

Welcome!

QIO Program Leverages National Successes as a New Chapter Unfolds

Welcome to the sixth issue of *QIO News*, our first edition since the launch of the 9th Statement of Work (SOW) in August 2008.

For the 9th SOW, we have challenged QIOs to reinvent themselves once again by refocusing their efforts from a setting-by-setting approach to cross-cutting themes and priorities that tackle the health care system as a whole.

QIOs are responding to the forces impacting health care that identify quality and cost as key determinants in the future viability of a competitive, market-based model of care delivery.

QIOs work with hospitals on pay-for-reporting initiatives, they apply evidence-based solutions to real-world problems affecting quality and cost, and they promote smart and clinically relevant innovations in care. In promoting safe, effective, efficient care, they help us use the dwindling resources of the Medicare Trust Fund to achieve the greatest value for beneficiaries of the present and future. In this way, QIOs are poised as the premier “go-to” resources for transforming the health care sector.

Our hope in sharing this newsletter with you is that you, our essential stakeholders and valued partners, will gain a fresh perspective on the current projects and future direction of QIOs. We look forward to sharing our continued successes with you in this new chapter of our Program.

Barry M. Straube, M.D.

Centers for Medicare & Medicaid Services (CMS)
CMS Chief Medical Officer and
Director, Office of Clinical Standards and Quality

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PASS IT ON! 

Please share this newsletter with others interested in health care quality improvement.

PATIENT SAFETY

NQIL Estimates 123,097 Lives Impacted by Patient Safety Initiative

On August 5-6, more than 120 National Quality Improvement Leaders (NQIL), designated by each QIO as patient safety liaisons, came together for the third time for two full days of hands-on knowledge sharing of successful practices and problem solving. The meeting focused on the opportunity for QIOs to build on successes from the past 12 months and sustain the momentum for the six primary patient safety areas under the 9th SOW: 1) reducing nursing home pressure ulcers; 2) reducing hospital pressure ulcers; 3) reducing surgical site infections; 4) combating hospital-acquired MRSA infections; 5) reducing physical restraints in nursing homes; and 6) improving the safety of prescriptions drug therapy.

“Our goal at these meetings is to arm NQILs with testable interventions that they themselves can turn around and rapidly implement at the local level,” said Cathy Maffry, Patient Safety QIOSC Project Director. “NQILs are empowered to teach and learn from each other through high-impact presentations and a multitude of opportunities for interaction and collaboration.”

A key highlight from the meeting was a panel on “Cross-Setting Pressure Ulcers” which focused on the coordination of care between hospitals and nursing homes. The panel, comprised of four QIOs, shared creative and proven strategies such as a building a collaborative partnership, employing a staff education program and hosting a skill fair. These techniques helped overcome inherent divisions between hospital and nursing home teams and intensified their commitment to making pressure ulcer reduction a priority.

“As we all work towards the 18 month goals, we are emboldened by the 123,097 lives that we’ve impacted thus far through the CMS National Patient Safety Initiative,” said Maffry. To estimate lives impacted, changes in performance rates from the baseline period (Q108 and Q208) to the current period (Q408 and Q109) were considered.

CMS Extends Patient Safety Work to Rural Providers

The National Patient Safety Initiative (NPSI) is expanding! As of July 1, 40 QIOs expanded their Patient Safety projects to include nearly 500 new nursing homes and over 250 new hospitals in rural America.



Rural America is home to a significant portion of the nation’s healthcare system: over one-third of long-term care residents receive care in a non-metropolitan area.

In addition, research shows that rural areas have higher concentrations of elderly residents entering nursing homes.

Compared to urban nursing homes, rural nursing homes are more likely to have fewer beds, be government funded and owned, and fall under the staffing threshold for nursing staff and aides. Overall, these problems put rural nursing homes at higher risk for poor outcomes.

To help combat this problem, 40 QIOs have recruited additional nursing homes and hospitals in rural areas as part of the program’s efforts to reduce pressure ulcers and the use of physical restraints in nursing homes.

While this new rural-focused effort falls under the National Patient Safety Initiative, the work also aims to reduce disparities in care between urban and rural-based patients. Rural nursing homes consistently perform poorer than their metropolitan counterparts in more than half of the 19 quality indicators.

While little research about the causes of this problem exists, studies have been conducted that link regional differences in treatment and outcomes to the country’s overall health disparities problem. Thus, focusing on

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geographic disparities in quality can ultimately make care safer for all beneficiaries.

QIOs will use many of the same tools and practices they have used successfully in the past to reduce pressure ulcers and physical restraints. Since these tools were not developed to address the unique characteristics of care in rural settings, QIOs participating in the rural project will assess existing interventions to determine whether they need to be customized to meet rural providers' needs.

For more information about the NPSI, visit <http://www.qualitynet.org/medqic>.

BENEFICIARY PROTECTION

CMS Updates Provider Community on Beneficiary Protection Redesign Effort

More than 300 callers joined CMS on July 16 for a teleconference titled, "Quality Improvement Organizations: Next Steps Towards Transforming Beneficiary Protection." A wide range of interests participated in the call, including nursing homes, hospitals, patient advocates, special interest groups and QIOs.

July's call was a follow-up to one held in October 2008, during which participants provided valuable feedback about the current state of the QIO Beneficiary Protection Program. Listeners made suggestions on how to move the program forward on its mission to protect the rights of beneficiaries to receive high-value, high-quality health care.

Since October 2008, CMS—along with several QIO partners—has worked hard on strategies to address concerns about the program, including how QIOs can standardize their business processes to reduce variability in how beneficiaries interact with the QIOs from state to state. Another common concern was the transparency of the beneficiary complaint process, particularly how much a beneficiary can learn about what a QIO discovered while researching the complaint.

In response, CMS shared that it has worked with QIOs to develop a complaint form with uniform instructions for all beneficiaries submitting

complaints. The form will ultimately simplify and standardize how beneficiaries file complaints. Once CMS launches the form nationwide, QIOs will change how they gather and process complaints so all parties can focus primarily on the beneficiary's concerns.

CMS also stated that it is collaborating with the QIOs on revisiting every aspect of the Beneficiary Protection Program to assure that it is more patient-centered, responsive and efficient. For instance, CMS is considering using a triage system that would help QIOs set realistic priorities for handling complaints and reduce the complaint review timeframe.

CMS will likely schedule more public calls as the Agency moves forward on Beneficiary Protection transformation. Receive notices for future calls by subscribing to CMS' Open Door Forum ListServ at <http://www.cms.hhs.gov/OpenDoorForums/>.

Ohio KePRO Named Beneficiary Protection QIOSC

On July 16, Ohio KePRO, the QIO for Ohio, was awarded a special project to serve as the Beneficiary Protection Program QIO Support Center for the 9th SOW. Ohio KePRO will help all 53 QIOs protect the rights of beneficiaries to receive high-quality, high-value health care. As the Beneficiary Protection Program QIO Support Center, Ohio KePRO will:

- Help standardize Beneficiary Protection work across all QIOs;
- Serve as a subject-matter expert to QIOs on Beneficiary Protection Program responsibilities;
- Find and spread QIO best practices, especially in using the quality improvement activities to turn beneficiary complaints into opportunities for improved patient care;
- Help QIOs identify and reduce health disparities; and
- Train and support QIOs to position them for success in Beneficiary Protection work.

To learn more about the Beneficiary Protection Program, select the "Beneficiary Protection" tab on <http://www.qualitynet.org/medqic>.

CARE TRANSITIONS

Qualis' "Stepping Stones" Project Uses Coaching to Reduce Hospital Readmissions

When designing a program to eliminate unnecessary hospital readmissions in Whatcom County, WA, Qualis Health, the Medicare QIO for Washington, partnered with community co-sponsors to launch "Stepping Stones: Bridging Healthcare Gaps," the Care Transitions Project of Whatcom County.

Qualis' Stepping Stones project is one of 14 community projects across the U.S. funded by CMS. It includes partners such as PeaceHealth/St. Joseph Hospital, the Northwest Regional Council (Area Agency on Aging, or AAA), the Family Care Network, PeaceHealth Medical Group, the Critical Junctures Institute (affiliated with Western Washington University) and patient representatives.

The project sought to improve the quality health care and patient-centered support during hospital admission and after the time of discharge in order to reduce readmissions. Qualis, along with its partner Northwest Regional Council, identified the Care Transitions Intervention (CTI) method as the evidence-based model that best fit this charge.

The CTI empowers patients and caregivers to take a more active role during healthcare transitions and to develop lasting self-management skills. A core feature of the CTI is the use of Transition Coaches to provide tools and to support patients with a visit to the facility, a home visit and telephone follow-up.

To make coaching broadly available in Whatcom County, Qualis offered a two-day coach training workshop for volunteer coaches in April 2009.

Already, Qualis Health and the new trainees have implemented transition coaching for dozens of patients. Some coaches have fully implemented the CTI model, while others have incorporated elements of the model in their existing work processes.

"I want to help increase awareness and provide education so that patients and caregivers have the tools necessary to feel comfortable as they change from one medical setting to another or as they are going home," said Sue Wright, a parish nurse and



*Sue Wright,
Stepping Stones
Project Team,
Nurse and Patient*

patient representative on the Stepping Stones project team. "I want to get the word out about the importance of the transition coaches—they will become a vital link for all of us in the future of quality health care."

Synergy among local project partners has resulted in the implementation of an evidence-based intervention to eliminate unnecessary hospital readmissions, consistent with CMS' vision of assuring the right care for every patient, every time. Partners working together as a community are making a difference!

Case Study

For Christine Robinson, a 77-year-old grandmother with several chronic health conditions and a complex mix of medications, being admitted to the hospital has become an all-too-frequent activity. And she's not alone. According to a 2004 study, nearly one in five people with Medicare coverage who were hospitalized that year were readmitted within 30 days of being discharged.

Robinson is very pleased to have been one of the Stepping Stones project's first coaching recipients. "Working with [my coach] was great. She gave me something to think about—and to do," she says.

For example, Qualis Health coach Karla Hall helped Robinson develop a list of questions to ask her doctor and role-played how that conversation might go. "That list was so useful," Robinson reports. "The talk with my doctor went very well."



*Karla Hall, Qualis
Health Coach*

Hall also encouraged Robinson to make the appointment within days of returning home from the hospital and connected her with a community resource to get transportation to the clinic.

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For someone recently discharged from the hospital, checking in with the primary care physician is an important, but often missed step.

In this case, Robinson's well-prepared list of questions not only helped her better understand her own treatment, but also prompted her physician to begin considering system changes in the 13-clinic family medicine practice. "The physician told me that seeing the patient's expanded medication list made her realize that the regimen was too complicated for anyone, and she plans to address this with the practice staff," Hall said. "The physician also said that the visit made her realize that all patients need better education about red flags, symptoms requiring a call or visit with the doctor."

Numerous studies have shown that communications commonly break down when patients transfer from one care setting to another. Patients with multiple medical issues and the elderly are especially vulnerable. People with Medicare coverage report greater dissatisfaction related to discharges than to any other aspect of care that CMS measures.

Among the tools proven to improve the safety of care transitions, coaching is a simple approach with long-lasting results. "We chose to use the coaching model as part of our intervention because it makes sense on so many levels," said Selena Bolotin, Qualis Health's Care Transitions Project Manager. "Helping patients and their family caregivers become more engaged in their health care not only reduces hospital readmissions, but can also improve their ability to manage a host of care-related issues."

In Robinson's case, coaching has made an impact. In the five months since her hospital discharge, she has not been readmitted. She now knows the proper dosage, as well as the intended purpose of each of her medications. Going a step further, she has made a commitment to better manage her diabetes—which wasn't a trigger for her hospital admission or a focus of her coaching sessions.

According to Hall, Robinson very quickly went from a "hopeless and helpless" attitude to one of empowerment—a care transition of the very best type. "It was amazing what just a few conversations did," she says.

Further Information

The *New England Journal of Medicine* published a study of Medicare data showing that one in five patients were readmitted within 30 days of leaving the hospital and half of nonsurgical patients were re-hospitalized without seeing a doctor for a follow-up. According to the study, the estimated national cost of unplanned hospital readmissions in 2004 accounted for \$17.4 billion of the \$102.6 billion total hospital payments made by Medicare that same year. An abstract of the article is available at <http://content.nejm.org/cgi/content/abstract/360/14/1418>. To learn more about how Qualis Health and its community partners are using coaching to impact hospital readmission rates, please see www.SteppingStonesWhatcom.org.

Hospital Compare Adds New Ratings for America's Hospitals

Hospital Compare (www.hospitalcompare.hhs.gov), the CMS Web site for reporting on the readmission frequency in hospitals and its relation to quality health care, has added fresh data on previously reported mortality rates for individual hospitals, as well as new information on 30 day readmissions for heart attack, heart failure and pneumonia.

Reducing the rate of hospital readmissions to improve quality and achieve savings are key components of President Obama's healthcare reform agenda. Currently, about 1 in 5 Medicare beneficiaries who are discharged from a hospital today will re-enter the hospital within a month. Research has shown that hospital readmissions are reducing the quality of health care while increasing hospital costs.

Hospital Compare data show 19.9 percent of patients will be readmitted to a hospital for heart attack treatment, 24.5 percent of patients will be readmitted for heart failure, and 18.2 percent will be readmitted for pneumonia within 30 days.

Likewise, CMS estimates that the national 30 day mortality rate for patients originally admitted for heart

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attack care is 16.6 percent. For heart failure patients, the rate is 11.1 percent and 11.5 percent for pneumonia patients.

Both the mortality and the readmissions measures have been endorsed by the National Quality Forum (NQF) and are supported by the Hospital Quality Alliance (HQA). These measure endorsement processes are instrumental in facilitating CMS's communication with hospitals, helping to motivate those hospitals to continually analyze and improve the quality of their care.

The information contained on *Hospital Compare* is available for consumers to use in making healthcare decisions; although consumers should gather information from multiple sources when choosing a hospital.

PREVENTION

The following article was published in the summer 2009 issue of Ohio KePRO's Spotlight in Quality quarterly cross-themed newsletter. Additional efforts to promote immunization services in Ohio include two fall training sessions conducted in partnership with Ohio Immunization Partners for Healthy Adults (OIPHA), a statewide coalition led by Ohio KePRO. Participation in this training is anticipated by nearly all of the QIO's Participating Practices. An Immunization Toolkit will be distributed as a hard copy and on CD-ROM to teleconference attendees.

Immunizations: Protecting Yourself and Loved Ones

It may seem like flu season just ended, but it's time to start thinking about immunizations again!

Immunizations are an important step in preventing serious and life-threatening infectious diseases and are a crucial part of quality care for adults as well as children, especially among the very young and very old, which are the highest risk age groups.

Be sure to remind your staff and patients of the importance of immunizations, especially now that flu season is here. Ways to do this include:

- **Use all patient encounters as an opportunity** to assess and provide vaccinations.

- **Post vaccination information** in exam rooms and waiting rooms. Materials are available for electronic download from Ohio KePRO (www.ohiokepro.com) and the Immunization Action Coalition (www.immunize.org).
- **Don't forget about yourself!** It's your responsibility as a healthcare professional to safeguard your own health. Current vaccination recommendations are available from the Centers for Disease Control and Prevention (www.cdc.gov/vaccines).

Maintaining high immunization rates protects the entire community from transmission of certain disease-causing bacteria and viruses. Take the first step in ensuring that your facility is doing everything it can to increase immunization rates.

To help, Ohio KePRO has created an Immunization Service Assessment form to help you assess your facility's current practices and identify areas for improvement. This form is modeled after the Immunization Action Coalition's "Suggestions to Improve Your Immunization Services" and can be found at www.immunize.org/catg.d/p2045.pdf.

Each facility is different, so it is encouraged to develop an immunization education program that is customized for the unique needs of your facility. Join Ohio KePRO in working to support the goal of delivering quality care to every person, every time. You owe it to yourself and to your patients!

Educational Resources Available for Medicare Fee-For-Service (FFS) Providers



CMS is asking Medicare providers to help keep their patients healthy by encouraging them to take advantage of Medicare-covered preventive services, which include influenza and pneumococcal vaccinations, screening mammographies, and colorectal cancer screenings.

CMS's Medicare Learning Network, the source for Official CMS Information for Medicare FFS Providers,

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has developed a variety of educational resources to help promote increased awareness and utilization of Medicare-covered preventive services and to ensure that Medicare providers have the information they need to bill Medicare correctly.

Resources include:

- **Quick Reference Information: Medicare Immunization Billing**—A tool designed to assist with filing claims and the administration of influenza, pneumococcal and hepatitis B vaccines. Access a downloadable PDF file at: http://www.cms.hhs.gov/MLNProducts/downloads/gr_immun_bill.pdf or order a laminated hardcopy at: http://cms.meridianksi.com/kc/pfs/pfs_Inkfrm_fl.a sp?lgnfrm=reqprod&function=pfs
- **Quick Reference Information: Medicare Preventive Services**—A tool that describes Medicare-covered preventive services and screenings, including the influenza and pneumococcal vaccines, screening mammographies and colorectal cancer screenings. The chart provides coding requirements, eligibility, frequency parameters and deductible/copayment information for each benefit. Access a downloadable PDF at: http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf or order a laminated hardcopy at: http://cms.meridianksi.com/kc/pfs/pfs_Inkfrm_fl.a sp?lgnfrm=reqprod&function=pfs
- **The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals, Third Edition**—A recently updated, comprehensive guide which provides information on coverage, coding, billing and reimbursement guidelines on Medicare-covered preventive services and screenings. Access a downloadable PDF file at: http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf
- **Medicare Preventive Services Adult Immunizations Brochure**—A brochure that provides an overview of Medicare’s coverage of influenza, pneumococcal and hepatitis B vaccines and their administration. Access a downloadable PDF file at: http://www.cms.hhs.gov/MLNProducts/downloads/adult_immunization.pdf or order a hardcopy at: http://cms.meridianksi.com/kc/pfs/pfs_Inkfrm_fl.a sp?lgnfrm=reqprod&function=pfs
- **Medicare Preventive Services Cancer Screenings Brochure**—A brochure that provides an overview of Medicare’s coverage of cancer screenings, including screening mammographies and colorectal cancer screenings. Access a downloadable PDF file at: http://www.cms.hhs.gov/MLNProducts/downloads/cancer_screening.pdf or order a hardcopy at: http://cms.meridianksi.com/kc/pfs/pfs_Inkfrm_fl.a sp?lgnfrm=reqprod&function=pfs
- **Medicare Learning Network (MLN) Preventive Services Educational Products Web Page**— This MLN Web page provides descriptions of all MLN preventive services-related education products and resources CMS has designed specifically for use by Medicare providers. This Web page includes product ordering information and links to all downloadable products, including those related to the influenza and pneumococcal vaccines, screening mammographies and colorectal cancer screenings. Please bookmark this page and visit it regularly, as we update this page as new products become available. http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp
- **Subscribe to Medicare Contractor ListServes for Local Preventive Services Information & More** — Did you know that your local Medicare contractor (carrier, fiscal intermediary or Medicare Administrative Contractor) is a valuable source of news and information regarding Medicare business in your specific practice location? Through their electronic mailing lists, your local contractor can quickly provide you with information pertinent to your geographic area,

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such as local coverage determinations and local provider education activities. If you have not done so already, go to your local contractor Web site and sign up for their listserv or e-mailing list. If you do not know the Web address of your contractor's homepage, it can be found at:
<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>.

GMCF Helps 600 Georgians Control their Diabetes



GMCF Diabetes Education Trainer Keith Spencer, above, goes into the community, in this case to a grocery store, to provide diabetes education to beneficiaries.

For GMCF, the QIO for Georgia, providing diabetes education in the community is an important part of their work with the Diabetes Disparities sub-national theme in Georgia. GMCF operates 170 training sites across the state in senior centers, physician offices, churches and neighborhood community centers. This effort has recruited scores of providers who have agreed to work with GMCF to participate in the Diabetes Self-Management Education (DSME) program, which is vital to educating Medicare beneficiaries with diabetes. Currently, GMCF has provided more than 600 beneficiaries with this important education program.

Some accolades from class participants:

"Our patients learned a lot they never knew before about nutrition and how to control their diabetes better, just live a better life; and it seems to be working!"

~ Henry County physician office nurse



"The GMCF class helps them learn about nutrition therapy, which is the foundation of diabetes care. It doesn't matter what medication we use if the patient is eating the wrong food, so the GMCF class is invaluable to us."

~ Dr. Ronald Watts, Nephrologist, Stockbridge, Ga.



"We're happy to be in partnership with Georgia Medical Care Foundation in their work against diabetes because we're trying to educate our people in our own community, right here in Macon, to be more conscious about this illness. Working with GMCF is helping us do just that."

~ Chief Marvin Riggins, Macon-Bibb County Fire Department, Macon, Ga.

Alabama QIO Board Member Named New Surgeon General

Dr. Regina Benjamin, a member of the board of directors of AQAF, the QIO for Alabama, has been nominated by President Barack Obama and confirmed by the U.S. Senate as the next U.S. surgeon general. The President hailed Benjamin, a 52-year-old family physician in the Alabama Gulf coast fishing village of Bayou La Batre, as someone who "represents what's best about health care in America."

AQAF's 8th SOW physician office project manager, Hien Vu, worked with Dr. Benjamin, in collaboration with HIMSS Katrina Phoenix Project, to adopt a CCHIT-certified EHR system for her practice and transition from paper to digital records.

Vu continues to work with Dr. Benjamin in the 9th SOW as part of AQAF's Prevention theme.

Benjamin, who joined AQAF's board in 2008, said she hoped to become "America's family physician" and wants to ensure that no one "falls through the cracks as we improve our healthcare system."

Three States Find Success in Fighting Chronic Kidney Disease

CMS delivered sub-national contracts to 10 states for chronic kidney disease (CKD). Three states, in particular, stand out as cases of exceptional partners in fighting the debilitating disease.

Nevada

Nevada's HealthInsight formed a statewide task force to develop an action plan to create a system-level change. Partnering with the Area Health Education Center of Southern Nevada (SNAHEC), HealthInsight utilized a self-management tool to identify, contact and invite healthcare professional experts to develop video segments for each testing component, recommended examination and immunization covered on the tool.

The executive director of SNAHEC plans to present the DVD at the 2010 NAO (National AHEC Organization) Conference in Las Vegas, Nevada. After the unveiling, plans are to pilot the DVD with participating physician offices.

Florida

FMQAI, the Medicare QIO for Florida, is another QIO awarded a contract by CMS to focus on preventing CKD. A primary activity of the CKD project is to form and maintain a statewide coalition in which members share information and leverage and contribute resources, all for the purpose of achieving tangible, attainable goals at a system level.

FMQAI developed a dynamic, broad-based coalition, consisting of patients, physicians, government, rural health networks, faith-based organizations, health councils, pharmaceutical companies and disease-specific organizations. (For a list of members, go to www.fmqai.com). This broad membership ensured that multiple perspectives inform decisions and strategies, thus improving chances for successful implementation.

FMQAI encourages coalition members to take ownership in the cause by actively participating and running the coalition with FMQAI guidance and support. To facilitate that role, FMQAI designed the coalition as a fast-track decision-making structure. Members join work groups that concentrate on specific facets of implementing system-level changes

related to estimated glomerular filtration rate (eGFR), the coalition's focus.

Each of the work groups—Media & Marketing, Clinical Application, and Community Education—has an FMQAI facilitator, a chairperson and its own objectives. A steering committee was created to communicate workgroup activities to members, providing a forum for discussion and decision making as needed.

As a result of the coalition, the primary intervention related to eGFR was implementing a "kidney quiz" in English and Spanish on every pharmacy bag for all prescription medicines. Coalition members also distributed the bags to their organizations, physician offices, and managed care organizations.

Though most of the coalition efforts are geared toward eGFR education and providers using eGFR to screen patients, the coalition conducts other activities related to CKD. These have led to a major system-level change: the passing of Florida Senate Bill 1022 and Florida House Bill 675.

- The coalition participated in a press conference in Tallahassee on February 18, Florida Kidney Day, to discuss Senate Bill 1022 and House Bill 675. Coalition members, dialysis providers, advocacy groups, members of the National Kidney Foundation, the FMQAI CKD team and patients were on hand to bring attention to how the bills showcased the need for entry of End Stage Renal Disease (ESRD) Medicare beneficiaries under the age of 65 into Medigap plans.
- The Florida CKD Coalition collaborated with the Florida Renal Coalition in February and met with Florida Senate Whip Mike Fasano, a Florida CKD Coalition member. He agreed to co-sponsor the bill.

The bills passed in June 2009. People with kidney failure now have access to necessary treatments and services. Fewer people will face the need to spend down prior to qualifying for the Medicaid program.

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In addition, the coalition has conducted these activities in member organizations as well as in many Florida communities:

- Volunteered at the Florida National Kidney Foundation Kidney Early Evaluation Program (KEEP) in Gainesville and Tampa, where persons living in low-income communities were screened for CKD.
- Sent letters to Governor Crist, who responded, allowing the coalition an opportunity to get GFR and CKD stages mandated as routine lab reporting in the state.
- Participated in health fairs and outreach activities including a Macy's Charity Event in support of the National Kidney Foundation KEEP.
- Gave presentations to county chapters of diabetic educators and health plans asking that emphasis be placed on the relationship of diabetes, hypertension and chronic kidney disease in their newsletters and other educational mediums.
- Obtained GFR resources for distribution to communities.
- Identified kidney bookmarks, quizzes and pharmacy bag alerts for various channels of distribution.
- Sent letters to celebrities asking for announcements about World Kidney Day on TV shows.
- Collaborated with diabetic educators and health plans.

The QIO is tracking all changes in practice, policy and/or procedure that are likely to result in sustained improvement. FMQAI expects the Florida CKD Coalition to exceed CMS' requirement of one system-level change across the board.

Tennessee

CKD patients in Tennessee are becoming aware of the importance of preserving their veins for future AV fistula placement thanks to a new statewide intervention called "Save Your Veins" by QSource, the Medicare QIO for Tennessee.

CKD patients in Stages Three and Four are starting to wear silicon wristbands saying "Save Veins • No



Labs" alerting and reminding medical staff to not perform blood draws or insert IVs in the extremity chosen by the patient's physician. The wristband can be reversed if and when the patient receives a fistula to display the message, "Protect Your Access."

During the two month intervention pilot in spring 2009, QSource partnered with physician offices, nephrologists, vascular access clinics, dialysis units, vascular surgeons and pre-renal educators in Memphis, Nashville, Chattanooga and Knoxville to disseminate the wristbands to patients. The intention was to encourage patients to wear the wristband, inform medical staff of the bands' significance and promote immediate recognition by healthcare providers.

The decision to pilot a patient wristband was determined by evidence-based literature and the success of other national awareness efforts utilizing a wristband with a particular color to represent the cause. The orange and red marbled wristband is consistent with the branded colors of the National Kidney Foundation (NKF).

The wristbands have received overwhelming support as patients and staff recognize them as supporting vascular access intervention. Patients have submitted feedback ranging from "This is my lifeline" to "This means no one can stick me," both empowering statements for patients.

Medical staff and physicians have begun requesting additional quantities for system-wide implementation.

In August, approximately 15,000 wristbands and complementary "Save Your Veins" campaign material were distributed statewide by QSource to CKD providers, and subsequently CKD patients.

COMMUNICATIONS

Primaris' Blog Reaches Hospitals

In the 9th SOW, Primaris, the QIO for Missouri, set a goal to expand outreach with more innovative solutions. Primaris searched for new techniques to promote health improvement, particularly in the delivery of information on quality improvement methods, as well as news and events in an easy-to-use, inexpensive and convenient format.

To meet this goal, Primaris' Hospital Patient Safety team, in conjunction with the Missouri Center for Patient Safety, developed the Patient Safety Tip of the Week.

The idea began as a weekly e-mail pushed out to listserv members, a method that had been successful in previous projects, but lacked permanence and had limited ability to consistently reach audiences beyond an already-identified core group. When the Hospital Team picked up the technique in the 9th SOW, they wanted to overcome these limitations and found the solution by developing a new online blog-like format.

"The design was actually copied from online comic strip Web sites," said Matt Heger, a communications specialist at Primaris. "Every entry is dated. Forward and backward buttons allow users to scroll through tips chronologically. We also added a "Share This" function and a news feed to give readers more options for sharing and delivery of tips."

Unlike many blogs, the Tip of the Week does not allow commenting. This decision was made to deter potential confidentiality leaks that could inadvertently occur with visitors' comments.

Tip of the Week subjects include breaking news, upcoming events, and information on available quality improvement resources. Published every Monday, a number of hospital subscribers, including primary contacts from identified participants, also receive e-mail notification of the latest tip.

"The positive reaction to the Patient Safety Tip of the Week has resulted in increased traffic to the QIO Web site, as well as better exposure to tools and resources," Heger said. As the Patient Safety Tip has grown in popularity, Primaris is adapting the format into other areas such as a monthly pressure ulcer tip.

The Tip of the Week is available online at www.primaris.org/professionals/qi_hs_ps-tip-of-the-week.asp.

VHQC Named Communications QIOSC

On September 3, VHQC, the QIO for Virginia, was awarded a special project to serve as the Communications QIO Support Center for the 9th SOW. VHQC will work on an ambitious set of responsibilities aimed at repositioning and championing the QIO "brand" while leading the QIO community to demonstrate how communications-related interventions achieve the results-driven, value-added impact expected from all QIO projects. As the Communications QIO Support Center, VHQC will:

- Educate all segments of the QIO Program's stakeholder community about the Program's value;
- Engage thought-leaders on the Program as a "partner of choice" to effectuate care improvements across the continuum;
- Reposition the QIO Program brand with its critical stakeholders to reflect the evolving emphasis and role of the Program in the health care landscape;
- Start and maintain a dialogue with target audiences about the overarching success of 9th SOW interventions; and
- Position the Program for effective and efficient launch, recruitment, and support for the goals of the 10th SOW.

To learn more about the Communications QIOSC, visit the Communications Clearinghouse at <http://qionet.sdps.org/Commclhouse>.

QIPRO Produces User-Friendly Educational Tools

Promoting the tools and resources implemented by QIOs is essential to communicating and implementing best practices. For example, the Puerto Rico QIO (QIPRO) is working to educate local organizations about pressure ulcer prevention.

QIPRO has implemented an “all-teach, all-learn” approach by working with hospitals and skilled nursing facilities to communicate the tools and resources available and sharing strategies, success stories and barriers they are finding among surrounding healthcare organizations.



In addition, QIPRO promotes collaboration with professional organizations and government to broaden the message of quality in all healthcare environments. QIPRO is joining forces with organizations such as the Puerto Rico Quality Association, Puerto Rico Hospital Association, Puerto Rico College of Physicians and Surgeons, Puerto Rico Department of Health, Puerto Rico College of Nurses and the Skin Care Professionals Association.

QIPRO holds bi-monthly teleconferences and quarterly meetings, as well as face-to-face visits to each facility. During site visits, QIPRO learns about participants’ experiences with the projects and performs assessments including reviews of protocols, policies, work and educational plans.

To address the educational component of Pressure Ulcer Prevention, Surgical Care Infection Prevention (SCIP) and the Nursing Home In Need (NHIN) Project, QIPRO has created two campaigns. The purpose of the campaigns is to promote the basic steps need to reach goals in a simple and friendly way. The material was obtained using MedQIC resources and was then translated into Spanish.

Pressure Ulcer Prevention (Hospital and Skilled Nursing Facilities) and NHIN

QIPRO launched a logo that helps to identify educational materials about pressure ulcer prevention and treatment. SAPI (Salva-Piel or “Skin Saver” in English) is a friendly frog that is used in

topic-specific posters on evaluation, measurement, identification, stages, prevention, documentation, repositioning, point pressure and teamwork.

Buttons, signs, brochures and stickers with the SAPI symbol are used to identify patients with an ulcer or at risk for an ulcer. In addition, a library with educational materials organized by topic related to pressure ulcers has been developed.

SAPI and its slogan “Protecting Our Patient’s Skin” have been used on flags, t-shirts, bookmarks and balloons. Partnering facilities found this to be an affordable way to deliver the message of preventing pressure ulcers among their employees.

Surgical Care Infection Prevention (SCIP)



To promote the surgical care infection prevention message, QIPRO launched PIO, Prevenção de Infecções Operatorias (Surgery Infections Prevention).

The PIO program features a friendly chicken on posters, stickers, checklists, buttons and brochures that serve as a reminder about the campaign.

The chicken indicates who is responsible for performing an activity, when the activity must be performed and provides a step-by-step summary of actions related to each SCIP indicator.

Songs, t-shirts and the distribution of “eggs” with important messages about SCIP inside, are just a few ways the message is being distributed. PIO is currently in the implementation phase.

Campaign Promotion

To successfully launch the SAPI and PIO campaigns, QIPRO recommend that participating facilities hold special events to promote the campaigns. This recommendation was well received and resulted in strong support from facility administrators and executive directors, as well as from direct care personnel.

QIPRO provided a hard copy and a CD of campaign materials to participating facilities. The materials can be accessed at <http://www.qipro.org>.