

CIMRO of Nebraska 2010 - 2011 Annual Report



Resources for better healthcare

Leadership Message

We would like to extend our thanks and gratitude to the many healthcare providers and stakeholders that have partnered with us to improve the quality of care in our state. Because of your commitment and efforts, the healthcare environment is safer and more patient-centered. In addition, we are benefitting from aligned care processes, efficient uses of technology and overall system improvement.

These efforts have also prepared for upcoming changes, including provisions aligned with the National Quality Strategy. Released by the U.S. Department of Health and Human Services (HHS) in March, the NQS strategy¹ reflects values we've been promoting:

- **Better Care** - Patient and family engagement; patient-centered care that addresses quality, safety, access and reliability
- **Affordable Care** - Reducing costs for individuals, families, government and the private sector
- **Healthy People/Healthy Communities** - Partnerships between providers, individuals and communities

What does this mean? We are moving forward and plan to amplify efforts to ensure active patient and family involvement, stronger partnerships across care settings and solid ties with communities. Communication and collaboration are key components and will be our priority.

You may notice these changes in our overall approach in the QIO Program, which began August 1. Partnerships and collaboration are the foundation for attaining the goals of the next QIO phase. To enhance efforts, CIMRO of Nebraska will support and participate in national initiatives, such as the Advancing Excellence in America's Nursing Homes Campaign (AE), Partnership for Patients and the Community Based Care Transitions Program (CCTP). We look forward to this next chapter and continuing to partner and grow with you.

We are also excited about the opportunities and successes of Wide River Technology Extension Center (Wide River TEC), the Health Information Technology Regional Extension Center for Nebraska. Wide River TEC operates as a business unit within CIMRO of Nebraska. Eligible providers are assisted with direct, individualized, onsite technical assistance. Wide River TEC aims to assist primary care clinicians in adopting Electronic Health Records (EHRs) and ultimately achieve 'meaningful use' of their EHR to improve the efficiency, quality and value of healthcare. Through additional funding, Wide River TEC is now able to assist Nebraska's Critical Access Hospitals (CAHs) and small rural hospitals with the transition to EHRs in the inpatient setting.

Your partnership has been the key to our success since we began our work as Nebraska's QIO eight years ago. The next phase of our work holds the promise of even more challenging and rewarding opportunities.

Thanks again for your commitment to quality improvement and the energy put forth to help us meet our vision of making healthcare in Nebraska the nation's best. We are glad to have you by our side as we move forward.



Tina Georgy, RN, MS
Chief Executive Officer



Greg Schieke, MBA
Senior Vice President

1. HHS. National Strategy for Quality Improvement in Health Care. March 2011. Available at: www.hhs.gov. Accessed May 23, 2011.

The Road to Where We Are Today...

CIMRO of Nebraska has served as Nebraska's Quality Improvement Organization (QIO) since 2003. On behalf of the Centers for Medicare & Medicaid Services (CMS), we work to develop and implement quality improvement projects to meet national healthcare goals. Our focus is patient safety and the quality of care delivered to Medicare beneficiaries. Our efforts are centered on areas with the greatest need and opportunity for improvement.

We lead and support healthcare quality in Nebraska - at the provider, community and public levels and across the full continuum of healthcare. We promote evidence-based research and guidelines and assist with the use of these tools to improve quality, advance prevention and foster safe and person-centered care. We believe, as a result of our efforts, we are making a difference.

Specific areas where we have been successful throughout the past year are outlined within this report.

Our success stems from being well integrated with the Nebraska healthcare community, working collaboratively to effect change and having a great depth of knowledge and expertise in improving quality and patient safety.

Primary Care Clinics

Under the new Medicare QIO program, a select number of primary clinics committed to using their Electronic Health Record (EHR) system to support evidence-based practice improvement. The clinics modified clinical workflows to achieve greater efficiency, coordinate patient care and extract and report data to support quality improvement. As a result, processes were streamlined and patients received recommended preventive services.

Rates improved for the four preventive screening measures:

- Flu vaccination by 3.3 percent
- Pneumococcal vaccination by 5.5 percent
- Colorectal cancer screening by 5.9 percent
- Mammograms by 15.5 percent

Achieving Results

Hospitals

Hospitals have made remarkable progress over the past several years in reporting quality data, improving results on key performance measures and implementing processes to ensure that their patients receive better care. Our recent focus has been an improvement in surgical and heart failure care, reduction of healthcare-associated methicillin resistant *Staphylococcus aureus* (MRSA) infections and drug safety. Tailored consulting, tools and education were offered to assist with data collection and reporting data.

Three Nebraska hospitals worked to improve surgical care and heart failure treatment. Concentration was on four areas that comprise 40 percent of the most common complications after major inpatient surgery: infection, blood clots and adverse cardiac and respiratory events.

Collectively, participating hospitals exceeded benchmarks on eight of eight measures, increasing averaging scores from 76.2 to 97.8 percent.

Thirteen Nebraska hospitals participated in the Agency for Healthcare Research and Quality (AHRQ) QIO Learning Network to reduce Venous Thromboembolism (VTE) rates. The accelerated Nebraska Learning Network began in February 2011 and concluded July 2011. Learning sessions led by nationally-recognized subject matter experts, monthly support calls, educational sessions and an online forum were offered. Data was collected to demonstrate the impact of the Learning Network.

Nursing Homes

Nineteen nursing homes committed to reducing the incidence of pressure ulcers and the use of physical restraints. Effective practices for the prevention, identification and treatment of pressure ulcers were implemented. Gaps in care delivery systems were defined and safe alternatives to the use of physical restraints were identified. As a result:

- Pressure ulcers rates decreased from 10.42% to 5.82%
- Use of physical restraints decreased from 10.2% to 3.8%

71 percent of Nebraska nursing homes are currently enrolled in the Advancing Excellence in America's Nursing Homes Campaign. CIMRO of Nebraska serves as a member of the Local Area Network of Excellence Convener to support nursing home participation in the Campaign.

Drug Safety

CIMRO of Nebraska offered quality improvement assistance to targeted prescribers to reduce the use of Potentially Inappropriate Medications (PIMs) and the risk of Drug-Drug Interactions (DDIs) in the elderly. A Technical Expert Panel was established to provide insight and support. Correspondence and recommendations were sent to targeted prescribers. Educational materials and newsletter articles were also shared through external publications and partnering organizations. The goal was increased knowledge to avoid adverse drug events. Prescribers also worked to reduce PIMs. As a result of efforts, the incidence of PIMs decreased from 19.6 percent to 15.4 percent.

Care Transitions

As one of 14 QIOs awarded a CMS contract to improve care transitions between healthcare settings, CIMRO of Nebraska implemented a local project, CareTrek™, in the Omaha metropolitan community.



Care transitions work began in 2008 with a goal to improve care coordination and reduce avoidable hospital readmissions. Healthcare providers and community stakeholders implemented evidenced-based interventions and focused on communication among community providers. Resources and technical assistance were offered through community learning groups, on-site visits and educational sessions.

Several community learning groups were formed to improve communication:

- One hospital and four Skilled Nursing Facilities (SNFs) partnered to improve discharge communication
- SNF access and use of the hospital Electronic Medical Record (EMR) was improved; INTERACT tools and nurse-to-nurse calls were utilized
- One hospital, two SNFs and two home health agencies worked to improve medication reconciliation. This group recognized the importance of the “one true list” for reconciling medications at hospital discharge
- One hospital and four home health agencies implemented heart failure education to reduce readmissions

As a result of these collective efforts, the 30-day readmission rate (per 1,000 Medicare beneficiaries) in the target area decreased from 29.9 percent to 24.9 percent.

The CareTrek initiative was showcased in the January/February 2011 issue of the *Remington Report*. The *Remington Report* is a healthcare magazine focused on market forecasts, trends and pay for performance strategies. The article was part of a series highlighting the work of CMS and QIOs in the care transitions pilot work. Access the article at www.cfmc.org/caretransitions/.

We are pleased to have the opportunity to share the good work we are doing to improve care transitions on both a local and national level. The spread of information will have an impact on the healthcare environment nationally as best practices, lessons learned and interventions are put into practice.

Case Review

Medicare beneficiaries are entitled to quality healthcare and access to information. CIMRO of Nebraska partners with healthcare providers to ensure care provided is safe and effective. We also work with Medicare beneficiaries and their family members to better understand Medicare coverage and ensure quality of care complaints are addressed.

If a beneficiary or a caregiver/representative has a concern about their quality of care, they can call CIMRO of Nebraska for assistance. Examples of quality of care complaints include:

- Wrong medication given or overdose of medication
- Delay in service affecting patient health outcome
- Inadequate care or treatment by any Medicare hospital or doctor
- Early or premature discharge from care
- Change in condition that was not treated or diagnosed
- Inadequate discharge planning and/or poor post-hospital follow-up
- Situations where harm is believed to have occurred

If the complaint is deemed a true quality of care concern, CIMRO of Nebraska executes a beneficiary review process. Physician reviewers are on staff to assist with case review and recommendations. Upon completion of the review process, CIMRO of Nebraska will share results with the Medicare beneficiary and, if appropriate, implement a quality improvement activity to address the issue.

For example, a concern regarding the lack of an appropriate fall risk assessment in the hospital emergency department resulted in a year-long quality improvement activity where several new interventions were implemented. This system-wide change resulted in spread throughout the hospital to include all patient floors, as well as other regional facilities under the same management.

Medicare beneficiaries also have the right to appeal an impending discharge or termination of service. In these instances, a CIMRO of Nebraska beneficiary protection specialist discusses the situation with the patient, contacts the facility for the medical record, assigns an independent physician to review the documentation and determine the next course of action.

We are pleased to report that over 95 percent of beneficiaries reported being satisfied with the complaint review process. Throughout the past three-year contract, 100 percent of reviews met the timeliness standard.

Healthcare-Associated Infection Prevention (HAI)

The Nebraska Department of Health and Human Services (DHHS) - Division of Public Health contracted with CIMRO of Nebraska to establish and conduct an evidence-based HAI prevention collaborative with eighteen acute-care hospitals in the state. An Advisory Council guides prevention efforts, collaborative activities and data reporting.



Hospitals agreed to enroll and report Central Line Associated Blood Stream Infections (CLABSI) in the National Healthcare Safety Network. In partnership with the Nebraska Hospital Association, the initiative utilized the Comprehensive Unit-based Safety Program (CUSP) Model. An additional focus was the prevention of Surgical Site Infections (SSIs). Learning sessions, educational calls, evidence-based resources and facility-sharing helped with SSI prevention. As a result of prevention strategies implemented, a trend of decreasing central line infections has been noted.

Rural Nebraska Regional Ambulance Network (RNRAN)



CIMRO of Nebraska provided management expertise and technical assistance for the Rural Nebraska Regional Ambulance Network (RNRAN) grant, funded through Health Resources and Service Administration (HRSA), which ended May 2011. The overall goal was better coordination of ground and air ambulance transportation to the citizens of central and western Nebraska. This was accomplished through an integrated and collaborative network of ambulance services, hospitals, dispatch agencies and other interested entities. Recent efforts focused on improving the testing scores for certification of emergency responders and improving access and availability of testing sites.

Rural Comprehensive Care Network (RCCN)

In May 2009, the Rural Comprehensive Care Network (RCCN) received a federal grant to assist in recruiting and retaining patient care professionals in the service area. CIMRO of Nebraska provided technical expertise to assist with the grant's evaluation component. Process and outcome measure tools and assistance in the interpretation of results were provided to RCCN members.

Informal Dispute Resolution (IDR) Services

Since 2007, CIMRO of Nebraska has contracted with the Nebraska Department of Health and Human Services Licensure Unit to provide informal conferences for IDR requests when healthcare facilities dispute deficiencies cited by the Department. A conference provides facility representatives an opportunity to present and discuss any information and materials the facility deems appropriate to support the appeal of a deficiency statement or notice of disciplinary action. Since the beginning of the service, twenty-seven reviews have been completed, including requests for nurse review, physician review, life safety code review and dietetic review.

Reaching Milestones

In February 2010, CIMRO of Nebraska obtained a four-year cooperative agreement by the Office of the National Coordinator for Health Information Technology (ONC) to serve as Nebraska's Regional Extension Center (REC). Wide River TEC has brought local expertise and support to over 800 providers in Nebraska's clinics and Critical Access Hospitals (CAH), facilitating the implementation of an Electronic Health Record (EHR) to meet meaningful use requirements. These Nebraskans join over 85,000 providers nationwide utilizing the services offered by the RECs located all over the country.



In February 2011, additional funding from the ONC was awarded to assist with the transition from paper to EHRs for the state's 66 CAHs and small rural hospitals. This funding was provided under the Health Information Technology Economic and Clinical Health (HITECH) Act, as part of the American Recovery and Reinvestment Act of 2009. The HITECH Act created the Medicare and Medicaid EHR incentive programs, providing incentive payments to eligible professionals, hospitals and CAHs that adopt meaningful use of certified EHR technology.

Despite the complexity associated with selection, adoption and the lack of familiarity about EHR systems, Wide River TEC has had the most profound impact in rural Nebraska. Over ninety percent of eligible rural primary care providers in rural Nebraska have enrolled and are working towards implementation and meaningful use of an EHR.

Omaha Doctors Among First to Receive Meaningful Use Medicare Incentive

Drs. Mark Woodruff and William Weeks, Southwest Family Physicians, were the first clients of Wide River TEC to successfully attest and certify meaningful use of their EHR system as part of the Medicare EHR Incentive Program. In July 2011, Nebraska Lt. Governor Rick Sheehy and Wide River TEC recognized them for their leadership. Drs. Woodruff and Weeks are among the first physicians in the country to receive an initial \$18,000 Medicare EHR incentive payment from CMS.

"It may seem like a small thing, but never losing a chart, looking for a chart, never waiting for a chart, fighting over a chart and, therefore, always having immediate access to any and all patient information, is a tremendous time saver and stress reliever. EHRs make me more confident that important information about the patient is not slipping through the cracks." - Dr. Mark Woodruff

EHR Curriculum Development Awards

As a component of the Wide River TEC's grant, 17 faculty at post-secondary institutions have received awards of up to \$3,000 to incorporate EHRs into their curricula. The University of Nebraska Public Policy Center coordinates these awards. Awardees will train over 500 healthcare professionals, staff or students. To see the list of awardees, visit www.widerivertec.org/home/curriculumfunding.aspx.

For additional information, visit www.widerivertec.org

Leadership and Spreading Change

An 11-member board comprised of physicians, Medicare consumers and hospital, nursing home and home health representatives serves as CIMRO of Nebraska's Board of Directors. Current board members, along with their association representation, are listed below:

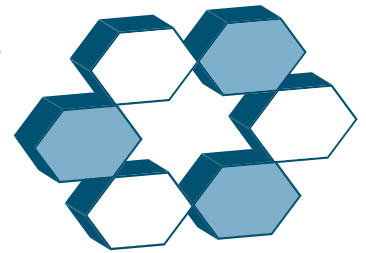
- ◆ **Richard A. Blatny, Sr., MD - Chair**
Nebraska Medical Association, Fairbury
- ◆ **Heath G. Boddy**
Nebraska Health Care Association, Lincoln
- ◆ **Colene Hance, MS**
Nebraska Department of Health & Human Services
Long-Term Care Ombudsman, Lincoln
- ◆ **Lois M. Hess, RN-C, CSA**
LeadingAge Nebraska, Omaha
- ◆ **Ronald L. Johnson, MD, FAAFP**
CIMRO Corporate Representative, Illinois
- ◆ **Helene Lohman, OTD, OTR/L**
AARP, Omaha
- ◆ **Kim Moore, RN, MSN, NEA-BC**
Nebraska Hospital Association, Lincoln
- ◆ **Shaun R. Meyer, RN**
Nebraska Association of Home and Community Health Agencies, Grant
- ◆ **Celine M. Mlady, RN, BSN**
Nebraska Hospital Association, Osmond
- ◆ **Kenneth Printen, MD - Vice Chair**
CIMRO Corporate Representative, Illinois
- ◆ **Jeffrey L. Strohmeyer, MD**
Nebraska Medical Association, Papillion

Nebraska Healthcare Quality Forum

The eighth annual Nebraska Healthcare Quality Forum was held on May 10, 2011, at the La Vista Embassy Suites and Convention Center. Nebraska healthcare organizations have made innovative changes in how they care for patients and residents; the Quality Forum provided the opportunity to share those successes.

Over thirty Nebraska healthcare partners presented quality improvement initiatives, methods, data and activities demonstrating efforts to improve healthcare practices. Presentation topics included organizational culture change, clinical care, patient safety, health information technology, health literacy, patient-centered care processes and transitions of care.

With approximately 450 Nebraska healthcare partners in attendance, we were thrilled with the caliber of presentations offered and information shared. This unique level of collaboration among healthcare professionals sets our state apart as we strive to make healthcare in Nebraska the nation's best.



Save the Date: Nebraska Healthcare Quality Forum | May 8, 2012 | La Vista, Nebraska



Resources for better healthcare

Making healthcare in Nebraska the nation's best.

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