

SOW News

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Some Is Not a Number, Soon Is Not a Time

By Eileen Pressler, RN, CPHQ, CCM
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When will you and your organization begin to make changes in care that have been proven to prevent avoidable deaths? How many lives will be saved?

We invite you to join a campaign to make health care safer and more effective—to ensure that hospitals achieve the best possible outcomes for all patients. The *100,000 Lives Campaign*, sponsored by the Institute for Healthcare Improvement (IHI) and other organizations that share our mission, is based on the premise that a remarkably few proven interventions, implemented on a wide enough scale, can avoid 100,000 deaths between January 2005 and July 2006, and every year thereafter.

Consider the impact of even one of the following interventions:

- ★ Deploy rapid response teams
- ★ Deliver reliable, evidence-based care for acute myocardial infarction
- ★ Prevent adverse drug events (ADEs)
- ★ Prevent central line infections
- ★ Prevent surgical site infections
- ★ Prevent ventilator-associated pneumonia

Hospitals have been chosen as the leading edge of the *Campaign* because that is where many of the improvements listed above have been introduced and tested (and because more patient deaths due to avoidable errors occur in hospitals). As health care professionals, we should consider the leadership role each of us can play by influencing our hospital’s leaders and board of trustees to join the *Campaign*.

We can also encourage physicians in our community to pursue the improvement interventions spotlighted in the Campaign and agree upon associated standards of care. Above all, we can begin to make these improvements ourselves and become an agent of change and a mentor in our own area.

Some Is Not a Number, Soon Is Not a Time

The number is 100,000. The time is NOW. The goal is achievable, but IHI needs our help. We give quality care in Arizona, and we should participate in something as important as saving lives. Please be part of the *100,000 Lives Campaign*.

For additional information, visit <http://www.ihl.org/IHI/Programs/Campaign/>.

If You Are a CART User

Remember: The deadline for third quarter 2004 data submission to the Clinical Warehouse is February 15, 2005. If you have questions about your submission, contact Suzette Googins.

HSAG Prepares Hospitals for the CMS/JCAHO Specifications Manual with a WebEx Presentation

The acute care team, in response to a request from hospital quality improvement managers and abstractors, recently recorded a WebEx presentation describing three pertinent sections of the *CMS/JCAHO Specifications Manual*. The 30-minute recording describes the usefulness of the data dictionary, the measures information, and the appendices. To assist abstractors gain a better understanding of their strengths and weaknesses associated with using the *Manual*, an Assessment of Knowledge is posted on the acute care Web site.

The answers and references for the knowledge assessment are included in the WebEx.

The WebEx and Assessment of Knowledge can be accessed at <http://acute.hsag.com>, in the "What's New?" section.

Medical Leave: Dr. Carter Marshall

Carter Marshall, MD, is on medical disability leave and currently not involved with any of his multiple projects. Suzanne Powell or one of the Clinical Quality Specialists can assist you with any questions you may have about the continuation of the projects and work of Dr. Marshall. If you have recently tried to communicate with Dr. Marshall and have not received a reply, please redirect your communication to a member of the acute care team.

SIP Progresses to SCIP

From SIP to SCIP is now available online in the "News Features" section of <http://www.MedQIC.org/scip>. The 52-minute presentation discusses the current national Surgical Infection Prevention (SIP) project and the upcoming Surgical Care Improvement Project (SCIP), a national quality partnership planned for Medicare's 8th Scope of Work in August 2005. The presenter is Dale W. Bratzler, DO, MPH, principal clinical coordinator for the Oklahoma Foundation for Medical Quality. Dr. Bratzler provides clinical and technical support for these national quality improvement initiatives.

Dr. Bratzler has given similar presentations for a number of groups across the United States interested in improving the quality of surgical care. In the presentation, Dr. Bratzler provides a background summary of the SIP and shows some of the national data that have been collected as a part of that project, as well as findings in the clinical literature. He discusses the transition of the SIP into the new SCIP— which will focus on improving the outcomes for patients having surgery—that goes beyond just preventing surgical infection.

In addition, Dr. Bratzler's slides are available on the Web site in a downloadable PowerPoint file, which includes his comments for each slide in the speaker's notes area.

Sierra Vista Sponsors Smoking Cessation Course

Sierra Vista Regional Health Center is sponsoring a Basic Tobacco Intervention Skills Certification for Medical and Allied Health Professionals course on Friday, February 11, 2005, 8:00 a.m.–12:00 p.m. The courses are conducted by the HealthCare Partnership from The University of Arizona.

During the afternoon a Basic Tobacco Intervention Skills Instructor course for Medical and Allied Health Professionals will be offered. The instructor course requires that the participants be licensed in a field of health or human service and have completed the Medical & Allied Basic Skills Certification course.

Both courses are free and offer CEUs. For registration or additional information, contact Diana Davila at davila@u.arizona.edu, 520.318.7253 ext. 126, or pager 520.218.9665.

AHRQ Hosts Free Teleconference

Hospital Survey on Patient Safety Culture

The Agency for Healthcare Research and Quality (AHRQ), in partnership with Premier Inc., the Department of Defense, and the American Hospital Association, will host a free technical assistance telephone briefing on February 15 from 2:00 p.m. to 3:30 p.m., EST, to discuss AHRQ's *Hospital Survey on Patient Safety Culture* survey tool.

Callers will get valuable tips and learn effective techniques for administering the AHRQ survey. The faculty will include those responsible for the development of the survey and users who will share their experiences and success in adopting and implementing the survey.

Call information: RSVP by sending an e-mail to hospitalculturesurvey@ahrq.gov by February 11 for full information. Call 1.877.918.3008, and use "8310257" as the pass code. Callers will be placed on

a listen-only status during the call, with time allotted for questions at the end of the call. AHRQ will provide a playback line (1.888.403.4660) for two weeks following the call for those who cannot participate.

The *Hospital Survey on Patient Safety Culture* tool kit, a press release, and frequently asked questions (FAQs) are available at <http://www.premierinc.com/all/safety/culture/>

HoW Focuses on Patient Safety

The Arizona Hospital Workgroup (HoW) focused on patient safety during its January 13 meeting. After introductions, Adda Alexander, Executive Vice President, Arizona Hospital and Healthcare Association (AHHA), began her presentation by sharing current association initiatives with the attendees and discussing the need for hospitals and administrators to be proactive in seeking opportunities to promote patient safety. Ms. Alexander then discussed the need for attendees to engage in and support the work of national organizations that encourage patient safety through best practices. She also cited the Institute for Healthcare Improvement (IHI) *100,000 Lives Campaign* that aims to make health care safer and more effective and to ensure that hospitals achieve the best possible outcomes for patients. Ms. Alexander urged all attendees to become involved in this *Campaign*. She closed by reinforcing that patient safety should be everyone's concern, and that safety should not be an advertising concept—but rather a goal that all health care professionals should strive to achieve.

The meeting continued with a presentation by Linda McCoy, Pharm D, Director of Clinical Patient Safety, Banner Good Samaritan Medical Center, regarding the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO's) patient safety goal of reconciliation of medications across the continuum of care. Ms. McCoy also shared information about medication reconciliation from the IHI and Massachusetts Coalition programs. Her presentation included eye-opening statistics about

medication errors within hospitals. In conclusion, Ms. McCoy urged HoW participants to work together in a collaborative effort to develop interventions that could be implemented across the state.

Suzanne Anders, Clinical Quality Specialist, HSAG, discussed the challenge of reconciling medications within an organization. Drawing upon information provided by the previous speakers, Ms. Anders discussed processes that can be used by hospitals to implement reconciliation, which included information about potential barriers that personnel may encounter while implementing the reconciliation process.

During the afternoon session, HoW participants discussed options and concerns relating to the development of a statewide program that would assist hospitals with implementing the patient safety goal. A subcommittee, composed of pharmacists, clinicians, and hospital administrators, was formed to provide direction and to recommend tools, methods of measurement, and policies and procedures for the process of reconciliation to HoW. If you would like to join the subcommittee, contact Suzanne Anders.

If you would like to participate during the upcoming March 10 meeting, contact Suzanne Anders or Suzette Googins.

Materials from the January 13 HoW Meeting can be found at

http://acute.hsag.com/HoW_January_Meeting.html.

National Project Focuses on Discharge Measures

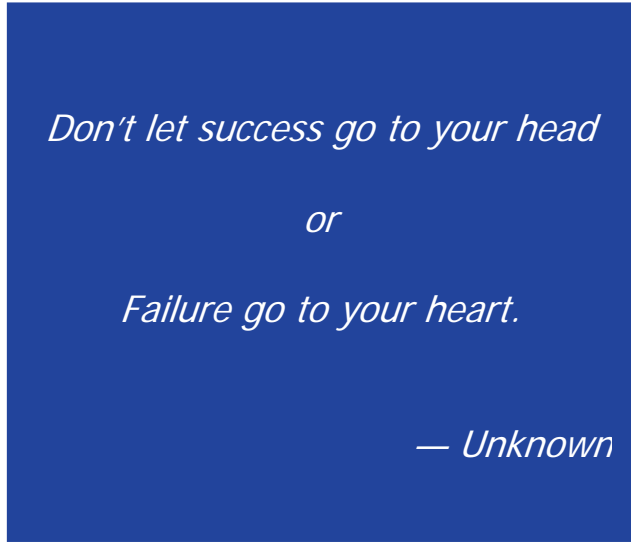
Arizona hospitals will be invited to collaborate in a multistate project, sponsored by the Centers for Medicare & Medicaid Services (CMS), designed to increase the appropriateness of discharge medications prescribed to patients diagnosed with acute myocardial infarction (AMI), heart failure (HF), and pneumonia (PN). The states participating in this CMS

project include Arizona, Colorado, Maryland, South Carolina, and Washington. Only ten hospitals will be selected to participate from each state. Each site will be asked to share data already being collected, develop quality improvement interventions, and implement those practices that are most successful in improving appropriate discharge prescriptions. Project results will be shared across the country. Participating hospitals will benefit by having an opportunity to:

- ★ Enhance current discharge processes to include care measures.
- ★ Promote patient safety by eliminating errors of omission at discharge.
- ★ Offer educational opportunities for clinicians to increase their knowledge about discharge care of patients with AMI, HF, and PN.
- ★ Learn about health care quality improvement barriers and successes from other hospitals across the nation and Arizona.

The quality measures selected for this project are a subset of those measures that hospitals are already publicly reporting to meet requirements for the CMS Annual Payment Update. They are: aspirin at discharge (AMI), beta blockers at discharge (AMI), ACE-I or ARB at discharge (AMI and HF), and pneumococcal immunization (PN).

For additional information, contact Susan Sumwalt.



HoW Provides WebEx Presentations on Medication Reconciliation

HSAG and the Hospital Workgroup (HoW) are sponsoring a series of WebEx presentations on the topic of medication reconciliation.

The first presentation will feature Linda McCoy, Pharm D, Director of Clinical Patient Safety, Banner Good Samaritan Medical Center, and Eric Nelson, MS, RPh, Director of Pharmacy, Mayo Clinic, Arizona. They will provide an overview of medication reconciliation and discuss how to get started and forms that can be used for the reconciliation process.

The presentation will be available at <http://acute.hsag.com> in the “What’s New” section after February 22.

The second presentation in the series is scheduled to focus on the process and workflow of reconciliation.

Information about the WebExs can be obtained from Suzanne Anders.

Arizona Rural Quality Network Group Holds Quarterly Teleconference

HSAG, in partnership with the Arizona Rural Health Office, held its quarterly Rural Quality Network Group teleconference on January 18. The teleconference featured an update from Lynda Ellington of HealthPartners—a two-state (Arizona and California) three-year (2004–2007) Medicare demonstration project for patients with congestive heart failure (CHF).

Judith Richard, HSAG Clinical Quality Specialist, presented a summary of the January 13 HoW meeting, the 8th Scope of Work (SoW) draft pertaining to hospitals, and the Rural Hospital Award Program (RHAP)—an HSAG-created program that

will recognize excellence in the clinical management of pneumonia among rural hospitals.

Ardie Ostrom, HSAG Case Review Manager, provided information and answered questions on the recent observation status code 44, which allows a hospital utilization review committee to change admission status from inpatient to outpatient if certain criteria are met. Upon conclusion of the teleconference, the participants decided to increase the teleconferences from quarterly to bimonthly following each HoW meeting.

For information, contact Judith Richard.

CART Training

Ten individually recorded CART 2.2 training sessions are available for viewing and/or downloading from QualityNet Exchange. The following are the ten individual recorded sessions:

- CART 2.2 Installation
- CART 2.2 Setup and Preferences
- CART 2.2 Abstraction Processes: New, Edit, and Delete
- CART 2.2 Import, Export, and Data Validation
- CART 2.2 Reporting
- CART 2.2 Acute Myocardial Infarction (AMI) Abstraction
- CART 2.2 Heart Failure (HF) Abstraction
- CART 2.2 Pneumonia (PN) Abstraction
- CART 2.2 Surgical Infection Prevention (SIP) Abstraction
- CART 2.2 Check XML Case Complete Routine

The training sessions may be found at: <http://qnetexchange.org/public/publicpage.do?cmnPage=training>.

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Upcoming Events and Important Dates

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|--------------------|---|--------------------------|
| <i>February 15</i> | AHRQ Teleconference on Hospital Patient Safety Culture Survey | 2:00 p.m.–3:00 p.m., EST |
| <i>March 10</i> | Hospital Workgroup (HoW) Meeting HSAG Conference Center | 10:00 a.m.–2:00 p.m. |
| <i>March 15</i> | Arizona Rural Quality Network Group Teleconference | 11:00 a.m.–12:00 p.m. |
| <i>April 19</i> | Rural Hospital Award Program (RHAP) Awards Banquet—by invitation only | 11:00 a.m.–2:00 p.m. |

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