

*iowa healthcare collaborative*

# *Synergy*

*summer 2011 newsletter*



# MESSAGE FROM THE PRESIDENT...

Though no healthcare provider intends to cause harm, it happens more often than we expect due to inconsistent processes and fragmented systems. Recent national healthcare reform efforts are working to reduce harm and improve healthcare delivery.

The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) launched a national initiative in April called the Partnership for Patients (PfP) campaign to improve care coordination and patient safety. The program seeks by 2014 to:

- Reduce Healthcare-acquired Conditions (HACs) by 40%
- Reduce preventable readmissions by 20%

Recognizing this initiative as an opportunity to “align and equip” Iowa healthcare providers to improve care, the Iowa Healthcare Collaborative instituted a campaign to engage Iowa providers in the PfP initiative. Last month, Iowa became the first (and to date, only) state in the nation to have 100% of all acute care, non-federal hospitals pledge their commitment to the Partnership for Patients initiative. HHS Secretary Kathleen Sebelius has recognized Iowa’s accomplishment in national webinars and conference calls.

In June, HHS announced that new resources will be available to engage hospitals and physicians in meeting the goals of the PfP project. HHS, through the Innovation Center, will contract with a select group of organizations, called Hospital Engagement Contractors (HEC), to engage and equip hospitals on a select group of projects listed below:

- Adverse drug events (ADE)
- Catheter-associated urinary tract infections (CAUTI)
- Central line-associated blood stream infections (CLABSI)
- Injuries from falls and immobility
- Obstetrical adverse events
- Pressure ulcers
- Surgical site infections
- Venous thromboembolism (VTE)
- Ventilator-associated pneumonia (VAP)
- Preventable readmissions

This is not only good care, but critical for sustainability of the healthcare system. CMS has promised decreased reimbursement for preventable readmissions and hospital-acquired conditions in the very near future.

In keeping with our cornerstone “to align and equip providers for continuous improvement,” IHC is applying for status as a Hospital Engagement Contractor. This will be a statewide, “all hands” type effort. We will subcontract with the Iowa Hospital Association and IFMC for specific tasks in this application. We will be working closely with staff from health systems in Iowa and the Iowa Medical Society for specific technical assistance in consultant roles. IHC hopes to bring some of these much-needed resources to bear in Iowa through this initiative.

These are truly exciting times in healthcare. We have a national quality strategy focusing on improving healthcare performance, the health of our communities, and the sustainability (and cost) of our system. New federal initiatives will be focusing on care coordination (readmissions, medical home, accountable care organizations) and patient safety (hospital-acquired conditions, healthcare-associated infection).

I believe Iowa is very well positioned for the future. IHC has a strong track record over the last five years in most of the initiatives listed in the PfP campaign. Iowa hospitals have demonstrated strong commitment to the campaign through the pledge made by all 118 community hospitals. Iowa physicians are committed to leading change in our state. Our collaboration has never been more important. Today we have the opportunity to form a true “Partnership for Patients,” setting a new standard of care in Iowa.



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## Iowa Sets the Stage for the Partnership for Patients Campaign

On Tuesday, June 7, the Iowa Healthcare Collaborative (IHC) welcomed Director of the Agency for Healthcare Research and Quality (AHRQ) Dr. Carolyn Clancy. Dr. Clancy joined Iowa physicians, hospital officials, industry representatives, and other key health care advocates at the Iowa Hospital Association (IHA) Education Center in Des Moines for a roundtable discussion on the Partnership for Patients national campaign. The Partnership focuses on reducing readmissions and reducing hospital-acquired conditions, something that is not new to Iowa's physicians and hospitals. Nearly 30 of the state's key healthcare representatives attended the event.

Already, more than 1,500 hospitals nationally have pledged their commitment to this initiative. The IHA, Iowa Medical Society (IMS) and IHC Boards have all endorsed the campaign. The regional director of the U.S. Department of Health and Human Services Judy Baker and the regional administrator for the Center for Medicare and Medicaid Services Jeff Hinson were also in attendance. This roundtable is a part of a series of events around the country to feature models of excellence as a part of the Partnership. The roundtable highlighted Iowa's exceptional ability to bring together the state's major healthcare stakeholders and discuss how the national scope aligns with Iowa's care providers.

A press event succeeded the roundtable, where Tom Evans, MD, President & CEO of the IHC announced that 100% of Iowa's health systems and hospitals have signed the pledge. Dr. Clancy and Judy Baker recognized Iowa as the first state in the Nation to accomplish this charge.

However, this is just the beginning of the journey. IHC, in partnership with Wellmark Blue Cross and Blue Shield, will be launching a statewide readmission reduction strategy later this year to assist the healthcare community in working to enhance the quality of care for Iowans. The strategy will showcase the best practices and champions in the state, while aligning and equipping Iowa physicians and hospitals with the framework needed to move forward.

June 7: HHS Regional Director Judy Baker, Agency for Healthcare Research and Quality (AHRQ) Director Dr. Carolyn Clancy, IHC President Dr. Tom Evans, and CMS Regional Administrator Jeff Hinson.



## Hospitals Wrap up Lean Application Series Workshop

On June 28th, the group of 50 plus participants from over 20 hospitals in Iowa concluded the three-part Lean Application Series in Johnston, Iowa. Attendees shared the improvement projects they worked on at their own facility to improve quality in medication reconciliation, ED wait times, patient flow, and transitions of care processes. Some of the highlights include:

- Improving the pump use at Alegent Bergan Mercy to streamlining the storage and use process to decrease the needed amount and decrease the time spent looking for pumps
- Stewart Memorial developed algorithms for medication reconciliation process to decrease errors and eliminate the gaps in the current process
- Mary Greeley Medical Center saved money and space in the ED by reducing inventory in rooms: 10 catheter kits removed from one room, 23 simple masks removed from one room, and 43 fracture pans removed from one of the rooms
- Alegent's Omaha-based Midlands hospital saw an initial savings of \$1,479 by supply consolidation in the ED and expect a total year savings from inventory alone to be \$22,488.
- Pella Regional increased hospice productivity from 2.8 down to 1.86, which they hope to lower to 1.6 in the coming months
- Skiff Medical Center focused on increasing the productivity of their medication reconciliation process in the EMR as well as standardizing the ED process to reduce wait times and increase patient satisfaction.



## Hospital Association Wins Quality Award for Formation and Success of IHC

The Iowa Healthcare Collaborative (IHC) is proud to congratulate the Iowa Hospital Association (IHA); which has been the first recipient of the Dick Davidson Quality Milestone Award for Allied Association Leadership given by the American Hospital Association (AHA) for their work to improve health care quality. The award was announced by AHA on June 15 and was officially presented to IHA on July 17 at the 2011 Health Forum/AHA Leadership Summit in San Diego.

IHA was the chosen recipient of the inaugural award for their formation of IHC in 2002 in an effort to facilitate patient safety and exceptional health care quality for Iowans. The award gives national attention to IHC and the successes of its state and national programs which have helped hospitals use toolkits, refine data collection, adopt “bundles of care”, and improve processes. Jonathon B. Perlin, AHA board member serving as chair of the Davidson Award stated that the honorees of the award are “stellar examples of how state hospital associations through strong leadership and commitment can improve patient care provided in their states.” To read the full press release, [please click here](#).

## *IDPH Presents IHC with Excellence Award*

Dr. Mark Purtle, Vice President of Medical Affairs at Iowa Health-Des Moines and Chair of the IHC Board of Directors (left in picture, with Don Callaghan- Chief of the Bureau of Immunization and Tuberculosis at the Iowa Department of Public Health), received the 2011 Iowa Immunization Award of Excellence on behalf of IHC at the Hy-Vee Hall in downtown Des Moines.

IHC received this statewide recognition from IDPH for its work in supporting Iowa hospitals in immunizing their workforce against seasonal influenza for the benefit of improved patient safety. Shortly after its incorporation as a nonprofit organization, IHC organized an advisory committee to provide recommendations on IHC's strategy to reduce healthcare-associated infections. One recommendation growing from these discussions was an initiative focusing on the immunization of healthcare workers. The advisory committee established a goal that 95% of Iowa hospital workers be vaccinated against influenza by 2010. As of the 2009-10 campaign, IHC data indicated that 91% of Iowa hospital employees have been vaccinated. Nationally, performance on this indicator is in the 40% range.



IHC's program efforts have been reviewed in academic journals over the course of the last few years, most recently in the research journal *Vaccine* (Vaccine 29 (2011) 3483-3488) written by lead author Dr. Charles Helms and colleagues. "The leadership of Iowa hospitals has been significant in achieving this level of vaccination among the state's hospital workers. While IHC's work supports equipping healthcare providers in the state to improve patient safety, Iowa hospital leadership is to be congratulated for their efforts in this area and a model for the nation", indicated Dr. Tom Evans, President and CEO of IHC.

## *IHC and IDPH Hold Statwide Meetings on HAI Reduction*

IHC, as part of its partnership with the Iowa Department of Public Health, has been sponsoring regional "mini-conferences" as part of District Infection Control and Regional Association for Professionals in Infection Control and Epidemiology (APIC) meetings across Iowa. The meetings provide sharing opportunities for infection preventionists and hospital team members working on reducing catheter-associated urinary tract infection (CAUTI) and *Clostridium difficile* infections (CDI) as part of the Department of Public Health's statewide reduction effort.

The latest of these meetings, held in conjunction with the Eastern Iowa APIC meeting held in Cedar Rapids on July 13th, included presentations from Lisa Caffery (Genesis Health System), Brenda Schwan (Winneshiek Medical Center), and Ann Burds (Mercy Dubuque). They discussed such successful strategies as the contribution of teams and champions in the hospital to successful implementation, the importance of engaging unit-level staff in the work of infection reduction, and regular data-based communication back to units as a method of providing feedback on reduction efforts.

"Sharing strategies among peers at these meetings is the most important outcome. I know people have left these meetings with new ideas, and that's what the meeting is all about", indicated Gerd Clabaugh, IHC's HAI Improvement Adviser. The next mini-conference will occur on August 4th in Des Moines as part of the Central Iowa APIC meeting. Contact Gerd Clabaugh for more information at [clabaugh@ihconline.org](mailto:clabaugh@ihconline.org).



## *Focus on Care Coordination*

The Medical Home model of care demonstrates how care can be delivered smoothly and efficiently to provide quality outcomes in a safe and secure environment. Lack of care coordination can result in unsafe practices where prescriptions from multiple practitioners confuse patients, vital information is not communicated to health care staff and duplicate services or costly hospital readmissions occur.

Care Coordination, particularly for people with chronic illness and complex needs, strives to improve individual health outcomes and provide improved experiences of health care while lowering the cost of healthcare services referred to as the Institute for Healthcare Improvement Triple Aim.

On Wednesday, September 7th, 2011, the Medical Home Learning Community explores care coordination in the context of ACO's, new payment environments, readmission reduction strategies and the implementation of chronic care program approaches within healthcare systems in Iowa.

Please visit [www.ihconline.org](http://www.ihconline.org) for more information on the Medical Home model and the upcoming Learning Community.

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## *Statewide Cardiovascular Workgroup Comes Together in Des Moines*

On June 15th, 2011 the Iowa Healthcare Collaborative hosted the Cardiovascular Providers Workday for ST-segment-elevation myocardial infarction (STEMI) and Stroke representing a diverse group of healthcare professionals. The workday is a continuation of an Iowa Healthcare Collaborative and Iowa Department of Public Health collaboration to address the Comprehensive Iowa Heart Disease and Stroke Plan's six goal scope of work: control cholesterol, control hypertension, promote triage and transport, quality improvement, improve awareness of signs/symptoms of Acute Myocardial Infarction (AMI) and stroke and eliminate disparities. The day focused on barriers and opportunities within quality improvement and promoting triage and transport.

Dr. Tom Evans presented briefly on the Iowa Cardiovascular Plan goals and Lance Roberts discussed current and emerging metrics. Key points surrounding metrics are the retirement of several AMI metrics and Heart Failure 4 in FY 2014. Additionally, in FY 2015 8 proposed stroke metrics will be adopted in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act Stage 1 "meaningful use" rule for hospital reporting. Stroke Taskforce and STEMI Taskforce breakouts were led by Dr. Evans and Greg Clancy respectively to develop actions plans for the coming year.

After great discussion in both groups several future steps were concluded. Creating a standard transfer form, improving Emergency Medical Service (EMS), Critical Access Hospital and Emergency Department education and working on treatment protocol are areas of opportunity determined by both groups. The STEMI group hopes to explore inexpensive technology such as cell phone use for EMS to transmit EKGs to hospitals. The stroke group also discussed EMS, proposing hospitals provide feedback to EMS. The Cardiovascular Taskforce groups agreed to meeting three times per year and will create a standard transfer form for review by the next meeting. While more than half of primary percutaneous coronary intervention (PCI) hospitals were represented at the workday, we encourage representatives from all 21 to participate as the group moves forward. We thank all those able to participate and anticipate more attendees in future meetings.

## *Infection Reports - Update Coming Soon*

The prevention of infections is a national priority that has gained momentum over the past couple of years. The Iowa Healthcare Collaborative has worked with all Iowa hospitals over the past few years to measure, report, and improve upon infection prevention performance. Currently, the Iowa Report contains 8 hospital-level reports of healthcare-associated infection outcomes.

- HAI 1 - CABG Surgical Site Infections
- HAI 2 - Colon Surgical Site Infections
- HAI 3 - Hip Surgical Site Infections
- HAI 4 - Hysterectomy Surgical Site Infections
- HAI 5 - Central Line-Associated Bloodstream Infections
- HAI 6 - Healthcare Worker (HCW) Influenza Immunization
- HAI 7 - MRSA Surgical Site Infection
- HAI 8 - MRSA Bloodstream Infection

Throughout the year the Iowa Healthcare Collaborative and the Iowa Hospital Association work with all Iowa hospitals to collect, measure, and report their HAI data. The Iowa Healthcare Collaborative is currently working with hospitals to complete measurement and reporting activities for calendar year 2010. Each of the 8 HAI Iowa Reports will be updated soon with CY2010 hospital performance.

## *Readmission Reports - Update Coming Soon*

Another nationally important topic is the reduction of preventable patient readmissions into hospitals. The Centers for Medicare & Medicaid Services (CMS) calculates readmission rates for most US hospitals and reports their performance on their website – Hospital Compare. Currently, CMS calculates hospital 30-day all-cause readmission rates for Medicare patients with heart attack, heart failure, and pneumonia conditions. Each year the Iowa Healthcare Collaborative acquires this readmission performance information from the CMS Hospital Compare website and produces statewide hospital-specific public reports for these three conditions. The reports associated to these three readmission measures will also be updated soon within the Iowa Report.

### *IHC August Meetings*

\*8/3 and 8/4 meetings are in the IHA Education Center  
100 East Grand Ave, Des Moines

*August 3rd: Data Committee 9 AM - 12 PM*

*Patient Safety Committee 10 AM - 12 PM*

*Provider Advisory Council 1 PM - 3 PM*

*August 4th: Community Advisory*

*Council 10 AM - 12 PM*

*August 18th: Board of Director's*

*Meeting 10 AM - 1 PM*

*@ Hyperion Field Club, Johnston, IA*

# Upcoming Conferences

## *August 31st - IHC's 8th Annual Conference\**

Keynote: The Future will Require Unlearning- Jack Uldrich, Author/Futurist, The School of Unlearning, Minneapolis, MN

In this fascinating, informative, entertaining, interactive and enlightening presentation, Jack Uldrich, will not only explain why unlearning is a critical skill for your company and employees, he will also demonstrate how unlearning can help to successfully navigate a future where the pace of technological and scientific knowledge is doubling every seven years, prepare for a competition that doesn't yet exist and seize opportunities which are only on the periphery of the imagination through future trends that will impact the healthcare industry.

Breakouts tracks will be dedicated to: Readmissions, Leadership, LEAN, and Transitions

## *September 1st - Fall Hospital Learning Community\**

The Hospital Learning Community will transition into a new direction focusing on the Partnership for Patients, the national campaign launched to improve the U.S. healthcare system. Presentations featured include: Potentially Preventable Readmissions Analyzing Wellmark Data; Transitioning Medication Therapy Plans Across the Continuum of Care; Healthcare-Associated Infections; and Care Coordination Best Practices in settings such as Long Term Care, Home Health, Hospital, Physician, and the Community.

## *September 7th - Medical Home Learning Community\**

Join the IHC for the second session of the 2011 Medical Home Learning Community featuring presentations from American Academy of Family Physicians' Bruce Bagley and Wellmark Blue Cross Blue Shield's Mike Fay. Other presentations include: recent CMS programming affecting primary care practice and medical home; high leverage features of the medical home that are critical to new practice success; exploration of potential reimbursement changes to support medical home in Iowa; the medical home model's role in reducing preventable readmissions; and models of community teamwork to improve care coordination.

*For registration or for vendor opportunities,  
please visit [WWW.IHCONLINE.ORG](http://WWW.IHCONLINE.ORG)*

*\*All three conferences will be held at the Meadows  
Events and Conference Center in Altoona, IA*

Please visit [WWW.IHCONLINE.ORG](http://WWW.IHCONLINE.ORG) for more news, hospital data, upcoming events, work of IHC, and toolkits.

If you have any additional questions about Synergy articles or the work of IHC, please contact Ryan Meyer ([meyerr@ihconline.org](mailto:meyerr@ihconline.org))