

SOWNews

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CMS/JCAHO Suspend Public Reporting of SIP Measure 2

After careful consideration of all issues involved and consultation with the technical expert panel for the infection prevention module of the Surgical Care Improvement Project, the Centers for Medicare & Medicaid Services (CMS) along with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) have agreed to temporarily suspend public reporting of hospital performance on SIP Measure 2 (appropriate antibiotic selection for surgical prophylaxis). CMS and JCAHO will continue to collect data on antibiotic selection for surgical prophylaxis during the temporary suspension but will not publicly report performance on this measure on Hospital Compare (<http://www.hospitalcompare.hhs.gov/>).

There are three reasons for the temporary suspension of SIP-2 as a publicly reported measure of hospital quality:

1. There is increasing prevalence of both health care-associated methicillin resistant Staphylococcus aureus (MRSA) and community-acquired MRSA in some institutions. While several published guidelines for surgical prophylaxis now recommend the use of vancomycin for prophylaxis for some operations performed within hospitals with a "high rate" of infections due to MRSA or methicillin-resistant Staphylococcus epidermidis, there is no guidance on what constitutes a "high rate" of MRSA infections. While the Healthcare Infection Control Practices Advisory Committee (HICPAC) has previously stated in their guideline "the routine use of vancomycin in antimicrobial prophylaxis is not recommended for any kind of operation," it is likely that some high-risk patients would benefit from use of vancomycin for prophylaxis.

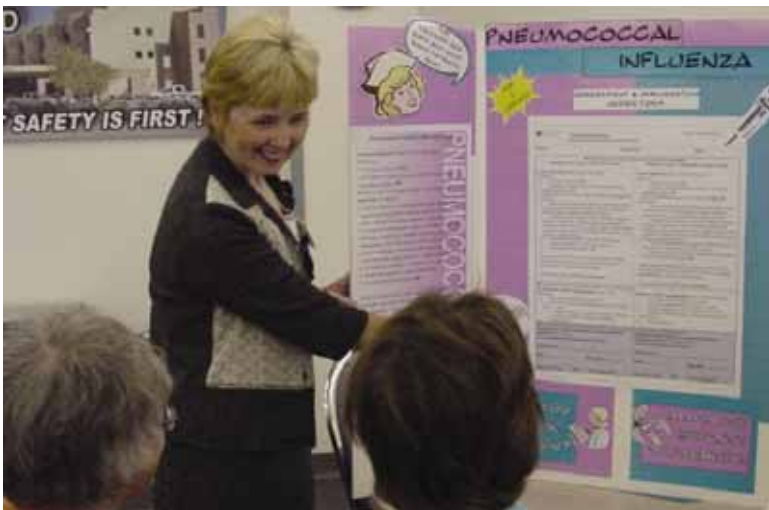
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HSAG Recognizes Performance Improvement Coordinator

Health Services Advisory Group (HSAG), the Medicare Quality Improvement Organization (QIO) in Arizona, is pleased to recognize Eileen Pressler, RN, CCM, CPHQ, Performance Improvement /Accreditation Coordinator at Kingman Regional Medical Center (KRMC) for her outstanding efforts and contribution in promoting quality of care.

Ms. Pressler, who resides in Kingman, Arizona was introduced to the Centers for Medicare & Medicaid Services (CMS) 7th Scope of Work (7SoW) while working as the Quality Review Nurse at Havasu Regional Medical Center. During the 7SoW, she subsequently took a position at KRMC.

Along with her hospital team, Ms. Pressler has worked toward the implementation of standing orders for influenza and pneumococcal immunizations. She used the Plan-Do-Study-Act (PDSA) cycles for improvement as she proceeded in a “one step at a time” approach. She acknowledges that she also drew upon the successful methods seen in political campaigns, e.g., disseminating the importance of the message via various means—such as reminders and posters.



Eileen Pressler, shown teaching a class at Kingman Regional Medical Center. Ms Pressler is recognized for her performance improvement efforts.

Ms. Pressler acts upon the frequently cited quote “Steal shamelessly; share openly.” Having attended the 2004 Congestive *Heart Failure (CHF) in Rural Hospitals* videoconference, she used the information and materials from the conference. After review and discussion, the tools were modified and implemented to provide complete discharge instructions for CHF patients at her facility.

Ms. Pressler, who is an active member of the Arizona Hospital Workgroup (HoW), has been a strong supporter of the Institute for Healthcare Improvement’s (IHI’s) *100,000 Lives* Campaign. She has enthusiastically promoted the campaign, writing an article for the *SoW News* and presenting its importance to the Arizona Rural Quality Network Group.

With Ms. Pressler’s guidance, KRMC has participated in the first CMS Best Practice Special Study (BPSS) promoting interventions for inpatient smoking cessation counseling. Currently KRMC is participating in the second BPSS. This study, similar to the first, involves ten hospitals from each of five QIO across the nation. This second study focuses on discharge medication performance measures in the Acute Myocardial Infarction Project and the Heart Failure Project along with the pneumococcal immunization measure in the Pneumonia Project. Ms. Pressler readily shared the product of her team’s effort for standing order assessment and protocol for the pneumococcal and influenza immunization with the hospitals in Arizona and the other states.

HSAG wants to recognize Ms. Pressler’s strong support of HSAG’s quality-of-care activities. Her actions improve care for patients at KRMC; her generous sharing improves patient care through Arizona and beyond.

This is a first in a series of articles recognizing quality improvement personnel in Arizona.

National Hospital Quality Measure Modifications Effective 10/1/2005

The CMS/JCAHO Specifications Manual for National Hospital Quality Measures—**effective with October 1, 2005 discharges**—was released on QualityNet Exchange on June 3.

An overview of the modifications related to data collection is provided below:

1. The current data element of ACEI or ARB Prescribed at Discharge will be modified to ACEI Prescribed at Discharge for the AMI-3 and HF-3 measures.
2. A new data element of ARB Prescribed at Discharge will be collected for the AMI-3 and HF-3 measures. The separation of these elements will allow for unique data collection and analysis of the utilization of ACEIs versus ARBs.
3. Several Discharge Status verbiage modifications will be implemented. Discharge Status 03 will be modified to state, "discharged/transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care." Discharge Status 05 will be modified to state, "discharged/transferred to another type of institution not defined elsewhere in this code list." Examples of these institutions are cancer hospitals excluded from Medicare PPS and children's hospitals. Discharge Status 06 will be modified to state, "discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care." Discharge Status 08, which states, "discharged/transferred to home under care of a Home IV provider," will be discontinued.

The CART 3.1 XML File Layout—effective with October 1, 2005 discharges—detailing these modifications is also available in Section 9 of the Specifications Manual. CMS and JCAHO are continuing to support providers through alignment efforts with early communication of the modifications.

American Journal of Surgery Reports:

QIO National Collaborative Cuts Surgical Infection Rates

The American Journal of Surgery has published a study that credits the 2002–2003 National Surgical Infection Prevention Collaborative with making significant reductions in surgical site infection rates for the 56 hospitals from 50 states that participated in the collaborative.

The American Health Quality Association’s (AHQA’s) press release on the study can be found at http://www.ahqa.org/pub/media/159_678_5198.CFM.

Beginning with **January 1, 2006** discharges, the discontinuation of prophylactic antibiotics for cardiac procedures will become 48 hours.

Statement by HHS Secretary Mike Leavitt

The Health Information Technology Bill of Senators Frist and Clinton

“One of President Bush's most urgent priorities is eliminating medical errors, which kill 44,000 to 98,000 Americans every year in hospitals.

“Last year—to prevent errors and save lives—the President set an aggressive goal of making electronic health records (EHRs) available to a majority of Americans within ten years. EHRs and other information technology will transform our health care system, resulting in fewer mistakes, lower costs, better care, and less hassle.

“Last week, I announced the formation of the American Health Information Community, a public-private collaboration that will recommend common standards for EHRs. We also issued four requests for proposals to invite the private sector to help us advance this process.

“Today, I welcome the interest of Senators Frist and Clinton, who are introducing a bill on this topic. I look forward to working with them, and with people around the country, to make electronic medical records secure, accessible, and portable for everyone.”

MAGNET-ized Nursing Care

Banner Good Samaritan Awarded Magnet™ Status for Nursing Excellence by the American Nurses Association

PHOENIX (June 13, 2005)—Awarded the coveted Magnet™ seal of approval from the American Nurses Credentialing Center (ANCC), the credentialing arm of the American Nurses Association, Phoenix-based Banner Good Samaritan Medical Center (BGSME) is ranked among the nation’s leading health care facilities for nursing excellence.

Of more than 6,000 hospitals nationwide, only 141 have earned Magnet™ status to date—a four-year designation by the ANCC.

BGSME was chosen for the delivery of exceptional patient care, promoting staff growth and development and, positive patient outcomes. With more than 1,000 nursing professionals serving an estimated 36,000 inpatients annually, it is the largest and longest serving medical center in Arizona to hold the honor.

Started more than a decade ago, the ANCC’s Magnet Recognition Program® highlights those organizations with the highest standards of nursing care. Scrutinized by both qualitative and quantitative measures, the program enables consumers to gauge health care facilities based on third-party evaluation and endorsement of their care.

“Our Magnet™ recognition is truly a testament to the collaboration between all of the hospital’s departments,” explains Herb Geary, Chief Nursing Officer at Banner Good Samaritan. “From housekeeping and food service to medical imaging and patient transport, everyone who touches the patient ultimately impacts his or her care experience.

Our multidisciplinary shared leadership environment lends itself to overall excellence throughout the medical center.”

As a leader in high quality and innovative patient care, the Magnet™ recognition will further enhance Banner Good Samaritan’s ability to attract and retain quality nursing professionals—a priority as the nation faces a nursing shortage.

“Our nursing staff and their colleagues have spent four years working toward Magnet™ status,” says Paul Mullings, Chief Executive Officer at Banner Good Samaritan. “Their collective hard work, determination and tenacity enabled them to achieve this much-deserved honor.”

If your organization has received an award and you would like to share the news through the *SoW News*, contact Suzanne Anders at sanders@azqio.sdps.org.

AMA'S Primer To Help Physicians Improve Immunization Rates

Especially Among Minority Populations

The American Medical Association (AMA) recently published a physician primer, "Improving Immunization: Addressing Racial and Ethnic Populations." It is the fourth primer in the AMA's series *Roadmaps for Clinical Practice*. A collaborative endeavor between the AMA and CDC, the Roadmaps series is intended to help physicians adapt to changes in the medical environment and integrate disease prevention and health promotion into routine clinical care.

The immunization primer has four main components: overview, childhood and adolescent immunizations, adult immunizations, and resources for physicians and patients. It also has a continuing medical education activity and a program evaluation form.

To download the components, visit: <http://www.ama-assn.org/ama/pub/category/9958.html>

You can also order a complimentary copy of the primer in print (hardcover binder) or on CD-ROM.

To order, call (312) 464-2456 or fax your request to (312) 464-5842.

Consents Required?

Signed consents for Pneumococcal Polysaccharide vaccination is neither legally required nor mandated. A signed consent is also not a guarantee of informed consent.

A special article in the *Archives of Internal Medicine* Vol. 164, Jan. 12, 2004, written by Stephanie Kissam, BA; David R. Gifford, MD, MPH; Gail Patry, RNC; Dale W. Bratzler, DO, MPH, asks:

Is Signed Consent for Influenza or Pneumococcal Polysaccharide Vaccination Required?

“Each year, thousands of preventable deaths and hospitalizations result from complications of influenza and pneumococcal disease, mostly in elderly persons, despite the availability of vaccines. Obtaining signed consent prior to administering the vaccines represents an obstacle to achieving the *Healthy People 2010* goals for vaccinating individuals against influenza and pneumococcal disease. Signed consent is neither legally mandated nor a guarantee that the patient (or proxy) has given informed consent. Nonetheless, many health care providers and institutions currently require signed consent before administering these vaccines. Rather, health care providers should use the Vaccine Information Sheet developed by the Centers for Disease Control and Prevention to inform patients about the risks and benefits associated with these vaccines. Requiring signed consent before administering these low-risk, high-benefit vaccines is inconsistent with the current practice of not requiring signed consent before prescribing other common treatments, e.g., antibiotic treatment, whose risk levels are the same or higher.”

QnetQuest (www.qnetexchange.org) offers abstraction guidelines in questions # 27713 and 12873.

Deliver a *LIFESAVING* Message

Smoking Cessation Certification CE Workshops—BRIEF INTERVENTIONS for Medical and Allied Health Professionals

A growing number of Arizona hospitals and health care systems have taken advantage of the free continuing education Brief Tobacco Intervention Skills certification and Basic Skills Instructor workshops taught by The University of Arizona HealthCare Partnership faculty. The workshops are funded by the Arizona Department of Health Services Office of Tobacco Education & Prevention.

Upcoming opportunities to earn certification to provide an evidence-based, life-saving intervention include July 14, in Flagstaff, and September 13, in Yuma. Other dates and times are being scheduled. The HealthCare Partnership faculty team and health care system staff that are certified instructors will be teaching the three-hour Brief Tobacco Intervention Skills Certification workshops.

For more information and registration contact: The HealthCare Partnership at the University of Arizona (520) 318-7253 ext.162 or lstrayer@u.arizona.edu.

The Coalition for Tobacco-Free Arizona 3rd Annual Conference "Best of the West" will be held September 8-9, 2005 in Phoenix. The HealthCare Partnership will also provide a Continuing Education Brief Tobacco Intervention Skills certification workshop as a preconference event on September 8. For information please see http://www.tobaccofreeaz.org/ctfa/2005_conference.htm, or call 602-234-0826.

Health care professionals are well aware of the devastating consequences of tobacco use. Unfortunately, life-threatening diseases are manifest only after years of tobacco use and are often in advanced, difficult to treat stages when diagnosed. By delivering a personal, relevant brief tobacco cessation message, clinicians may move a patient closer to a successful quit.

- To access more information on continuing education and certification programs, visit <http://www.tepp.org/hcp/index.html>
- For the HealthCare Partnership calendar of events, visit <http://research.sbs.arizona.edu/hcpcalendar>
- To learn about the Arizona Department of Health Services free resources and service to help people quit tobacco, visit <http://www.tepp.org>

CMS/JCAHO Suspend Public Reporting of SIP 2

(continued from page one)

2. There are national shortages of antibiotics recommended for prophylaxis for patients undergoing general abdominal colorectal surgery. AstraZeneca has discontinued the production of cefotetan disodium and no other manufacturers produce this antibiotic. In addition, there are national shortages of cefoxitin sodium due to current inability of the manufacturers to meet demand for the antibiotic. Consequently, Cefazolin sodium used in combination with

metronidazole is frequently the only guideline-recommended alternative for surgical prophylaxis for these operations.

3. When compared to the antibiotics recommended for routine surgical prophylaxis, there are conflicting antibiotic recommendations from the American College of Cardiology/American Heart Association (ACC/AHA) for prevention of endocarditis for the limited group of patients who have coexisting valvular heart disease who are having an operation.

During this temporary suspension of SIP-2, HICPAC has agreed to revisit the issue of appropriate use of vancomycin for surgical prophylaxis.

In addition, a committee consisting of the authors of currently published guidelines for surgical antimicrobial prophylaxis, including representation from ACC/AHA Valvular Heart Disease guidelines committee, will revisit all three issues discussed above.

Acute Care Contact Information

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