

SOW NEWS

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Observation Status Tutorial

An Observation Status Tutorial will be offered immediately following the April 12, 2007, HoW meeting. Participants will hear about the differences between Observation and Inpatient status, key questions to ask when deciding if a patient should be placed on Observation or Inpatient status, how to incorporate Observation status patients into an inpatient unit, and how to roll over from Observation to Inpatient status and vice versa. A question-and-answer period will follow. The tutorial will last 30-45 minutes. (See page 2 for additional information regarding the April HoW meeting.)

3 Arizona Hospitals Achieve Perfect Validation Scores

Accurate and valid medical record abstraction is paramount to fulfilling Centers for Medicare & Medicaid Services (CMS) and Joint Commission expectations. Medicare reimbursement has been tied to reporting valid data for several years. Congress has also mandated CMS to begin value-based purchasing or pay-for-performance, which will also rely on accurate and valid data.

Currently, the threshold for passing CMS validation is an agreement rate of 80 percent. The vast majority of Arizona hospital abstraction results meet this standard. Indeed, many hospital scores are above 90 percent agreement each quarter. However, it is still rare for a hospital to achieve 100 percent agreement with CMS in its re-abstraction process.

Three Arizona hospitals achieved this apex of validation for the most recently validated quarter: hospital discharges that occurred April through June 2006. This is an indication of dedicated abstractors that are well trained, knowledgeable of the criteria and the changes in criteria, and who routinely use the CMS/Joint Commission *Specifications Manual*. As a tribute to the abstractors—and the administration that places a priority on their work—HSAG is honored to congratulate the following hospitals for achieving 100 percent CMS validation scores.

Validation Valedictorians—100 Percent Agreement

- Cobre Valley Community Hospital
- John C. Lincoln Hospital—North Mountain
- Maryvale Hospital

SCIP Quality Measures: A Surgeon's Perspective

HSAG's Medical Director—Howard Pitluk, MD, MPH, FACS—will give a May 1 WebEx presentation on the SCIP Quality Measures. The presentation, "SCIP Quality Measures: A Surgeon's Perspective," will provide an over-

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view of SCIP with an emphasis on the relevant literature, research, and national support for the program. The presentation will conclude with a discussion of the Physician Quality Reporting Initiative (PQRI), which was mandated by the Tax Relief and Health Care Act of 2006 and links physician reimbursement to the SCIP measures. Additional information and handouts for the event will be available after April 23 at http://acute.hsag.com/scip_ipg.asp.

Limited Reporting of PN-7

Because of the delays in vaccine distribution in late 2006, the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission have jointly decided that public reporting of the performance measure for influenza vaccination (PN-7) will be limited to pneumonia inpatients who were discharged from the hospital during the months of December 2006 through February 2007 for the 2006–2007 flu season.

Upcoming Hospital Workgroup Meeting

The next Arizona Hospital Workgroup (HoW) meeting will focus on improving surgical care by implementing evidence-based medicine and identifying best practices. The meeting will be held on April 12, 2007, from 10:00 a.m. to 2:00 p.m., at the Carter Marshall Conference Center at HSAG.

Meeting objectives include:

- Providing participants with an increased understanding of surgical care quality measures, including those that are currently being publicly reported.
- Identifying best practices for implementing successful interventions.
- Recognizing potential barriers that may be encountered with surgeons, anesthesiologists, and staff.

Improving surgical care can best be accomplished by those from within the perioperative department with the accountability and responsibility for implementing changes. The role of the perioperative department in implementing interventions cannot be minimized. HSAG encourages you to invite representatives of your perioperative department to attend this FREE meeting.

If you would like to attend, RSVP with Suzette Gerhart at sgerhart@azqio.sdps.org.

April Premier Teleconference: Preventing DVT

Hear about “Preventing Deep Vein Thrombosis” on Wednesday, April 18, 2007, 2–3 p.m. (EDT) from Alpesh Amin, MD, MBA. Dr. Amin, the Executive Director of the Hospitalist Program at the University of California, Irvine, will be joined by John R. LeMoine, MD, FACP, System Medical Director, Sharp HealthCare, San Diego, Calif., and Jennifer Bourguignon, Nurse Practitioner, Clinical Outcomes Specialist,

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NPI: Get It. Share It. Use It.

National Provider Identifiers (NPIs) must be implemented by May 23, 2007. Covered health care providers have had 22 months to apply for their NPI—further procrastination could disrupt your cash flow. Act now if you still don't have your NPI! It's easy and it's free!

Have your NPI and don't know what to do with it? Share it. Share it with health plans you bill and the colleagues who rely on having your NPI to submit their claims (e.g., those who bill for ordered or referred services). You should also share it with your business associates, such as a billing service, vendor, or clearinghouse. Pay attention to information from health plans with which you do business as to when they will begin accepting the NPI in claims and other standard transactions.

Once your health plans have informed you that they are ready to accept NPIs, begin the testing process. Consider sending only a few claims at first as you test the ability of plans to accept the NPI. Fewer claims will make it easier to keep track of status and payment, as well as troubleshooting any potential problems that may arise during the testing process.

A new guidance document is available at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPIdisclosures.pdf> on the CMS NPI Web page. This guidance relates to the disclosure of health care providers' NPIs by health industry entities for the purpose of using NPIs in HIPAA standard transactions.

Spartanburg Regional Medical Center, Spartanburg, S.C.

The speakers will discuss:

- Incidents and epidemiology of DVT.
- External forces driving the prevention of DVT.
- Strategies to implement prevention of DVT within your health system.

You must preregister for this FREE conference at <http://www.premierinc.com/advisorlive>. Handouts for the conference will be posted at <http://www.premierinc.com/advisorlive>. These handouts are for your reference only. The slides posted will not be presented slide by slide during the program; however, they may be referred to by the speaker(s) during the discussion.

CMS Notifications for Data Collection:

Have You Subscribed?

To receive CMS e-mail notifications on important and timely information related to public reporting, data collection, validation, quality improvement, and CMS requirements, go to <http://www.qualitynet.org/> and click on “Auto-Notification” in the bottom left corner. There are three separate notification lists that cover:

- Information on enhancements and new releases.
- Notification of timeline or process/policy modifications.
- Important alerts about applications and initiatives.

HSAG recommends subscribing to all three CMS notification lists. The number of messages you receive will be small, but the information is often vital. Even the CART list pertains to non-CART hospitals. Remember: The CDAC validates your medical records with CART. Don't be in the dark—subscribe now!

New Evidence Report on Nurse Staffing

Increased numbers of registered nurses in hospitals are associated with decreased patient deaths, shorter hospital stays, and fewer occurrences of complications such as pneumonia. However, a clear cause-and-effect link between staffing level and these reductions cannot be established because most published studies

do not adequately evaluate the effect of quality improvement strategies and other factors that could have contributed to the improved patient outcomes.

Most studies found that a lower patient-to-nurse ratio was associated with better patient outcomes, with the greatest improvement seen in surgical patients and patients in intensive care units. Ratios of 2.5 surgical patients per nurse and 3.5 intensive care unit patients per nurse were associated with the largest decrease in poor outcomes. Each additional nurse decreased the risk of death by 9 percent for intensive care patients and 16 percent for surgical patients. In all nursing care units, each additional patient assigned to a nurse was associated with an increased risk of 7 percent for pneumonia, 53 percent for respiratory failure, 45 percent for accidental extubation, and 17 percent for complications.

However, direct comparisons and the optimal nurse staffing level could not be determined because the studies used different methods to measure staffing (e.g., patient-to-nurse ratios versus the time nurses spent in direct patient care). There was insufficient evidence to determine the extent to which staffing policies (including shift length and the use of full-time, part-time or temporary staff) affect patient outcomes.

There was strong evidence that health-care-related deaths were lower when more of the nurses providing care had a Bachelor of Science in Nursing degree, but the effect of nursing skill mix and care provided by licensed practical nurses and licensed vocational nurses could not be determined based on the available studies. The report was prepared by AHRQ's Minnesota Evidence-based Practice Center in Minneapolis. Select to review the [report](#). A print copy is available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.

MedQIC Updates

If you have not yet had a chance to check out the recent additions to MedQIC, here is a brief description of just a few. You can access these items at www.medqic.org.

Congestive Heart Failure Poster (tool)

A poster developed for use by health care professionals highlighting current interventions for congestive heart failure.

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<http://www.medqic.org/dcs/ContentServer?cid=1168867322183&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>

Acute Myocardial Infarction Interventions Poster (tool)

A poster developed for use by health care professionals highlighting current interventions for acute myocardial infarction.

<http://www.medqic.org/dcs/ContentServer?cid=1168867322438&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>

Pneumonia Interventions Poster (tool)

A poster developed for use by health care professionals highlighting current interventions for patients with pneumonia.

<http://www.medqic.org/dcs/ContentServer?cid=1168867322868&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>

Determining a True Antibiotic Allergy (fact sheet)

A list of commonly asked questions designed for nurses to help determine if your patient has a true allergy to an antibiotic.

<http://www.medqic.org/dcs/ContentServer?cid=1168867341874&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&c=OtherResource>

Hospital Benchmarks (2Q 2006)

This tool includes an Excel spreadsheet of the most current quarter available for benchmarks, hospital-abstracted AMI, Heart Failure, SIP, Pneumonia, and Appropriate Care Measure (ACM) data. Also included is a spreadsheet that provides topic-specific composite or ACM benchmarks for each subject and downloadable slides.

<http://www.medqic.org/dcs/ContentServer?cid=1142280328656&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>

Hospital Intervention Literature Review

A compilation of annotated bibliographies representing quality improvement, heart failure, pneumonia, and the Surgical Care Improvement Project (SCIP).

The reviews contain a brief narrative and then a link to the abstract (when available).

<http://www.medqic.org/dcs/ContentServer?cid=1168867341398&pagename=Medqic%2FMQLiterature%2FLiteratureTemplate&c=MQLiterature>

SCIP VTE Prevention Table

Table summarizing the Grade A recommendations for VTE prophylaxis.

<http://www.medqic.org/dcs/ContentServer?cid=1171974629325&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&c=OtherResource>

Methicillin-Resistant Staphylococcus Aureus (MRSA) Fact Sheet

Answers to frequently asked questions for MRSA.

<http://www.medqic.org/dcs/ContentServer?cid=1168867327107&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&c=OtherResource>

Rural Health Annotated Bibliography, updated January 2007

<http://www.medqic.org/dcs/ContentServer?cid=1141844567180&pagename=Medqic%2FMQLiterature%2FLiteratureTemplate&c=MQLiterature>

Notification of Hospital Discharge Appeal Rights

CMS has posted a Web page where information and updates on the revised notification process will be posted—including notices and instructions as they are finalized. The link is http://www.cms.hhs.gov/BNI/12_HospitalDischargeAppealNotices.asp#TopOfPage.

The “Important Message from Medicare” underwent a 60-day public comment period that closed on March 6, 2007. At that time, the notice was revised based on com-

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Beneficiary Rights

All Medicare beneficiaries have the right to appeal their discharge from a hospital, skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility. For more information, go to <http://www.hsag.com/azmedicare> or call 1.800.359.9909.

ments and consumer tested in two cities. In accordance with the Office of Management and Budget's Paperwork Reduction Act Process, the Important Message will go through a 30-day public comment period in early April. CMS expects to publish a final version in late May.

The "Detailed Notice" went through a 60-day public comment period in April 2006. The notice was revised and will go through a 30-day public comment period along with the Important Message from Medicare in early April. The final version of the Detailed Notice is expected to be published in late May.

CMS will also post Qs and As on the Web site in the near future. Providers should check the Web site often for updates.

AHRQ Ad Campaign Urges Patients to Ask Questions to Improve Care

The Agency for Healthcare Research and Quality (AHRQ) and The Advertising Council launched a national public service advertising (PSA) campaign on March 7 to encourage Americans to take a more proactive role in their health care. The "Questions Are the Answer: Get More Involved With Your Health Care" PSA campaign kicked off during national Patient Safety Awareness Week.

"The goal of this new campaign is to get patients more involved and to ultimately improve the safety of health care for all Americans," said Secretary of Health and Human Services Michael Leavitt. Even though research shows that health care safety improves when

consumers are more involved, patients are generally unaware of how they can help prevent medical mistakes. "We hope that these new public service advertisements will show millions of Americans that they shouldn't be afraid to ask questions related to their health care and that their clinicians are interested in answering them," said AHRQ Director Carolyn Clancy, MD.

A comprehensive Web site is available at <http://www.ahrq.gov/questionsaretheanswer>.

Medicare Appeals: Provider Information

HSAG's new Medicare provider Web page contains information about Fee-for-Service and Medicare Advantage benefits.

Providers can view the latest information on:

- The beneficiary notices initiative (BNI).
- Managed care appeals and grievances.
- Sample notice forms (downloadable).
- The *Federal Register* (BIPA) regulation.

Go to <http://www.hsag.com/providers>.

IHI Group Focuses on Rural Hospitals in 5 Million Lives Campaign

The Institute for Healthcare Improvement (IHI) held a kick-off conference call for the newly formed Rural Affinity Group. The group's goal is to provide resources and assistance to 5 Million Lives Campaign participants to help them meet the challenges specific to rural and critical access hospitals.

The Rural Affinity Group is led by Jeff Spade, Vice President of the North Carolina Hospital Association and Executive Director of the North Carolina Rural Health Center, and Amy Elizondo with the National Rural Health Association. The group will convene by conference call to share ideas and resources specific to rural hospitals.

There are four aims for the group:

1. Tap existing partnerships to increase rural hospital involvement in the Campaign.
2. Build-out Campaign change packages and resources specifically focused on rural hospital issues, dynam-

HCAHPS Survey Data Submission Deadline

CMS would like to remind all hospitals and survey vendors participating in the national implementation of the HCAHPS patients' perspectives of care survey that the deadline for submission of survey data to QualityNet for the months of October, November, and December 2006 is April 11, 2007. Please submit your data well before the deadline to allow time to correct any difficulties you might experience. Detailed information on the HCAHPS initiative, file specifications, and data submission protocols is located on the Web site: www.hcahponline.org.

ics, and scale.

3. Establish a series of forums that will allow experts to share rural-hospital-specific resources and ideas specific to Campaign interventions.
4. Establish and promote a Campaign mentor network of small, rural hospitals.

Three intervention-specific teleconferences are already planned:

- Monday, April 23 at 2 p.m. EST—rapid response teams and surgical site infections.
- Monday, April 30 at 2 p.m. EST—adverse drug events and acute myocardial infarction.
- Monday, May 7 at 2 p.m. EST—ventilator-assisted pneumonia and central-line-associated bloodstream infection.

To join the Rural Affinity Group or its listserv, contact Mr. Spade at jspade@ncha.org.

Arizona State Quality Awards: Program Examiner Applications

The annual Arizona State Quality Awards Program recognizes Arizona organizations for performance excellence. The program, modeled after the Malcolm Baldrige Award criteria, provides not only an opportunity for recognition, but also valuable feedback on where an organization is positioned on the quality continuum.

Also available is the opportunity to apply for the Board of Examiners, a powerful learning experience and a valuable professional development step for any individual. The Board is the body that evaluates Award applications, conducts site visits, and prepares feedback reports. The Board consists of experts from various industry sectors—both public and private. Members are selected through a competitive application process.

“As an AQA Examiner, I grew personally and professionally in ways which benefited both me and my organization. The Examiner Process cemented my auditing and project management skills, both of which are fundamental to being a Six Sigma Black Belt. The exposure to other business practices and involvement with the examination team improved my creativity and collaborative skills.”—Amy Pichora, *Six Sigma Black*

Belt, Laboratory Sciences of Arizona / Sonora Quest Laboratories

Benefits of The Examiner Experience

- Develop a strong understanding of a global set of guidelines (road map) for running an effective organization.
- Receive 24–32 hours of training—at no cost.
- View and gain exposure to most/all facets of an organization.
- Gain insight to innovative approaches of leading Arizona organizations.
- Work as part of a diverse team with representatives of organizations from all sectors of the economy.
- Develop assessment, analytical, interviewing, and writing skills.
- Gain name recognition in the Annual Conference Program, the SQA Program Banquet, the AQA Web site, and in a special section of *The Business Journal*.
- Receive a complimentary invitation to the Awards Banquet.

Applications to become a member of the 2007 Board of Examiners and additional information can be found at the AQA Web site, www.arizona-excellence.com/SQA/Program/Awards.htm, or by calling 602.364.7082.

Diabetes Mellitus and Tobacco

With nearly 21 million people with diabetes mellitus in the United States today, this disease has become one of the major causes of hospitalization. While most clinicians know that it's not advisable to smoke if one is diabetic, the impact of tobacco use on glucose tolerance has recently been shown to be very significant. Both active smoking and exposure to second-hand smoke increase the risk of developing glucose intolerance and ultimately diabetes even in young adults, according to the results of a study reported in the *British Medical Journal*.

“Smoking has been linked to impaired response to glucose tolerance tests and insulin resistance,” according to Thomas K. Houston, MD, of the Birmingham Veterans Affairs Medical Center in Alabama. “Although smoking cessation can result in modest weight gain,

