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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.)

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NURSING HOME NEWS**Set Your 2007 STAR Targets**

Don't forget that time is running out to set your 2007 Setting Targets-Achieving Results (STAR) target.

Click [HERE](#) to set your 2007 target or to create a new account. **Don't wait!!**

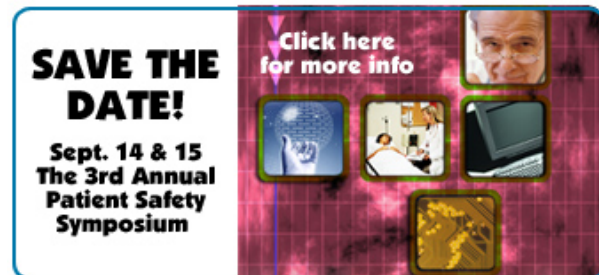
For further assistance, contact QSource QI Specialists [Beth Hercher](#) or [Mittie Robinson](#)

Improving Your Pain Quality Measure Score

Pain is a common experience for nursing home residents, but how it is assessed and treated can be difficult. Here are 10 ways to improve your pain quality measure score:

1. Pain is everyone's responsibility.

Educate everyone (all staff, residents, family, volunteers, etc.) to consider every resident for risk of pain, to learn to recognize pain, and to know the



**Third Annual Tennessee Improving Patient Safety (TIPS) Symposium
Sept. 14-15**

All healthcare professionals are invited to attend the [Tennessee Improving Patient Safety](#) (TIPS) symposium. Nationally known speakers and panelists will present on various topics such as technology changes, and changes in patient safety and quality cultures. You will also have the opportunity to exchange ideas with other healthcare professionals from across the state.

The conference will take place Sept. 14 from noon to 5 p.m. and Sept. 15 from 8 a.m. to 3:30 p.m. at [the Renaissance Nashville Hotel](#).

Click [here](#) to register and view the agenda.

Quick Links...[Visit QSource Online](#)[Newsletter Archive](#)[Contact Us](#)

process to report pain.

2. **Start an interdisciplinary pain team**

that includes a member from every department at every level to facilitate a comprehensive, aggressive pain program.

3. **Make pain the fifth vital sign.**

Screen for pain daily, upon admission, with every MDS, and with any change in behavior or condition. Also, be sure to ask questions using various synonyms for pain like discomfort and aching.

4. **Use a consistent pain assessment scale**

that addresses location, intensity, duration, what improves and worsens pain and response to any treatment. Document and communicate your findings consistently.

5. **Know your residents.**

Observe and document baseline behaviors in every resident including the cognitively impaired.

6. **Review your PRN pain medication usage**

for each resident and change to a regularly scheduled medication when there is a pattern of consistent PRN pain medication usage.

7. **Prevent pain or reduce pain by giving medication before an activity, therapy, treatments such as wound care, or after a fall.**

Remember, coding for pain on the MDS should not be automatic when meds are given to prevent pain rather than waiting for the resident to complain.

8. **Learn what pharmacological and non-pharmacological pain treatments work for each individual resident.**

Non- pharmacological treatments such as range of motion exercise, heat therapy, whirlpool and art/music therapy may reduce the dosage or frequency of pharmacological treatments.

9. **Consult physician, resident, family and staff**

in pain management and care planning. Monitor, evaluate and document the effects of the pain interventions.

[More About Us](#)

For More Information...



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

Nursing Home STAR Site
Setting Targets - Achieving Results

[Be A STAR!](#)

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10. Use best practices in pain management.

Immunization News

The [Pandemic Influenza Planning Checklist](#) identifies key areas for pandemic influenza planning. Long-term care and other residential facilities can use this tool to self-assess the strengths and weaknesses of current planning efforts.

The [Immunizations Toolkit](#) offers specific information and education for nursing home providers, staff, beneficiaries and families on the benefits of immunization.

The CDC's [2006-2007 Flu Gallery](#) contains educational materials for use during the upcoming influenza immunization season. The Gallery contains print materials such as flyers, posters and brochures. The materials are available in color or black and white, and English and Spanish.

HOME HEALTH NEWS

Save the Dates: THA Fall Workshops

Mark your calendar for the following Tennessee Hospital Association (THA) and QSource sponsored fall workshops:



- Sept. 19 - THA office, 500 Interstate Blvd. South, Nashville
- Sept. 28 - Baptist Eye Institute, 2020 Kay Street, Suite 1A, Knoxville
- Oct. 4 - Alliance Home Care, 6400 Shelby View Drive, Memphis

Stephen Winbery, MD, PhD, medical director for QSource, will be one of the featured speakers.

**Workshop topics and registration details were mailed to your agency on Aug. 23.

Immunization News

Basic Facts

All home health agencies should strive for a 90 percent immunization rate among their eligible patients for both influenza and pneumonia. Patients at high risk for complications from influenza are also at high risk for pneumococcal disease. Autumn is the optimal time to institute guidelines for the administration of both influenza and pneumococcal vaccines. (Although it is true that flu is mostly seasonal, pneumococcal disease occurs year-round. Thus, whereas flu vaccination occurs primarily in the fall, pneumococcal vaccination status should be assessed and

updated throughout the year.) These safe and effective vaccines can protect your patients and could possibly prevent avoidable hospitalizations and deaths.

2006 Immunization Toolkit

The Immunization Toolkit 2006 has been updated with new information on influenza and pneumococcal vaccinations. The Toolkit is full of valuable sample policies, forms, educational materials, references, and more.

- Influenza and pneumonia with requirements for immunization
- Basic information regarding pandemic and avian influenza
- Sample documents and checklists to assist with the implementation of an effective immunization program

The toolkit was updated using the contents of the 2005 Immunization Toolkit. The primary changes and additions include patient and staff education materials, pandemic influenza information and avian influenza information. The toolkit also includes updated forms and web links. Click [here](#) for the 2006 Immunization Toolkit.

The [National Immunization Program](#), a component of the Centers for Disease Control and Prevention (CDC), has the latest national information about vaccine supplies and provides guidance to healthcare providers who are facing vaccine shortages.

The CDC's [2006-2007 Flu Gallery](#) contains educational materials for use during the upcoming influenza immunization season. The Gallery contains print materials such as flyers, posters and brochures. The materials are available in color or black and white, and English and Spanish.

Tips of the Month

Strategies to Improve Physician Relations

1. Protocols

- Create specific protocols for a select group of physicians. Demonstrate to physicians how these protocols can reduce phone calls to their office and during the night.
- Assign staff to physician/group.
- Educate staff and involve the physician office staff in education.

2. Weekends

- Consistent and competent weekend manager and staff.

- Weekend manager is on call after hours for weekend.
- Involve weekend manager with education.

3. **After Hours**

- Triage nurse
- Equip nurse with necessary equipment (beepers, fax, etc.).
- Equip nurse with the PM shift schedule and the schedule for the following day.

4. **Physician Relationship**

- Develop trust with honesty and dependability.
- Thorough patient assessments.
- Staff available to meet physician needs.

Six Steps to Improve Interpersonal Communication with Patients

1. **Slow down.**

Communication can be improved by speaking slowly and by spending just a small amount of additional time with each patient. This will help foster a patient-centered approach to the clinician-patient interaction.

2. **Use plain, non-medical language.**

3. **Show or draw pictures.**

4. **Limit the amount of information provided and repeat it.**

5. **Use the teach-back or show-me technique.**

6. **Create a shame-free environment.**

Tools and Resources

Adoption of Telehealth Increasing But at Slow Pace

For more than a decade, medical-device makers have trumpeted telehealth hookups as a revolution in the costly American medical system. The idea is that by tracking vital signs remotely, doctors and nurses can keep patients comfortably at home while reserving their attention for the most serious cases. Read [more](#).

Hospital-Based Emergency Care: At the Breaking Point

The Institute of Medicine recently released "Hospital-Based Emergency Care: At the Breaking Point," a report that explores the changing role of the hospital emergency department in the U.S. and describes the national epidemic of overcrowded emergency departments and trauma

centers. [Read more.](#)

Online Resource: Massachusetts Coalition for the Prevention of Medical Errors

The [Massachusetts Coalition for the Prevention of Medical Errors](#) was established to improve patient safety and minimize medical errors.

HOSPITAL NEWS

New Additions to the SCIP Web Site!

The [Surgical Care Improvement Program](#) (SCIP) site holds a wealth of information that will help you implement the SCIP measures in your facility. Here you will find tools, interventions, supporting literature and much more - all free! Here are a few of the latest additions:

[SCIP Monitoring and Calculation Tool](#)

This data-collection tool can be used by providers to monitor and calculate performance on quality indicators for the SCIP measures. The results will assist providers in developing effective and efficient improvement strategies.

[Select SCIP Clinical Changes \(fact sheet\)](#)

This fact sheet highlights select clinical changes for SCIP infection beginning July 1.

[SCIP Measures Crosswalk](#)

This table lists the SCIP measures separated into the infection, venous thromboembolism, cardiovascular and respiratory modules as well the global outcome measures.

[DVT Prophylaxis \(Adult\) Physician Orders \(tool\)](#)

This order set provides for assessment of specific risk factors for venous thromboembolism (VTE) to allow the physician to order recommended prophylaxis.

CDC Opens Online Flu Gallery

The CDC's [2006-2007 Flu Gallery](#) contains educational materials for use during the upcoming influenza immunization season. The Gallery contains print materials such as flyers, posters and brochures. The materials are available in color or black and white, and English and Spanish.

PHYSICIAN OFFICE NEWS

CMS Announces PHR Contract Winners

The Centers for Medicare & Medicaid Services (CMS) has officially released the names of the companies it hired under six-



month contracts to perform feasibility testing of a CMS effort to use data gleaned from Medicare claims to prepare personal health records (PHRs) for Medicare beneficiaries. Read [more](#).

Frist Lauds Tennessee EHR Networks

Senate Majority Leader Bill Frist recently commended three Tennessee health information organizations on their efforts to create electronic health information exchange programs, reports [iHealthBeat](#).

Immunization News

The [National Immunization Program](#), a component of the Centers for Disease Control and Prevention (CDC), has the latest national information about vaccine supplies and provides guidance to healthcare providers who are facing vaccine shortages.

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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](#)!

DOQ-IT Vendor List

The vendors listed below have signed a DOQ-IT letter of intent to declare their intention to meet program expectations. They have successfully demonstrated the ability to report on the 35 DOQ-IT ambulatory clinical quality measures and output the data to the DOQ-IT clinical warehouse.

Current vendors as of June 26, 2006:

[A4 Health Systems](#)

[Misys Healthcare Systems](#)

[NextGen Healthcare](#)

[Sapphire Enterprises](#)

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 2 first because it assesses Language Access Services, and then proceed to Themes 1 and 3. Upon completion of the modules, notify our physician office team to receive a free gift. If interested, click [here](#).

DOQ-IT RELATED NEWS

New Regulations to Facilitate Adoption of Health Information Technology

Department of Health and Human Services (HHS) Secretary Mike Leavitt announced final regulations that will support physician adoption of electronic prescribing and electronic health records technology. [Read more](#).

Bush Signs Health Care Transparency Executive Order

President Bush last month signed an executive order that requires HHS, the Department of Defense, the Department of Veterans Affairs and the Office of Personnel Management to collect more information about the quality and cost of health care they provide and to share that data with one another and with beneficiaries, reports [iHealthBeat](#).

The Third Health Information Technology Summit

The Third HIT Summit will feature a national assembly of state leaders focused on improving health and healthcare through health information exchange. Learn [more](#).

Payers to Lead EHR Push: Double-Digit Growth Expected in IT Spending, Report Says

Payers will lead the charge in investment in electronic health record (EHR) systems over the next three years, but IT vendors of all stripes should be cheered by an estimated 15.8% per year compounded annual growth rate in healthcare IT spending through 2015, according to a new market- spending forecast by Health Industry Insights, a Framingham, Mass.-based healthcare IT market watcher and a unit of International Data Corp., reports [Modern Healthcare](#).

MEDICARE NEWS

"New" Section Added to HPMPResources.org

A "New" section on [HPMPResources.org](#) that highlights new postings, coding guidelines, and national aggregate data files for short-term and long- term acute care hospitals to the "Data" page.

Only 265 More Days Until the NPI Compliance Date

Aug. 23 marks nine months remaining until the National Provider Identifier (NPI) compliance date. CMS is hosting a NPI roundtable on Sept. 26 from 2 p.m. to 3:30 p.m. EST to address common questions related to Medicare's guidance on subparts. The call- in number is 877.203.0044 and the pass code is 4795739. Read more on [NPI](#).

email: lhouston@tnqio.sdps.org

phone: 800.528.2655

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

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