

[« Back](#)[Print](#)

8SOW-TN-Taskall-2006-06

May 2006

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****Depression: What Are We Doing for Our Residents?**

Dr. Ira Katz, MD, PhD, MA, will present best practices for assessing and communicating with depressed residents during a two-part

teleconference on depression.

The first part of the teleconference is scheduled for May 10 from 12:30 p.m. to 1:30 p.m. CST / 1:30 p.m. to 2:30 p.m. EST. To register for the call and download handouts, [click here](#).

QSource, in conjunction with Quality Improvement Organizations in the Carolinas, Georgia, Virginia, Maryland and the District of Columbia, is hosting the depression conference calls as part of the Super 7 Conference Series.

Dr. Katz is an internationally recognized expert in geriatric psychiatry with a specialization in the relationship between mental and physical co-morbidity. He is a professor of psychiatry and director of geriatric psychiatry at the University of Pennsylvania. Dr. Katz is also the director of geriatric psychiatry at the Philadelphia VA Medical Center and director of the VA VISN 4 Mental Illness Research Education and Clinical Center.

QSource Collaborates with Nursing Homes to Decrease Restraint Use

QSource established a nine-month collaborative project in April 2005 for 15 nursing homes representing 2,194 residents across the state. The initial goal of the project was to reduce physical restraint usage among nursing home residents to 2 percent and eventually reach zero.

Click [here](#) to read more.

New Study Suggests Nursing Home Mobility Assessments Inaccurate

A new study by the UCLA Borun Center for Gerontological Research suggests that nursing home staff assessments of residents' mobility in bed not only are frequently inaccurate but also routinely underestimate residents' ability to

Winter 2006 Issue of Quality Source Released

The Winter Issue of *Quality Source* is filled with articles on everything from managing oral medications to cultural competency.

In this issue, we introduce you to the *Digital Doctor*, inform you of a NHIFT (pronounced nifty) little tool that can assist nursing homes with improving their quality of care and tell you how hospitals will SCIP to improve the quality of surgical care they provide.

[To subscribe to Quality Source, click here...](#)

Quick Links...

[Visit QSource Online](#)

[Newsletter Archive](#)

[Contact Us](#)

[More About Us](#)

For More Information...

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

move in bed, which could lead to functional decline among residents and unnecessary work for nurse aides. The study's findings are consistent with other research reports that nursing home staff tend to reinforce dependent behaviors among residents.

Click [here](#) to read more.

Nursing Home Tools & Resources Page Added to QSource Web Site

The new QSource tools and resources Web page for nursing homes features downloadable tools that facilitate transformational and organizational changes, and physical restraint reduction. Click [here](#) to visit the new tools and resources page.

HOME HEALTH NEWS

QSource Recognizes Three Agencies for ACH Reduction

Sunbelt Homecare in Jellico, Medical Center Home Health in Jackson and Guardian Home Care of Nashville achieved exceptional improvement in their ACH rates for 2005. Achievement plaques were presented to these agencies at TAHC's Spring Conference in Franklin on March 28.



Administrators and Quality Improvement (QI) Directors at these agencies are:

Medical Center Home Health
Nancy Guyton, Administrator, RN
Linda Parlow, QI Director, RN

Sunbelt Homecare
Pam Hamman, Administrator, RN
Carolyn Towles, QI Director, RN

Guardian Home Care
Chris Jones, Administrator, QI Director, RN

Implementing Patient Fall Prevention Education Programs

Identifying patients who have a history of falls or that may be at risk for a fall may be the first step in the prevention of falls. Risk factors for falls include lower extremity weakness, gait disorders and poor vision. Initiating a plan of care that emphasizes patient fall prevention education geared at their unique risk factors may prove helpful in preventing future problems for the patient and his/her family.

Strategies for Reducing the Risk of Falls

- Evaluate the patient's physical capabilities as to their mobility and need for assistance of another, supervision and/or type of device;
- Identify fall hazards within the home environment that can be eliminated or adjusted to make it safe;
- Identify medical problems that through treatment will lower the patient's risk of falls;
- Determine if a certain medication or combination of medications is having an effect on the patient's mobility;
- Determine if the mobility device or aid is the proper one and the right size for the patient;
- Assist to establish a physical activity program to build up muscle strength and improvement balance to prevent future falls; and
- Educate the patient and caregiver in safe ways to negotiate their home environment.

Web-Based Training Modules Focus on Quality Improvement

Healthcare providers can now avail themselves of a diverse collection of healthcare improvement learning resources, featuring six Web-based, highly interactive training modules. The modules were developed by the Healthcare

Nursing Home STAR Site
Setting Targets - Achieving Results

[Be A STAR!](#)



[Tell Us What You Think!](#)

[Complete The Readership Survey](#)



Join our mailing list!

Improvement Skills Center and provide a sound introduction to quality improvement in health care.

Each module takes about an hour to complete. Use of the modules is free of charge; however, if you require documentation in the form of a continuing medical education or nursing continuing education credit certificate, a \$10 module fee will be assessed.

Click [here](#) for more information.

Tools and Resources

[Telehealth Disease Management Series](#)-audio presentations by Lisa Gorski that will educate staff on patient assessments and self management tools that will assist the patient and/or care giver in managing diabetes, cancer, chronic obstructive pulmonary disease and heart failure.

[Living with Congestive Heart Failure: A Guide to Keeping a Strong and Steady Beat](#)-tool that provides content and a consistent process for teaching at a level that will facilitate retention of the material and improve patient management of heart failure.

[Influenza Vaccination of Healthcare Personnel](#)- recommendations of the Healthcare Infection Control Practices Advisory Committee and the Advisory Committee on Immunization Practices.

[Influenza Vaccine Summit](#)-comments by the National Influenza Vaccine Summit, an initiative co- sponsored by the Centers for Disease Control and Prevention and the American Medical Association, on the strong ,early demand for influenza vaccine for the 2006-2007 season.

[Improving Adult Vaccination](#)-presentation supporting pneumococcal and flu vaccinations.

[Get Up and Go Test](#)- guideline for the prevention of falls in older persons.

[FreeMedCME.com](#)-offers a variety of certified educational activities to keep clinicians informed while earning CME, CPE and CE credits.

[Heart Failure Guidelines](#)-guidelines intended to assist clinical decision-making by describing a range of generally acceptable approaches for the diagnosis, management or prevention of heart failure.

HOSPITAL NEWS

Reminder: Data Preview Period for Hospital Compare Web Site Ends May 12

All hospitals submitting data to the QIO Clinical Warehouse for either the Hospital Quality Alliance (HQA) or the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) had their preview data posted to QNetExchange on April 13. The deadline to notify the QSource Hospital team of any potential publication errors or any requests to withhold data must be submitted by close of business May 12. (Hospitals participating in the Annual Payment Update may not withhold data for any of the 10 required measures.)



If you have any questions or concerns, please contact your QSource QI Specialists:

[Lesley Hays](#) at 800.528.2655 ext. 2616

[Stacy Jowers](#) at 800.528.2655 ext. 2615

In Need of Benchmark Data for the AHRQ Safety Culture Survey Tool?

The Agency for Healthcare Research and Quality (AHRQ) is establishing a new "Survey on Patient Safety Culture Database" to serve as a national repository for data collected using AHRQ's Hospital Survey on Patient Safety

Culture. This database will be an important resource for hospitals wishing to compare their patient safety culture survey results with those of similar hospitals. Hospitals will not be publicly identified in the database. Participation is open to hospitals in the United States or one of its territories that have completed administration of the AHRQ survey by May 31.

To learn more about eligibility requirements, registration procedures and the benefits of participation, click [here](#).

Suggestions for Preparing for FY2007 APU Proposed Requirements

On April 13, QSource e-mailed information about the Centers for Medicare & Medicaid Services (CMS) proposed requirements for the FY2007 Annual Payment Update (APU) to the Quality Improvement Organization (QIO) liaison at each Tennessee Prospective Payment System hospital. The following are suggestions for proactively preparing for the possibility that all proposed requirements are enacted:

1. Be certain that all pertinent leaders and staff are aware that the APU withhold for noncompliance would be a full 2 percent.
2. Make sure your hospital has at least one, but preferably two, QualityNet Exchange Administrators. (QSource can help with this.)
3. Watch for notification of the availability of the revised participation form. This must be submitted to QSource by Aug. 1.
4. Continue to submit your data for the 10 Starter Set measures to the QIO Clinical Warehouse, either through your JCAHO vendor or via CART.
5. *Watch for notification of the availability of the new measures pledge form. This form will outline your hospital's commitment to **begin submitting the Full Measure Set (21 measures) to the QIO Clinical Warehouse, beginning with discharges from 1st Quarter 2006 and forward**. Most Tennessee hospitals are not currently submitting the full measure set. To determine your hospital's next step in preparing for this requirement, study the measure set available at [QualityNet](#). To access current HQA quality of care measures, select "For Discharges 01/01/06 and Forward" and compare all measures in the HQA column except SIP-2. **The first submission of the Full Measure Set (1st Quarter 2006 discharges) is due into the QIO Clinical Warehouse by Aug. 15.** Vendor deadlines for this data would most likely be June 30.

QSource will continue to keep you updated on the latest developments related to APU. CMS has said that it will most likely publish the final requirements in August 2006. But if you wait until then to prepare, it will be too late! If you have any questions, please contact your QSource QI Specialists:

[Lesley Hays](#) at 800.528.2655 ext. 2616

[Stacy Jowers](#) at 800.528.2655 ext. 2615

SCIP Data Abstraction Tool

Do you know if your JCAHO vendor will be offering all of the SCIP modules- Infection, VTE, Cardiac and Respiratory? Not all vendors will. Have this conversation with your vendor today! If your vendor will not be offering SCIP, you can use the CART tool. There is a training class posted to [QualityNet](#) that you can view to get some helpful information.

QualityNet Exchange Has a New Web Address

As a first step toward creating a single portal for healthcare quality resources, applications and tools provided by the CMS national Healthcare Quality Improvement Program, the QNet Exchange Web site has moved to [QualityNet.org](#)! All passwords and login procedures for the secure section of the Web site will remain the same. If you have any questions, please contact the [QualityNet Help Desk](#) at 866.288.8912, Monday through Friday between the hours of 7 a.m. and 7 p.m. CST.

Important Reminder from the CMS Data Abstraction Center

CMS is reminding all hospitals of the requirements for medical records submitted to the CMS Data Abstraction Center (CDAC) for validation. This reminder does not change the validation process.

When providers submit medical records for validation to the CDAC, they must submit all portions of the medical record that are to be considered by the CDAC for their abstraction. Once the requested medical record is received at the CDAC, additional portions of that specific medical record will not be accepted. As a reminder, additional portions of the medical record also cannot be submitted as part of the appeal process.

Providers are to refrain from flagging, highlighting or identifying abstraction information in any way in the medical record prior to sending the record to the CDAC for validation. The CDAC will disregard these types of actions during the adjudication process. The CDAC abstractor will review the medical record as if they were the original abstractor.

PHYSICIAN OFFICE NEWS

Survey: Industry Supports Federal Health Information Technology (IT)

Two new surveys of healthcare executives and opinion leaders show there is support for federal initiatives to promote health IT and standardize exchanges of payment data, reports *Government Health IT*.



In one survey, the Commonwealth Fund polled 251 leaders from healthcare policy and finance, and healthcare providers to ascertain their priorities for congressional action on health care. Health IT was the number two priority, after expanding coverage for the uninsured.

Click [here](#) to read more.

Bredesen Establishes E-Health Advisory Council

Tennessee Gov. Phil Bredesen (D) signed Executive Order 35 on April 6 establishing an advisory council to coordinate the state's e-health initiatives, reports [iHealth Beat](#).

The Governor's eHealth Advisory Council will be tasked with creating a plan to promote electronic health record use by stakeholders in the state and identifying obstacles to implementing an effective health information infrastructure. In addition, Bredesen hopes the council can offer ways to minimize and eliminate duplicative efforts while leveraging innovation.

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 primary care physicians who treat adults 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 Services (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. Nurses can earn 10.8 CEUs upon completing the course.

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 the modules, notify our physician office team to receive a free gift. If interested, click [here](#).

DOQ-IT RELATED NEWS

Agency for Healthcare Research and Quality Summarizes Health Information Technology (IT) Studies

The Agency for Healthcare Research and Quality (AHRQ) recently released an analysis of scientific studies published since 2003 that examine the costs and benefits of health IT, as well as organizational changes needed to implement health IT systems, iHealth Beat reports.

The report, which was prepared by RAND's Evidence-based Practice Center, found that while health IT has demonstrated care quality improvement, most providers need more information about how to successfully implement the technology.

Click [here](#) to read more.

Electronic Health Records, Electronic Communications Key Parts of Upcoming Study

A total of 36 primary care physician groups will begin testing a new patient-centered approach to care in June, with electronic health records and electronic communications as key tools, modernhealthcare.com reports.

The American Academy of Family Physicians is providing \$8 million to help fund the [TransforMED](#) project, but participating physician groups will use their own resources as well, said Terry McGeeney, the initiative's president and chief executive officer.

About half of the physician groups already have electronic medical records. To meet the pilot program's expectations for patient-focused care and practice redesign, the groups may employ clinical- guidelines software and use various forms of electronic communication with patients, including electronic visits, among other tools.

Some of the groups will receive support from practice redesign experts, while others will have self- directed access to improvement tools and services, McGeeney said. "This is a learning lab" to see if family physicians can use such tools successfully in the real world, McGeeney said.

MEDICARE NEWS

Hospitals Get New Resource for Preventing Medicare Payment Errors

There's a new Internet resource for hospitals looking to prevent Medicare payment errors and reduce their audit risk. HPMPResources.org provides compliance officers, utilization and health information management professional and other staff with one- stop shopping for tools and information related to payment error prevention.

All of the materials on HPMPResources.org are available to hospitals free of charge as part of the Hospital Payment Monitoring Program (HPMP), the national initiative to measure, monitor and reduce the incidence of improper fee-for-service inpatient payments.

Hospitals can access all of these resources and more by visiting [HPMP](#) or [QSource](#).

"Welcome to Medicare" Exam Reimbursable to Providers

Did you know that the one-time *Welcome to Medicare* physical exam is one of the few reimbursable preventative services available to providers? This exam includes a thorough review of the patient's health, education and counseling about certain screenings and shots, and referrals for other care. The exam must be performed within six months for Medicare Part B beneficiaries.

For more information, click [here](#).

CMS Issues Notice for Revision of Inpatient Prospective Payment System

The Centers for Medicare & Medicaid Services (CMS) recently issued a notice of proposed rulemaking that would begin the transition to the first significant revision of the Inpatient Prospective Payment System (IPPS) since its implementation in 1983. When fully implemented, the revised IPPS would improve the accuracy of payment rates for inpatient stays by basing the weights assigned to Diagnosis Related Groups (DRGs) on hospital costs rather than charges, and adjusting the DRGs for patient severity. Implementation is planned to occur by fiscal year 2008 and potentially earlier.

To read more, click [here](#).

Medlearn Matters Article for Providers

[Clarification of Medicare Payment Policy When Inpatient Admission Is Determined Not to be Medically Necessary, Including the Use of Condition Code 44: Inpatient Admission Changed to Outpatient](#)

email: lhouston@tnqio.sdps.org

phone: 800.528.2655

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

[Forward email](#)

SafeUnsubscribe™

This email was sent to lmaples@tnqio.sdps.org, by lmaples@tnqio.sdps.org
[Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

Powered by



QSource | 3175 Lenox Park Blvd, Ste. 309 | Memphis | TN | 38115