

Healthcare Quality Watch

APRIL/MAY 2017

NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS



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IPRO Annual Meeting Set for June 6

Nationally recognized health policy experts Susan Dentzer, Carl Flatley, DDS, MSD and Marcus Friderich, MD, MBA are featured speakers at IPRO's 33rd Annual Meeting, to be held Tuesday June 6 at the LaGuardia Marriott Hotel in East Elmhurst, NY. Chief Executive Officer of the Network for Excellence in Health Innovation, Dentzer works closely with foundation leaders to carry out the organizational mission of improving the health and health care of all Americans. One of the nation's most respected health and health policy thought leaders and journalists, she is also an on-air analyst on health issues on the PBS NewsHour. Carl Flatley founded the American Sepsis Alliance in 2004 after his daughter Erin died from septic shock, something Dr. Flatley, a retired endodontist, had never heard of. Marcus Friedrich is the medical director of the Office of Quality and Patient Safety in the New York State Department of Health. Among Dr. Friedrich's responsibilities is a leadership role in New York's development of the nation's first public reporting initiative analyzing hospital performance on sepsis management. In addition to these speakers, the Annual Meeting includes presentation of the 2017 IPRO Quality Awards to providers from across the state of New York. To register for the IPRO Annual Meeting, go to www.ipro.org/annualmeeting or call (516) 326-7767, ext. 262.

IPRO Supports Hospital Sepsis Report

The New York State Department of Health (NYSDOH) has released the nation's first public performance report to analyze hospital-specific management of sepsis involving

adults and children, including risk-adjusted mortality data. The NYSDOH report is the culmination of a three year effort at data collection, measurement and analysis -under the auspices of a statewide clinical advisory group—aimed at improving sepsis detection and outcomes at acute care hospitals across the state of New York. The NYSDOH report evaluates the extent to which hospital emergency rooms initiate protocol-driven treatments for all sepsis patients; adult patients receive required treatments within three hours of hospitalization and within six hours; and whether children receive vital treatments within one hour of hospitalization. Adult risk-adjusted mortality addresses death during hospital stays but excludes acute care transfers, patients with advance directive restrictions and patients who refuse protocol interventions. IPRO supported the NYSDOH initiative by reviewing hospital protocols and developing a data dictionary, feedback reports and analysis. IPRO also supported a streamlined electronic data collection instrument, assisted in assuring data integrity and offered individual hospital reports, as well as webinars and helpdesk assistance. In addition to its work in support of the NYSDOH sepsis performance reporting initiative, IPRO is currently engaged in a two-year effort funded by the U.S. Centers for Medicare & Medicaid Services to improve identification, treatment and management of sepsis patients by community-based providers including skilled nursing facilities, home health agencies and physician practices. To date, that project has resulted in training of well over 8,000 clinical and non-clinical staff in Northeastern and Central New York as well as Charleston, South Carolina. To learn

more about the NYSDOH initiative, visit <https://ny.sepsis.ipro.org>. To learn more about the CMS-funded activity, visit <http://atlanticquality.org/initiatives/sepsis-initiative>.

IPRO Supporting End-of-Life Planning on Long Island

IPRO is teaming with county health officials and a national expert to educate New York seniors and families about the benefits of end-of-life planning. Under a two-year Centers for Medicare & Medicaid Services (CMS) funded initiative in Nassau and Suffolk counties, IPRO is conducting outreach and providing educational sessions for seniors, their families and caregivers to help them better understand how to ensure that their end-of-life wishes are properly carried out. End-of-life care expert Patricia Bomba, MD, MACP, VP of Geriatrics for Excellus Blue Cross Blue Shield, is working with IPRO to educate the public and healthcare professionals about New York's Medical Orders for Life-Sustaining Treatment (MOLST) and eMOLST, which aim to improve the quality of care that people receive at the end of their lives by honoring their preferences, values and beliefs through a shared informed decision-making communication process with their families and healthcare professionals. The IPRO-led AQIN is one of 14 Medicare-funded Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) operating across the U.S. To learn more about the AQIN Transforming End-of-Life Care Initiative, contact IPRO Senior Director and Project Lead Sara Butterfield, BSN, RN, CPHQ, CCM at Sara.Butterfield@area-1.hcqis.org or (518) 426-3300, Ext. 104. Visit the AQIN website at www.atlanticquality.org. For more information on advance care planning and MOLST, visit www.ConversationsChangelives.org.

IPRO Manager Wins Quality Improvement Award

IPRO Senior Director Sara Butterfield RN, BSN, CPHQ, CCM is a recipient of the prestigious Ruth F. Wilson Award, the highest honor presented by the Home Care Association of New York State. The award recognizes Ms. Butterfield's contributions and achievements in improving healthcare quality, her dedication to fostering communication and cooperation in the homecare community, the high level of professionalism and integrity with which she conducts her work, and her longstanding commitment to the goals and values of IPRO.

Trade Group Lauds Nursing Home Safety Initiative

The nation's fourteen regional Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) have reached an important goal of enrolling 2,336 nursing homes in the Center for Disease Control's (CDC) National Healthcare Safety Network (NHSN), according to the QIN-QIO trade association. The NHSN is the most widely used healthcare-associated infection tracking system in the US. It is currently used by most hospitals and dialysis facilities, but isn't yet used extensively by nursing homes. With the achievement of this goal, nursing homes will focus on collecting and entering data on *Clostridium difficile* infections, a bacterium that causes inflammation of the colon, known as colitis. The CDC will, for the first time, be able to calculate a baseline *C. difficile* long term care facility incidence rate. This effort was accomplished through federal cross-agency collaboration between the Centers for Medicare & Medicaid Services

and the CDC. "This is just one example of the incredible, wide-reaching work that the QIN-QIO program can accomplish through its unique collaborative network of healthcare providers," said Alison Teitelbaum, MS, MPH, CAE, executive director of the American Health Quality Association (AHQA)—the QIN-QIO program trade association. The National Action Plan to Prevent Healthcare-Associated Infections set a goal of enrolling 5% of nursing homes in the NHSN reporting database within 5 years—due to QIO activity, there is now the potential to have almost 15% of nursing homes nationwide reporting data. "Once we have real time data on infections through the NHSN, we can truly begin to innovate and improve the quality of care provided in nursing homes across the country," said Jane Brock, MD, MPH, president of AHQA.

Study Tracks Diabetes-Related Amputation Rates

Lower extremity amputation rates related to diabetes have been gradually increasing each year since 2009, according to a new report from the Centers for Medicare & Medicaid Services' (CMS) Quality Innovation Network National Coordinating Center (QIN NCC). The data, gathered from Medicare fee-for-service beneficiaries between July 1, 2015 and June 30, 2016, found that of the nearly 38 million beneficiaries' inpatient claims data examined in 50 states and three territories, almost 32,000 people with diabetes had a documented non-traumatic lower extremity amputation of a partial to whole foot or leg. (Toe amputation alone was not included.) Further, the data show that, like diabetes, lower extremity amputations continue to impact racial and ethnic minority beneficiaries at disproportionate rates. Nationally, Hispanics had an amputation rate two-and-a-half times greater than whites; blacks had a rate three-and-a-half times greater than whites; and Native Americans had a rate four-and-a-half times greater than whites. To learn more about the national Love Your Feet campaign, visit <http://qioprogram.org/edc-foot-care-campaign>.

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For an electronic version of *Healthcare Quality Watch*, visit <http://ipro.org/about/publications/newsletters/quality-watch>.

We welcome your comments and suggestions. Please forward them to the Editor, Spencer Vibbert, at svibbert@ipro.org.

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IPRO is a non-profit organization that works with government agencies, providers and consumers to implement innovative programs that bring policy ideas to life. For over 30 years we've made creative use of clinical expertise, emerging technology and data solutions to make the healthcare system work better. IPRO holds contracts with federal, state and local government agencies and corporate clients, in 33 states and the District of Columbia.