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SCHA QUALITY and PATIENT SAFETY UPDATE

<http://everypatient.net/communication>

South Carolina News and Events

SC Mission 2010

South Carolina's first large, free healthcare event of its kind, in Greenville, quickly approaches. SC Mission 2010, in conjunction with SC Dental Association's DAD event, is scheduled for August 6 & 7. The event will treat patients' immediate healthcare needs by providing free dental, vision and medical services while linking them to appropriate medical homes, health education and follow-up care.

The success of this event depends on the support of our partners and volunteers! Each day we get closer to our volunteer goals, but ***we still need you!***

Nurses: We need **10** nurses for the Friday afternoon shift from 12:00 PM – 7:00 PM.

Physicians: We need **29** physicians for **all three shifts** to include Friday morning, Friday afternoon and all day on Saturday.

General Volunteers: **15** Volunteers are needed for the **Friday morning** shift from 6:00 AM – 1:00 PM.

The opportunities to support SC Mission 2010 are extensive! Examine your schedule to see if **you** can offer needed support for this event and sign up *today* by visiting our [website!](#)

For more information, contact [Melanie Matney](#) or [Lara Hewitt](#) at (803) 796-3080.

Introducing SCHA's Blog Transforming Healthcare in South Carolina

In this blog, SCHA leaders, including Dr. Rick Foster, talk about barriers to better health in South Carolina and what is being done to help solve those problems and

transform healthcare in our state. To read Dr. Foster's blog posts, "Is There a Pilot in the House?" and more recently, "Breaking the Poverty Cycle," visit SCHA's blog at www.scha.org/blog.

2010 TAP Conference

For the last three years the South Carolina Hospital Association (SCHA) Every Patient Counts (EPC) team has asked each hospital to submit a storyboard highlighting their individual quality improvement projects. This coming year we decided to highlight our partnership to improve the quality and patient safety of our patients across South Carolina. We have made great strides over the past three years and have a lot to be proud of. The EPC team will present several storyboards featuring various projects including Stop BSI, GSI: SC and SC Mission: Lifeline. As we provide this opportunity for your leadership to see the collective quality improvement work going on across South Carolina, we hope that they will return home and ask you about your work and collaboration and report first hand to their Board the work you are engaged in to improve the quality and patient safety at your hospital and collectively across our state.

The Every Patient Counts team encourages each hospital to submit your accomplishments to the IHI's national conference, December 5-8, 2010. More information can be found by [clicking here](#).

National News and Events

Hospitals Can Submit Structural Quality Data, Acknowledge Data Accuracy/Completeness

Hospitals participating in the Medicare pay-for-reporting program should begin indicating today whether they participate in systematic databases for cardiac surgery, stroke or nursing sensitive care, and acknowledge the accuracy and completeness of their quality data. Hospitals must submit the information by Aug. 15 to receive their annual payment update for fiscal year 2011. The data accuracy and completeness acknowledgement is a new requirement this year for the pay-for-reporting program. Hospitals that do not perform cardiac surgeries will be able to indicate that for their data submission.

Accountability Measures — Using Measurement to Promote Quality Improvement

Measuring the quality of health care and using those measurements to promote improvements in the delivery of care, to influence payment for services, and to increase transparency are now commonplace. These activities, which now involve virtually all U.S. hospitals, are migrating to ambulatory and other care settings and are increasingly evident in health care systems worldwide. Many constituencies are pressing for continued expansion of programs that rely on quality measurement and

reporting.

In this article, Dr. Robert Wachter and others review the origins of contemporary standardized quality measurement, with a focus on hospitals, where such programs have reached their most highly developed state. They discuss some lessons learned from recent experience and propose a conceptual framework to guide future developments in this fast-moving field. Although many of the points the authors make are relevant to all kinds of quality measurement, including outcome measures, they focus their comments on process measures, both because these account for most of the measures in current use and because outcome measures have additional scientific challenges surrounding the need for case-mix adjustment.

To view the entire article, [click here](#).

U.S. Care Effective and Patient-Centered, but Lags in Certain Other Areas

The U.S. ranks first among seven countries when it comes to effective and patient-centered care and access to specialists, but last when it comes to cost-related access problems and certain other measures of health system performance, according to a report released today by the Commonwealth Fund. The report looks at performance by the U.S., Australia, Canada, Germany, the Netherlands, New Zealand and United Kingdom in [five areas](#): healthcare quality, efficiency, access to care, equity and the ability to lead long, healthy lives. "It is disappointing, but not surprising that, despite our significant investment in healthcare, the U.S. continues to lag behind other countries," said Commonwealth Fund President Karen Davis, lead author on the study. "With enactment of the Affordable Care Act, however, we have entered a new era in American healthcare. We will begin strengthening primary care and investing in health information technology and quality improvement, ensuring that more and more Americans can obtain access to high quality, efficient healthcare."

More Than Half of Pediatricians Report Making Frequent Diagnostic Errors

More than half of pediatricians make diagnostic errors at least once a month, and almost half make diagnostic errors that cause harm to patients at least once a year, according to the results of a new survey.

The survey also showed that misdiagnosis of viral illnesses as bacterial illnesses is the most common diagnostic error, followed by misdiagnosis of medication adverse effects and psychiatric diseases.

"Our study provides new data about types of diagnostic errors among children and their cause and lays the groundwork for a multifaceted approach to reduce such errors," wrote the authors, led by Hardeep Singh, MD, from the Houston Veterans

Affairs Health Services Research and Development Center of Excellence, Baylor College of Medicine, Texas.

The survey results, collected anonymously, were published online June 21 in *Pediatrics*. For the complete story, [click here](#).

Survey Supports Need for Medical Liability Reform

About 91% of physicians believe they order more tests and procedures than needed in order to protect themselves from medical liability lawsuits, according to a national [survey](#) of physicians reported in the June 28 *Archives of Internal Medicine*. An equal proportion agreed that protections against unwarranted lawsuits are needed to decrease the unnecessary use of diagnostic tests. In a related [commentary](#), Sen. Orrin Hatch (R-UT), notes, "Because of these trends, I and a number of my colleagues have, over the years, supported reasonable, commonsensical reforms that would discourage frivolous claims and encourage the settlement of legitimate claims. These reforms would reduce the need for the practice of defensive medicine and result in significant savings for patients."

CMS Issues Proposed Rule on Hospital Patients' Visitation Rights

The Centers for Medicare & Medicaid Services have issued a proposed rule requiring hospitals and critical access hospitals that participate in the Medicare and Medicaid programs to have written policies and procedures regarding the visitation rights of patients. Under the proposed rule, hospitals must inform patients (or their representatives) of their visitation rights, any clinical restrictions on those rights and their right to receive any visitors they designate. They must not restrict or deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or disability; and must ensure that all visitors designated by the patient or their representative enjoy visitation privileges that are no more restrictive than those for immediate family members. CMS will accept comments on the proposed rule through Aug. 27. In an April [memorandum](#), President Obama asked Health and Human Services Secretary Kathleen Sebelius to develop the regulations. In a letter yesterday to the AHA and other hospital groups, Sebelius encouraged hospitals to review their current policies and voluntarily "adopt and enforce patient-centered visitation policies" until a final rule is issued this fall.

CMS Launches Website for EHR Incentive Programs

The Centers for Medicare & Medicaid Services recently launched a website for the Medicare and Medicaid electronic health record incentives programs, where it plans to post information on the programs as it becomes available. Among other information, the site currently contains a proposed rule and "fact sheets" on the programs' proposed requirements and definition of "meaningful use" of EHRs. A final rule is expected out soon. The site also notes that providers must have a national provider number and be enrolled in the Provider Enrollment, Chain and Ownership System to register for the incentive program. To access the website, visit

www.cms.gov/EHRIncentivePrograms.

AHA Issues 2011 Quest for Quality Prize Call for Nominations

The American Hospital Quest for Quality Prize honors hospital progress toward achieving the Institute of Medicine's Six Quality Aims--safety, patient-centeredness, effectiveness, efficiency, timeliness, and equity. 2011 applications and details on the award criteria and process are now available on the prize website, www.aha.org/questforquality. Please nominate an organization (either your own or another) or download an application directly from the site.

Also attached is the 2011 call for nominations. Questions can be directed to Kathy Poole at kpoole@aha.org. Thank you in advance for your assistance in "getting the word out."

Visit *Hospitals in Pursuit of Excellence* at www.hpoe.org.

IHI Patient Safety Executive Development Program, September 11-17, 2010

As the health reform provisions enforce the alignment of payments with quality, providing the safest evidence-based care possible will be essential, not only to the welfare of patients, but also to the long-term financial health of your organization. To increase your own capacity to be a patient safety leader, please join the Institute for Healthcare Improvement (IHI) for our [Patient Safety Executive Development Program](#).

During this intensive seven-day program in Boston, MA, expert faculty, drawing from experiences with organizations worldwide, will work with participants to develop detailed, customized patient safety strategies and implementation plans. Topics critical to providing safe patient care will be covered, including:

- **Safety Measures:** Knowing what to measure and how
- **Reliability Science:** Using proven principles that pick up where vigilance leaves off
- **Human Factors:** Creating systems that compensate for the limits of human ability
- **Building a Just Culture:** Moving away from blame and shame
- [Click here](#) for a detailed agenda

Please [visit our website](#) for more information, or to enroll. We look forward to welcoming you to Boston!

Cracking the Code to Hospital-Wide Patient Flow – PLUS!, September 20-21, 2010

The Institute for Healthcare Improvement (IHI) is pleased to offer [Cracking the Code to Hospital-Wide Patient Flow - PLUS!](#), an interactive, two-day seminar that will

introduce you to Real Time Demand Capacity (RTDC), a practical and effective tool developed by IHI during a collaborative on patient flow. RTDC addresses all areas of the hospital, enabling you to improve patient flow systemically. During the seminar, expert faculty will help you to develop a plan specific to your organization using RTDC.

For teams interested in obtaining more personalized coaching, IHI is pleased to offer the **PLUS!** option. This option includes additional coaching and support from faculty, including activities before, during, and after the seminar, as well as collaborative learning to further bring organizations to the next level.

For more information about this program, or to enroll, please click [here](#).

Calendar of Events

July 12, 2010 ► *Third Annual Medical Management of Addictions Seminar, "Substance Abuse Treatment 2010: The Cutting Edge,"* is part of the South Carolina School of Alcohol and Other Drug Studies. The seminar will be held from 9:00 AM to 4:30 AM at Furman University in Greenville, SC. For more information, please see the [seminar brochure](#).

August 6-7, 2010 ► *AccessHealth SC Mission 2010*. The South Carolina Hospital Association and a host of partner provider groups, in collaboration with the Dental Association's SC Dental Access Days (DAD), will provide a large, free healthcare event in Greenville, SC at the Carolina First Center. Sign up *today* to serve as a volunteer for this event by visiting our [website!](#) For more information, contact [Melanie Matney](#) or [Lara Hewitt](#) at (803) 796-3080.

August 24, 2010 ► *SC ASHRM: Minimizing Liability Exposures in Ambulatory Surgery and SC ASHRM Business Meeting*, Co-sponsored by SC ASHRM will be held at SCHA William L. Yates Conference Center Columbia, SC. For more information please contact Kreeves@scha.org or [click here](#) to view the attached brochure/website.

September 25, 2010 ► *USMC Ultimate Challenge Mud Run* gets "cleaned up" at the GSI:SC cleaning station. To get involved in these events contact Geah Pressgrove at geah@postnoblills.com.

December 5-8, 2010 ► *22nd Annual National Forum on Quality Improvement in Healthcare* will be held Orlando, FL. To register for the National Forum, please [click here](#).

December 10, 2010 ► *SC ASHRM and SC-AHQ Joint Program: The National Quality Forum's 34 Safe Practices for Better Healthcare*. The featured speaker is Sue Dill Calloway, RN, JD. This conference will be held at the SCHA William L. Yates Conference Center in Columbia, SC. Please contact Karen Reeves at kreeves@scha.org for more information.

March 16-17, 2011 ► *4th Annual Patient Safety Symposium*. Please save the date for next year's Symposium which will be held in Columbia, SC. For more information contact Mary Stargel at mstargel@scha.org.

Please contact The SCHA Quality and Patient Safety Team if you have questions regarding this newsletter (803.744.3523) or to schedule a Site Visit with our team, please complete the attached [form](#).