

## Patient Safety Awareness Week (PSAW) March 6-12, 2011

PSAW is a national education and awareness building campaign for improving patient safety at the local level.

For more information and access to resources, visit [www.npsf.org/hp/psaw](http://www.npsf.org/hp/psaw). (Article on page 7)

## March is National Colorectal Awareness Month

Colorectal cancer remains the third leading cause of cancer death in both men and women in the United States.

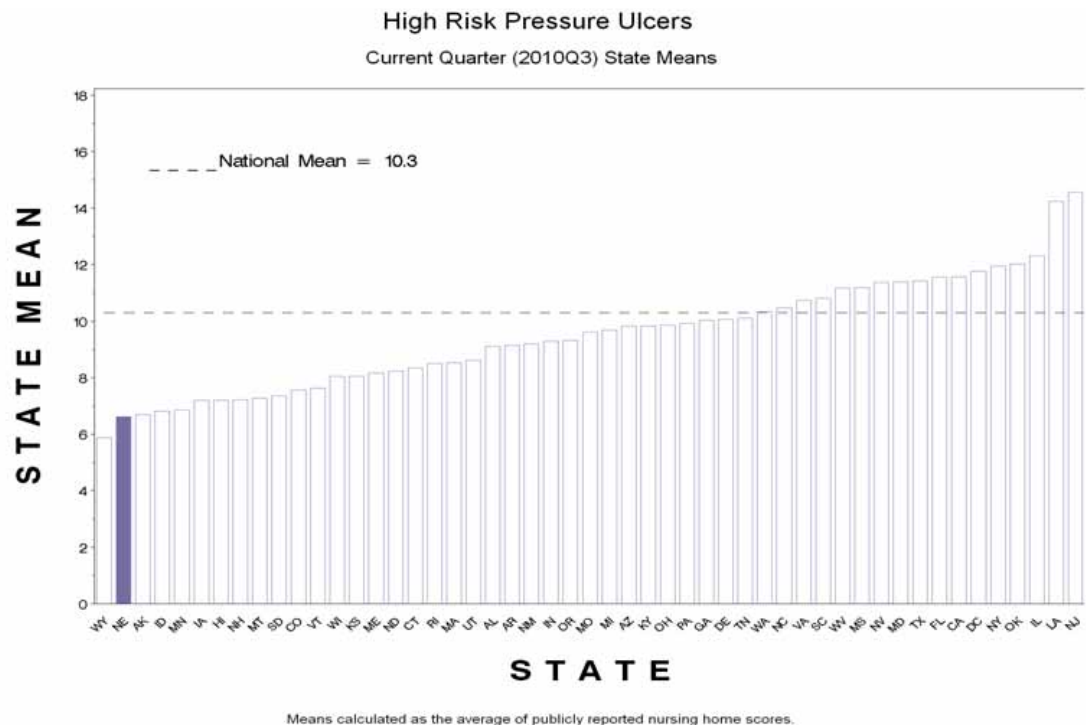
For more information see page 6.

## A Tip of the Hat to Nebraska Nursing Homes

Greg Schieke, MBA, Senior Vice President

In these times of tumultuous change in the healthcare environment, as providers of care, it is easy to become overwhelmed by what may come and how to respond to all of the challenges ahead. ACOs, meaningful use, value-based purchasing... it seems like a whole new dialect of language has emerged in just the last year. We are all wondering what will 'take root' and how it will impact our ability to provide high-quality, efficient care.

I'm pretty sure I found a positive indication, however, in how to begin to position for success in the changing healthcare environment. Traditionally, Nebraska nursing homes have performed well in the avoidance of pressure ulcers among high-risk residents, but we certainly had room for improvement. Take a look at the performance of all Nebraska nursing homes in this quality measure for the most recent time period available, (Quarter 3 2010):



To say that I am pleased is an understatement. Nebraska nursing homes have worked diligently over the past several years to prevent pressure ulcers and rapidly heal those that do occur. Credit for this dramatic improvement goes first to the nursing homes and also to the partners in the Nebraska LANE (Local Area Network of Excellence) that jointly work to advance the goals of the Advancing Excellence in America's Nursing Homes campaign. With a little effort, Nebraska could vault into the top spot in the country.

Obviously, the ultimate beneficiaries of this improvement are Nebraska citizens and nursing home residents. However, let us think further about how the performance of this single quality measure relates to the new healthcare environment and payment methodologies.

Within other healthcare settings, payers are increasingly instituting policies that deny payment for potentially preventable conditions. As a result, the provider has a higher degree of financial incentive to prevent the condition from occurring. It's the twin brother of 'pay for performance' – 'no pay for no performance'.

I would contend that nursing homes already face this payment condition. When a resident gets a pressure ulcer, the nursing home is responsible for the costs incurred in treating and healing the wound, and it's downright expensive. Data varies on the total financial burden, but widely-referenced studies state the average pressure ulcer adds more than \$10,000 in additional costs. For stage III and IV pressure ulcers, additional costs can exceed \$40,000.

Clearly, small investments toward prevention of pressure ulcers pay off for nursing homes. Throughout the state, homes have been upgrading mattresses, utilizing pressure-relieving devices and instituting rigorous skin care protocols across all shifts. These small investments are now yielding results, as the data clearly shows. Of importance for the nursing homes, however, is the availability of additional funds that would have otherwise been spent on healing pressure ulcers. These funds can be used for more imminent needs within each facility.

I don't think it's too much of a stretch to state that those nursing homes that invest in preventive care and seek to avoid potentially preventable conditions are in better financial condition. Perhaps for some, the incidence of pressure ulcers may be the difference between remaining viable and closing the doors. This direct relationship between quality of care and financial performance is the embodiment of healthcare reform and the lessons are readily applied to all other healthcare settings.

So, a 'tip of the hat' to Nebraska's nursing homes – you are to be commended. I encourage you to continue your efforts to work toward preventing pressure ulcers and other potentially preventable conditions. Could Nebraska be the state that leads the nation in prevention of potentially avoidable conditions in all healthcare settings? If we accept the challenge, the rewards will be great, for both the citizens and the providers in our state. It is in our collective best interests to begin right now and we look forward to working with you.

### **Pressure Ulcer Prevention Resources**

A recorded Webinar series focusing on healthy skin and pressure ulcer prevention is now available for professional nurses and nursing assistants.

These webinars are posted on the CIMRO of Nebraska Web site. Visit [www.cimronebraska.org](http://www.cimronebraska.org) and click on 'past training events' to access the recorded sessions.



## Improving Communication: Key to Success



A CIMRO of Nebraska Care Transitions Project

*The Medicare Payment Advisory Commission estimates that up to 76 percent of readmissions, within 30 days of discharge, may be preventable.*

Through CareTrek, healthcare providers in the Omaha area have committed to reducing avoidable hospitalizations. At the onset of this work, CIMRO of Nebraska supported the theory that improved communication was one solution to achieving this goal. Three years and tens of thousands of transitions later, we continue to promote effective communication as a key factor in improving care transitions and reducing avoidable hospital readmissions.

Transition of care participants include the sender, the receiver and the patient. Improving the channel of communication between these individuals can positively impact the outcome. For the exchange of information to be effective, it must be legible, complete, concise and understood by all involved.

There are many tools available to assist in improved communication. A few are noted below:

INTERACT II is designed to improve the quality of nursing home care by providing tools and resources to reduce avoidable acute care transfers. INTERACT II is an acronym for "Interventions to Reduce Acute Care Transfers". The INTERACT II toolkit is designed to improve the identification, evaluation and communication about changes in a resident's status.

The SBAR (Situation, Background, Assessment and Recommendation) tool is part of the INTERACT II program. SBAR is a format for communicating to ensure the patient is receiving appropriate care. A copy of the SBAR tool can be found in the INTERACT II toolkit at [www.INTERACT2.net](http://www.INTERACT2.net).

Additional INTERACT II tools include:

- Early Warning Tool: 'Stop and Watch'
- Transfer Checklist
- Resident Transfer Form
- Transfer Form Quality Improvement Tool
- Clinical Care Paths
- Change in Condition Cards
- Advanced Care Planning Tools

The 'Ask Me 3' is a patient education program designed to promote communication between patients and providers. The 'Ask Me 3' tool assists patients in understanding their health issues, knowing what they need to do and what is important. The 'Ask Me 3' concepts encourage patients to ask the following "need to know" questions and focus on their answers:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Patients should be encouraged to ask their providers (doctors, nurses, pharmacists, therapists) these three simple, but essential questions in every healthcare interaction. Likewise, providers should always encourage

their patients to understand the answers to these three questions. Studies show that people who understand health instructions make fewer mistakes when they take their medicine or prepare for a medical procedure.

Medication reconciliation is an important patient safety issue as well as an integral step in the transition process. Communication is a key element in the medication reconciliation process. The sending provider must inform the receiving provider and patient or caregiver which medication list has been reconciled. The reconciled medication list has become known as the 'One True List' in the CareTrek community. Success with medication reconciliation requires participation of each provider and patient or caregiver as the patient travels through the healthcare system. The 'One True List', from each of the hospitals in Omaha, has been shared with post-acute healthcare providers in the CareTrek community.

Devising a way to transfer discharge instructions and maintain a current medication list in a way that works for both the discharging and admitting provider is very important. The discharge process has been enhanced throughout the work of the CareTrek community. Project RED is one best practice intervention that has been implemented by one hospital in the CareTrek community. Project RED utilizes a Discharge Advocate to improve the discharge process by employing 11 discrete, mutually-reinforced components that prepare the patient for discharge. An 'After Hospital Care Plan' is created and education is provided by the discharge advocate. A pharmacist or nurse offers medication teaching and reinforcement post-discharge, including reinforcement of the 'After Hospital Care Plan'.

Visit [www.cimronebraska.org/caretrek.aspx](http://www.cimronebraska.org/caretrek.aspx) for additional resources and tools. For questions, contact a member of the CIMRO of Nebraska CareTrek team, at 800/458-4262.

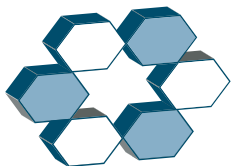
## Remington Report

CareTrek was recently featured in the *Remington Report*. This submission was part of a series highlighting the care transitions pilot work of CMS and QIOs. The articles focus on stories and projects that are "making a difference". Nebraska's submission was featured in the January/February 2011 issue. Thanks to those who are partnering with us and for allowing us to share your stories and experiences.

To view the article, visit the Colorado Foundation for Medical Care Web site at [www.cfmc.org/caretransitions](http://www.cfmc.org/caretransitions). The article is located in the 'Care Transitions in the Remington Report' section of the page.

## Nebraska Healthcare Quality Forum 2011

Tuesday, May 10, 2011 | Embassy Suites Hotel & Conference Center | La Vista, Nebraska



CIMRO of Nebraska's eighth annual Nebraska Healthcare Quality Forum is an opportunity for sharing best practices and ideas with colleagues from around the state. Members of your board of trustees, senior management team, physician leaders and coworkers are invited to join this discussion as we prepare for changes in the healthcare environment.

Visit [www.cimronebraska.org/qualityforum.aspx](http://www.cimronebraska.org/qualityforum.aspx) for a registration packet which includes the conference agenda, details on presentation topics and presenters, hotel logistics, continuing education information and a registration form to complete and return. **Registration deadline: Friday, April 29, 2011**

We look forward to another successful event of sharing, learning and networking as we partner with you and your organization in this journey toward change.

Questions? Contact Keri McDermott, CIMRO of Nebraska Communications Director, via e-mail at [kmcdermott@neqio.sdps.org](mailto:kmcdermott@neqio.sdps.org) or phone at 800/458-4262.

## Aspiring to be Restraint-Free

Over the last several decades, research has shown no support for the commonly held belief that restraints can safely be used in long-term care to help prevent residents from falling. Many studies now provide evidence that physical restraints are not effective in preventing falls, and in fact, showed that restrained residents are at greater risk of both falls and serious injuries. *(Tenetti, 1989, 1991; Blakeslee, Goldman, Popougenis, 1990)*

Restraints can cause pressure ulcers, incontinence, constipation, decreased appetite, muscle atrophy, weakness, anger, withdrawal and depression. Research identifies the use of physical restraints can also quickly diminish a person's dignity and self-esteem and is linked to depression and anger.

In Nebraska, we pride ourselves on the lack of physical restraints being used in long-term care. Even though the restraint rate in Nebraska is one of the lowest in the nation, there is room for improvement.

A component of the National Patient Safety Initiative (NPSI) was the Restraint Reduction Project. The goal was to reduce the restraint rate for participating nursing homes by 20 percent by 2010. As part of the NPSI, CIMRO of Nebraska partnered with eight Nebraska nursing homes to improve safety by improving processes and systems focused on physical restraint reduction.

The project was designed to educate providers and encourage the use of evidenced-based methodology. Nursing homes were provided onsite support and community networking opportunities. An "all teach, all learn" approach was used to address the individual needs of residents through quality improvement frameworks, clinical best practices and individualized resident-centered interventions.

In addition, participating homes were given access to Web-based educational trainings. These webinars assisted in building the foundation for success. Topics addressed included:

- Team building and staff retention
- Data-driven approaches to quality improvement
- The practice of consistent assignment, and
- Successful strategies to reduce restraints

Participating homes agree that having a venue to communicate with each other, applying skills learned through education, sharing learning and experiences, successes and failures and having access to resources were all powerful tools that served as motivators.

### Barriers & Solutions

Several common barriers to restraint reduction were discovered within the first several months of this project. Identifying these barriers required homes to investigate and answer some difficult questions, which included:

- Do staff and management have a working definition of what constituted a restraint?
- Do all staff have the appropriate education and understanding on the hazards of using restraints?
- Do those responsible for monitoring the use of restraints have a thorough understanding of how to develop a process of individual assessment related to restraint use and removal?
- Do staff have the education and resources to develop individualized strategies or interventions that would allow them to successfully care for a resident restraint-free?

Once restraint-free barriers were identified, homes engaged in monthly group calls to discuss successful strategies and ways to implement best practices. This process allowed partnering homes to learn new

strategies and apply this knowledge to help individualize resident care and decrease restraint use. New strategies and practices included:

- Staff education on a common definition of what constitutes a restraint
- Alignment of workplace practice expectations with the shift in thinking to remove restraints as soon as possible, versus justifying the need to keep the restraint
- Resident and family member education on the goal of becoming a restraint-free home or decreasing the use of restraints
- Routine audits that included specific strategies used during a 30-day period in attempted restraint reduction and specific reason(s) why the strategy(ies) failed
- Adjustment of wheelchairs to fit resident needs and allow for increased self-propelling (without the fear of them sliding out of their chair)
- Increased activity on the units during times of increased agitation or wandering
- Alignment of correct MDS coding to the appropriate definition of a restraint

At the beginning of this project, homes selected to work with CIMRO of Nebraska had a baseline measurement for restraint use of 10.2 percent. Upon remeasurement in August of 2010, this group's remeasurement of restraint use was 3.8 percent; a reduction of 62.75 percent.

Nursing homes that recognized barriers, implemented best practice tools and continued to sustain the decrease in restraint use provide inspiration for other homes facing similar challenges.

If your home has a higher-than-desired number of restraints, now is the time to investigate what barriers stand in your way to becoming a restraint-free home. Begin by asking the four questions outlined on page 5. Once you have the answers, you can begin to develop a plan to meet your goals.

The Advancing Excellence in America's Nursing Homes Campaign (AE) has a wealth of information available for restraint reduction. The AE Web site includes an implementation guide, framework, resources, fact sheets and recorded trainings. Visit the AE Web site at [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org) for more information.

## March is National Colorectal Cancer Awareness Month

Colorectal cancer remains the third leading cause of cancer death in both men and women in the United States. In 2010, experts estimate 102,900 new cases of colon cancer, 39,670 cases of rectal cancer and 51,370 deaths from colorectal cancer.

Screening and early detection saves lives. Colorectal cancer can be prevented through the early identification and removal of pre-cancerous polyps, which are detectable through screenings. The five-year survival rate is 90 percent when colorectal cancer is diagnosed at the localized stage.

CIMRO of Nebraska continues to assist physician practices across the state to improve their colorectal cancer screening rates through use of EHR reporting, alerts and recall functions. EHR reports and reminders alert staff to recommend screenings for patients during an office visit. Patient reminders can also be used to reach those patients who do not regularly seek care.

*Effective January 1, 2011, Medicare covers 100 percent of the cost of colorectal cancer screenings. For more information on changes to Medicare coverage related to preventive services, visit [www.medicare.gov](http://www.medicare.gov)*

A recommendation from a doctor is the single most powerful factor in a patient's decision about whether to obtain a cancer screening. In a survey of persons age 50 years and older, 90 percent of those who reported their health provider recommended testing had been screened for colorectal cancer, compared to only 17 percent of those who reported they had not received this recommendation.

## Patient Safety Awareness Week, March 6 – 12, 2011

Patient Safety Awareness Week (PSAW) is a national education and awareness building campaign for improving patient safety at the local level. Hospitals and healthcare organizations are encouraged to plan events to promote patient safety within their own organizations. Educational activities are centered on incorporating patients and families as active participants on their healthcare teams, as well as assisting organizations to build partnerships within their communities.

The National Patient Safety Foundation has developed a list of suggested activities to consider implementing. Resources include buttons, posters, patient safety specific activities, patient and family engagement tools and best practice guidelines and templates.

For more information and access to these resources, visit [www.npsf.org/hp/psaw](http://www.npsf.org/hp/psaw)

## Patient Safety Resources

Included below are a list of Web sites where you can access patient safety tools, success stories, presentations, change packages and additional information to assist in your quality improvement efforts:

### **Medicare Quality Improvement Community (MedQIC)**

[www.qualitynet.org/medqic](http://www.qualitynet.org/medqic)

### **Agency for Healthcare Research and Quality - Patient Safety Network**

[www.psnnet.ahrq.gov](http://www.psnnet.ahrq.gov)

### **AARP Safety Leaders**

[www.safetyleaders.org](http://www.safetyleaders.org)

### **National Patient Safety Foundation**

[www.npsf.org](http://www.npsf.org)

### **The Empowered Patient Coalition**

[www.empoweredpatientcoalition.org](http://www.empoweredpatientcoalition.org)

### **The Patient Safety Organization Privacy Protection Center**

[www.psoppc.org/web/patientsafety](http://www.psoppc.org/web/patientsafety)

### **National Center for Patient Safety**

[www.patientsafety.gov](http://www.patientsafety.gov)

### **Just Culture Community**

[www.justculture.org](http://www.justculture.org)



Resources for better healthcare

For more information regarding this publication or to share comments, please contact Keri McDermott, Communications Director, at [kmcdermott@neqio.sdps.org](mailto:kmcdermott@neqio.sdps.org) or 800/458-4262.