



Introduction to the Inpatient Quality Reporting Program Hospital Value-Based Purchasing Improvement: AHRQ PSI-90



Kristie Baus, CMS

Cindy Cullen, Mathematica Policy Research

Beenu Puri, Mathematica Policy Research

Bethany Wheeler, BS, Hospital VBP Program Lead

Kathleen Divers, RN, MAS, CPHQ, CJCP, CPPS- Bergen Regional Medical Center

Angie Parkinson, RN, BSN, Director of Quality Delta Regional Medical Center

October 27, 2014

Purpose

- To offer attendees an opportunity to re-visit the Inpatient Quality Reporting (IQR) program, it's requirements, and data submission deadlines;
- To provide an update on the IQR Inquiry Backlog for the Hospital MDM Project; and
- To provide insight into Measure AHRQ PSI-90 through case studies.

Objectives

Participants will be able to:

- Find/adhere to IQR 2Q2014 data submission deadlines;
- Acquire information regarding the IQR Inquiry backlog and upcoming Frequently Asked Questions (FAQs);
- Identify interventions to improve their AHRQ PSI-90 Composite index rates; and
- Discuss AHRQ PSI-90 improvement plans with other hospital providers.

IQR Participation Requirements

A hospital must:

- Register with QualityNet
- Maintain at least one active QualityNet Security Administrator (SA)
- Complete:
 - Notice of Participation
 - Structural Measure information
 - Data Accuracy and Completeness (DACA)
 - Extraordinary Circumstances Form (if applicable, formerly Disaster Waiver)
- Submit
 - Clinical Process of Care measures
 - Aggregate Population and Sample Size counts
 - HCAHPS data
 - HAI data
- Display
 - Claims-based data
 - On Hospital Compare
- Pass Validation Requirement (if applicable)

IQR Deadlines

■ 2Q2014

- November **1**, 2014
 - Aggregate Population and Sample Size Counts
 - Validation Templates – Random and Targeted

- November **15**, 2014
 - Clinical Process of Care Measures
 - HAI Measures
 - PC-01 Web-Based Measure

■ eMeasures (HITECH/IQR)

- November **30**, 2014
 - FY2016: 1Q, 2Q or 3Q 2014

November 2014

Mon	Tues	Wed	Thu	Fri	Sat
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3	4	5	6	7	8
10	11	12	13	14	15
16	17	18	19	20	21
22	23	24	25	26	27
29	30				

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Upcoming Events

October 22, 2014
[ASC: Secure File Transfer and QualityNet Reports- 1 C.E.](#)

October 27, 2014
[IQR: IQR/VBP Requirements and Payment Impacts- 1 C.E.](#)

October 29, 2014
[IPF: A Closer Look at the Measures for Collection- 1 C.E.](#)

[See the full calendar](#)

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

[FMQAI/HSAG](#), the national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) and Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program](#)
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3000 Bayport Drive Suite 300 • Tampa, Florida 33607
Information about the availability of auxiliary aids and services.

Update on IQR Inquiry Backlog: Hospital MDM Project

Presentation to the IQR National Provider Call

October 27, 2014

Kristie Baus, CMS
Cindy Cullen, Mathematica
Beenu Puri, Mathematica

Hospital MDM Project

- Mathematica team is responding to IQR inquiries regarding measures maintained under our contract with CMS
- Working on resolving the current IQR backlog since mid-July 2014
 - Identifying improved FAQs to address groups of inquiries
 - Streamlining policies on responses to questions
 - Working through backlog as we address current inquiries



Hospital VBP Improvement Series: AHRQ PSI-90

Bethany Wheeler, BS

Hospital VBP Program Lead
Hospital Inpatient VIQR Outreach and Education
Support Contractor






Outcome

Evaluation Requirements: PSI-90

Requires a minimum of **3 eligible cases** on any one underlying indicator during the:

- Baseline period to have an improvement score calculated.
- Performance period to have an either an achievement or improvement score calculated.

Evaluation Requirements: PSI-90

PSI 03: Pressure Ulcer Rate	
PSI 06: Iatrogenic Pneumothorax Rate	
PSI 07: Central venous Catheter-Related Bloodstream Infection Rate	
PSI 08: Postoperative Hip Fracture Rate	
PSI 12: Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate	
PSI 13: Postoperative Sepsis Rate	
PSI 14: Postoperative Wound Dehiscence Rate	
PSI 15: Accidental Puncture or Laceration Rate	

OUR AHRQ PSI-90 JOURNEY



MEDICAL CENTER

Paramus, New Jersey

Kathleen Divers, RN, MAS, CPHQ, CJCP, CPPS

Associate Vice President

Quality/Outcomes Management

Goal and Objectives

Goal:

Describe the actions taken by Bergen Regional Medical Center to achieve improvement in the hospital's PSI-90 Score.

Objectives:

1. List the interventions BRMC put into place to raise individual PSI scores.
2. Describe global measures implemented to improve PSI scores.
3. Explain the approaches used to improve teamwork and the facility's safety culture.

Bergen Regional Medical Center (BRMC)

- Provides comprehensive Long Term, Behavioral Health and Acute Medical Services
- Safety net provider for the mentally impaired, elderly, & uninsured/underinsured
- Largest hospital in NJ (1,070 beds)

NJ –HEN Mentor Hospital, NICHE Hospital, NJHA recognition for TCAB program, & the LTC Division is a winner of the NJBIZ Nursing Care Center of the year award.

Located in Paramus, NJ we are situated on a 65 acre suburban campus, just 15 miles outside of NYC.

AHRQ PSI-90 SCORE

Derived from eight underlying patient safety indicators:

- PSI-3 Pressure Ulcer Rate
- PSI-6 Iatrogenic Pneumothorax Rate
- PSI-7 Central Venous Catheter-Related Blood Stream Infection Rate
- PSI-8 Postop Hip Fracture Rate
- PSI-12 Postop Pulmonary Embolism/DVT Rate
- PSI-13 Postop Sepsis Rate
- PSI-14 Postop Wound Dehiscence Rate
- PSI-15 Accidental Puncture /Laceration Rate

... we thought everything was in place

PSI	Hospital Interventions
PSI-3 Pressure Ulcer Rate	Prevention Protocol – Risk Assessment, Daily Assessments, Positioning/Repositioning, Skin Rounds, Pressure Relieving Devices
PSI-6 Iatrogenic Pneumothorax Rate	At risk patient identification, safe insertion techniques, MD Training/Monitoring, Standardization of Site Identification
PSI-7 CVC-Related Blood Stream Infection Rate	Full Implementation & Monitoring of Central Line Bundle
PSI-8 Postop Hip Fracture Rate	Aggressive Fall Prevention Program – risk assessments, med management with big emphasis on polypharmacy, fall prevention protocols

PSI	Hospital Interventions
<p>PSI-12 Postop Pulmonary Embolism/ DVT Rate</p>	<p>Developed & implemented full prevention protocol; identification of at-risk patients, early ambulation, pharmaceutical & mechanical prophylaxis</p>
<p>PSI-13 Postop Sepsis Rate</p>	<p>Comprehensive H&P with screening for underlying infections, early removal of Foley/IV Catheters, early mobilization, strict antibiotic stewardship with close monitoring of peri-operative antibiotic use</p>
<p>PSI-14 Postop Wound Dehiscence Rate</p>	<p>Patient education, nutritional assessments, glycemic control, stringent OPPE/FPPE process, strict infection control processes</p>
<p>PSI-15 Accidental Puncture /Laceration Rate</p>	<p>Staff training, OPPE/FPPE, OR safety measures, appropriate sharps disposal, use of safe needle/scalpel devices, hands-free passing techniques, double gloving.</p>

Additionally, many global safety measures were in place ...

- Each surgical patient followed by Hospitalist
- Peri-operative patient education program
- HEN Participant – ADE, CLABSI, CAUTI, PU,
- Re-admissions, Peri-op Infections, VAP, VTE
- SCIP
- Procedure-specific protocols
- Peri-op checklists
- CPOE

... yet, we were not moving many of our Patient Safety Indicators

AHRQ Agency for Healthcare Research and Quality

Advancing Excellence in Healthcare

AHRQ Safety Tip #8

The Patient Safety Culture Survey

Our results were a surprise!

Staff Survey on Patient Safety Culture

Our Most Concerning Scores

- Staff Support of One Another
- Mistakes Held Against Staff
- Afraid to Ask Questions

It was time for action ...

***An active & dynamic program
was put into place
to improve teamwork &
our culture of safety.***

Teamwork

- 'Team Building' Month
- Formal Education
- Daily Team Building 'tidbits'
- Teamwork presentations in employee newsletters
- 'Team' Posters

... then the new skills were applied

*Put the Knowledge Learned During Teambuilding Month
into Action During Our Hospital-wide
Team Building Fairs*

Fun

Food

Camaraderie

Prizes

**Learn Teambuilding Skills
through
Active Participation With Colleagues from All Departments**

Have fun, win prizes

Our Team Building Fairs



QUALITY & OUTCOMES MANAGEMENT DEPARTMENT
PRIDE INVOLVEMENT IMPROVEMENT COMMUNICATION TEAM WORK

Activities included ...

- Team Bingo
- Tower Building
- Pass the Egg
- Spell “T-E-A-M”

&

everyone’s favorite ...



QUALITY & OUTCOMES MANAGEMENT DEPARTMENT
PRIDE INVOLVEMENT IMPROVEMENT COMMUNICATION TEAM WORK

Pin
the
Moustache
on the
CMO



Building a Culture of Safety



Leadership Support

- Patient Safety Officer
- Other Resources
- Senior Staff Rounds
- Senior Staff - Patient Safety Committee
- Safety Agenda Items
- PR Support
- NPSF Membership
- #1 Priority - Safety

Communication

- “Eyes on Quality Newsletter”
- Employee Newsletter
- Paycheck Inserts
- ‘Ticket to Ride” Ancillary Handoffs
- Educational videos ‘starring’ staff
- ‘Answer a Question, Get a Treat’

The Good Catch Award

- All staff got involved in improving patient safety by reporting ‘near misses’
or a
“Good Catch.”
- This encouraged staff to feel comfortable in reporting these incidents.
- Small gifts to the employee who submits the best “Good Catch” during various time frames.

... then following on the success of our Teambuilding Fair, we held a series of Patient Safety Fairs.

PATIENT SAFETY FAIRS

Reviewed safety processes through interactive games & activities

An opportunity for clinical and non-clinical staff to meet and develop collaborative working relations.

Activities included:

- What's Wrong with Sam?
- Get Charlie Out of the Hospital
- PPE (Purple People Eaters)
- Safety Jeopardy
- Wheel of Safety



QUALITY & OUTCOMES MANAGEMENT DEPARTMENT

PRIDE INVOLVEMENT IMPROVEMENT COMMUNICATION TEAM WORK

Finally ... Recognition for a Job Well Done

The Quality & Patient Safety Cup

Recognizes areas of the medical center that consistently provide a high quality of care & patient safety.

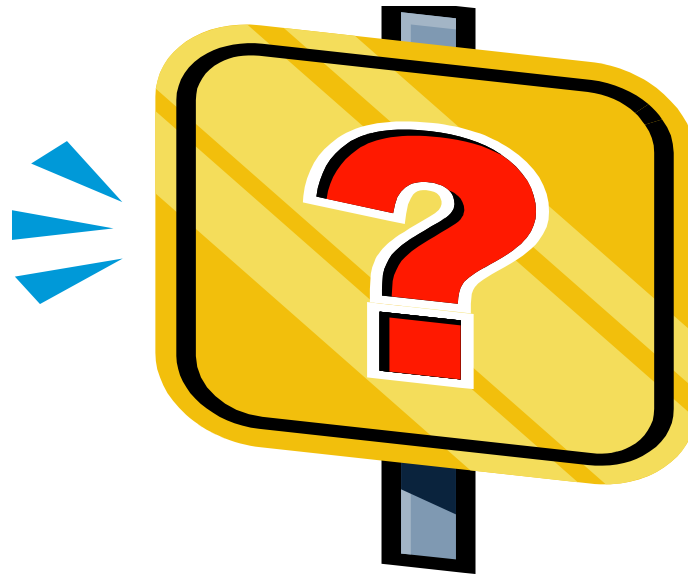


... so it has been a long road

... with still far to go.

However, we have realized an improved culture of safety & a safer environment for our patients.

Questions ?



kdivers@bergenregional.com

THANK YOU



The Path to Improving

Angela Parkinson, BSN, RN

Director of Quality

Caring For, Caring About

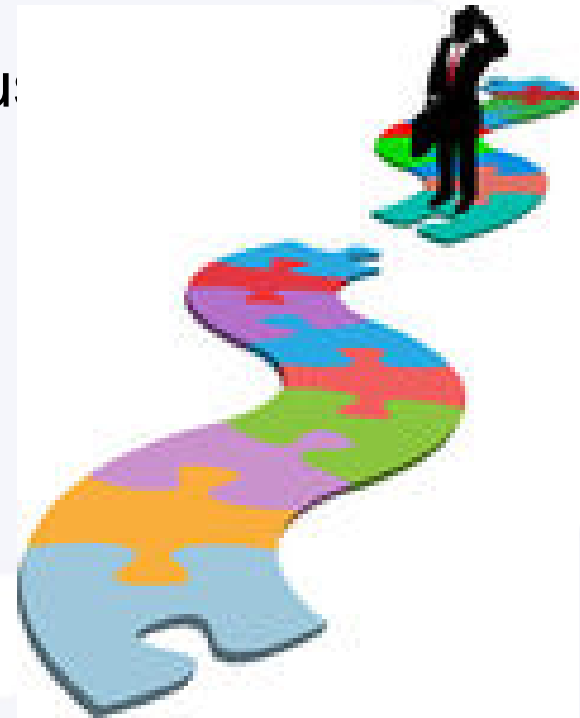
Background

- Licensed for 325 Beds
- Located in the Tri-Delta area of MS, AR, LA
- Non-profit, full service hospital serving an under-privileged population
 - 76% Medicare/Medicaid, 12% Commercial, 12% Self Pay
- Services include: Medical, Surgical, Obstetrical, Critical Care, Psychological, Emergency Services, Rehabilitative, Cardiac Care, Laboratory, Radiology, Outpatient Ambulatory Clinics, and Nuclear Medicine

Caring For, Caring About

Where we began ...

- Selecting metrics for improvement
- Review of our Performance Improvement process
- Data reconciliation
 - What was the data telling us?
 - What impacted the data?
- Assessment of Organizational Readiness for Change
- Leadership support
- How do we get 'there'?



Caring For, Caring About

First Steps ...

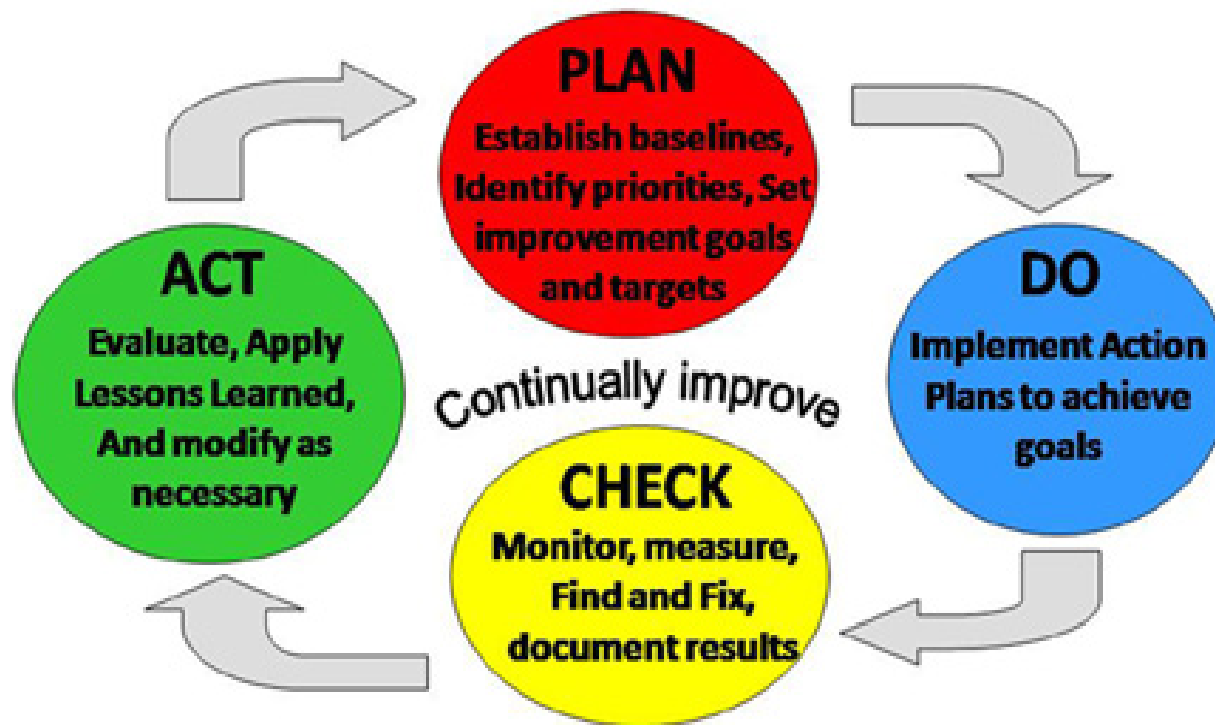
We chose to eat our elephant one bite at a time!

- PSI-3 Pressure Ulcer Rate
- PSI-7 Central Venous Catheter- Related Blood Stream Infections Rate
- PSI-12 Postoperative Deep Vein Thrombosis Rate
- PSI-13 Postoperative Sepsis Rate

Caring For, Caring About

How to travel the path ...

Review and consistency with PI Process



Caring For, Caring About

Process Changes....

PSI-3 Pressure Ulcer Rate

- Review of current processes for identification, treatment and reporting of pressure ulcers
- Enrollment into 2011 Hill-Rom International Pressure Ulcer Prevalence (IPUP) Survey
- Review & changes to skin products, patient surfaces, & incontinence products
- EDUCATION, EDUCATION, EDUCATION
 - Assessment & Care & Documentation
- Follow up & Reassessment

Caring For, Caring About

Process Changes ...

PSI-7 Central Venous Catheter Related Blood Stream Associated Infection Rate

- Review of current processes for insertion, care & maintenance of CVC
- Review & changes of supplies in use
- Addition of Central Venous Catheter PI Monitor
- EDUCATION, EDUCATION, EDUCATION
 - Physician & Nursing Staff
- Follow up & Reassessment

Caring For, Caring About

Process Changes ...

PSI-12 Postoperative Pulmonary Embolism or Deep Vein Thrombosis

- Review of current processes for intra-operative and post-operative care of patients
- Review of data per surgeon
- 1:1 conversations with surgeon
- Standardization of treatment by specialty - Power Plans
- EDUCATION, EDUCATION, EDUCATION
 - Surgeon & Nursing Staff
- Follow up & Reassessment



Caring For, Caring About

Process Changes....

PSI-1 Postoperative Sepsis Rate

- Review of current processes for intra-operative and post-operative antibiotic selection
- 1:1 conversations with surgeons & anesthesiologists
- Standardization of treatment with Core Measures recommendation - Power Plans
- EDUCATION, EDUCATION, EDUCATION
 - Surgeon & Nursing Staff
- Follow up & Reassessment



Caring For, Caring About

Global Process Changes ...

- Creation of Special Topic Task Forces
 - Short duration of meetings to cycle changes
- Inclusion of data in Patient Safety Committee
- Weekly Core Measures/Quality meetings with all directors present
- All outlier cases are reviewed upon identification by Quality Directors & Staff
- Open discussions with staff & physicians related to outlier cases
- Re-education of staff ongoing with each outlier

Caring For, Caring About

Questions??



Caring For, Caring About

CE Credit Process

- Compete the WebEx survey that will automatically pop up at the end of our presentation
- At the end of the survey, click **Done**, and then click **New User** or **Existing User** to access the Learning Management Center for your CE Certificate
 - A one-time registration is required
 - The facility must allow automatic emails. If not, please contact your IT department to open the following domain: lmc@hsag.com

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) credit given by CE Provider #50-747 for the following professions:
 - Florida Board of Nursing
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

This material was prepared by the Hospital Inpatient Value Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-10232014-01