# IPRO Annual Report of QIO Case Review Information

## (*August 1, 2013 through April 30, 2014)*

## Introduction

As a critical element of the Centers for Medicare & Medicaid Services' (CMS') commitment to improving healthcare quality for all Americans, the QIO program focuses on enhancing the services that Medicare beneficiaries receive while protecting the Medicare Trust Fund through promotion of an effective and efficient delivery system. The work that QIOs perform spans every setting in which healthcare is delivered—even the critical transitions between those settings. As the Quality Improvement Organization (QIO) for New York State, IPRO uses our case review findings and data to identify opportunities for improvement across provider settings and to promote evidence-based medical practice and patient-centered care principles for all Medicare beneficiaries across New York.

The information that follows in our Annual Report provides data for the date range August 1, 2013 through April 30, 2014. This report demonstrates our commitment to transparency while underscoring our role in working with providers to bring tangible improvements in quality-of-care. We do this by using evidence-based guidelines to conduct independent, clinical reviews of Medicare cases in a way that promotes patient-centered care.

## I. Total # of Reviews

This table provides information regarding the total number of reviews IPRO performed as recorded in the Case Review Information System (CRIS) by the associated review type.

| Review Type | # of Reviews | Percent of Reviews (%) |
|---|---|---|
| Coding Validation (120 - HWDRG) | 2,258 | 18.39% |
| Coding Validation (All Other Selection Reasons) | 0 | 0.00% |
| Quality of Care Review (101 through 104 -Beneficiary Complaint) | 179 | 1.46% |
| Quality of Care Review (All Other Selection Reasons) | 48 | 0.39% |
| Utilization (158 - FI/MAC Referral for Readmission Review) | 0 | 0.00% |
| Utilization (All Other Selection Reasons) | 3,830 | 31.19% |
| Notice of Non-coverage (105 through 108 - Admission and Preadmission) | 562 | 4.58% |
| Notice of Non-coverage (118 - BIPA) | 1,844 | 15.02% |
| Notice of Non-coverage (117 - Grijalva) | 2,094 | 17.05% |
| Notice of Non-coverage (121 through 124 -Weichardt) | 1,437 | 11.70% |
| Notice of Non-coverage (111-Request for QIO Concurrence) | 1 | >0.01% |
| EMTALA 5 Day | 25 | 0.20% |
| EMTALA 60 Day | 0 | 0.00% |
| **Total** | 12,278 | |

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### II. Top 10 Principal Medical Diagnoses

This table provides information regarding the top 10 principal medical diagnoses for inpatient claims billed for Medicare beneficiaries during the annual reporting period. It does not reflect review information.

| Top 10 Medical Diagnoses | # of Beneficiaries | Percent of Beneficiaries (%) |
|---|---|---|
| 1. 038.9 – Septicemia (not otherwise specified) | 25,019 | 16.27% |
| 2. 486 – Pneumonia, Organism (not otherwise specified) | 21,479 | 13.96% |
| 3. V57.89 – Other Rehabilitation Procedure | 18,617 | 12.10% |
| 4. 414.01 – Coronary Atherosclerosis of Native Coronary Artery | 15,070 | 9.80% |
| 5. 599.0 – Urinary Tract Infection (not otherwise specified) | 14,628 | 9.51% |
| 6. 491.21 – Obstructive Chronic Bronchitis with (acute) Exacerbation | 12,431 | 8.08% |
| 7. 584.9 – Acute Kidney Failure (not otherwise specified) | 12,387 | 8.05% |
| 8. 780.2 – Syncope and Collapse | 12,247 | 7.96% |
| 9. 427.31 – Atrial Fibrillation | 11,107 | 7.22% |
| 10. 410.71 – Subendocardial Infarct, Initial Episode of Care | 10,823 | 7.04% |
| **Total** | 153,808 | 100.00% |

### III. Provider Review Geographics

This table provides information on the count and percent by Rural vs. Urban geographical locations for Health Service Providers (HSPs) associated with a completed IPRO review.

| Geographical Area | # of Providers | Percent of Providers (%) |
|---|---:|---:|
| Rural | 66 | 10.12% |
| Urban | 584 | 89.57% |
| Unknown | 2 | 0.31% |
| **Total** | 652 | 100.00% |

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### IV. Provider Reviews Settings

This table provides information on the count and percent by Setting for Health Service Providers (HSPs) associated with a completed IPRO review.

| Setting | # of Providers | Percent of Providers (%) |
|---|---|---|
| 0 - Acute Care Unit of an Inpatient Facility | 144 | 22.09% |
| 1 - Distinct Psychiatric Facility | 1 | 0.15% |
| 2 - Distinct Rehabilitation Facility | 0 | 0.00% |
| 3 - Distinct Skilled Nursing Facility | 407 | 62.42% |
| 5 - Clinic | 0 | 0.00% |
| 6 - Distinct Dialysis Center Facility | 0 | 0.00% |
| 7 - Dialysis Center Unit of Inpatient Facility | 0 | 0.00% |
| 8 - Independent Based RHC | 0 | 0.00% |
| 9 - Provider Based RHC | 0 | 0.00% |
| C - Free Standing Ambulatory Surgery Center | 0 | 0.00% |
| G - End Stage Renal Disease Unit | 0 | 0.00% |
| H - Home Health Agency | 65 | 9.97% |
| N - Critical Access Hospital | 2 | 0.31% |
| O - Setting does not fit into any other existing setting code | 0 | 0.00% |
| Q - Long Term Care Facility | 2 | 0.31% |
| R - Hospice | 23 | 3.53% |
| S - Psychiatric Unit of an Inpatient Facility | 2 | 0.31% |
| T - Rehabilitation Unit of an Inpatient Facility | 0 | 0.00% |
| U - Swing Bed Hospital Designation for Short-Term, Long-Term Care, and Rehabilitation Hospitals | 4 | 0.61% |
| Y - Federally Qualified Health Centers | 1 | 0.15% |
| Z - Swing Bed Designation for Critical Access Hospitals | 1 | 0.15% |
| Other | 0 | 0.00% |
| **Total** | 652 | 100.00% |

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### V. Quality of Care Concerns Confirmed

This table provides information regarding the number of concerns by Quality of Care "PRAF" Category Code, a standardized methodology used by all QIOs in the review process. The table also provides information in regard to the number of quality concerns that were confirmed by our independent peer reviewers at the highest level of review, for completed quality of care reviews. It should be noted that a case under review can have multiple quality of care concerns identified.

| Quality of Care ("C" Category) PRAF Category Codes | # of Concerns | # of Concerns Confirmed | Percent Confirmed Concerns (%) |
|---|---|---|---|
| C01 - Apparently did not obtain pertinent history and/or findings from examination | **12** | **4** | **33.33%** |
| C02 - Apparently did not make appropriate diagnoses and/or assessments | **44** | **22** | **50.00%** |
| C03 - Apparently did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09) and procedures (see C07 or C08) and consultations (see C13 and C14] | **172** | **42** | **24.42%** |
| C04 - Apparently did not carry out an established plan in a competent and/or timely fashion | **42** | **16** | **38.10%** |
| C05 - Apparently did not appropriately assess and/or act on changes in clinical/other status results | **17** | **11** | **64.71%** |
| C06 - Apparently did not appropriately assess and/or act on laboratory tests or imaging study results | **20** | **9** | **45.00%** |
| C07- Apparently did not establish adequate clinical justification for a procedure which carries patient risk and was performed | **9** | **2** | **22.22%** |

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| Quality of Care ("C" Category) PRAF Category Codes | # of Concerns | # of Concerns Confirmed | Percent Confirmed Concerns (%) |
|---|---|---|---|
| C08 - Apparently did not perform a procedure that was indicated (other than lab and imaging, see C09) | **1** | **0** | **0.00%** |
| C09 - Apparently did not obtain appropriate laboratory tests and/or imaging studies | **8** | **2** | **25.00%** |
| C10 - Apparently did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans | **43** | **15** | **34.88%** |
| C11 - Apparently did not demonstrate that the patient was ready for discharge | **27** | **12** | **44.44%** |
| C12 - Apparently did not provide appropriate personnel and/or resources | **1** | **1** | **100.00%** |
| C13 - Apparently did not order appropriate specialty consultation | **2** | **1** | **50.00%** |
| C14 - Apparently specialty consultation process was not completed in a timely manner | **6** | **3** | **50.00%** |
| C15 - Apparently did not effectively coordinate across disciplines | **4** | **0** | **0.00%** |
| C16 - Apparently did not ensure a safe environment (medication errors, falls, pressure ulcers, transfusion reactions, nosocomial infection) | **33** | **22** | **66.67%** |
| C17 - Apparently did not order/follow evidence-based practices | **4** | **4** | **100.00%** |
| C18 - Apparently did not provide medical record documentation that impacts patient care | **14** | **6** | **42.86%** |
| C40 - Apparently did not follow-up on patient's (non) compliance *(only applies to Managed Care patient)* | **1** | **0** | **0.00%** |
| C99 - Other quality concern not elsewhere classified | **192** | **71** | **36.98%** |
| **Total** | **652** | **243** | **37.27%** |

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### VI. Serious Reportable Events on Quality of Care Reviews

This table provides information regarding the number of Quality Improvement Activities (QIAs) initiated (initial activity date within the reporting period) for all quality of care reviews with confirmed concerns. During this time period the data implies that there were no concerns upheld during the peer review process that were deemed to fall into the category of "Serious Reportable Events". However, as will be noted in Table C, IPRO is vigilant in requiring an appropriate quality improvement activity for all confirmed concerns throughout New York State. In addition, situations of imminent danger may have been referred to the New York State Department of Health (NYSDOH) for follow-up during our intake triage process, our point of initial contact with the complainant.

| # of QIAs Initiated | # of QIAs Initiated for Serious Reportable Events | Percent of QIAs Initiated for Serious Reportable Events (%) |
|---|---|---|
| 243 | 0 | 0.00% |

### VII. Confirmed Quality of Care Concerns with Associated Interventions

This table provides information on the number of *initial* Quality Improvement Activities, by Activity Type, for reviews with one or more confirmed Quality of Care concerns. It also provides the percent of total activities that each represents.

| Initial Quality Improvement Activity | # of Interventions (QIAs) with this Initial Quality Improvement Activity | Percent of Interventions (QIAs) with this Initial Quality Improvement Activity |
|---|---|---|
| 1 - Send educational/alternative approach letter | 1 | 0.40% |
| 2 - Perform intensified review | | |
| 3 - Require continuing education | 7 | 2.78% |
| 4 - Request/review policy/procedure | 2 | 0.79% |
| 5 - Request development of QIP | 233 | 92.46% |
| 6 - Accept provider-initiated QIP | 9 | 3.57% |
| 7 - Conduct informal meeting or teleconference | | |
| 8 - Refer to licensing board | | |
| 9 - Initiate sanction activity | | |
| 10 - Other | | |
| **Total** | 252 | 100.00% |

**Note:** This table only displays the *initial* action taken by IPRO to remedy a quality of care concern. Accordingly, additional steps undertaken by IPRO may not be included in this table.

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### VIII. Discharge/Service Termination

This table provides information regarding the discharge location of beneficiaries linked to appeals conducted by IPRO of provider issued notices of Medicare non-coverage. Note: Data in this report represents discharge/service termination reviews from August 1, 2013 through January 31, 2014. A shortened timeframe is necessary to allow for maturity of claims data which is the source of "Discharge Status" for these cases.

| Discharge Status | # of Beneficiaries | Percent of Beneficiaries (%) |
|---|---|---|
| 01 - Discharged to home or self care (routine discharge) | 149 | 26.75% |
| 02 - Discharged/transferred to another short-term general hospital for inpatient care | 6 | 1.08% |
| 03 - Discharged/transferred to skilled nursing facility (SNF) | 240 | 43.09% |
| 04 - Discharged/transferred to intermediate care facility (ICF) | 7 | 1.26% |
| 05 - Discharged/transferred to another type of institution (including distinct parts) | 0 | 0.00% |
| 06 - Discharged/transferred to home under care of organized home health service organization | 109 | 19.57% |
| 07 - Left against medical advice or discontinued care | 3 | 0.54% |
| 09 – Admitted as an inpatient to this hospital | 0 | 0.00% |
| 20 – Expired (or did not recover – Christian Science patient) | 12 | 2.15% |
| 21 – Discharged/transferred to court/law enforcement | 0 | 0.00% |
| 30 – Still a patient | 0 | 0.00% |
| 40 - Expired at home (Hospice claims only) | 0 | 0.00% |
| 41 - Expired in a medical facility (e.g. hospital, SNF, ICF or free standing Hospice) | 0 | 0.00% |
| 42 - Expired – place unknown (Hospice claims only) | 0 | 0.00% |
| 43 - Discharged/transferred to a Federal hospital | 0 | 0.00% |

| Discharge Status | # of Beneficiaries | Percent of Beneficiaries (%) |
|---|---|---|
| 50 - Hospice - home | 7 | 1.26% |
| 51 - Hospice - medical facility | 2 | 0.36% |
| 61 - Discharged/transferred within this institution to a hospital-based Medicare approved swing bed | 0 | 0.00% |
| 62 - Discharged/transferred to an inpatient rehabilitation facility including distinct part units of a hospital | 10 | 1.80% |
| 63 - Discharged/transferred to a long term care hospital | 8 | 1.44% |
| 64 - Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare | 0 | 0.00% |
| 65 - Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital | 1 | 0.18% |
| 66 - Discharged/transferred to a Critical Access Hospital | 0 | 0.00% |
| 70 - Discharged/transferred to another type of health care institution not defined elsewhere in code list | 1 | 0.18% |
| Other | 2 | 0.36% |
| **Total** | 557 | 100.00% |

## IX. Beneficiary Demographics

This table provides information regarding the number of beneficiaries by demographic category, for whom a case review activity was started, and the percent of beneficiaries in each category.

| Demographics | # of Beneficiaries | Percent of Beneficiaries (%) |
|---|---|---|
| **Sex/Gender** | | |
| Female | 4,721 | 62.14% |
| Male | 2876 | 37.86% |
| Unknown | 0 | 0.00% |
| **Total** | 7597 | 100.00% |
| **Race** | | |
| Asian | 114 | 1.50% |
| Black | 1060 | 13.95% |
| Hispanic | 164 | 2.16% |

| Demographics | # of Beneficiaries | Percent of Beneficiaries (%) |
|---|---|---|
| North American Native | 7 | 0.09% |
| Other | 126 | 1.66% |
| Unknown | 47 | 0.62% |
| White | 6079 | 80.02% |
| **Total** | 7597 | 100.00% |

**<u>Quality of Care Reviews and Concerns by Intervention Type</u>**

1. **Type of Intervention for Quality Category C-07: *Apparently did not establish adequate clinical justification for a procedure which carries patient risk and was performed.***

IPRO requested a quality improvement initiative with internal monitoring to address the confirmed system-wide concern identified as a result of a beneficiary complaint. Our peer reviewer upheld the finding that documentation in the operating room (OR) record did not include adequate information in regard to a surgical plate implanted during orthopedic surgery. Specifically, the manufacturer of the device was omitted from the report.

The beneficiary had fallen down the stairs in his home and was brought to the Emergency Room with ankle deformity and pain. He underwent an open reduction and plate fixation of both distal tibia and fibula. Our reviewer noted that all hardware in the medical record was clearly identified by manufacturer name except for the plate. Our concern was twofold:

- The beneficiary reported that the plate "bent" shortly after surgery and then broke. As a result the beneficiary had to undergo additional orthopedic surgery.
- There was documentation in the OR record that a vendor had been present in the operating room during the procedure.

In response to our initial inquiry about the event, the hospital responded and agreed that the operating room documentation in the case was not optimal and that the appropriate catalogue number for the surgical plate was not entered and therefore, the manufacturer could not be ascertained from the documentation. To address this:

- The case in question was reviewed by hospital leadership, the correct catalogue number was identified which enabled identification of the manufacturer. The record was amended (as a late entry) to properly identify the plate.
- Hospital policy was reviewed to ensure that the policy/process in place governing documentation of surgically implanted devices was appropriate to the current standards.
- The policy and the requirement to follow the policy was reviewed with all OR staff. Sign in sheets from the in-service education sessions were submitted to IPRO.

- Hospital leadership (the Vice President for Operative Services) reviewed a random sample of 50 charts for similar cases to ensure that documentation was complete and the manufacturer could be clearly identified.

***2.*** **Type of Intervention for Quality Category C-06:** ***Apparently did not appropriately assess or act on laboratory or imaging studies***

IPRO requested a quality improvement initiative with focused internal monitoring to address a confirmed quality of care concern identified while conducting a higher weighted DRG validation review. Specifically, our peer reviewer identified that there had been a failure by the medical service to appropriately manage the patient, with known chronic kidney disease and lab results demonstrating evidence of deteriorating renal function, at the time of discharge. While there was documentation in the medical record that a possible Renal Consult would be done, it was not obtained and there was no documentation in the medical record that renal follow-up was recommended or that the beneficiary's elevated lab results (BUN and Creatinine) would be evaluated after discharge.

In response to our findings, the provider initiated a three month audit of patients with Chronic Kidney Disease to ensure the appropriateness of follow-up documentation in the medical record. Any concern identified would be reviewed with the applicable practitioner(s) by the Department Chairman. The hospital also indicated that a new Electronic Health Record system was to be implemented by the end of the year which was expected to greatly improve the quality of follow-up documentation in regard to aberrant lab values. The provider submitted detailed information in regard to their chart audit that demonstrated the appropriateness of documentation in the sample of records reviewed and satisfactorily addressed IPRO's quality concerns.

**3. Type of Intervention for Quality Category C-02:** ***Apparently did not make appropriate diagnoses or assessments***

IPRO requested a quality improvement initiative to address a confirmed quality of care concern that was identified as a result of a beneficiary complaint initiated by the patient's daughter, her designated representative. She indicated that her mother had been admitted to a skilled nursing facility following an inpatient hospital stay for dehydration and congestive heart failure. While visiting her mother at the nursing home, she observed her to be coughing and retaining fluid. She reported this to the nursing station where staff said they would let the doctor know but did not come to her room to evaluate the beneficiary. Several hours later when the beneficiary still had not received any care or attention, the daughter went to the nursing office and reported that her mother was coughing and that she was concerned because she had recently been hospitalized with congestive heart failure. The nurse did not want to examine her – but finally agreed to do so. The daughter later learned from her mother that no one had listened to her chest. They simply gave the beneficiary cough syrup. The beneficiary told her daughter that she had had difficulty breathing, she rang for help but nothing was done. The next morning, there is a nursing note that documents, beneficiary says she can't breathe, As per the nursing assessment respirations were labored, crackles were noted in her lungs, skin was diaphoretic. The nurse notified the physician who was seeing other residents on the unit who sent her directly to the hospital via ambulance with fluid in her lungs due to congestive heart failure. The beneficiary passed away in the hospital 2 weeks later. The daughter's complaint alleged that the nursing home staff did not provide adequate care, failed to monitor her mother's condition, did not keep her on the diuretic she had been taking at home and did not respond when the beneficiary was clearly experiencing serious health issues.

IPRO's review confirmed that there was inadequate assessment by nursing of this resident with progressive symptoms of cough and shortness of breath as well as a delay in her care due to the inadequate assessment. As a result, all licensed nursing staff were re-inserviced on the signs and symptoms of CHF; the need to notify a supervisor and attending physician/covering practitioner of the resident's change in status, as well as the need to document that the physician had been notified. In addition, an audit tool was developed to review any resident on 24 hour report showing signs and symptoms of shortness of breath, cough and/or active CHF. Audits were conducted monthly with an expected outcome of 100% in regard to the following indicators:

- Resident placed on 24 hour report
- Vital signs taken
- Supervisor and physician notification; and
- Information was documented in the medical record.

**G. Evidence Used in Decision-Making –** The table which follows describes the one or two most common types of evidence/standards of care criteria used to support IPRO Review Analysts' assessments and Peer Reviewers' decisions for Medical Necessity/Utilization Review and Appeals. A brief statement of the rationale as to how the specific evidence/standards of care were chosen is also included.

For Quality of Care we have described the one or two most common types of evidence/standards of care criteria used to support IPRO Review Analysts' assessments and Peer Reviewers' decisions for the specific list of diagnostic categories provided in the table. (**Note:** The list is from other 10$^{th}$ SoW initiatives in which QIOs are involved.)

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| Review Type | Diagnostic Categories | Evidence/ Standards of Care Used | Rationale for Evidence/Standard of Care Selected |
|---|---|---|---|
| Quality of Care | Pneumonia | Milliman Care Guidelines; Medscape | The Milliman Care Guidelines provide an excellent starting point to research current standards for care. Information in regard to current standards for pneumonia is available. Medscape is also an excellent site for accessing current standards, including detailed treatment regimens and follow up. |
| | Heart Failure | Milliman Care Guidelines and American Heart Association (www.Heart.org); Medscape | Information in Milliman Care Guidelines is supplemented by clinical information located on the American Heart Association website and Medscape. |
| | Acute Myocardial Infarction | Milliman Care Guidelines and American Heart Association (www.Heart.org); Medscape | Information in Milliman Care Guidelines is supplemented by clinical information located on the American Heart Association website and Medscape. |
| | Pressure Ulcers | AHRQ website; Wound, Ostomy & Continence Nursing website (www.WOCN.org) | AHRQ remains an excellent online resource for the identification of standards of care and practice guidelines. WOCN provides nursing guidelines for staging and care of pressure ulcers. |
| | Urinary Tract Infection | Center for Disease Control (CDC) website; Milliman Care Guidelines; Medscape | CDC website provides ability to search for clinical guidelines related to catheter care and UTIs. Medscape is also used to access current standards, including detailed |

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|---|---|---|---|
| | | | treatment regimens and follow up. This information may be supplemented with Milliman Care Guidelines. |
| | Sepsis | NY State Sepsis Guidelines; Milliman Care Guidelines; Medscape | NY State has recently released provider standards in sepsis care. In addition, both the Milliman Care Guidelines and Medscape are used to research current standards of care for sepsis. |
| | Adverse Drug Events | Federal Drug Administration website (FDA.gov); Physician Desk Reference website (PDR.net) | FDA website provides drug specific guidelines as well as patient safety information that is useful to the quality review process. PDR website provides concise, medication monograph including information such as monitoring, dosage, indications that are useful to quality of care review. |
| | Falls | Milliman Care Guidelines; Joint Commission; and New York State Department of Health | The Milliman Care Guidelines provide an excellent starting point to research current standards for care. In addition we utilize information on the Joint Commission website as well as the New York State Department of Health (NYSDOH). The NYSDOH website also provides a link to the CDC's *STEADI* toolkit. |
| | Patient Trauma | Milliman Care Guidelines; Medscape; American College of Emergency Physicians (ACEP) | The Milliman Care Guidelines provide an excellent starting point to research current standards for care. In addition we utilize Medscape as well as the ACEP website for new standards of care relating to patient trauma. |

| | | | |
|---|---|---|---|
| | Surgical complications | Milliman Care Guidelines; Medscape; American College of Surgeons website | The Milliman Care Guidelines provide an excellent starting point to research current standards for care. In addition we utilize Medscape as well the American College of Surgeons website for new guidelines |
| Medical Necessity/Utilization Review | | Milliman Care Guidelines, Medicare Coverage Guidelines (Medicare Benefits Policy Manual and National Coverage Determinations Manual) | Milliman Guidelines are used to evaluate the appropriateness of admission as well as medical necessity. The CMS online Medicare Manuals are also used to make admission and medical necessity determinations. |
| Appeals | | Medicare Coverage Guidelines (Medicare Benefits Policy Manual and National Coverage Determinations Manual) | The CMS online Medicare Manuals provide critical information necessary to apply to beneficiary appeals of provider issued Medicare Coverage determinations. |

Please provide three brief examples/case studies where case review was linked to another Aim of the QIO contract, for example, readmissions, pressure ulcers, adverse drug events, etc. Identify the evidence based criteria used to support review decisions on those cases and what influenced the selection of that criteria. Documentation should be two paragraphs or less per example/case study.

**Example/Case Study 1- Patient Falls**

This case concerned nursing home care provided to a Medicare beneficiary with Alzheimer's Disease. The beneficiary was admitted to the nursing home for skilled care after a hospitalization for sepsis-pneumonia, increased confusion, and emphysema. During the hospitalization the beneficiary fell multiple times with resultant rib fractures. Thus, it was known to the nursing home at admission that the resident was at high risk for falls.

Unfortunately, the resident fell multiple times while in the nursing home. IPRO identified that there were multiple occasions when nursing failed to properly notify the physician, administration and the family that the patient had fallen. The facility was directed to the Centers for Disease Control and

Prevention (CDC) website and the "STEADI" (Stopping Elderly Accidents, Deaths and Injuries) Toolkit, a resource for IPRO's evidence based review and provision of technical assistance for quality improvement.

**Example/Case Study 2 – Patient Readmission**

This case concerns a Medicare beneficiary who was readmitted to the same hospital within 24 hours after discharge. The patient had undergone knee replacement surgery. According to the history provided by the beneficiary at the time of the first admission, the patient had been using 25 mcg Fentanyl patches applied every three days for pain. Postoperatively, the beneficiary received patient controlled analgesic Morphine up until the day of discharge.

The patient developed an altered mental status the day after discharge. Emergency Medical Services (EMS) was called and the beneficiary was transported back to the ER of the discharging hospital. Naloxone (a drug used to reverse the effects of opioids) was administered in the ER with marked improvement in the patient's mental state. It was disclosed that the beneficiary had taken not only the pain medication prescribed at discharge but had also resumed the use of his Fentanyl patch when the pain did not sufficiently resolve.

Based on drug specific information found on the Federal Drug Administration website, FDA.gov, IPRO determined that the beneficiary had inadvertently over self-medicated. Information about the use of post-discharge pain medication was inadequate as it did not educate the beneficiary that the Fentanyl patches should not be used in conjunction with the new pain medication ordered. In addition, the patient should have been observed on the alternative p.o. (by mouth) pain medication prior to discharge.

**Example/Case Study 3 – Pressure Ulcers**

This case concerns an obese, non-ambulatory Medicare beneficiary with multiple hospital and nursing home admissions and co-morbid conditions. It was noted during one of the nursing home admissions reviewed by IPRO that the patient had developed a reddened area on her coccyx which progressed to a necrotic ulcer. While a Wound Care Specialty consult had been obtained, there was no documentation that the recommendations made by the consultant for skin care, hourly turning and positioning and use of pressure reduction devices in bed had been followed on a daily basis, as ordered for this resident.

Based on usual and customary nursing standards of practice for patients at risk for pressure ulcers as well as Milliman Care Guidelines, IPRO determined that the nursing staff had failed to provide acceptable quality care to this Medicare beneficiary.

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**<u>Narrative Analysis</u>**

During this 9-month annual reporting period, IPRO conducted 227 Quality of Care (QOC) reviews and confirmed 243 QOC concerns. A quality improvement activity (QIA) was implemented for all confirmed concerns as evidenced by the data in Tables VI and VII. The number of QIAs is greater than the number of confirmed concerns because some cases can involve multiple parties (e.g., a doctor and a hospital) and different interventions are needed. While no concern during the reporting period was categorized as a serious, reportable event, it should be noted that during the intake portion of the Quality of Care Complaint process, calls to IPRO's toll-free beneficiary helpline are triaged and callers are advised that these types of situations can be referred to the New York State Department of Health (NYSDOH) for follow up action. This immediate referral to the NYSDOH for imminent harm situations may account for these results.

IPRO's QIA findings demonstrate our ongoing commitment to using reviews of individual cases to bring about system-wide improvements in quality of care. Moreover, the data demonstrated in Table I of this report shows that the majority of quality of care review conducted by IPRO begins with a beneficiary's and/or representative's quality of care complaint. Thus, IPRO's quality of care review process truly represents the voice of the patient and their ability to discern care that does not conform to professionally recognized standards of care. The information concerning confirmed quality of care findings is not anecdotal; it can be used to identify geographic and demographic patterns/trends where focused quality improvement intervention is needed.