

# Healthcare Quality Watch

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**NEWS BRIEFS FOR  
MANAGERS AND  
OPINION LEADERS**


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## IPRO Registers Dramatic Infection Reductions

New York-based inpatient facilities working with IPRO on reducing hospital-acquired infections are showing dramatic improvements in performance. Under IPRO's three-year Medicare QIO contract which concludes this July, participating hospitals are addressing four major categories of infection: central line-associated blood stream infections (CLABSIs), catheter-associated urinary tract infections (CAUTIs), *Clostridium Difficile* infections (CDIs), and surgical site infections (SSIs). IPRO convenes face-to-face regional learning and action network (LAN) meetings as well as webinars and workshops with expert speakers to focus attention on such issues as hand hygiene surveillance and on root-cause analysis. IPRO helps hospital staffs implement structured, evidence-based methods for improving care processes. So far, hospitals working with IPRO exceeded the CLABSI reduction goal of 50%, achieving a reduction of 62%. Participating hospitals also met or exceeded urinary catheter utilization goals for the CAUTI project. Hospitals exceeded the SSI goal of having more than 50% of participating hospitals enrolled in explicit quality improvement programs. And while re-measurement for the CDI project is still underway, hospitals working with IPRO have already surpassed the 10% CDI improvement goal, with a 21.5% improvement rate. According to IPRO Vice President Tom Hartman: "These improvements demonstrate the importance of working collaboratively, and of making a concerted effort to reduce infection by using evidence-based practices."

## Feds Credit QIO-Led Readmission Decreases

Federally-funded efforts by Quality Improvement Organizations (QIOs) to engage communities to improve care transitions are having a demonstrable effect on the nationwide decline in hospital admissions and readmissions, according to experts at the Centers for

Medicare & Medicaid Services in Baltimore, MD (CMS). Writing in a current issue of the *Journal of the American Medical Association (JAMA)*, the authors reference a scholarly article published last year in the same journal that found "significant reductions" in Medicare 30-day hospitalizations and re-hospitalizations in 14 communities in which IPRO and other QIOs led care transitions campaigns, when measured against control communities. Beginning in 2011, QIO-led care transitions programs were expanded to more than 400 communities in 53 states and territories. "Early results indicate that the interventions implemented by communities, clinicians, and other stakeholders are scaling successfully to reduce hospitalization rates for the individuals they serve," according to the authors. They also credit concurrent care transitions programs undertaken in 100 communities across the nation, funded under the Affordable Care Act. The authors suggest that additional research is necessary to better understand the relationship between reductions in rehospitalization and increases in observation stays. They note that the frequency of observation stays "can vary by 7-fold between states." "Quality Improvement of Care Transitions and the Trend of Composite Hospital Care" appears in the March 12, 2014 edition of *JAMA*. Its authors include Traci Archibald, MBA and Patrick H. Conway, MD, MSCE of CMS. Visit JAMA at [www.jama.com](http://www.jama.com).

## IPRO Annual Meeting Set for June 3rd

Registration is now open for IPRO's 30th Anniversary Annual Meeting, to be held Tuesday June 3, at the New York LaGuardia Airport Marriott Hotel in East Elmhurst, NY. The event will include presentation of the 2014 IPRO Quality Awards, which are given each year to recognize distinguished performance in quality improvements in numerous healthcare settings across the state of New York. Meeting check-in begins at 11:30 a.m. with a

complimentary luncheon that begins in 12:30 p.m. Registration is available online at [www.ipro.org](http://www.ipro.org) or by calling Joan Ragone at IPRO's corporate office in Lake Success at 516-326-7767, ext 262.

### **Advocate Underscores Senior Appeals Rights**

Quality Improvement Organizations (QIOs) like IPRO are available to help seniors who wish to file expedited appeals of recent adverse Medicare coverage decisions, notes a blogger/columnist in the *New York Times*. Medicare policy revisions made in the wake of a settlement of the *Jimmo* federal class-action lawsuit specify that beneficiaries need not demonstrate ability to improve in order to receive skilled physical, occupational or speech therapy from nursing homes and home health agencies. Rather, seniors must only demonstrate a need for the services, regardless of their ability to improve. Seniors who believe they were denied coverage erroneously under the previous policy during the calendar year ending January 23, 2014 have until that date in 2015 to lodge an appeal. Appeal rights apply equally for enrollees in traditional Medicare as well as private Medicare Advantage plans, notes *Times* blogger Susan Jaffe. For additional information, seniors can call 1 (800) MEDICARE or go to the IPRO website under "Beneficiary Information, Know Your Rights, Request an Appeal" (<http://qio.ipro.org/beneficiary-information/know-your-rights/request-an-appeal>). The blog article, titled "A Quiet 'Sea Change' in Medicare," published online March 25, 2014, is available at <http://newoldage.blogs.nytimes.com>.

### **NY State, Foundation Announce Online Competition**

The New York State Department of Health (NYSDOH) and a New York City-based Foundation have announced a competition under which teams of coders and application developers will be graded on their ability to create online tools that help non-specialists analyze the cost, quality and efficiency of hospital procedures. The four-month competition announced by NYSDOH, and undertaken with support from the New York State Health Foundation, will evaluate web-based, mobile and desktop-based solutions that use publicly-available data from sites like the state's Health Data NY site. That site, which was created a year ago, permits experts and non-expert users to analyze hospital discharge information in a variety of formats. The winner of the "Healthy Connections = Health Communities" competition will receive \$15,000. According to the announcement, an independent panel of experts will award first, second and third-place prizes for solutions that "present quality, cost and efficiency data in a format this is easy to interpret." Winners will be announced in September. For more information on the New York State Health Innovation Challenge, visit [www.health2con.com](http://www.health2con.com).

### **Feds Change Quality Finding Disclosure Policy**

CMS is clarifying a key change in how QIOs like IPRO are directed to handle Medicare quality of care complaints lodged by patients and their families. Previously, QIOs were barred from disclosing the details of adverse findings against physicians or practitioners without the permission of the physician or practitioner in question. The new process, effective for complaints received on or after February 1, 2014, follows from a final rule published last fall in *The Federal Register*, which was meant to increase the transparency of the QIO

beneficiary complaint review policy. Under the new procedure, physicians and practitioners will still be afforded the opportunity to discuss a potential finding of substandard quality and will still be able to request a formal reconsideration review prior to a QIO's sharing of detailed adverse findings with patients and families. But once a decision has been made to go forward with adverse findings, Medicare beneficiaries will receive specific information on each concern initially raised by the beneficiary or beneficiary representative. Beneficiaries are also permitted to request detailed information on closed cases in which complaints were received after January 2, 2013. The change in policy is outlined in IPRO's Internal Administrative Memorandum #2014-02, which is available on the IPRO website at [www.ipro.org](http://www.ipro.org).

### **IPRO Mourns Death of Board Member, Patient Advocate**

Kathe LeBeau, a Member of IPRO's Corporate Board of Directors and Chair of IPRO's End-Stage Renal Disease (ESRD) Network 2 Patient Advisory Committee, passed away suddenly on Monday, March 17, 2014. Ms. LeBeau was previously a patient advocate with the Renal Support Network in Glendale, CA, and Patient Services and Public Policy Director for the Northeast Kidney Foundation in Albany, NY. In addition to her roles as IPRO Board Member, IPRO Divisional ESRD Board Member, and ESRD Network 2 Patient Advisory Committee Chair and Council Member, Ms. LeBeau volunteered for countless public and private chronic kidney disease initiatives. Among these, she was a reviewer for the federal Patient Centered Outcomes Institute, a member of the Centers for Medicare & Medicaid Services (CMS') Anemia Technical Expert Panel, and an active participant in the CMS Innovations Center Project, *Improving Care for ESRD Beneficiaries: Patient Perspective*.

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We welcome your comments and suggestions. Please forward them to the Editor, Spencer Vibbert, at [svibbert@ipro.org](mailto:svibbert@ipro.org).

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042

[www.ipro.org](http://www.ipro.org)

IPRO is a national organization providing a full spectrum of healthcare assessment and improvement services that foster more efficient use of resources and enhance healthcare quality to achieve better patient outcomes. For 30 years, IPRO has been highly regarded for the independence of its approach, the depth of its knowledge and experience, and the integrity of its programs. IPRO holds contracts with federal, state and local government agencies and corporate clients, in more than 33 states and the District of Columbia. A not-for-profit organization, IPRO is headquartered in Lake Success, NY.