

Hello!

Welcome to Quality Source E-News, a monthly online supplement to the quarterly Quality Source magazine published by QSource. For more information about QSource or to view our printed publication online, visit www.qsource.org. (Note: This publication is best viewed online in HTML format. To view it in this format, please change the settings in your e-mail.)

IN THIS ISSUE OF...

- NURSING HOME NEWS
- HOME HEALTH NEWS
- HOSPITAL NEWS
- PHYSICIAN OFFICE NEWS
- DOQ-IT RELATED NEWS
- MEDICARE NEWS

NURSING HOME NEWS



Almost Home Airing Rescheduled

Almost Home has been rescheduled to air April 13 at 8:30 p.m. CST on WKNO/Channel 10 so that it may follow the locally produced WKNO program, *The Aging Experience*. WETP/Channel 2 in Knoxville has also rescheduled *Almost Home* to air March 14 at 10 p.m. EST.

Almost Home chronicles a year in the life of a Milwaukee nursing home that is implementing a revolutionary new approach to the challenge of making a nursing home feel like home. Click [here](#) for more information on *Almost Home*.

HOME HEALTH NEWS

Human Factors--Look on the Bright Side of Human Errors

We're human. We all make mistakes. But in an industry where mistakes can affect patient health, how do we take these mistakes and really learn from them?

Five Easy Steps to Improvement

1. Identify the opportunity

- Describe what happened as objectively and as matter-of-factly as possible
- Involve all levels of staff that may have insight into the process
- To reduce the risk of blaming parties involved, do not use employees' names. Instead, for example, say: "Nurse did not assess pain of patient as directed by agency procedures."

Click [here](#) to read more.

Educate Physician Practices About Home Telehealth

Telehealth equipment and capabilities can help agencies improve efficiencies in patient care. However, it can sometimes be a barrier when a new patient's physician office has never worked with home



MedQIC 2.1 Released

MedQIC is an online resource for quality improvement organizations (QIOs) and healthcare professionals working together to improve the quality of care in home health agencies, hospitals, nursing homes and physician offices.

With this new version, you will experience improved navigational features such as:

- Direct access to settings through tabs across the top (Home Health, Hospital, Physician Office, Nursing Home, Underserved)
- Topics easily displayed when the "Setting" tab is clicked, e.g., Telehealth, SCIP, DOQ-IT, Mobility, Provider Education
- A "Features" box on each setting-landing page displaying the most prominent topics and tools
- Enhanced search results including updated categories and search filter options
- Improved "Literature" categories with article publication dates

MedQIC is funded by the Centers for Medicare & Medicaid Services (CMS) to promote transformational change by sharing best practices and improvement strategies, tools, articles and links to resources.

[Click here to visit MedQIC](#)

Quick Links...

[Visit QSource Online](#)

[Newsletter Archive](#)

[Contact Us](#)

telehealth. The physician and office staff may not be familiar with the use of home telehealth and/or understand how reimbursement works when home telehealth is involved.

[More About Us](#)

Take the time to teach the physician and the office staff about home telehealth:

- Provide home telehealth articles from journals to the physician office
- Invite office staff/nurse to your agency to see how your telemonitoring system works and how it can benefit the physician
- Demonstrate to physicians that telemonitoring data is real-time and can be compiled for the physician in graphs, if desired
- Aggregate your data to show the effects of your telemonitoring program and share with your physicians (they are interested in research)

Once physicians and their office staff are comfortable working with home telehealth, many times they increase patient referrals to agencies with telehealth capabilities. Physicians may also be more likely to approve agency protocols for early interventions, thereby reducing avoidable hospitalizations.

Medlearn Matters for Home Health:

[Temporary 5 Percent Payment Increase for Home Health Services Furnished In A Rural Area for One Year Under the Home Health Prospective Payment System](#)

[Guidelines for the Payment of Vaccines \(Pneumococcal Pneumonia virus, Influenza virus and Hepatitis B virus\) Administration](#)

Tools and Resources

[Ready...Aim...Improve! Tools](#)

[More Oral Medication Management Tips](#)

[Instant Oasis Answers 2005](#)

[Medication Management Toolkit](#)

[Strategies for Reducing Acute Care Hospitalization](#)

[Resource Package- Improving Management of Oral Medications](#)

Now Available--Health Information Translations

Health Information Translations is a collaborative initiative to improve health education for limited English proficiency patients.

The Web site provides translations of health information on a growing list of topics into a variety of languages (African French, Chinese Simplified, Chinese Traditional, Hindi, Japanese, Korean, Russian, Somali, Spanish and Ukrainian). Click [here](#) to visit this site.

HOSPITAL NEWS

National Influenza Vaccine Summit Provides Distribution Options for Flu Vaccine

In response to the announcement by vaccine manufacturer Sanofi Pasteur earlier this year that it had prebooked all of its planned doses of influenza vaccine in record time, with the exception of its pediatric vaccine, the National Influenza Vaccine Summit reassured healthcare providers that an estimated 120 million doses--the greatest number of doses in our country's history--are expected to be available for the 2006-2007 season.

"We see this unprecedented early demand as proof of the public's growing awareness of the importance of obtaining vaccination for influenza," said Mitchel C. Rothholz, a member of the Summit's Executive Committee.

Beyond Sanofi Pasteur, there are multiple other influenza vaccine options, including injectable vaccine produced by Chiron Corporation MedImmune's nasal vaccine, Rothholz added.

Click [here](#) to read more.

Silence Kills: Seven Crucial Conversations That May Decrease Medical Error Rates

Past studies by the Joint Commission on Accreditation of Healthcare Organizations have indicated that more than 60 percent of medication errors are caused by mistakes in interpersonal communication.

This study builds on these findings by exploring the specific concerns people have a hard time communicating that may contribute to avoidable errors and other chronic problems in healthcare.

Seven categories of conversations are especially difficult and, at the same time, appear to be especially essential for people in healthcare to master. Click [here](#) to read more.

Medlearn Matters for Hospital:



For More Information...



[Find out more about DOQ-IT](#)



[Be A STAR!](#)



[Tell Us What You Think!](#)

[Complete The Readership Survey](#)



Join our mailing list!

[Guidelines for the Payment of Vaccines \(Pneumococcal Pneumonia virus, Influenza virus and Hepatitis B virus\) Administration](#)

Fourth Quarter PN 7 Data Will Not Be Used for Public Reporting

Approximately 85 million doses of injectable influenza vaccine were made available to the United States for the 2005/2006 flu season. However, a delay in distribution by a few vendors created localized shortages affecting the ability of some hospitals to vaccinate inpatients during the first part of the 2005-2006 flu season. Therefore, data for the fourth quarter 2005, resulting from the Centers for Medicare & Medicaid Services (CMS)/Joint Commission performance measure PN 7-Influenza Vaccination-will not be used for public reporting on either the Joint Commission's Quality Check or the Hospital Compare Web site.

This same data will not be used to determine pay-for performance incentive payments for the third year of the Hospital Quality Incentive Demonstration with Premier Inc. This data will continue to be used in quality improvement organization (QIO) quality improvement activities, although it will not impact the 8th SOW QIO evaluation. It should be noted that PN 7 is not one of the 10 measures that prospective payment hospitals were required to report for fiscal year 2006 annual payment update.

At this time, because the influenza vaccine is widely available from distributors, there are no plans to activate the new allowable value 6 - vaccine not available to hospital due to shortage of vaccine - for the data element Influenza Vaccination Status. In the event that a hospital does not have vaccine available, the response "None of the above/Not documented/UTD" should be selected. This selection will result in the case not being captured in the measure numerator.

We understand that the data generated from PN 7 for the first portion of this flu season will most likely not be reflective of common practice processes. It is important to continue to provide late-season vaccination as substantial amounts of vaccine are often left at the end of the influenza season, and many persons who should or want to receive influenza vaccine remain unvaccinated. To improve vaccine coverage, influenza vaccine should continue to be offered throughout the influenza season as long as vaccine supplies are available. Although the timing of influenza activity may vary by region, vaccine administered after November is likely to be beneficial in the majority of influenza seasons.

It is anticipated that public reporting of data for PN 7 will occur for the first time in late 2006 on the Hospital Compare Web site. These data reported will be comprised of the measure information collected for the first quarter of 2006.

PHYSICIAN OFFICE NEWS

Physician Groups Adopt Kiosks To Speed Check-In

There is a growing number of physician practices that are using electronic kiosks to streamline patient check-in. The kiosks have been accredited with reducing transcription errors and reducing paperwork for front-office staff.



Self-checkout kiosks have been common at airports and grocery stores for several years, but they have been relatively slow to appear in hospitals and physician offices-largely because there are just a few companies that offer the technology and because medical practices already are being encouraged to invest capital in other forms of health information technology (IT). Despite these challenges, there is growing interest in patient kiosks. Click [here](#) to read more.

Survey: EHR Implementation Gains Momentum

A recent study by Oracle found that 77 percent of providers plan to implement electronic health records (EHRs), and 85 percent of those providers expect to complete deployment within five years, *Government Health IT* reports.

The survey results of 364 health care providers indicate "very positive momentum in the direction of electronic data," said Mychelle Mowry, Oracle's vice president for Global Health Industries. Click [here](#) to read more.

Supporting Adoption of EMRs, HIMSS Shares Technology Solutions with Physicians

The adoption of electronic medical record (EMR) systems in physician practices is accelerating, as patient safety and pay-for-performance/quality initiatives are fueling the conversion from paper to digital records. To answer questions on the basics of selecting, buying and installing EMRs successfully, the Physicians Adopting Computer Technology (PACT) conference, jointly sponsored between the Massachusetts Medical Society and the Healthcare Information and Management Systems Society (HIMSS), offers physicians the perspective of their physician peers who have been through the process of adopting the EMR.

Presented in collaboration with Care Spark, QSource, Healthcare Excel, East Tennessee State University and the Graduate Medical Education Committee, the conference is scheduled for May 6 at the Marriott Meadow View Conference Resort & Convention Center in Kingsport, Tenn. At this one-day seminar, physicians receive step-by-step guidance on implementing and integrating the EMR, while exploring targeted EMR solutions, for small or large practices.

The conference also includes product exhibits and live demonstrations of today's top EMR systems. Together, the educational sessions and technology exhibits provide critical guidelines to help select and implement an EMR system and achieve the maximum possible benefits. Click [here](#) for more information on this conference.

EMR Roadshow

The EMR Road Show, sponsored by the Medical Records Institute, will be in Nashville May 31 at the Sheraton Nashville Downtown Hotel. The program will consist of educational and informative sessions featuring what works and what doesn't, system comparisons and descriptive insights into the implementation process. Each event will run approximately eight to 10 hours long. Exhibitors include iMedica, GE, Misys Healthcare Systems, eClinicalWorks and QSource. Click [here](#) for more information.

Sign Up for DOQ-IT

The Doctor's Office Information Technology (DOQ- IT) project has been a tremendous success and QSource is currently providing free electronic health record (EHR) assistance to more than 200 practices.

Under the contract with the Centers for Medicare & Medicaid Services (CMS), QSource is to work with 6 percent of the adult primary care physicians in Tennessee. QSource is currently accepting applications for support. Click [here](#) to register for free EHR assistance and consulting from QSource.

EHR Resources & Tools Available Online

In the process of looking for an EHR? Don't know where to begin? QSource offers a variety of online resources and FAQs for physician offices wanting to understand an EHR. You can find it [here](#)!

Message Board Available to Physicians

Many healthcare providers have asked for a way of sharing information, asking questions and having discussions with other Tennessee healthcare providers on various medical topics. Users of the QSource Web site now have the opportunity to do just that with new message capabilities.

Physicians interested in implementing an EHR are the first to have access to the message board. You will need to register to use the board and you may post messages and comments as frequently as you like.

If interested in joining the Physician Office/DOQ-IT message board, [click](#) here.

Cultural Competency Module Training

The Centers for Medicare & Medicaid (CMS) is recommending that physician offices across the nation become more culturally competent in the care they provide to patients with diverse backgrounds, ethnicities, religions, language and culture.

To do this, physicians are encouraged to complete an online Cultural Competency course and receive up to nine CMEs in the process.

Physicians are asked to complete Theme 3 first because it assesses the staff and practice, then proceed to Themes 1 and 2. Upon completion of Theme 3, notify our physician office team to receive a free gift. If interested, click [here](#).

First Presentation in the Transformational Grand Rounds Webinar Series: *Physician Office Setting: Patient-Centered Care Supported by an EHR*

To assure "the right care for every person every time," Dr. Griffin with Aplenglow Medical in Fort Collins, Colo., designed a patient-centered practice to reduce wait times, increase patient and staff satisfaction and deliver the highest level of quality care. Supported by an EHR, he completes each visit with minimal interruptions, documents the entire visit with the patient, orders necessary tests and prepares prescriptions, all by the time the patient leaves the exam room.

The webinar will take place March 7 from 2 p.m. to 3:30 p.m. EST/1 p.m. to 2:30 p.m. CST. Quality improvement organizations (QIOs) are encouraged to invite providers to participate.

[Click here to register...](#)

DOQ-IT RELATED NEWS

U.S. Needs Health IT To Stay Competitive, Intel Chair Says

During his keynote address to healthcare representatives, Craig Barrett, chair of Intel Corporation and a member of the American Health Information Community, emphasized the importance of continued investment in health information technology (IT) if the United States wants to remain competitive in a global market.

Barrett spoke at the Healthcare Information Management Systems Society Conference and Exposition in San Diego last month.

Every other industry faces unique barriers to implementing IT but they largely have overcome those hurdles, Barrett said. Now it is time for health care to do the same.

Click [here](#) to read more.

Budget Includes \$169 Million for Health IT

The Bush administration's proposed \$2.77 trillion budget places what it calls a "high priority" on information technology, allocating \$169 million to accelerate health information technology (IT) adoption. Bush's request is greater than both the \$75 million requested in his previous budget proposal for fiscal year 2006 and the \$61.7 million actually appropriated in the 2006 budget.

The Office of the National Coordinator for Health Information Technology will receive \$116 million; \$50 million allocated to health IT initiatives will come from the Agency for Healthcare Research and Quality's budget; and \$3 million will come from the Office of the Assistant Secretary for Planning and Evaluation.

According to budget documents, activities that will be paid for with this money include:

- Promoting interoperability by developing, maintaining and refining harmonized industry-wide standards
- Developing working prototypes of electronic health records (EHRs) in priority areas such as chronic-disease management and ambulatory care
- Working with the Centers for Medicare & Medicaid Services to advance the national use of electronic prescriptions
- Continuing to address privacy and security issues

MEDICARE NEWS

Educate Your Medicare Patients About Their New Appeal Right!

QSource offers two free resources for you to educate your patients and their caregivers about their new appeal right as a Medicare beneficiary. Select either or both information pieces to place in your waiting area, give to patients during their visit or mail to them directly.



Quantities are limited, so [order](#) yours TODAY.

Now Available--PEPPER Version 13

Providers are reminded that PEPPER Version 13 arrived in their QNET Exchange in-boxes Feb. 8.

PEPPER provides summary statistics of administrative claims data on CMS target areas (areas likely to have payment errors due to billing, DRG/coding and/or admission necessity issues). Hospitals can use PEPPER to review their data for the current quarters and the previous three fiscal years for each of the areas targeted for improvement by CMS and compare their performance to that of the other acute-care PPS hospitals within their state.

They can also use the tool to compare their own data across years to identify significant changes in billing practices; pinpoint areas in need of auditing; identify potential DRG under- or over-coding problems; and identify target areas where length-of-stay is increasing. PEPPER can help hospitals meet CMS's goal of achieving transformational change for the reduction of payment errors. [Click here to read more about PEPPER.](#)

For questions related to PEPPER contact: Richard Bender at 1.800.528.2655 ext. 2630 or Madhuri Annam at ext. 2663.

Medlearn Matters for Providers:

[Therapy Caps Exception Process](#)

Medicare Part D Drug Benefit Pocket Guide

Atlantic Information Systems, publisher of *A Guide to the Medicare Drug Benefit*, *Medicare Part D Compliance News*, and *Drug Benefit News*, is pleased to announce the availability of its newest resource, *Understanding the Medicare Part D Drug Benefit*.

In addition to revolutionizing drug coverage for tens of millions of U.S. seniors, Part D will have a major impact on organizations throughout the healthcare chain.

Inside this pocket guide you'll find the "need to know" information on:

- The plans
- The regions
- The players
- Beneficiary eligibility and enrollment
- Marketing
- Benefit structure
- Formulary administration
- Covered drugs
- Coordination of benefits and more

This pocket resource is written for providers and managers whose organizations are on the periphery of Part D - not just physician groups and health systems, but pharmacists, ambulatory surgery centers, labs, home care, long-term care, employers, state and local agencies, and others also need a distilled version of the major rules, guidelines and market information.

[Click here to order...](#)

email: houston@tnqio.sdps.org

phone: 800.528.2655

web: <http://www.qsource.org>