



# ILLINOIS FOUNDATION FOR QUALITY HEALTH CARE



## QIO Impact in Illinois

From 2002 to the present, there has been a marked improvement in the quality of care in nursing homes, home health agencies, hospitals and physician offices due to efforts of the national Quality Improvement Organization (QIO) and health care initiatives.

### Hospitals

IFQHC partners with prospective payment system (PPS) and critical access hospitals throughout the state to improve systems of care through process redesign, disease prevention and appropriate treatments for conditions that affect large numbers of patients.

#### Newly Reporting CAHs

Fourteen additional Illinois' Critical Access Hospitals (CAHs) became "Reporting CAHs" as a result of IFQHC's continued efforts to create an environment for quality, collaborate with key stakeholders, and promote the use of data and technology to support and drive quality improvement.

#### Hospital Quality Alliance (HQA) reporting CAHs

CAHs collectively achieved a 42 percent Reduction in Failure Rate (RFR)\* on targeted measures. As a result of their participation with IFQHC, 21 out of 28 hospitals received CAH Star Performer Awards in recognition of their achievement on selected target measure or topic.

- 15 CAHs achieved  $\geq$  20 percent RFR (Gold Star)
- 6 CAHs achieved  $\leq$  19 percent RFR (Silver, Bronze, Participant Awards)

#### Rural Organizational Safety Culture (ROSC) Initiative

Eight of nine (89 percent) of the ROSC project providers reached or exceeded the  $>$  1.0 percent RFR goal for a composite of questions related to Management Support for Patient Safety. This demonstrates our ability to facilitate change through the application of evidence-based strategies, education and on-site collaboration. All nine providers identified at least one area for focused improvement and generated and implemented action plans to address survey results/comments.

#### Surgical Care Improvement Project (SCIP)

Starting in 2005, IFQHC worked with 19 hospitals in efforts to reduce surgical complications through SCIP and partnered with five other states (Michigan, Indiana, Kentucky, Ohio and Wisconsin) in the SCIP6 regional collaborative that shared successes and lessons learned among states and hospitals.

Final comparison data of sampled Medicare records from baseline first quarter 2005 discharges to remeasurement first quarter 2007 discharges show the greatest improvement in the following measures:

- Stopping prophylactic antibiotics 24 hours after surgery improved from 57 percent to 85 percent.
- Appropriate hair removal improved from 91 percent to 98 percent.
- Perioperative normothermia among colorectal surgical patients improved from 52 percent to 90 percent.

\*Reduction in Failure Rate is the percentage by which the gap between optimal performance and actual performance is decreased over a given period of time. If optimal performance is 100 percent, and actual performance changes from 70 percent to 85 percent over time, then the Reduction in Failure Rate is 50 percent because the gap was reduced from 30 percent to 15 percent.



### Lives Improved

As a result of quality improvement interventions, it is estimated:

- During the second quarter of 2007, more than 19,900 patients statewide received all the recommended guideline-based therapy for their condition of Acute Myocardial Infarction (Heart Attack), Congestive Heart Failure or Pneumonia.
- During the second quarter of 2007, more than 10,000 patients received prophylactic antibiotics within one hour of surgery, more than 10,000 received the recommended antibiotic for their surgery type, and 8,900 had the prophylactic antibiotic discontinued within 24 hours after surgery.



## Nursing Homes

IFQHC works with nursing homes statewide to improve quality of care. Since September 2005, these efforts focused on reducing high-risk pressure ulcers, physical restraints, chronic pain management, and detecting depression and anxiety. Since the launch of the Centers for Medicare & Medicaid’s (CMS) Nursing Home Quality Initiative (NHQI) in 2002, IFQHC has trained and educated nursing home staff on quality improvement. Since 2005, IFQHC has recruited 92 nursing homes to participate in intensive groups and one-on-one training.

### In these groups:

- Incidents of high-risk pressure ulcers have declined by a relative rate of improvement\* of 13 percent as compared to the statewide relative rate of improvement of 4 percent.
- Use of physical restraints has decreased by a relative rate of improvement\* of 30 percent as compared to the statewide relative rate of improvement of 16 percent. This equates to more than 30 homes that are restraint free.

\*Relative rate of improvement shows the percent change between two periods of time. To calculate the relative rate, subtract the initial rate from the current rate, then divide by the initial rate.

## Home Health Care

IFQHC works directly with home health agencies to educate and support their quality improvement efforts as related to avoidable Acute Care Hospitalization (ACH) and Improvement in Oral Medications. During the summer and fall of 2007 IFQHC trained over 500 home health staff members, representing over 350 Illinois home health agencies. Education focused on ACH, improvement in oral medication, Outcome Based Quality Improvement (OBQI), patient assessments and target setting via the STAR (Setting Targets—Achieving Results) Web site.

- The Home Health Care staff attend quarterly regional meetings with the Illinois Home Care Council, and developed a relationship with Home Care Across Illinois and local health departments.
- Of the 276 agencies working with IFQHC since August 2005, 20 percent volunteered to work intensively with IFQHC. Of these agencies, over 75 percent have reduced ACH, with 40 percent reducing this measure by more than 50 percent from their baseline.
- Of this group approximately 78 percent have shown improvement in helping their patients become more independent at administering their medications.
- Of the 395 home health agencies listed on CMS’ Home Health Compare, 266 or 67 percent, have registered to participate in the Home Health Quality Improvement National Campaign affecting more than 155,000 patient episodes.

### ✓ Lives Improved

As a result of quality improvement interventions, it is estimated:

- IFQHC trained more than 1,200 staff members from over 600 nursing homes.
- Educational materials and teleconference trainings on a variety of topics are provided to over 800 nursing homes in the state every month.
- Approximately 200 residents are no longer restrained due to efforts of IFQHC’s identified participant Nursing Homes.

### ✓ Lives Improved

As a result of quality improvement interventions, it is estimated:

- Of the 75 percent with ACH reduction, approximately 27,800 patient episodes were impacted.
- The 31 percent of agencies that reduced their ACH measure by more than 50 percent from their baseline affected approximately 16,516 patient episodes.
- Roughly 11,800 patient episodes were impacted by the 78 percent improvement in oral medications.



### Physician Offices

IFQHC partners with primary care physicians to improve preventive and chronic care while increasing cultural awareness as it relates to medical care. IFQHC also provides expert assistance on the selection, implementation and use of electronic health record (EHR) systems. Between August 2006 and May 2007 IFQHC worked with 763 primary care physicians to develop awareness programs on mammography screenings, optimal diabetes management, and influenza and pneumonia vaccinations.

### Electronic Health Records (EHRs)

Through the Doctor's Office Quality – Information Technology (DOQ-IT) program, IFQHC promotes the implementation and use of EHRs in physician offices as a way to enhance efficiency and effectiveness while improving patient safety and facilitating better management of chronic conditions. As of September 2007:

- 186 of 196 practices completed a re-assessment survey denoting their level of EHR or registry use in September 2007
- IFQHC assisted 79 practices (42 percent) in successfully implementing an EHR or registry to improve patient care through one or more of the following: using electronic clinical data, electronic prescribing, incorporating care management processes for patients with diabetes, coronary artery disease, congestive heart failure, hypertension, or disease prevention.

The Illinois Foundation for Quality Health Care (IFQHC) is involved in a multi-state project aimed at increasing the safe use of medications. Electronic prescribing (e-prescribing) is another medication safety initiative IFQHC supports through its involvement in the Illinois e-prescribing collaborative and the Governor's Safety Summit.

### Cultural Quality

Certain diseases such as breast cancer, hypertension, and diabetes disproportionately affect African Americans, Asian Americans, Latinos and Native Americans. These historically underserved populations face challenges in health care delivery caused by miscommunication, cultural preferences or experiences, and health system failures.

To address the problem, IFQHC assists physician practices through the Cultural and Linguistically Appropriate Services (CLAS) program. The program helps physician offices reduce language and cultural barriers to effective health care. As of October 2007, IFQHC has worked with 37 practices and 278 physicians through the program. A combined total of 47 clinicians completed the online CLAS training program modules.

**✓ Care Improved**

Between April 2004 and June 2007, the number of Medicare beneficiaries from underserved populations receiving annual diabetes screenings and biennial mammograms has increased:

- 11 percent more diabetes patients received an annual lipid profile
- 6 percent more diabetes patients received hemoglobin A1C screening.
- 5 percent more beneficiaries received biennial mammograms.

**✓ Care Improved**

Although fewer Latino than white beneficiaries with diabetes receive an annual A1C blood-sugar control test, the disparity decreased during the time frame of the project:

- From April 2004 to June 2007, the gap between Latinos and whites dropped from 10 percent to 3 percent.
- In the four intervention counties of Cook, Will, DuPage and Lake, screening rates for Latino beneficiaries with diabetes increased by 7 percent, compared to only 5 percent in the 98 counties not targeted.
- For all Medicare beneficiaries living in the intervention counties, the screening rate increased by 5 percent, compared to a 3 percent increase for those living in non-targeted counties.

## Protecting Beneficiaries

As the Medicare QIO for Illinois, protecting beneficiaries has been one of IFQHC's missions since being founded in 1996. In 2007, IFQHC successfully responded to and processed almost 2,000 medical case reviews, including beneficiary complaints, discharge appeals, as well as admission necessity, continued stay and quality of care concerns.

### Toll-free Helpline

IFQHC's toll-free Helpline is available 8 a.m. to 4:30 p.m. Mondays – Fridays to assist beneficiaries and their representatives with quality of care concerns. Our Helpline is available 8 a.m. to 4:30 p.m. seven days a week for discharge appeals concerns. During 2007, our Helpline staff processed more than 1,213 calls, approximately 101 a month.

### Beneficiary Complaints

IFQHC evaluated approximately 76 records via our beneficiary complaint review process. Seventy-nine percent of beneficiaries whose complaints were addressed through our medical record review process were satisfied with the process.

### Mediation/Alternative Dispute Resolution

The Medicare Mediation Program is one of the alternatives to the standard Medical Record Review. Mediation provides an opportunity for the beneficiary and the provider to tell their stories, respond to each other and resolve concerns about the beneficiary's treatment. Mediation is voluntary and is provided at no direct cost to the beneficiary or provider.

### Appeals

IFQHC processed more than 525 appeals from beneficiaries who were discharged from hospitals, nursing homes, home health care, hospices (for fee-for-service patients) or outpatient rehabilitation facilities during 2007.

## ✓ Systems Improved

### Quality Improvement Activities

Investigating quality of care is key when identifying opportunities to assess a provider's system and develop detailed quality improvement initiatives to prevent future problems. If IFQHC uncovers a systemic issue, we work with providers to implement Quality Improvement Activities (QIAs) – a formal outline of changes that can achieve improvement.

- IFQHC had 24 ongoing QIAs at the beginning of 2008

### Success Story

A quality of care concern regarding physician orders not being carried out in a competent manner was identified on review of a medical record. More specifically, blood cultures were ordered in the emergency department. However, the order was not completed. The facility was placed on a Quality Improvement Activity to address the issue of orders not being processed.

The facility responded with a plan targeting changes in the Emergency Department (ED). After education from IFQHC, it was determined that while the issue originated in the ED, the intervention should be implemented hospital wide. The facility agreed and the quality study began with education for hospital staff on the policy for taking and completing physician orders. The Chief Nursing Executive sent a letter to all nursing staff stating the importance of properly carrying out physician orders. Results of their audits were sent for review on a quarterly basis, and these revealed a significant amount of errors were happening in the ED and the laboratory. The hospital began conducting personal counseling with individuals involved, and the ED instituted a new form for all pending labs to quickly and accurately identify errors, most of which were found to be a result of computer updates. This hospital increased their success rate from 95 percent to 98 percent with the initiation of their QIA.

## About the Illinois Foundation for Quality Health Care

The Illinois Foundation for Quality Health Care (IFQHC) works in collaboration with providers, beneficiaries, government agencies and other health care organizations to improve health care quality throughout Illinois. IFQHC offers a range of professional services that include medical review, health information technology support, quality evaluation, marketing and communications and data analysis to private and public entities. As Illinois' Medicare QIO, IFQHC works to ensure that every person receives the right care, every time.