

Hello!

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NURSING HOME NEWS



Certified Eden Associate Training

The Eden Alternative is offering a three-day training to become a certified Eden Alternative Associate. The training is May 7-9 at Sweetwater Home for Seniors in

Sweetwater, Tenn. The training is \$525 per person/\$450 per person for a group of two or more. [Click here](#) for more information and to register.

Consistent Assignment Teleconference June 3

The "Advancing Excellence in America's Nursing Homes" campaign is sponsoring a free conference call on practicing consistent assignment in nursing homes.

The presentation "Consistent Assignment - The Practice and the Experience" will take place June 3 at 2 p.m. to 3:30 p.m. ET/1



Winter/Spring 2008 Issue of Quality Source Now Available

In this issue of *Quality Source*, we introduce you to a new movement among the healthcare community to make quality and cost more transparent.

We also discuss the methicillin-resistant *Staphylococcus aureus* (MRSA) problem in Tennessee and statewide workshops aimed at reducing pressure ulcers in nursing homes.

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p.m. to 2:30 p.m. CT. Steve Levenson, MD, and Jennylynde Renetria-Packham, MSN, will discuss what consistent assignment is and how it works. Representatives from nursing homes in Pennsylvania and Washington D.C. will share their success stories. All nursing staff members are invited to attend.

Registration is available [online](#) or via telephone at 888.869.1189 (mention conference #44387623). The registration deadline is May 29. The PowerPoint presentation will be posted May 23 on the campaign site.

Resource F-Tag Crosswalk to Culture Change Series Now Available

The Institute for Caregiver Education F-Tag Crosswalk to Culture Change series examines more than 180 F-Tags, identifies a link between a primary Culture Change Principle and the regulatory language, and weaves an action-based connection between Culture Change Values and Guidance to Surveyors for each regulation. [Click here](#) for more information.

HOME HEALTH NEWS

Message from the QSource Home Health Program Manager: Update on ACH and Oral Meds



There were no improvements in the statewide rates for both acute care hospitalization (ACH) and management of oral medications.

Tennessee's ACH rate increased from 32.31 percent in December to 32.39 percent in January.

The statewide rate for oral meds decreased from 45.17 percent in December to 45.16 percent in January.

Please encourage staff to continue their hard work to keep patients out of the hospital. Early intervention and strong patient and family teaching are ingredients to excellent care.

ACH Target Achievers

QSource is proud to recognize agencies that have achieved their target rate for ACH set by the Centers for Medicare & Medicaid Services (CMS). [Click here](#) to view the featured agencies.

National Nurses Week May 6-12

National Nurses Week is celebrated annually from May 6 through May 12. This year's theme is "Nurses: Making a Difference Every Day." [Click here](#) for more information on National Nurses Week.

Medicaid Enrollees Could Get Home and Community-Based Care

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Thousands of Medicaid beneficiaries who were previously limited to receiving care in an institutional setting may now be given the option to receive that care in their homes and communities, under a proposed rule published by CMS.

The Deficit Reduction Act (DRA) of 2005 gave states a new option to provide home and community-based services to Medicaid beneficiaries without applying for a demonstration waiver. The proposed rule will have a public comment period through June 3. [Click here](#) to view the complete proposed rule.

CMS Open Door Forum May 13

The next CMS home health, hospice and durable medical equipment (DME) forum is scheduled for May 13 at 2 p.m. ET/1 p.m. CT. The open door forum addresses issues related to Home Health Prospective Payment System, the newly proposed competitive bidding for DME, and the Medicare Hospice benefit. The call-in number is 800.837.1935, passcode 41864430.

Handing Care Over to Another Healthcare Provider

Agencies face the daily challenge of care transitions, also called handovers or handoffs. Handovers are error-prone and variable, creating a vulnerable gap in patient care. Many of these transitions lack the ingredients for what would be defined as an optimal transition or handover. Home health becomes the sender in a handover when the patient is transferred to the emergency room, the physician office, or other care setting.

Things to consider during handovers:

- Exchange vital information
- Communicate the patient's status
- Exchange information and assume or pass on responsibility
- Support patient safety

Download the [discharge sheet](#) that can work for any handover from one care provider to another.

Are You Prepared to Use the NPI Effective May 23?

CMS continues to be concerned about the low percentage of claims being submitted with only the National Provider Identifier (NPI) in the primary provider identifier fields. Information and education on the NPI can be found on the [CMS site](#).

New AHRQ Web Site Features Healthcare Innovations and Tools

Health Care Innovations Exchange is a new Agency for Healthcare Research and Quality (AHRQ) program designed to support healthcare professionals in sharing and adopting innovations that improve the delivery of care to patients. [Explore this site](#) to find innovative strategies and quality-related tools, learn how to

improve your organization's ability to innovate and adopt new ideas, and interact with innovators and adopters.

PPS Personal Computer Pricer File Updated

The provider data that is distributed with the Home Health Prospective Payment System (PPS) Personal Computer Pricer has been updated with April 2008 provider data. [Click here](#) to download the latest version.

HOSPITAL NEWS



CMS Proposes to Expand Quality Program for Hospital Inpatient Services FY 2009

CMS is proposing to expand the list of conditions which are reasonably preventable through proper care and for which Medicare will no longer pay at a higher rate if the patient acquires them during a hospital stay. In addition, CMS is adding 43 new quality measures for which hospitals will have to report data in order to receive the full annual payment update for their services.

The proposed rule would apply to services provided to patients who are discharged from the hospital during fiscal year (FY) 2009, which begins Oct. 1. The proposed rule would apply to more than 3,500 acute care hospitals paid under the Inpatient Prospective Payment System (IPPS).

The proposed rule also includes recommendations to update Medicare payment rates and policies for inpatient hospitals for FY 2009. Overall, the proposed rule is estimated to increase Medicare payments to acute care hospitals by nearly \$4 billion.

Comments on the proposed rule will be accepted through June 13. CMS will respond to comments in a final rule to be issued on or before Aug. 1. The rule is available [online](#).

"The Passionate Pursuit of Healthcare Excellence" Presentation Now Available

QSource and the Tennessee Chapter of the American Heart Association recently conducted regional workshops for all hospitals to promote strategies and approaches for achieving excellence in healthcare.

The keynote speaker was Dr. Peter Gross, the senior vice president and chief medical officer for Hackensack University Medical Center in Hackensack, New Jersey. Dr. Gross described his hospital's quality journey from being a low-performer to becoming a top performing hospital for two consecutive years in the CMS/Premier Pay-for-Performance Demonstration Project. To access a copy of the PowerPoint slides, [click here](#).

New on MedQIC

[AMI and HF Changes for 4/1/08 Discharges \(Inpatient CoP Call Feb. 13, 2008\)](#)

[Living with Congestive Heart Failure: A Guide to Keeping a Strong and Steady Beat](#)

[Hospital Benchmarks \(updated for 2Q 2007\)](#)

[Methicillin resistant Staphylococcus aureus \(MRSA\) \(Fact Sheet\)](#)

[Transitions of Care \(Inpatient CoP Call Jan. 9, 2008\)](#)

[PNE and SCIP Measures Changes for 4/1/08 Discharges \(Inpatient CoP Call March 12, 2008\)](#)

[Surgical Care Improvement Project Literature Review \(updated January 2008\)](#)

[Venous Disease Coalition](#)

PHYSICIAN OFFICE NEWS

ePrescribing Grant Opportunity

The Tennessee General Assembly has authorized funding for a Physician Connectivity grant to accelerate the use of ePrescribing. The State will reimburse actual costs not to exceed \$3,500 per Tennessee licensed physician and actual costs not to exceed \$6,000 per treatment site to develop the infrastructure to connect to the Tennessee eHealth Exchange Zone and to use ePrescribing technology.



To be eligible for the grant, physicians must be a licensed medical doctor in Tennessee, actively practicing and in good standing with the licensure board. Medical treatment sites in rural counties and primary care will be given priority. The following types of practices have also been designated for priority disbursement:

- Family Practice
- General Practice
- Internal Medicine
- Gynecology
- Obstetrics and Gynecology
- Public Health and General Preventative Medicine

[More about the grant...](#)

New Reporting Options for PQRI

CMS recently announced new options that make it easier for providers to participate in the 2008 Physician Quality Reporting Initiative (PQRI). It is not too late to begin participation for those who have not started reporting. [Click here](#) for information on the new reporting options and to access the PowerPoint presentation

from the CMS national provider call on April 30.

FREE Resources from QSource

The "Diabetes Road Map" is available in English and Spanish. The Road Map is a pocket-size booklet in which patients can keep track of daily blood sugar readings and other readings performed during doctor visits.

Also, the "EHR Under Construction" brochure and poster is available for practices implementing an electronic health record (EHR) system.

To place an order for either, [click here](#) or call 800.528.2655 ext. 2664.

QSource offers a variety of [online resources](#) and FAQs for physician offices wanting to understand an EHR.

DOQ-IT RELATED NEWS

More State Healthcare Data Exchanges on the Rise

Seventy-five percent of states have begun developing some form of health data exchange, according to a report released by the State-Level Health Information Exchange Consensus Project.

The report suggests that healthcare payers should become more involved in the development of health information exchanges, *iHealthBeat* reports. [Read more](#) (registration required).

U.S. Health Chief Says Health IT Efforts Will Continue After Bush

At a recent American Health Information Community meeting, Health and Human Services Secretary Mike Leavitt stressed the importance of continuing health care information technology (IT) advancement efforts despite any changes that might occur when a new administration takes office, *iHealthBeat* reports. [Read more](#) (registration required).

MEDICARE NEWS

QSource Assistance with HPMP Will Cease Aug. 1.

Effective Aug. 1, Quality Improvement Organizations (QIOs) will no longer be responsible for implementing the Hospital Payment Monitoring Program (HPMP). These responsibilities are being transferred to other entities.



The purpose of HPMP was to measure, monitor, and reduce the incidence of improper fee-for-service inpatient acute care Medicare payments. Hospitals may wish to contact the Health Care Compliance Association for compliance-related questions and the Fiscal Intermediary or Medicare Administrative Contractor for

billing questions.

QIOs will be able to distribute Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) through the January 2009 data release. The tools and resources posted at [HPMP Resources](#) will be available through this date as well.

Also, the inpatient records for calculating the national fee-for-service Medicare error rate are now sampled under the Comprehensive Error Rate Testing (CERT) program as of April 2008. More information on the CERT program is available [online](#).

This material was prepared by QSource, the Medicare Quality Improvement Organization for Tennessee, under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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