

Medicare QIOs and Patient Safety

Overview

QIO activities under the Patient Safety Theme will focus on six primary topics:

1. Reducing rates of health care-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections;
2. Reducing rates of pressure ulcers in nursing homes and hospitals;
3. Reducing rates of use of physical restraints in nursing homes;
4. Improving inpatient surgical safety and heart failure treatment in hospitals;
5. Improving drug safety; and
6. Providing quality improvement technical assistance to nursing homes in need.

Opportunity for Quality Improvement

The requirements of the Patient Safety Theme, also known as the CMS National Patient Safety Initiative (NPSI), are designed to address areas of patient harm for which there is evidence of how to improve safety by improving health care processes and systems. The Theme brings forward several components from the previous SOW (surgical care, heart failure, pressure ulcers and restraints in nursing homes, and drug safety), allowing QIOs to build on the progress they have made with providers over the past three years.

With the new SOW, however, the safety focus also pushes into new areas (MRSA, pressure ulcer prevention in hospitals, and QIO technical assistance for nursing homes in need), giving providers and QIOs the chance to broaden the scope of their patient safety-related improvement activities.

QIO Activities

QIO activities under the NPSI will support the development of an “all-teach, all-learn” community in action to meet the goals within each component of the Initiative. To that end, CMS is requesting that QIOs identify 2–3 individuals from each QIO to serve as National Quality Improvement Leaders. These individuals will serve as liaisons between QIO senior leadership and the work that is occurring at the patient care level in each state/jurisdiction. They will also liaise with health care executives in their respective states/jurisdictions to highlight the work occurring at the national level in their provider groups. The National Quality Improvement Leaders will come together up to three times per year to share practices that are proving to be successful at the local level.

QIOs will have a wealth of tools available to them to assist in reaching the final 28-month goals for specific quality measures. These include survey instruments geared toward leadership and/or patient safety processes in hospitals and nursing homes. Additionally, QIOs can draw upon successful tools that were utilized in the 8th SOW. It is expected that as successful tools and practices develop, the QIOs will share these with one another for implementation in other QIO communities.

QIOs may expand their local quality improvement communities by reaching out to potential patient safety partners and encouraging their participation to expand upon the momentum that will be created by the CMS NPSI.

Evaluation

Evaluation of QIO performance will be performed at 18 and 28 months. The first evaluation period (through the end of the 18th contract month) is intended to serve as the foundation for the QIOs’ future success in positively moving the Patient Safety measures by the 28th month. The 18-month evaluation criteria focus on recruitment, protocol implementation, and some improvement successes.

The final contract evaluation at 28 months will be based on provider improvement on the established clinical measures over the course of the contract. For MRSA, at least 50% of the reporting hospitals are expected to effectuate a 40% reduction in the MRSA metrics. Pressure ulcers for both hospitals and nursing homes are expected to show an 8% relative improvement rate, and physical restraints are expected to have a 20% relative improvement rate. Surgical site infection and heart failure improvement will be based upon obtaining at least 70% of the Achievable Benchmark of Care.

(continued)

The Medicare QIO Program

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, responsible for each U.S. state, territory, and the District of Columbia. QIOs work with healthcare providers, consumers and stakeholder groups to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations. QIOs operate under three-year contracts with CMS, known as Statements of Work (SOWs), the next of which will begin in August 2008 and continue through July 2011.

For more information:

www.cms.hhs.gov/QualityImprovementOrgs/

(Patient Safety continued)

CMS is expecting that each QIO will suggest the quantitative evaluation structure for the drug safety component. Nursing homes in need of QIO technical assistance—as defined by CMS (see the Nursing Home Compare Web site)—are expected to have a 20% mean relative improvement from baseline for their pressure ulcer and physical restraint measures and to have obtained at least 90% on a satisfaction survey. A “pass” will be given to those QIOs that meet at least 70% of the target for each measure within a component.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs/

MedQIC: www.medqic.org (Click on “hospital” or “nursing home” tabs for resources)

AHRQ: www.ahrq.gov (Resources available on clinical topics and drug therapy)

Hospital Compare: www.hospitalcompare.hhs.gov

Nursing Home Compare: www.medicare.gov/nhcompare