



CEEQNET Health Care Quality Newsletter 2006

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Joint Commission to provide data management tool

http://www.jointcommission.org/Library/jonline/jo_11_06.htm

In mid-2007, all accredited hospitals will be provided—at no additional cost—a new tool called the Strategic Surveillance System, or S3, to help identify and prioritize areas for improvement. S3, which will be accessible via an organization’s extranet site, is not a requirement for accreditation, nor does it require hospitals to input additional data. The system uses current data, including past survey findings, ORYX® core measure data, complaints, non-self reported sentinel event information, electronic application information, and MedPAR data. After these data are analyzed, hospitals can use the resulting information to drive quality and safety improvement efforts through comparative performance information, benchmark reports, and quality risk profiles. In addition, hospital systems will have the ability to compare S3 data for its accredited hospitals to identify trends or common areas for improvement.

Most hospitals support pay-for-performance concept, survey finds

<http://www.mathematica-mpr.com/publications/pdfs/P4P.pdf>

Nearly all hospitals support the Centers for Medicare & Medicaid Services in moving forward with a pay-for-performance program over the next few years, but selecting the right measures will be a critical element of future success, according to a new report by Mathematica Policy Research. The findings are based on a 2005 survey of hospital executives that Mathematica conducted for CMS, which explored hospitals' views on a future CMS pay-for-performance initiative and the quality measures it should include. Most hospitals participating in the Hospital Quality Alliance supported using that program's original 10 measures or a modestly expanded set of measures, while most hospitals participating in the CMS/Premier Hospital Quality Incentive Demonstration favored using or expanding that program's 35 measures. "In choosing measures, CMS will need to strike a balance between including a large number of measures to estimate hospital quality accurately in important clinical areas, and overwhelming hospitals with new measures they have not been reporting," said lead author Suzanne Felt-Lisk.

AHRQ issues patient safety tips for hospitals

<http://www.ahrq.gov/qual/10tips.htm>

The Agency for Healthcare Research and Quality today issued 10 patient safety tips for hospitals based on the agency's research. The agency recommends hospitals survey staff to assess and improve the culture of safety; limit shifts of more than 24 hours for medical residents; eliminate intern shifts of more than 30 consecutive hours in intensive care units; adopt interventions to prevent ventilator-associated pneumonia; count surgical instruments and sponges before and after procedures and X-ray patients after surgery; use senior nurses and appropriate round-the-clock staffing levels in ICUs to prevent airway tube complications; make personal digital assistant-based drug data readily available at the point of care; download a software tool that identifies ways to improve outpatient medication safety; use computer-based order entry features to reduce urinary tract infections from catheters; and minimize interruptions and distractions for nursing staff.

AQA Alliance adopts 31 new quality measures for physicians

<http://www.aqaalliance.org/performancewg.htm>

The AQA Alliance (formerly the Ambulatory Care Quality Alliance) has adopted 31 new surgical and medical quality measures spanning 25 specialties, bringing to 80 the number of physician performance measures adopted by the organization. The new measures were proposed by and approved for use among rheumatologists, clinical endocrinologists, dermatologists, ophthalmologists, neurologists, radiologists and the 20 surgical specialties and subspecialties that are members of the Surgical Quality Alliance. The 31 measures join existing AQA-adopted measures for primary care, cardiology and cardiac surgery that AQA said are being widely incorporated in provider contracts and implemented in medical practice. The Alliance also has adopted a patient satisfaction survey for individual physicians and physician groups. The AQA and Hospital Quality Alliance recently formed a national steering committee to better coordinate physician and hospital quality measurement and reporting.

Creating a Lean Six Sigma Hospital Discharge Process

<http://healthcare.isixsigma.com/library/content/c040915a.asp>

A lengthy, inefficient process for discharging in-patients is a common concern of hospitals. It not only causes frustration for patients and family members, but also leads to delays for incoming patients from Admitting, the Post Anesthesia Care Unit or the Emergency Department. When Valley Baptist Medical Center in Harlingen, Texas, USA, faced this issue, it decided to apply Lean, Six Sigma and change management techniques within one pilot unit. A multidisciplinary project team led by a Black Belt included nursing staff, case managers, an information technology Green Belt, and the chief medical officer, also a Green Belt. The project was to reduce the time between when a discharge order for a patient was entered into the computer and when the room was ready for the next patient. During the initial scoping of this project, the team divided the process into four components:

- From discharge order entry to discharge instructions signed
- From discharge instructions signed to patient leaving
- From patient leaving to room cleaned
- From room cleaned to discharge entered in the computer (thus indicating the bed was ready for another patient)

Because of the hospital's commitment to customer service, the team was asked to concentrate on the first two components. The goal was for this first sub-process to be completed in less than 45 minutes. To minimize the time a bed

was empty, the team realized it also would need to address the time between when a patient's room was cleaned and the time a discharge was entered into the computer, or the second sub-process. This would address the problem that arises when Admitting does not have the necessary information to assign a new patient to a clean and empty bed.

ASQ - The American Society for Quality

<http://www.asq.org/>

The American Society for Quality (ASQ) is the world's leading authority on quality. With more than 100,000 individual and organizational members, this professional association advances learning, quality improvement, and knowledge exchange to improve business results, and to create better workplaces and communities worldwide.

As champion of the quality movement, ASQ offers technologies, concepts, tools, and training to quality professionals, quality practitioners, and everyday consumers, encouraging all to Make Good Great®.

Globally, ASQ has formed relationships with other nonprofit organizations that have comparable missions and principles. Our international strategic alliances are helping to meet the quality needs of companies, individuals, and organizations worldwide.

ASQ members have informed and advised the U.S. Congress, government agencies, state legislatures and other groups and individuals on quality-related topics.

And since 1991 ASQ has administered the United States' premier quality honor—the Malcolm Baldrige National Quality Award, which annually recognizes companies and organizations that have achieved performance excellence.