



## Nursing home conference shares daily care expertise

Acumentra Health’s “Quality Tools for Daily Care” conference on June 25 brought together 67 staff from Oregon nursing homes and state agencies for a day of expert presentations on key elements of daily care—including prevention of pressure ulcers, which cost Medicare \$3.9 billion in 2008.<sup>1</sup>

The conference was the first statewide event to disseminate information about the [Oregon Transitional Care & Pressure Ulcers Project Toolkit](#), released last year by a consortium of healthcare stakeholders after an 18-month development process. The toolkit includes expert-consensus-based best practices for pressure ulcer prevention and care, for nursing homes and three other settings. Acumentra Health staff led a “telephone game” exercise that reinforced the value of the toolkit’s handoff dataset (a form for communicating pressure ulcer status and risk) by highlighting the information loss that commonly occurs when residents transfer between settings.

Physical therapist and author Debbie Jones provided a picture of the way improper wheelchair seating diminishes a resident’s interactions, contributes to pressure ulcers, and leads to cumulative use of restraints. Through remarkable photographic examples, she described the pitfalls of common seating “solutions,” results from function-oriented equipment modifications, and the profound difference that effective seating can make in a resident’s quality of life. [Download the wheelchair seating guide co-authored by Debbie Jones](#)

Advanced practice nurse and Portland VA Medical Center wound center coordinator Cathryn Vogeley shared her knowledge about effective approaches in caring for chronic, nonhealing wounds, including basic principles of palliative care. Demi Haffenreffer of Haffenreffer & Associates brought insights from recent training with the Centers for Medicare & Medicaid Services about revised pressure ulcer documentation elements in Minimum Data Set 3.0, scheduled to go into effect in October 2010.

For more information about the conference and speakers, contact Valerie Van Buren at [vvanburen@acumentra.org](mailto:vvanburen@acumentra.org).

This material was prepared by Acumentra Health, Oregon’s Medicare Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 9SOW-OR-GEN-10-04 8/18/10

---

<sup>1</sup> Hobson K. Study puts cost of medical errors at \$19.5 billion. In Health Blog. *Wall Street Journal*, August 9, 2010. Available at <http://blogs.wsj.com/health/2010/08/09/study-puts-cost-of-medical-errors-at-195-billion/>



## CEO Commentary

### To reform health care, empower the front line

Jon K. Mitchell, FACHE  
President and CEO, Acumentra Health

We read that anywhere from one-quarter to one-half of all health care spending in the United States is wasted on ineffective or unnecessary procedures. A recent RAND study found that only about half of all care delivered meets recommended quality standards.

Health care reform can address these shortcomings, but reform cannot be achieved at a single point in time, nor can it be imposed from above. Rather, reform needs to occur incrementally and continuously from within the system. This is as true for individual provider settings as it is for our national system as a whole.

Lasting, effective reform can develop only in organizations that have a strong culture of patient safety. Hospitals, clinics, and long-term care facilities need to focus like a laser on the crucial decisions, tasks, and work processes that ensure optimal care for patients—and then align their infrastructure and resources so that team members can learn systematically from their daily work.

A key to this transformation is redesigning medical teams to empower those on the front line of care delivery. In part, that depends on flattening the professional hierarchy to improve communication and rapport between senior leaders and frontline staff. Put more directly, doctors will need to work more democratically, as members of a care-providing team. As one example, Dr. Atul Gawande suggests in *The Checklist Manifesto* that in a timeout before surgery, all members of the surgical team introduce themselves by their first names.

In our quality improvement work with provider organizations across Oregon, we at Acumentra Health have observed this movement taking root in Oregon hospitals. Many have identified barriers to communication and coordination—for example, during patient handoffs—that can lead to medical errors. In response, these promising initiatives are underway:

- frequent rounding by the chief medical officer or other senior leaders to ask frontline staff about their progress in removing barriers, and to ask patients about the last time the nurse came to see them
- training frontline staff to make real-time safety interventions—the equivalent of “stopping the line” at a Toyota plant
- empowering the nursing team to streamline surgical processes
- creating a work environment in which staff feel secure about reporting errors and near misses

- making senior nurses available to work with recently graduated nurses on night shifts, to ensure real-time support from experienced mentors
- using the SBAR-R (Situation, Background, Assessment, Recommendation, Readback) model to improve communication between clinicians and other staff and to enhance safety during transfers
- building teamwork skills through TeamSTEPPS training, developed by the U.S. Department of Defense and the Agency for Healthcare Research and Quality

Only this type of rigorous day-to-day redesign work can transform the delivery system in ways that achieve lasting improvement. We need to accelerate the pace at which provider organizations adopt these practices. The lead time for moving from development to widespread adoption of a promising medical practice can be very long—10 to 20 years, by some estimates. We don't have the luxury of waiting.

We look forward to reporting on these and other local health care innovations in greater detail in coming issues.



## **Acumentra Health monitors compliance of professional licensees**

Acumentra Health, on behalf of the Oregon Department of Human Services (DHS), will serve as the Independent Monitoring Entity for the state's new [Health Professionals' Services Program](#). House Bill 2345 directed DHS to work with professional licensing boards to consolidate this statewide program to monitor the compliance of licensees who are impaired because of substance abuse disorders, mental health disorders, or both.

Participating boards will transfer their licensees who are enrolled in existing diversion programs to the statewide program. Licensees will have to comply with their monitoring agreements for at least two years to complete the program successfully. While approximately 30 health licensing boards are eligible to participate in the program, four boards have opted in at this time: Oregon Medical Board, Board of Dentistry, Board of Nursing, and Board of Pharmacy.

Portland-based Reliant Behavioral Health operates the monitoring program. As the Independent Monitoring Entity, Acumentra Health will report to each board when a licensee successfully completes the program or fails to comply with a monitoring agreement. The board may suspend, restrict, modify, or revoke the license of a noncompliant licensee. Acumentra Health also will report to DHS monthly on the status of licensees in the program. DHS estimates that 500 licensees may be monitored at any given time.

For more information, please contact Michael Cooper, [mcooper@acumentra.org](mailto:mcooper@acumentra.org).



## **Acumentra Health continues external quality review of OHP medical managed care**

Acumentra Health has contracted with the Oregon Division of Medical Assistance Programs (DMAP) to continue performing outside review of the medical services provided to Oregon Health Plan (OHP) enrollees. Federal law requires an annual external quality review (EQR) of state programs such as the OHP that deliver Medicaid services through managed care.

Currently, DMAP contracts with 15 medical managed care plans to provide services for OHP enrollees throughout Oregon. As of June 2010, about 400,000 Oregonians were eligible to be enrolled for those services.

Acumentra Health's review activities will determine whether the Oregon health plans

- meet federal standards for enrollee access to care, managed care structure and operations, and quality measurement and improvement
- conduct valid performance improvement projects aimed at improving clinical outcomes and service delivery
- maintain information technology systems that support the production of valid and reliable data, enabling DMAP to measure the health plans' performance on standard measures of care delivery

Acumentra Health served as DMAP's EQR contractor from 2003 through 2005, and again during 2008–2009. Under a separate contract with the state Addictions and Mental Health Division, Acumentra Health has performed similar review duties for the OHP managed mental health care program since 2004.

Jon K. Mitchell, president and CEO of Acumentra Health, stated: “We are pleased to continue in our role as a quality monitor for OHP's medical managed care program. We believe that the long-term perspective we bring to the state's quality assessment program for both physical and mental health provides value for the state in these lean fiscal times.”

For more information, please contact Jody Carson, [jcarson@acumentra.org](mailto:jcarson@acumentra.org).



## Oregon hospitals achieve 100 percent Medicare validation

Acumentra Health recognizes eight Oregon hospitals for achieving a 100 percent score on validation of medical records submitted for Medicare quality assurance and reporting for 3<sup>rd</sup> quarter 2009:

Kaiser Permanente Sunnyside Medical Center, Clackamas  
Legacy Meridian Park Medical Center, Portland  
Providence Newberg Medical Center  
Providence Seaside Hospital, Seaside  
Rogue Valley Medical Center, Medford  
Samaritan Albany General Hospital  
Sky Lakes Medical Center, Klamath Falls  
St. Charles Redmond Medical Center

Providence Newberg Medical Center also had 100 percent validation for 2<sup>nd</sup> quarter 2009.

Validation is part of a process that qualifies hospitals to receive full payment from Medicare (called the Annual Payment Update, or APU). The 33 Oregon hospitals participating in Medicare's Prospective Payment System must meet specific data reporting and validation criteria:

- Collect and report data on 44 quality measures, covering care for heart attacks, heart failure, and pneumonia; surgical care improvement; 30-day mortality and readmission rates following heart attack, heart failure, and pneumonia hospitalizations; and patients' experience of care
- Pass a quarterly audit of sample medical records (to validate that care reported in the records supports the reported data); hospitals must achieve an overall score of at least 80 percent on records from a period designated by federal regulations
- Agree to display the results of their quality measure data on Hospital Compare ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)) for public viewing

As a Critical Access Hospital, Providence Seaside Hospital does not fall under the same rules as the PPS hospitals; it voluntarily submits data on the quality measures and thus falls under the same requirement for validation.

Acumentra Health commends these hospitals for the diligence and accuracy represented by this achievement.



## Northwest Primary Care receives OAIC mini-grant to improve adult immunization rates

Northwest Primary Care (NWPC), a four-clinic medical group participating in Acumentra Health's [EHR Preventive Care Initiative](#), has been awarded a mini-grant from the Oregon Adult Immunization Coalition. The award will fund a program for educating nurses in advance of an internal "Hot Shot" competition to improve adult immunization rates. In the Hot Shot contest piloted last year, NWPC focused on increasing the number of patients 65 or older who were up to date with pneumococcal vaccinations. The contest raised the average rates across the four clinics from 70% in October 2009 to 86% in January 2010, and each clinic showed improvement.

This year's contest will challenge physician/nurse teams to improve vaccination rates for human papillomavirus, pneumococcal disease (for other high-risk groups), and influenza during flu season. The grant will also fund creation of an educational brochure for adult immunization.

"We have some work to do in teaching staff, practitioners, and patients about the need for adult immunization," says Mike Salvey, health management coordinator at NWPC. "Our aim is to identify and correct misconceptions, and ultimately to find success similar to what we have had in childhood immunization."

For more information, contact Kelleen Bernard, quality improvement specialist, at [kbernard@acumentra.org](mailto:kbernard@acumentra.org).