

RHQN April 2007: Quality Newsletter

The Rural Healthcare Quality Network's Heart Failure Initiative: Evidenced Based- Patient-Centered and Making Coordinated Care a Priority

Fairly recent studies reveal that by and large, Americans are receiving only 55 percent of the steps recommended for top-quality health care. Researchers have determined that the failure is due to the “overburdened, fragmented system that fails to keep close track of patients with an increasing number of multiple and chronic conditions”. Quality patient care especially for patients with complex health problems depends on a coordinated system of patient-centered care. This echoes the six aims of the IOM’s “Crossing the Quality Chasm report” (2001), where the IOM outlines the need for system changes that support, safe, effective, *patient-centered*, timely, efficient, and equitable health-care

It has been two years since the RHQN HF initiative was introduced to members and for those of us at the RHQN it has been rewarding to note the strides that members are taking to ensure that patients are receiving evidence-based care (phase I), making post-discharge phone calls (phase II) to all hospitalized patients (not just those admitted with a diagnosis of heart failure), and now with phase III, making coordinated care a priority for all patients by providing “real-time” information to outpatient providers who were not involved in the patients care, or who do not share an electronic medical record with the hospital system. This approach is recommended by national experts including the Institute of Medicine (IOM).

Over the last two years, the RHQN has demonstrated leadership in this area, by actively implementing components of the “Chasm Report”, and at the same time assisting members to become more aware of their performance on national clinical quality (CMS/ Hospital Compare) performance measures and identifying opportunities for improvement. We hope to continue this effort over the next year.

Tip: Are you still struggling with documentation issues? If so, consider a system that allows you to identify patients on the day of admission and “flag” charts, then alert all care providers of the treatment guidelines and documentation requirements. Contact Jackie Huck at jackieh@awphd.org for further discussion or ideas for improvement.

Benchmarking Reports

The RHQN is currently preparing Q3 2006 Dashboard Reports which will be mailed to your facility within the next couple of weeks. We are now requesting Q42006 HF data.

Now that almost everyone has signed up to submit data directly to CMS via CART, benchmark reports can be obtained directly through the Quality Net Exchange, even for those hospitals that are still sending their paper tools to Karen Atherton at Qualis Health. Once Karen enters that data for you, your reports will become available to you on the Quality Net Exchange. Therefore, the Q4 2006 Dashboards will be the final reports that we will be mailing out to facilities, although we will still request data each quarter. Remember, that entering data into CART does not mean that you have automatically signed up for public reporting (CMS's Hospital Compare Website), that takes an additional step. If you have already pledged for public reporting, remember that sample sizes of less than 25 cases will not automatically appear on Hospital Compare website. For specific questions about CART, Quality Net Exchange and Hospital Compare, contact Karen Atherton at Qualis Health: Telephone: 1-888-288-4817 or via email at katherton@waqio.sdps.org , and she will be happy to assist you.

Upcoming Events:

May 4th, Privileging & Credentialing Workshop, Spokane – details sent via email.

May 11th Nursing/QI/Risk Management Leadership Retreat, Leavenworth, details sent via email.

May 31st, RHQN QI conference call noon-1pm

June 27, RHQN Annual Membership Meeting - Chelan