



## CEEQNET Health Care Quality Newsletter 2006

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### **July – September 2006**

#### **Pilot Validation Project for the AHRQ Patient Safety Indicators (Aug 2006)**

[www.qualityindicators.ahrq.gov/news/ahrqqi\\_cvp.doc](http://www.qualityindicators.ahrq.gov/news/ahrqqi_cvp.doc)

The Agency for Healthcare Research and Quality (AHRQ) is interested in determining the feasibility and practicality of a pilot project that would assist in the validation of selected AHRQ Quality Indicators in the coming year. The Agency is

considering partnering with 5-7 organizations to volunteer for participation in a validation pilot for the AHRQ Patient Safety Indicators (AHRQ PSI). The aims of the validation pilot are to gather evidence on the scientific acceptability of the AHRQ PSI in an effort to consolidate the evidence base of the AHRQ PSIs, to improve guidance on the interpretation and uses of the AHRQ PSI data, and to evaluate potential refinements to the AHRQ PSI specifications. Partner organizations may include individual hospitals, hospital systems, hospital associations, state governments, or other organizations engaged in quality improvement, public reporting and/or health data activities with access to administrative and medical record data on acute inpatient hospital stays.

## **Medicare Payment System Discourages Improvements in Quality of Patient Care**

<http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=11723>

WASHINGTON -- Because Medicare's current fee-for-service payment system does little to promote improvements in the quality of health care for the program's nearly 42 million beneficiaries, the U.S. Department of Health and Human Services should gradually replace it with a new pay-for-performance system for reimbursing participating health care providers, says a new report from the Institute of Medicine. Given that pay for performance does not yet have an established track record, the new system should be phased in, so that involved parties can build on successes along the way and avoid unintended negative consequences, said the committee that wrote the report.

## **Standards Improvement Initiative begins**

<http://www.jointcommission.org/Standards/SII/default.htm>

The Joint Commission has launched a Standards Improvement Initiative as part of a continuous effort to improve the clarity and relevance of its standards. The goal of this initiative is to eliminate non-essential standards and to ensure that the remaining standards are understandable and relevant to the care settings to which they apply. The manuals will also be reorganized to better align with the patient care process. Improvements—both structural and language changes—are targeted to go into effect January 2009 for the ambulatory, critical access hospital, home care, hospital, and office-based surgery programs. Beginning in 2008, feedback will be sought on standards for the behavioral health care, laboratory and long term care accreditation programs. In the meantime, the manuals for the behavioral health care, laboratory and long term care programs will benefit from any structural improvements made to the other manuals, in order to make the structure of the manuals consistent.

This initiative will involve extensive communication and interaction with health care organizations to gain their perspectives and advice on how to improve the content and organization of the standards. Feedback will be sought from both accredited and non-accredited health care organizations, Joint Commission advisory groups, payers, purchasers, consumers, governmental agencies, and Joint Commission surveyors. Comments and field input will be gathered through on-line surveys, meetings, one-on-one interviews, and focus groups. It is imperative that the Joint Commission continuously assess its standards to ensure their relevancy in a changing health care environment. The standards guide safety and quality of care efforts in nearly 15,000 health care organizations nationwide. Also, increasingly, the standards are being used by organizations as a management aid to drive improvements in operations and quality of care. Benefits of the Standards Improvement Initiative are:

- Standards, rationales, and elements of performance will be understandable and relevant to improving the quality and safety of care.
- Standards requirements will be consistent.
- Manuals will be reorganized for ease-of-use and to support the patient care process.
- Non-essential standards and elements of performance will be deleted.
- Similar standards and elements of performance will be consolidated.
- The compliance scoring method will be improved.

## **IT Investment Value: Fact or Fiction?**

[http://www.hhnmostwired.com/hhnmostwired\\_app/jsp/articledisplay.jsp?dcrpath=HHNMOSTWIRED/PubsNewsArticleMostWired/data/06Spring/060726MW\\_Online\\_Girzadas&domain=HHNMOSTWIRED](http://www.hhnmostwired.com/hhnmostwired_app/jsp/articledisplay.jsp?dcrpath=HHNMOSTWIRED/PubsNewsArticleMostWired/data/06Spring/060726MW_Online_Girzadas&domain=HHNMOSTWIRED)

Health information technology investments are in vogue. Providers of all sizes--from small practices to multi-hospital systems--are budgeting for or purchasing electronic health records, computerized physician order entry systems, clinical documentation systems for nurses, and other state-of-the art technology products.

While it's easy to get caught up in the excitement of these technologies, it's difficult to identify and achieve these investments' potential benefits. Quantifying anticipated benefits versus actual yield requires a thoughtful planning and implementation process and thorough business case. Before beginning, providers should separate the facts from common health IT fictions.

## **Trends Influencing the Cost of Care and Patient Safety**

[http://www.healthmgttech.com/archives/0706/0706trends\\_influencing.htm](http://www.healthmgttech.com/archives/0706/0706trends_influencing.htm)

The rate of adoption of perioperative information technology has increased dramatically over the last few years. These systems have become an integral part of the business process of hospitals, providing valuable data that the institution can use to improve the clinical and economic performance of the perioperative service. For institutions considering such technology, some key aspects in decision-making should include system integration, fault tolerance, accessibility, workflow support and measurable results.

As in other clinical areas of the hospital, perioperative IT offers a choice between two polarized paths; i.e., a departmental extension of an existing enterprise solution (hospital information system, or HIS) into the OR, or the integration of multiple applications for the OR and other individual departments.

There is enough evidence to show that the worst thing that the hospital can do in the face of this decision is nothing. According to a 2004 study by Towers Perrin, perioperative services account for 55 percent to 65 percent of a hospital's margin, and the OR accounts for up to 50 percent of the overall cost of an operated patient. Small increases in OR utilization, efficiency, cost capture and reimbursement accuracy can all provide for a rapid ROI from the implementation of perioperative IT.

## **Quarterly National Reporting and Learning System Data Summary**

[http://www.npsa.nhs.uk/site/media/documents/1847\\_FINAL.APPENDIX.PSO\\_QTRLY.pdf](http://www.npsa.nhs.uk/site/media/documents/1847_FINAL.APPENDIX.PSO_QTRLY.pdf)

This document summarizes National Patient Safety Agency incident reporting data from the first year of data collection. The data reveals that incident report volume is increasing and that problem patterns have remained consistent over time.

## **Implementing an ISO 9001 Quality Management System in a MultiSpecialty Clinic**

<http://www.asq.org/health/docs/levett-iowa-the-physician-executive.pdf>

Take a step-by-step look at how a multispecialty clinic implemented an ISO 9001 quality management system and see the benefits the clinic reaped.

Physician specialties include cardiac surgery, otolaryngology, general surgery, neurology, orthopedic surgery, podiatry, rheumatology, thoracic surgery, urology, and vascular surgery.

PCI employs 200 staff at five sites of care. PCI physicians manage approximately 98,000 E and M encounters per year and perform over 52,000 surgical

procedures annually. In the spring of 2001, leadership at PCI decided to develop a quality program for the clinic.

After evaluating healthcare options and reviewing industry quality systems, it was decided to pursue ISO 9001 certification for the clinic. PCI leadership had joined the local chapter of the American Society for Quality and participated in chapter events. This relationship enabled PCI leadership to gain insight into quality management systems used in industry, and the information helped in choosing ISO as the quality system for PCI to pursue.