural Organizational Safety Culture Change (ROSC)

About ROSC:

- Specifically for CAHs and Rural PPS hospitals to raise awareness in those facilities about patient safety
- Uses the *Hospital Survey on Patient Safety Culture*
- Survey was released by the Agency for Healthcare Research and Quality (AHRQ) and partners: Premier, the Department of Defense (DOD), and the American Hospital Association (AHA)

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Rural Organizational Safety Culture Change

Unit-level Safety Areas Covered

1. Overall perceptions of safety
2. Frequency of events reported
3. Supervisor/manager expectations and actions promoting patient safety
4. Organizational learning and continuous improvement
5. Teamwork within units
6. Communication openness
7. Feedback and communication about error
8. Nonpunitive response to error
9. Staffing

Hospital-wide Safety Areas Covered

10. Hospital management support for patient safety
11. Teamwork across hospital units
12. Hospital handoffs and transitions

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Rural Organizational Safety Culture Change (ROSC)

Actions required:

- Diagnose the current status of your safety culture through a staff culture survey
- Identify area(s) for improvement and implement interventions
- Re-survey to determine improvement and track changes over time

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Critical Access Hospitals (CAH)

- 8th SoW includes a statewide initiative specifically for certified CAHs
- Promotes the use of evidence-based treatment and submission of data to improve quality of care and and
- Twelve improvement measures include:
 - acute myocardial infarction (AMI),
 - heart failure (HF),
 - pneumonia (PN), and
- Emergency Department Transfer Communication:
Composite of 16 items (*available 2007*)

Critical Access Hospitals (CAH)

This statewide initiative involves two components:

1. All CAHs that have publicly reported for the 3rd and 4th quarters of 2004 will continue to report and improve performance through process redesign approaches on at least one measure. The ongoing data collection for all the measures will continue via the CMS Abstraction and Reporting Tool (CART) or vendor.
2. All CAHs that did not successfully submit timely data for the 3rd and 4th quarter 2004 will submit timely data each quarter on an ongoing basis using CART or a vendor.

CAH Improvement Measures

Acute Myocardial Infarction (AMI)

- Aspirin at arrival - *(no transfer exclusion - available late Fall 2006)*
- Aspirin prescribed at discharge
- ACE-I or ARB for LVSD
- Beta-blocker at arrival - *(no transfer exclusion - available late Fall 2006)*
- Beta-blocker prescribed at discharge
- Time to EKG - *(no transfer exclusion - available late Fall 2006)*
- Time to thrombolytic—test measure

CAH HF Improvement Measures

- LVF Assessment
- ACEI or ARB for LVSD

CAH Pneumonia Improvement Measures

- Oxygenation assessment
- Initial antibiotic received within four hours of arrival
- Pneumococcal vaccination

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Emergency Dept Transfer Communication 16 composite items

Were the following items sent with the transferred patient to another acute care hospital?

- Patient's name, address, age, gender, significant others contact information, vitals signs
- Physician and nurse communication with receiving hospital
- Physician H&P: physical exam, history of current event, chronic conditions
- Physician orders and plan
- Nurse documentation: assessment/interventions/response
- Medication administration, allergies, adverse events
- Treatment documentation

In late 2006 or early 2007 the ED Transfer Communication measure will be included in the CART.

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