

Executive Summary

Background

The Hospital Workgroup (HoW) determined its mission, vision, and plan of action at the beginning of the 7th Scope of Work (SoW). The HoW plan of action focused on developing and modifying interventions that could be used by hospitals throughout Arizona to improve the quality of care provided to patients. Most of the hospitals participating with HoW were active members of the Hospital Public Reporting Pilot (HPRP). Arizona was one of the original states in the three-state pilot for public reporting. During the planning discussion, members determined that focusing on quality indicators that were not only part of the 7th SoW but also part of HPRP would bring the greatest reward.

In December 2003, the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) was signed into law. Section 501b provides a strong incentive for eligible hospitals to submit data for 10 quality indicators. Unofficially in Arizona, this section is referred to as the “Market Basket.” The indicator “ACE-I at Discharge,” found in the Acute Myocardial Infarction (AMI) project and the Heart Failure (HF) project, represents 2 of the 10 indicators. The law stipulates that a hospital that does not submit performance data for the ten quality indicators will receive a 0.4 percent lower payment increase for FY 2005 than a hospital that does submit performance data. HoW members agree that the Market Basket adds an incentive for hospitals to not only collect the data, but to also implement interventions that will positively impact hospitals’ results.

During the first year of the 7th SoW, HoW participants developed and implemented the *Pneumonia Change Package* (available at <http://acute.hsag.com/HOW/PneumoniaChangePackage.pdf>). That package focused on the quality indicator “Antibiotic Administration within Four Hours of Admission on Patients Admitted with a Primary Diagnosis of Pneumonia.” As part of their initial planning for 7th SoW activities, the group planned to focus on the ACE-I indicator as its second project. With the passage of the MMA, HoW participants were even more dedicated to developing an effective, useful package. This change package is a result of their efforts.

Plan

After the implementation of the *Pneumonia Change Package*, HoW members discussed the process used to develop and implement the package. They wanted to determine what worked well, what needed improvement, and if there were parts of the process that could be duplicated for the development of a second change package.

Executive Summary

- ♥ Areas that worked well and can be reproduced:
 - o Involving HoW members with the process.
 - o Sharing interventions that were successfully implemented to improve processes of care.
 - o Disseminating the *Package*.
- ♥ Areas that need improvement:
 - o Avoid duplicate data collection.
 - o Provide more than just a snapshot of data.

With this information, the group discussed the best way to implement data collection, identify hospitals that performed well, and solicit information about interventions that had been implemented by better performing hospitals.

Do

Many of the participating hospitals had already collected data related to the ACE-I indicator as a result of their participation with Health Services Advisory Group, Inc. (HSAG) and the 7th SoW or as a result of their participation with HPRP. Hospital quality improvement (QI) personnel had collected information on a variety of tools; however, the guidelines for abstraction and eligible patient population remained the same.

One of the areas previously identified as needing improvement was the time frame the data reflected. Participants wanted to be able to view data trends rather than just a brief snapshot of performance, as occurred with the *Pneumonia Change Package*. The group decided to report results for a 12-month period. July 1, 2002, through June 30, 2003, was chosen as the study period.

Recent literature reviews revealed a growing trend of correlating data results with administrative processes within an organization. Many of the HoW members participated in a National Heart Care Call that emphasized the roles hospital administrators play in creating an environment—and supporting the clinical work—in which quality improvement can occur. Elizabeth H. Bradley, PhD, Associate Professor, Yale University School of Medicine, was the featured speaker during the call. HoW members were interested in determining if there was any correlation between their results with the ACE-I indicator and the administrative processes within their own organizations.

A tool was drafted for collecting information about each hospital. The basis for the tool's development was the Momentum Assessment, developed by Andrea B. Silvey, PhD, MSN, HSAG Chief Quality Improvement Officer. Participants used the Facility Assessment tool to collect information about the use of teams, paper forms, data collection, clinical support, and reminder systems. Members requested that the Facility Assessment not be analyzed until the group had a chance to further discuss the responses.

Study

Over the following month, HoW hospitals submitted their data results for analysis to HSAG. The results of HSAG's review were presented during the November 2003 HoW meeting. Participants of both better performing and poor performing hospitals were candid about what worked well and what barriers they encountered while trying to implement interventions to impact the quality indicator.

HoW participants had revision suggestions for the Facility Assessment form prior to data analysis by HSAG. Prior to the January 2004 meeting, participants submitted their responses on the revised form for analysis. Those results were presented during the January meeting.

Participants discussed the data results to date and the correlation of the facility assessment with the data, and reviewed a preliminary draft of this package in January.

Act

Better performing hospitals agreed to share forms and ideas that impacted their results. The forms are included in this change package. A draft version of this change package was posted to the HSAG-sponsored Arizona Acute Care Quality Initiative Web site (<http://acute.hsag.com>) for HoW members to review prior to the March 2004 meeting. The results of their final review are incorporated into this package. HoW participants hope that their efforts will assist all hospitals in improving their results for the ACE-I quality indicator. Please use this manual as a resource, guide, and reference as you begin your own Plan-Do-Study-Act (PDSA) cycle to implement change.

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