RURAL QUALITY

WSHA Rural Quality Newsletter January 2016

Outcomes in Rural Hospitals

The **Wall Street Journal**, *"New Risks at Rural Hospitals"* is important for rural leaders to read and be able to respond to. Quality of many rural hospitals in Washington is exceptional. Where there are challenges, action should be taken.

This report of Medicare covered surgeries showed:

- Surgeries at rural hospitals rose by 42.6% at rural hospitals from 2008 to 2013, which far outpaced the growth of those services at general hospitals.
- Patients receiving the 5 most common major orthopedic procedures at critical-access hospitals, including joint replacements, were 34% more likely to die within 30 days thanthose getting the same procedures performed at typical general hospitals. This statistics was taken from billing data and included years 2010 through 2013.

Link to above article:
http://www.wsj.com/articles/new-risks-at-rural-hospitals-1451088096

Link to listen or read NPR story below:
http://www.npr.org/2015/07/06/420595022/hospitals-set-new-restrictions-on-who-can-

In a story done by **NPR** in July of 2015, there was also news about small numbers. The story stated that "patients are three times more likely to die if they have a knee replaced at a hospital that doesn't regularly perform the surgery."

They referred to a study done by Dr. John Birkmeyer (Dartmouth-Hitchcock in New Hampshire), where "he filmed 20 surgeons at work and found high-volume surgeons' hands were fluid and confident while the low-volume docs were herky-jerky. Some patients will always prefer the closest hospital. Still, Birkmeyer says they (patients) should have an informed choice."

WSHA Rural Quality will be reviewing data by hospital to both identify best practices and evaluate hospitals that may be in need. We are committed to making improvements based on the data and then celebrate those improvements with the communities we serve.

In this Issue :

We are here to help:

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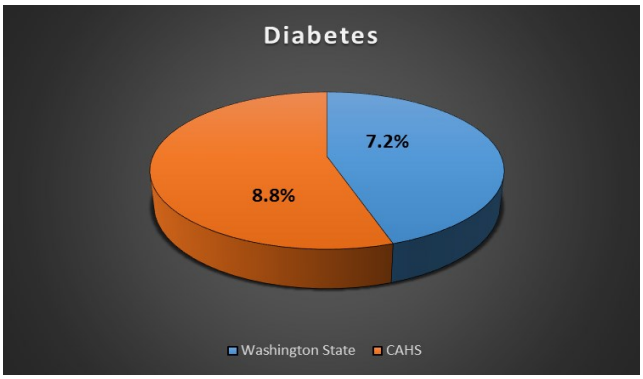
Let's Talk Falls

During our 2015, Quality Leaders Network Meeting the group spoke about how they were measuring falls. I thought the measure sheet for falls from the WSHA website that has the NDNQI (National Database of Nursing Quality Indicators) definitions for each category might be helpful. It is very important that we all measure the injury level of our falls the same way to ensure complete and accurate data. Here are the definitions:

- None—patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan or other post fall evaluation results in a finding of no injury.
- Minor—resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion.
- Moderate—resulted in suturing, application of steri-strips/ skin glue. Splinting or muscle/joint strain.
- Major—resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients will coagulopathy who received blood products as a result of the fall.
- Death—the patient dies as a result of injuries sustained from the fall (not from physiologic events causing the fall).

Let's Talk Diabetes in WA

Critical Access Hospital's service areas have an average diabetes rate of 8.8%. WA State's overall average is 7.2%. This shows a real need to address diabetes in rural areas of Washington.



You are helping in the communities you serve by:

- Partnering with your communities physicians to ensure diabetic patients get their A1C measured regularly, and creating a plan if it is >9.
- Offering education that includes diet (with good tasting recipes) and exercise, signs and symptoms of disease processes that might affect their diabetes or might be affected by their diabetes.
- Making certain that all high risk patients are checking their blood glucose regularly and that it is in control (a simple phone call or email works well).
- Making sure your diabetic patients keep their scheduled provider appointments.

Newsworthy

Congratulations to Whitman Hospital and Medical Center in Colfax, WA. They received a Five Star Rating for patient satisfaction on Hospital Compare.

Are you using the correct birth filing forms? Washington State updated it's form in 2012, shortly after the passage of state law allowing for same-sex marriage. The new forms allows same-sex couples to be listed as parents; the old form does not. You can find the latest form on the DOH website.

Dr. Gerald Sanders is a founding member of Whidbey Community Physicians in Oak Harbor, one of Whidbey General's primary care clinics. After 30 years of family practice he has decided to focus fully on his role as medical director of Hospice of Whidbey General. Best Wishes to him in his transition to this new adventure!

Whidbey Family Birthplace Manager, Trish Nilsen, RNC-OB, was selected as the March of Dimes Front Line Nurse Leader of the Year. Congratulation Trish. Thanks of all you do to improve health outcomes for newborns!

Jefferson Healthcare receives a $1.5 million grant to fund a new inpatient mental health facility. The grant was awarded from the Department of Commerce and has been earmarked for the establishment of a seven-bed inpatient mental health facility under the auspices of Jefferson Healthcare.

Let me know if you have a story you want printed. LindaM@wsha.org

CMS Proposes Revision to Discharge Planning Requirements

On December 15, 2015, CMS (the Center for Medicare and Medicaid Services) proposed to revise discharge planning requirements that hospital, including **long-term care hospitals** and inpatient rehabilitation facilities, **critical access hospitals (CAHS)**, and home health agencies, must meet in order to participate in the Medicare and Medicaid programs. The proposed rule would implement the discharge planning requirement of the IMPACT Act (Improving Medicare Post-Acute Care Transformation Act of 2014), and will require entities covered under the act to develop a discharge plan based on the goals, preferences and needs of all inpatients, and certain outpatients, including observation, surgery or other same-day procedures where anesthesia or moderate sedation is used, as well as emergency department patients who have been identified by a practitioner as needing a discharge plan. In addition, hospitals, CAHs, and home health agencies would have to:

- Provide discharge instructions to patients who are discharged to home (proposed for hospital and CAHs only). The comment period is currently in progress. Date of possible implementation has not been determined.
- Have a medication reconciliation process with the goal of improving patient safety by enhancing medication management (proposed for hospital and CAHs only).
- For patients who are transferred to another facility, send specific medical information to the receiving facility.
- Establish a post-discharge follow-up process (proposed for hospitals and CAHS only).

CMS Acting Administrator Andy Slavitt made the following statement: *"CMS is proposing a simple but key change that will make it easier for people to take charge of their own health care. If this policy is adopted individuals will be asked what's most important to them as they choose the next step in the care—whether it is a nursing home or home care. Policies like this put real meaning behind the words consumer-centered health care."*

For more information, please visit: https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-27840.pdf. This document is scheduled to be published in the Federal Register on 11/03/2015 and available online at http://federalregister.gov/a/2015-27840. There is a 60 day comment period on the proposed rule.

Comments from our Members

"Just a quick note to let you know that I so very much appreciated the visit from Linda and Lucia today. They have really given great education and insight in ways that will help us improve our care. The session yielded even more than I could have hoped."

"Thank you for your quick responses to my emails. Greatly appreciated."

"I want to say thank you for honoring us with the visit today. It was so inspiring to hear the great different ideas in the room, as well as affirming to hear we are on the right track and not alone in our struggles!"

"Thanks, I find this one of the few places that really focus on the CAH's. The time is well spent ."

"Each one of you truly treat the members as valued constituents and partners in guiding the Associations' work and the future of Washington healthcare."

"Great job on the WebEx today!"

"Thanks for helping us figure out PQRS"

PQRS

Did you know that if you do not participate in the Physician Quality Reporting System (PQRS), it will negatively impact your Medicare Part B, PFS payments? Not just 2%, but possibly by up to 6% when it is all said and "calculated."

We had a great WebEx on January 6th with a large group of CEO's as well as some Quality Leaders, as we sifted through the minutia of PQRS. There was a large audience as Jonathan Bennett, Senior Director of Decision Support, and Linda Michel, Director of Rural Quality and Performance Improvement presented the information, stopping frequently to ask for, and answer questions.

If you were unable to listen and would like another opportunity, the PQRS presentation will be repeated on 01/20/2016. If you would like an invitation with connection information email **Cindy Ferguson at CindyF@wsha.org**.

Save these Rural Dates

January 20, 2016, 9:00—10:00 am — Rural Quality Leaders WebEx. Subjects will be Diabetes and PQRS

January 21, 2016, 9:00—10:00 am —Rural Patient Safety Implementation Council Members call

February 4, 2016, 12:00—1:00 pm — Rural Providers Group WebEx

February 10, 2016, 9:00—10:00 am — Rural Patient Implementation Council Members call

March 16, 2016, 9:00—10:00 am — Rural Quality Leaders WebEx

Keep you eyes on your email for information concerning our next Quality Networking Day on April 29th, 2016, at Coulee Medical Center, Grand Coulee.

Save these Safe Table Dates

January 14, 2016, 9:00—10:00 am — SSI Safe Table WebEx

January 20, 2016, 10:00—11:00 am — Antimicrobial Stewardship Safe Table WebEx

January 28, 2016, 9:00—10:00 am — Patient and Family Engagement Safe Table WebEx

February 2, 2016, 9:00—10:00 am — Immunizations Safe Table WebEx

February 8, 2016, 7:00—8:00 am — OB Safe Table WebEx

February 11, 2016, 9:00—10:00 am —Infections Safe Table WebEx

February 16, 2016, 9:00—10:00 am — Sepsis Safe Table WebEx

February 17, 2016, 9:00—10:00 am —Antimicrobial Stewardship Safe Table WebEx

February 26, 2016, 9:00—10:00 am —Safe Imaging Safe Table WebEx

March 1, 2016, 9:00 am— OB Safe Table at Sea Tac Hilton

March 10, 2016—9:00—10:00 am —Infections Safe Table WebEx

March 16, 2016— 10:00—11:00 am — Antimicrobial Stewardship Safe Table WebEx

March 24, 2016—9:00—10:00 am —Worker Safety Safe Table WebEx

March 25, 2016, 9:00—10:00 am — Immunizations Safe Table WebEx