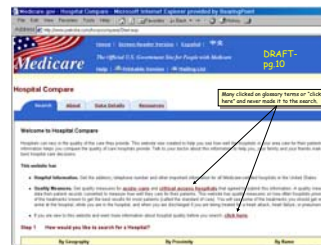


## The Business Case for Working With Your QIO

Suzanne K. Powell, RN, MBA  
Director, Acute Care / QI Program  
Health Services Advisory Group

## The Current Environment

- **Poor quality is costing hospitals money**
  - Cost of errors and malpractice
- **Good quality may increase reimbursement: Payment for performance**
  - Medicare Modernization Act (0.4% of market basket revenues at risk) – is currently payment for data submission
- **Regulatory-driven emphasis on reporting**
  - CMS/JCAHO comparisons across hospitals
- **Consumer-driven emphasis on reporting**
  - Published “web grades”
  - “Straight to consumer” approach



The Business Case for Working With Your QIO

"All the News That's Fit to Print?"

**The New York Times**

Latin Edition

Clinton Surgery Puts Attention On Death Rate

Will quality report cards help consumers?

**CNN**

**USA TODAY News**

**Rating Reports Change Hospital Care**

**COMPARING DOCTORS, HOSPITALS. & HEALTH PLANS**  
*How do you know who's best?*

The impact of the Internet on quality measurement

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5 Ways to Fix Our Schools

**Reader's Digest**

How Hospitals Are Gambling With Your Life

Tom Hanks talks about his father, his heroes, and what makes him proud

**ROAD RAGE**  
The Story You'll Never Forget

The Best Solution for Your Back Pain Should Your Truck Need a Power? & Wildcat Hide: 101 Living, Mean, Tips, and Advice About Life

**TO ERR IS HUMAN**  
BUILDING A SAFER HEALTH SYSTEM

In the scientific literature and the popular literature . . .

**"Between the care that we have and the care that we should have lies not just a gap, but a chasm."**

**IOM 2001**

Cut Car Insurance 50%

**Reader's Digest**

**FATAL HOSPITAL MISTAKES**  
How to Avoid Them

Richard Gere's surprising path to happiness

Exclusive Survey  
Why Sex Only Gets Better

PLUS: ChangeOn Diet: What Makes You Eat • Overdell's Smart Sellers • Lead in the Wilderness • Solving An Almost Perfect Murder

**CROSSING THE QUALITY CHASM**  
A New Health System for the 21st Century

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## Transformational Change

Requires a change in culture, dedication to patient safety, adoption of new technology, and system-wide alterations.

**TRANSFORMATIONAL CHANGE** takes many forms, including IPGs.



## What Are IPGs?

### **IDENTIFIED PARTICIPANT GROUPS**

- IPGs are groups of hospitals that work intensively on improvement activities.
- Each IPG has its own eligibility and reporting criteria.
- Think of projects consisting of small groups of hospitals.

## Four Identified Participant Groups

1. Appropriate Care Measure (ACM)
2. Rural Organizational Safety Culture Change (ROSC)
3. Systems Improvement and Organizational Culture Change (SIOC)
4. Surgical Care Improvement Project (SCIP)

## Appropriate Care Measure (ACM)

### About ACM:

- A composite of the 10-measure set from Hospital Public Reporting (5 AMI measures, 2 heart failure measures, and 3 pneumonia measures).
- All patients eligible for care in at least one of the 10 measures are counted in the denominator.
- To be counted in the numerator, the patient must receive **ALL** of the care specified in the measures the patient is eligible to receive.

## ACM Measure

### Actions Required:

- Continue to submit data in compliance with the Medicare Modernization Act.
- EXCEL! Improve this composite measure from baseline to remeasurement.
- Hospital CEO commitment.
- The GOOD NEWS: ACM requires no extra data collection.

## The Business Case for ACM: The Financial Perspective

- 2004 – These 10 measures were voluntarily submitted for public reporting
- 2005 – The 10 measures were tied to the Annual Payment Update (submit, or receive 0.4% less APU)
- 2006 (for fiscal year) – The 10 measures have to be submitted AND valid (or receive less APU)
- 2007 – APU for performance?

## The Business Case for ACM: The Humanistic Perspective

It reinforces CMS' commitment to the right care for **every** patient, **every** time, through system-wide cooperation in the hospital setting.

## Rural Organizational Safety Culture Change (ROSC)

### About ROSC:

- Specifically for CAHs and Rural PPS hospitals to raise awareness in those facilities about patient safety
- Uses the *Hospital Survey on Patient Safety Culture*
- Survey was released by the Agency for Healthcare Research and Quality (AHRQ) and partners: Premier, the Department of Defense (DOD), and the American Hospital Association (AHA)

## Rural Organizational Safety Culture Change

### Unit-level Safety Areas Covered

1. Overall perceptions of safety
2. Frequency of events reported
3. Supervisor/manager expectations and actions promoting patient safety
4. Organizational learning and continuous improvement
5. Teamwork within units
6. Communication openness
7. Feedback and communication about error
8. Nonpunitive response to error
9. Staffing

### Hospital-wide Safety Areas Covered

10. Hospital management support for patient safety
11. Teamwork across hospital units
12. Hospital handoffs and transitions

## Rural Organizational Safety Culture Change (ROSC)

### Actions required:

- Diagnose the current status of your safety culture through a staff culture survey
- Identify area(s) for improvement and implement interventions
- Re-survey to determine improvement and track changes over time

## The Financial Toll of Suboptimal Quality and Adverse Events

- Adverse drug events add \$2,000 to \$6,000 and one to four additional hospital days to a case.
- On average, bloodstream infections add \$56,000 and 22 hospital days to each case.
- Ventilator-associated pneumonia can add \$9,000 to \$12,000 and 10 hospital days to a case.
- Surgical-site infections in patients undergoing coronary artery bypass graft (CABG) surgery cost \$19,000 and add an average of 20 days to a patient's hospital stay.

National Committee for Quality Health Care's 2004 Annual Meeting Report

*Information for Health Care Improvement*

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## A Safety Culture and Employee Retention

Employee Retention and job satisfaction: Costs associated with a New York example:

- \$698 million when the annual turnover rate is 10%
- \$838 million when the annual turnover rate is 12%
- Over \$1 billion when the annual turnover rate is 15% (the national average).

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## Systems Improvement and Organizational Culture Change (SIOC)

### About SIOC:

- Systems improvement and organizational culture change in telehealth through working with HSAG and ATP
- Arizona Telehealth Program (ATP): an award-winning program consisting of over 150 nodes that provide telemedicine services, distance learning, informatics training, and telemedicine technology assessment capabilities to communities throughout Arizona.

## Systems Improvement and Organizational Culture Change (SIOC)

### Actions required:

- Diagnose the current status of telehealth in your facility.
- Identify area(s) for growth and work with HSAG and ATP.
- Re-survey to determine improvement and growth in telehealth.
- Submit data on the 10-measure set for Public Reporting.

## Introducing the Business Case for SIOC

### Gail Barker, PhD

- Associate Director for Finance for the statewide Arizona Telemedicine Program

### Sandra Benair

- Associate Director for Administration, Arizona Telemedicine Program

## Surgical Care Improvement Project (SCIP)

### About SCIP:

Combination of 24 process, outcome, and test measures

- Prevention of surgical-site infections (9 measures)
- Cardiovascular complications (4 measures)
- Venous thromboembolism (4 measures)
- Ventilator-associated pneumonia (4 measures)
- Promotion of the use of fistulas for hemodialysis (1 measure)
- Global (2 measures)

## Surgical Care Improvement Project (SCIP)

**Action required:** Choose “modules” and adopt processes of care for five areas:

1. Infections: Surgical site infections (SSIs)
2. Venous thromboembolic (VTE)
3. Respiratory: Ventilator-associated pneumonia (VAP)
4. Cardiac: Cardiovascular complications (CVCP)
5. ESRD Vascular Access: Promotion of the use of fistulas for hemodialysis

## Introducing the Business Case for SCIP

**Howard Pitluk, MD, MPH, FACS**

- HSAG’s Medical Director

## At the IPG Table

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## Acute Care Team

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  - Howard Pitluk, MD, MPH, FACS
- Director, Decision Support
  - Charlie Chapin, MS, CHCA
- Clinical Quality Specialists
  - Suzanne Anders, RN, BSBA
  - Judith Richard, RN, MS
  - Susan Sumwalt, RN, MA
- Administrative Assistant
  - Suzette Googins, BA