

SOW News

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The Passing of a Pioneer: HSAG Pays Tribute to Carter L. Marshall, MD, MPH



Carter L. Marshall, MD, MPH, Vice President of Clinical Quality Assessment at Health Services Advisory Group since 1992, died of pancreatic cancer on February 18, 2005. Dr. Marshall, whose multifaceted career gave him a unique perspective on health care, had been the clinical lead for HSAG’s hospital quality improvement projects for the past several years.

“Dr. Marshall’s experience and great wealth of knowledge were tremendous assets to HSAG,” said Herb Rigberg, MD, HSAG CEO. “We could always count on him to quickly see to the heart of any problem and to devise practical solutions. Carter was a friend and a colleague whose spirit will always be with us.” This sentiment was echoed by Suzanne Powell, RN, BSN, MBA, HSAG Director of Acute Care Programs, who said, “Dr. Marshall not only gave brilliance and foresight to all the projects he touched at HSAG, he also touched the hearts of all those who knew him. The lives of Medicare beneficiaries and of his friends are better for having known him. He will not be forgotten.”

The son of a physician, Dr. Marshall graduated *magna cum laude* from Harvard College in 1958, from Yale Medical School in 1962, and received his MPH from the Yale School of Public Health in 1964. After serving in the U.S. Army in Okinawa in 1965–67, he became an Assistant Professor at the University of Kansas School of Medicine from 1967–69. He then joined the faculty of the Mt. Sinai School of Medicine in New York as Associate Professor and Professor of Community Medicine. He was Associate Dean at Mt. Sinai from 1969–76, and, for two years, the University Dean for Health Affairs at the City University of New York.

In 1976–77 he helped set up a new medical school at Morehouse College in Atlanta. He joined the faculty of the University of Medicine and Dentistry of New Jersey (UMDNJ) in 1977 as Professor of Medicine and Director of the Office of Primary Health Care Education (now the Department of Family Medicine). He served as Director of Medical Education at UMDNJ from 1984 to 1989. Dr. Marshall moved to Tucson in 1990. In addition to his work at HSAG, he was Clinical Research Professor in the Department of Family Medicine at the University of Arizona and Adjunct Professor at the School of Health Administration and Policy at Arizona State University.

Dr. Marshall was the coauthor of *Dynamics of Health and Disease*, an introductory text for allied health workers, and contributed more than 70 articles to the medical literature—most recently dealing with quality assessment issues. In addition to health care, his many interests included photography, Greek history, military history, American history, and Arizona Wildcats basketball. He is survived by his wife, Norma Davenport, and four children.

Health Services Advisory Group will commemorate Dr. Marshall by naming its annual rural hospital quality award for him. The first Carter L. Marshall Rural Hospital Quality Award will be given in April.

Hospital Compare Rolls Out

On Thursday, March 10, from 1 p.m.–2:30 p.m. EDT, the Centers for Medicare & Medicaid Services (CMS) will host the Hospital Compare Satellite Broadcast via Webcast. During the broadcast, CMS, along with other Hospital Quality Alliance members, will provide information on the upcoming national

launch and rollout of the Hospital Compare consumer-oriented Web site and describe the strong collaborations and partnerships that have made this initiative successful. The broadcast will feature a preview of the Hospital Compare Web site, information on the marketing strategy for the national rollout, and a live question and answer session.

You must pre-register to view this Webcast. To register, go to <http://cms.internetstreaming.com>. If you have not previously registered you will need to do so now. This takes less than 5 minutes. Once registered, go to “Live and Upcoming Broadcasts.” When the page opens, find the Hospital Compare program in the list and click Register. Select Webcast.

Agenda and handouts for this broadcast are available at <http://www.cms.hhs.gov/quality/hospital/> and <http://cms.internetstreaming.com>.

HSAG Offers WebEx Learning

Health Services Advisory Group is offering WebEx learning experiences on the recommendations of the Arizona Hospital Workgroup (HoW). The presentations include:

- Medication Reconciliation—Overview.
- Medication Reconciliation—Getting Started.
- Medication Reconciliation—Processes and Workflow.
- An Overview of the CMS/JCAHO Specification Manual for Data Abstraction.

Links to these presentations are located on the HSAG acute care Web site at <http://acute.hsag.com>, under the "What's New" section.

Updated CMS/JCAHO Manual

The CMS/JCAHO *Specifications Manual for National Hospital Quality Measures*, version 1.02 has been released. This updated version is located on QualityNet Exchange under the HDC tab or the CART tab and can be identified with the revision date of 2-2005. Release Notes have been provided to identify the changes in the manual. In response to requests from providers, Appendix A—ICD-9-CM codes, and Appendix C—Medications Tables, have been provided in both PDF and MS Excel formats.

Saving 100,000 Lives: The IHI's Patient Safety Campaign

Herb Rigberg, MD
Chief Executive Officer
Health Services Advisory Group, Inc.

The release of the Institute of Medicine's (IoM) 2000 report, *To Err is Human: Building a Safer Health System*, is widely regarded as the point where the silence surrounding medical error was broken. The report sounded a clarion call for reducing medical errors and improving patient safety through the design of a safer health care system. Here are the disturbing statistics:

- The IOM estimates that as many as 98,000 people die each year in U.S. hospitals due to medical injuries.
- The Centers for Disease Control and Prevention estimate that 2 million patients suffer hospital-acquired infections each year.
- The U.S. spends the most money on health care of all (advanced) industrialized nations, but it performs more poorly than most on many measures of health care quality.

The American health care system does not change quickly, however, and there has been growing concern that not enough is being done to bring about the system changes recommended in *To Err is Human* and the subsequent IoM report, *Crossing the Quality Chasm: A New Health System for the 21st Century*. Last year Stephen Jencks, MD, MPH, director of the Centers for Medicare & Medicaid Services (CMS) Quality Improvement Group, stated that, though progress has been made in health care, accelerating the pace of quality improvement will require transformational change. "Working harder will not fix it—changing the system will," Jencks said. "We have to stop talking about improving care and start to talk about getting the system to do it right for every patient, every time." He went on to say, "We can't live with our current rate of progress."

The IHI 100,000 Lives Campaign

A powerful catalyst to speed up the evolution of hospital safety culture came in December with the

Institute for Healthcare Improvement's (IHI's) announcement of its *100,000 Lives Campaign*. This campaign, which uses the tagline "Some is not a number; soon is not a time," is based on the premise that a remarkably few proven interventions, implemented on a wide enough scale 100 percent of the time, can avoid 100,000 patient deaths between January 2005 and June 14, 2006, and every year thereafter.

The campaign has been endorsed at a national level by the American Medical Association (AMA), the American Nurses Association (ANA), the Centers for Medicare & Medicaid Services (CMS), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Veterans Health Administration (VHA), and many others.

The Six QI Changes

Hospitals that choose to participate in the *100,000 Lives Campaign* commit to implement some or all of six quality improvement (QI) changes.

The six interventions, by design, share a lot of common ground with other patient safety initiatives, most notably the JCAHO 2005 *National Patient Safety Goals* and the CMS hospital public reporting and quality improvement initiatives.

Joining the Campaign

The IHI has invited every health care facility in the United States to join in this *Campaign* to make these proven, life-saving techniques standard practice. Said Donald Berwick, MD, MPP, President and CEO of IHI, "The names of the patients whose lives we save can never be known. Our contribution will be what did *not* happen to them. And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know grandparents they might never have known, and holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that, without our work, would never have been."

The number is 100,000. The time is June 14, 2006. These goals are achievable, but only if we all come together at a grass roots level to support and promote this important initiative. HSAG has committed to this project. Please join us in making health care safer for Arizonans.

Health care organizations can enlist in the *100,000 Lives Campaign* and learn more about the campaign's proven life-saving improvement techniques at <http://www.ihl.org/ihl/programs/campaign>. The site provides detailed information on each recommended change, as well as useful tools and helpful resources.

March HoW Features Donna Young

The March 10, 10 a.m.–2 p.m., Hospital Workgroup (HoW) meeting will feature Donna Young, Vice President of Risk Management Services, MICA. Ms. Young will be discussing methods of influencing physician behavior. Also featured will be a CMS Webcast presentation of Hospital Compare.

Other agenda items include updates of current events within HSAG and a discussion about revising and re-distributing the *ACE-I Change Package*. Lunch is provided.

If you would like to attend future HoW meetings, contact Suzette Googins.

Surgical Patients Are Not Protected

The *Archives of Surgery* published a study in its February 22 edition showing that only about half of patients undergoing major surgery receive antibiotics in the timeframe recommended to best prevent surgical infections.

You may access an abstract of the article, “Use of Antimicrobial Prophylaxis for Major Surgery, Baseline Results From the National Surgical Infection Prevention Project,” at: <http://archsurg.ama-assn.org/cgi/content/abstract/140/2/174>.

Surgical infections are a major cause of mortality and morbidity among hospitalized patients. Compared to similar-risk patients undergoing the same surgery, a patient who gets a surgical site infection is twice as likely to die, 5–6 times more likely to require re-admission, and likely to stay in the hospital twice as long.

Updated SIP Literature Review Available

The January 2005 update of the literature review for the Surgical Infection Prevention (SIP) Project is now available on MedQIC in the SIP/Project Support/Supporting Materials area. The latest version includes additional materials that support the emerging Surgical Care Improvement Project (SCIP). Topics include infection prevention and reduction of cardiovascular, respiratory and thromboembolic complications of surgery.

All articles are annotated, and links to abstracts are included for most articles.

To access the updated literature review, go to: <http://www.medqic.org/content/nationalpriorities/topics/projectSupportCats.jsp?topicID=461&subTopicID=1143495>

Medication Reconciliation: No Longer a Missed Opportunity

Medication error, a substantial source of preventable error in hospitals, was singled out as a high priority area for all health care organizations in the Institute

Tucson Heart Hospital Sponsors Smoking Cessation Course

Tucson Heart Hospital, 4892 North Stone Avenue, is sponsoring an **INSTRUCTOR** workshop for Basic Tobacco Intervention Skills on Wednesday, March 23, 8:00 a.m.–12:30 p.m. The instructors for this workshop are from The University of Arizona HealthCare Partnership.

This course requires that the participant be licensed in a field of health or human service and have completed the Medical & Allied Basic Skills Certification course. The course is free and offers CEUs.

For registration or additional information, contact Diana Davila at davila@u.arizona.edu, 520.318.7253 ext. 126, or pager 520.218.9665.

of Medicine's (IoM's) 2000 report, *To Err is Human: Building a Safer Health System*. Here is a summation of research findings that illustrate the scope of the problem:

- Medication-related errors have been estimated to account for over 7,000 deaths annually.
- Adverse drug events (ADEs) occur in 6.5 of every 100 hospital admissions, with 42 percent of these events being either serious or life threatening.
- Hospitalized patients who experience an ADE have longer hospital stays, higher costs, and almost twice the risk of death as those without an ADE.
- Overall, the cost of drug-related deaths and complications exceeds \$136 billion a year in the United States.
- Estimates are that 46 percent of medication errors occur on admission to or discharge from a clinical unit or hospital when patient orders are written.

Despite the IoM's medication safety recommendations, which were again asserted in its 2003 report, *Priority Areas for National Action: Transforming Health Care Quality*, health care providers have been slow to implement system changes. In December 2003, as part of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA), Congress mandated that the IoM carry out a comprehensive study of drug safety and quality issues in order to develop a blueprint for system-wide change. Though that activity has not yet been completed, it is likely that the IoM's report will call for sweeping changes in the way health care organizations handle patient medications and prioritize patient safety.

New Medication Reconciliation Initiatives

Whatever the IoM's recommendations, health care providers must get started now on medication safety improvement. Medication reconciliation (MR), in which health care providers ensure that patients receive all intended medications and no unintended medications following transitions in care locations, has become the focus of national patient safety initiatives.

Barriers to Success

MR would seem like a simple task to implement: create a list of a patient's medications at admission, keep the list updated throughout the patient's stay, and send that list to the patient's next provider after discharge. But there are significant barriers to this process. They include:

- Patients may not be able to communicate when they are admitted to a hospital.
- If they are able to communicate, patients may not know which medications they have been taking.
- Patients may not know to communicate herbal remedies as part of their medication list, or may not want anyone to know about potentially embarrassing medications that they have been getting from Internet or other sources.
- Specialty physicians are sometimes unconcerned with medications that are not part of their practice.

The largest barrier, though, is how to develop a successful process for dealing with medication discrepancies when they are found. This is almost always going to require a call to the patient's primary care physician for clarification. Was the medication discontinued intentionally or accidentally? Is the physician aware that a particular medication is contraindicated when this new medication is added to the regimen? Physicians dread the barrage of calls they may receive when a hospital implements MR processes, and hospitals are reluctant to devote the resources that MR will require.

Help Is Available

Successful implementation of redesigned MR system processes will require extensive education (including patient education), executive-level commitment, practitioner buy-in, organizational culture change (that includes a non-punitive system for error reduction and reporting), pharmacy support, and relentless follow-through. The first step, as with all major change, begins with education.

As part of the January Hospital Workgroup Meeting, a subcommittee was formed to assist others with the process of MR. WebEx learning sessions, including an overview and getting started, can be found at: <http://acute.hsag.com> under "What's New."

FLEX Offers Medication Reconciliation Phoenix and Tucson Videoconference—May 17

Medication reconciliation is the focus of this 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, Mel 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 are encouraged to attend from all rural and critical access hospitals within Arizona. 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 critical access hospital. Please watch for additional information regarding this program via e-mail soon.

GWTG Offers Web Conference on Heart Failure

The American Heart Association, Get With the Guidelines (GWTG) program, is introducing the first in a series of live, educational Web conferences on Thursday, March 17 at 12 noon, PST. UCLA's Dr. Gregg Fonarow will lead a discussion on Optimizing the Care of Heart Failure Patients: Introducing GWTG-HF. To view the Web conference, visit <http://www.americanheart.org/presenter.jhtml?identifier=3029056>.

Hear about the newest evidence based therapies and the role of hospital-based systems to improve care, and learn how you can successfully implement a long term, affordable solution for improving care for patients hospitalized with heart failure.

If you are unable to attend at this time, the presentation will be available for later viewing online.

Should you have any questions prior to the event, contact guidelineinfo@heart.org.

AHRQ Reports Continued Disparity Gap

The Agency for Healthcare Research and Quality (AHRQ) released its second annual national reports on health care quality and health care disparities on February 22.

The *2004 National Healthcare Quality Report* shows areas of improving quality and notes specific areas in which major improvements are needed. The *2004 National Healthcare Disparities Report* documents major disparities related to race, ethnicity, and socioeconomic status in American health care. The reports measure quality and disparities in four key areas of health care: effectiveness, patient safety, timeliness, and patient centeredness.

The reports also present data on the quality of and differences in access to services for clinical conditions, including cancer, diabetes, end-stage renal disease, heart disease, and respiratory diseases, and for nursing home and home health care. The *Quality Report* stresses that the gap between the best possible care and actual care remains large and that quality of care remains highly variable across the country. The report concludes that further improvement in health care is possible, citing that best practices have been identified, and collaborative, focused efforts among key stakeholders have produced impressive and inspiring gains. The *2004 Nation Healthcare Disparities Report* stresses that disparities are pervasive and that gaps in information exist, especially for specific conditions and populations.

The two reports are available at <http://www.qualitytools.ahrq.gov>.

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Upcoming Events and Important Dates

<i>March 9, 2005</i>	IHI Informational Call—Acute Myocardial Infarction Dial: 800.282.9233; Participant code: 7423	<i>2 p.m.–3 pm ET</i>
<i>March 10, 2005</i>	Hospital Workgroup (HoW) Meeting HSAG Conference Center	<i>10 a.m.–2 p.m.</i>
<i>March 10, 2005</i>	Hospital Compare Rollout Webcast For registration and viewing instructions, go to http://cms.internetstreaming.com	<i>11:00 a.m.–12:30 p.m.</i>
<i>March 15, 2005</i>	Arizona Rural Quality Network Group (ARQNG) Teleconference Contact Judith Richard for information.	<i>11 a.m.–12 noon</i>
<i>March 23, 2005</i>	IHI Informational Call—Surgical Site Infections Dial: 800.282.9233; Participant code: 7423	<i>4 p.m.–5 p.m. ET</i>
<i>March 23, 2005</i>	Smoking Cessation, Basic Skills INSTRUCTOR course, Tucson Heart Hospital	<i>8:00 a.m.–12:30 p.m.</i>
<i>March 30, 2005</i>	IHI Informational Call Ventilator Associated Pneumonia and Central Line Infections (combined call) Dial: 800.282.9233; Participant code: 7423	<i>2:00 p.m.–3:30 p.m. ET</i>
<i>April 19, 2005</i>	Rural Hospital Award Program (RHAP) Luncheon By Invitation Only	<i>11 a.m.–2 p.m.</i>

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