

# SOW News

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## Hospital Compare Now Available to the Public

A new consumer Web site unveiled April 1 by the Centers for Medicare & Medicaid Services (CMS) and the Hospital Quality Alliance (HQA) provides instant, objective, easy-to-use, and free information about the quality of hospital care in Arizona and nationwide. The hospital quality information is now available by visiting <http://www.hospitalcompare.hhs.gov> or <http://www.medicare.gov> and selecting Compare Hospitals in Your Area, or by calling 1-800-MEDICARE (1-800-633-4227). Either way, consumers get the information they need to help them make more informed health care decisions.

“CMS’s new Web resource, Hospital Compare, gives consumers information to help them make an informed decision about hospital care,” said Herb S. Rigberg, MD, HSAG CEO. “We encourage consumers to use this tool, talk with their physician, and consult other resources for hospital information,” added Rigberg.

“We are working closely with Arizona’s health care providers and HSAG to improve the quality of care available in hospitals, nursing homes, home health agencies and dialysis centers,” said Jeff Flick, BS, MBA, CPA, CMS Regional Administrator, Region IX. “That is just one step we are taking to make sure that Medicare fits beneficiaries’ health care needs by modernizing the program to include a new prescription drug benefit.”

“As an organization in Arizona charged with working with hospitals to improve their quality of care, we have seen first hand how hospitals are making changes and improving,” said Dr. Rigberg. “We commend our state’s hospitals for making quality a top priority every day.”

Hospital Compare reports quality of care information for hospitals about care to all adult patients, regardless of payer, on three common conditions: heart attack, heart failure, and pneumonia. Some hospitals may have data on additional conditions, and in the future, new measures and information on patient’s perceptions of care will be added.

CMS’s participation in Hospital Compare is part of its Hospital Quality Initiative, which in turn is part of a National Quality Initiative that also focuses on improving the quality of care in home health agencies and nursing homes. The National Quality Initiative is an important step in CMS’s comprehensive quality strategy, which consists of four elements:

- Regulation and enforcement activities conducted by State Survey Agencies and CMS,
- Improved information for consumers on quality of care,
- On-going, community-based quality improvement programs for providers, and
- Collaboration and partnerships to leverage knowledge and resources.

## MedPAC Calls For Pay-for-Performance

In a report to Congress on March 1, the Medicare Payment Advisory Commission concluded, “it is time for the Medicare program to differentiate among providers when making payments.” The Commission called for Congress to instruct the Medicare program to design a pay-for-performance (P4P) system that rewards improvement as well as attaining or exceeding certain benchmarks.

The Commission said Medicare should pay more for higher quality care from hospitals, home health agencies, and physicians. They have previously recommended that Medicare adopt a P4P policy for Medicare Advantage plans and dialysis providers.

“Quality measures can be used to distinguish among hospitals, home health agencies, and physicians. In each of these settings there is some consensus on a core set of measures. Where necessary, adequate risk adjustment is available. Data needed to take these measurements can be collected without undue burden on providers or the program,” said the Commission.

They also said that CMS should require reporting of lab values and prescription claims data, which could be combined with physician claims to provide a better picture of quality of care.

Initially, the Commission recommended, the P4P program be funded by setting aside a small percentage of budgeted Medicare payments—one percent or two percent—to be earned by providers that deliver better quality care.

“High performers and those with strong improvement rates would have a chance of receiving more than the percentage that was taken away, while others may not get any of those funds.”

The Commission also called on CMS to designate quality measures that reflect the use of Information Technology (IT) systems, beginning in physicians’ offices. The Commission stated that CMS—through P4P and other means—should provide both financial incentives and technical assistance to boost the adoption of health care IT.

“By focusing on measures of quality-enhancing functions and outcomes associated with IT use, the quality incentives in a P4P program could spur physicians to adopt information technology that improves care and helps the infrastructure for further assessment efforts,” the report said.

The Commission also suggested that CMS should measure resource use of physicians serving Medicare beneficiaries and provide information about practice patterns confidentially to physicians.

The MedPAC report is available at: [http://www.medpac.gov/publications/congressional\\_reports/Mar05\\_TOC.pdf](http://www.medpac.gov/publications/congressional_reports/Mar05_TOC.pdf)

## Medication Reconciliation Through the Continuum of Care

**Phoenix and Tucson Videoconference  
May 17, 2005**

Medication reconciliation is the focus of the latest quality training made possible with support from the Federal Office of Rural Health Policy to the Rural Health Office, Arizona Rural Hospital Flexibility Program, at the Med and Enid Zuckerman Arizona College of Public Health and offered by Health Services Advisory Group. Both the JCAHO requirements and the process of implementation at rural hospitals will be addressed. The 8th Scope of Work (SoW) will also be covered. The new SoW seeks to accelerate the pace of improvement in nursing facilities by promoting organizational culture change and the use of redesigned care processes.

Quality managers, directors of nursing, and related staff from rural and critical access hospitals (CAH) within Arizona are encouraged to attend. A full array of training materials will be included. The registration fee is \$50.00 for the daylong session. Fee waivers and travel reimbursement are available for two people from each Arizona (CAH). Conference brochures were mailed the end of March. For further information, please contact Joyce Hospodar, Rural Health Office at 520-626-7946 ext. 229 or Jenny Montano, Health Services Advisory Group at 602.665.6144.

## Medication Errors on Admission

In the February 28 edition of *Archives of Internal Medicine*, Canadian researchers report that potentially harmful medication errors occur about 50 percent of the time during hospital admission.

By reviewing 151 medical charts, investigators found 140 medication errors made at the time of admission. The errors included drug omissions, incorrect doses or frequencies, and use of the wrong drugs. More than 30 percent of the medication errors could have

caused moderate discomfort or clinical decline, and nearly six percent could have resulted in severe consequences. Timing of hospital admission did not affect the number of reported errors. The researchers conclude that “the processes for recording medication histories on admission to the hospital are inadequate, potentially dangerous, and in need of improvement.”

## HoW Meeting Focuses on Physician Change, Hospital Compare Rollout

More than 45 hospital stakeholders and representatives attended the Arizona Hospital Workgroup (HoW) meeting on March 10 at the HSAG Conference Center. Attendees included representatives from the Arizona Hospital and Healthcare Association (AzHHA), the Arizona Department of Health Services (ADHS), MICA, the media, and the HSAG Hospital Public Reporting Pilot (HPRP)—members of which were instrumental in the CMS Three-State Pilot.

After introductions, Donna Young, CPHRM, FASHRM, Vice President, Risk Management Services, MICA, discussed patient safety interventions hospitals might institute to influence physician behavior. She stressed that support from hospital administration and board of trustees members were key components to promoting change. Ms. Young also cited the Institute for Healthcare Improvement’s *100,000 Lives Campaign* and P4P initiatives to help physicians and hospitals develop a culture of patient safety.

In her role, Ms. Young reviews medical records of patients who experience adverse outcomes. She made mention of the fact that these adverse outcomes are often the result of poor communication. Ms. Young complimented HSAG for its efforts in positively influencing hospital leadership, providing support to hospitals, and promoting a collaborative effort for improvement across the state.

The meeting continued with a live satellite broadcast regarding the launch of Hospital Compare. Attendees viewed the broadcast, which consisted of a general introduction and overview of the Hospital Quality Alliance (HQA), the Hospital Compare tool, next

steps in preparing for the national roll-out, a live question-and-answer session, an HCHAPS update, and information on how QIOs can assist hospitals in quality improvement activities.

Following the satellite broadcast, the group was addressed by Vanessa Weber, Investigative Reporter, ABC Affiliate KNXV-TV, Channel 15 News. Ms. Weber discussed a proposed media rollout strategy, which included hospital- and consumer-focused feature stories and an interview with a CMS Official on Channel 15's Sunday morning talk show.

The meeting concluded with updates from the Medication Reconciliation Subcommittee, the Best Practices Project, and the Arizona Rural Quality Network Group.

Materials from the March HoW Meeting can be found at [http://acute.hsag.com/how\\_meeting\\_0305.asp](http://acute.hsag.com/how_meeting_0305.asp). The next HoW meeting will take place on May 12.

## **ARQNG Holds Bimonthly Teleconference**

HSAG, in partnership with the Arizona Rural Health Office (RHO), held its bimonthly Arizona Rural Quality Network Group (ARQNG) teleconference on March 15.

The teleconference featured Alison Hughes, MPA, RHO Director. Ms. Hughes educated the group about the Arizona Medical Association's (ArMA's) Patient Safety Coalition and the recent nomination of ARQNG for the Rural Health Award.

Eileen Pressler, RN, Performance Improvement Coordinator, Kingman Regional Medical Center, presented an enthusiastic overview of the Institute for Healthcare Improvement's (IHI's) *100,000 Lives Campaign*. Ms. Pressler also encouraged attendees to join the campaign.

Next, Judith Richard, RN, MS, CPHQ, HSAG Clinical Quality Specialist, gave an update on the recent Hospital Workgroup (HoW) meeting, including the launch of Hospital Compare, that took

place at HSAG on March 10. Ms. Richard also presented a one-page draft summary of ARQNG's background, purpose, objectives, and accomplishments. This summary helped facilitate discussion on how ARQNG envisions its activities and potential in light of the 8th Scope of Work.

The Rural Hospital Award Program (RHAP)—an HSAG-created program that recognizes excellence in the clinical management of pneumonia among rural hospitals—was also discussed during the teleconference, and the group was reminded of the upcoming RHAP banquet to be held on April 19 at HSAG.

Participants discussed the Flex-3 training session on medication reconciliation that will take place via videoconference on May 17. Ms. Richard encouraged ARQNG members to visit the HSAG Acute Care Project Web site (<http://acute.hsag.com>) to view the recent Medication Reconciliation WebEx series on this subject.

The teleconference concluded with suggestions by members for potential topics for the next teleconference on June 14. Suggestions were made for hospitals to share their progress with respect to medication reconciliation.

**Join in on an *informational call* about the 100K Lives Campaign:**

Getting Down to Work:  
Field Operations, Implementation,  
Measurement, and Next Steps

April 7 from 3:00 – 4:00 pm ET

Dial: 800-282-9233  
Participant code: 7423

## CRUSADE Overview

CRUSADE is an ongoing national quality improvement initiative aimed at improving the care of high-risk patients with unstable angina or non-ST-segment elevation myocardial infarction (UA/NSTEMI) by collecting data regarding practice patterns in hospitals across the United States. This information is then compared with national rates of adherence to the ACC/AHA Guidelines for UA/NSTEMI and presented back to the participating centers in quarterly site-specific reports, which can form the basis for local efforts to improve guideline adherence and overall patient care.

CRUSADE began collecting information in November 2001 and now includes data from more than 103,000 patients at 474 sites in 45 states. While analyses remain ongoing, distinct trends and care patterns across the nation have emerged. Overall, the real-world patient population, as represented by CRUSADE, is more likely to be older, have a higher incidence of diabetes mellitus, and have a prior history of CHF, PCI, or CABG, as compared with their clinical trial counterparts. Additionally, management of high-risk UA/NSTEMI patients differs from current ACC/AHA Guidelines recommendations.

Data from CRUSADE provide a strong association between increased guidelines adherence and improved clinical outcomes. CRUSADE data also continue to show that those patients at highest risk (those who are more than 75 years old, women, diabetics, have symptoms of CHF, or have elevated serum troponin levels) receive guideline-recommended treatment less often than do other patients, and consequently experience higher rates of mortality and adverse outcomes.

CRUSADE is sponsored by Millennium Pharmaceuticals, Schering ACS (a division of Schering-Plough), and BMS-Sanofi Pharmaceutical Partnership. Duke Clinical Research Institute serves as the CRUSADE coordinating center

## HSAG Recognizes Nursing Home QI Efforts

As part of an initiative to distinguish nursing home quality improvement efforts throughout the state of Arizona, HSAG developed the *NHQI Recognition Program*. Through this program, participants received recognition for their quality improvement efforts from second quarter 2002 to second quarter 2004.

HSAG is proud to present the Arizona nursing homes that met the Certificate of Achievement and Certificate of Leadership criteria. They are:

### Certificate of Achievement Recipients

- Capri Care Center
- Infinia at Flagstaff
- Catalina Health Care Center
- Kachina Point Health Center
- Chinle Nursing Home
- Life Care Center of N. Glendale
- Cook Health Care Center
- Rim Country Health and Ret.
- Evergreen Sun City Health and Rehab.
- Plaza Del Rio Care Center
- Good Shepherd Retirement Center
- Prescott Samaritan Village
- Hearthstone of Mesa
- Prescott Valley Samaritan Center

### Certificate of Leadership Recipients

- Christian Care Nursing Center
- Quiburi Mission Samaritan Ctr.
- La Rosa Health Care Center
- Santa Rita Care Center
- Phoenix Mountain Nursing Center

Please join HSAG in congratulating these facilities on their commitment to improving nursing home quality. Criteria for the *NHQI Recognition Program* can be found by visiting <http://www.hsag.com/>.

**Internet Citation:**

*New AHRQ-Funded Study on Computerized Order Entry Finds Flaws That Could Lead to Errors, Points to Opportunities for Improvement.*

Press Release, March 8, 2005. Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/news/press/pr2005/cpoepr.htm>

**Jury Makes Award in Failure-to-Vaccinate**

A jury in Missoula, Montana has awarded \$1.3 million to the family of a teenager who died of pneumococcal sepsis in 2000. The jury ruled that the hospital failed to verify the teen's immunization status and administer pneumococcal vaccine in 1996 when he presented to the hospital for an urgent care episode, an oversight that could have prevented his death four years later.

“This is the first jury award I'm aware of against a hospital for failure to give the pneumococcal vaccine,” said Dale W. Bratzler, DO, MPH, expert panelist for the National Pneumonia Project and principal clinical coordinator for the Oklahoma Foundation for Medical Quality.

The full news story can be accessed on the Web site of the Missoulian newspaper at <http://www.missoulian.com/articles/2005/03/15/news/local/news05.txt>.

**Updated Diagnosis and Procedure Codes**

As of October 1, 2004, 25 ICD-9-CM Diagnosis Codes were designated invalid. The QIO Clinical Warehouse was modified to accept the new diagnosis and procedure codes and reject the invalid diagnosis codes for discharges effective October 1, 2004.

The complete list of current diagnoses and procedure codes can be found in the Specifications Manual for National Hospital Quality Measures, Appendix A. [http://qnetexchange.org/public/hdc.do?hdcPage=hosp\\_quality\\_manual](http://qnetexchange.org/public/hdc.do?hdcPage=hosp_quality_manual). For additional information contact Teresa Thompson at [tthompson@azqio.sdps.org](mailto:tthompson@azqio.sdps.org).

An Excel version can be found at:

[http://qnetexchange.org/public/docs/hdc/sm4nhqm/Appendix\\_A.xls](http://qnetexchange.org/public/docs/hdc/sm4nhqm/Appendix_A.xls)

A PDF version can be found at:

[http://qnetexchange.org/public/docs/hdc/sm4nhqm/Appendix\\_A.pdf](http://qnetexchange.org/public/docs/hdc/sm4nhqm/Appendix_A.pdf)

**HSAG Co-Sponsors Positive Planning**

HSAG and the Arizona Chapter of the Case Management Society of America (CMSA) will be presenting a seminar on Positive Discharge Planning on April 26, 2005. Information about the seminar can be found at:

[http://hhqi.hsag.com/positive\\_planning\\_registration.asp](http://hhqi.hsag.com/positive_planning_registration.asp) or by contacting Colleen Angotti at 602.264.6382 or [cangotti@azqio.sdps.org](mailto:cangotti@azqio.sdps.org).

The Acute Care Web site has a new look!

Check it out at: <http://acute.hsag.com>

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**Upcoming Events and Important Dates**

<i>April 19, 2005</i>	Rural Hospital Award Program (RHAP) Award Luncheon <i>By invitation</i>	11 a.m. – 2 p.m.
<i>April 26, 2005</i>	Positive Planning Conference Co-Sponsored by the Case Management Society of America (CMSA) Arizona Chapter Register at: <a href="http://hhqi.hsag.com/positive_planning_registration.asp">http://hhqi.hsag.com/positive_planning_registration.asp</a>	9:00 a.m. – 3:00 p.m.
<i>May 12, 2005</i>	Hospital Workgroup (HoW) Meeting HSAG Conference Center	10 a.m. – 2 p.m.
<i>May 17, 2005</i>	Medication Reconciliation—Videoconference Rural and Critical Access Hospitals Phoenix and Tucson	8:30 a.m. – 4:00 p.m.

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