

Quality Counts

Arizona Nursing Home Quality Initiative

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HSAG Cosponsors Reducing Restraints Summit

HSAG, along with eight stakeholder organizations, cosponsored an Advancing Collaboration Across the Continuum of Care “Reducing Restraints Summit” on June 27.

The summit focused on best practices and collaboration to address the problem of restraint use across the continuum of care and how health care professionals can work together to reduce the use of restraints in the acute care, long-term care, hospice, and home health settings. Attendees learned about the impact that restraints have on frail elders, various interventions to eliminate restraint use, and restraint alternatives.

An HSAG-facilitated panel discussion on Arizona best practices gave participants the chance to hear about nursing home success in decreasing or eliminating restraints. The panelists also provided the audience with ideas on how to start a restraint-reduction initiative in their respective organizations. Other meeting highlights included updates from the Centers for Medicare & Medicaid Services, as well as presentations on improving care by removing restraints, preventing side and bed rail entrapment, and addressing appropriate restraint alternatives.

The summit was sponsored by a unique collaboration of public and private entities as part of the Advancing Collaboration Across the Continuum of Care initiative in Arizona.

CMS Open Door Forum

The next CMS Skilled Nursing Facility/ Long-Term Care Open Door Forum is scheduled for Thursday, August 2.

For more information and to register to receive updates, please visit http://www.cms.hhs.gov/OpenDoorForums/25_ODF_SNFLTC.asp.

Medicare Appeals: Provider Information

To view HSAG’s new Medicare provider Web page that contains information about fee-for-service and Medicare Advantage benefits, visit <http://www.hsag.com/providers>.

The page contains information on:

- The beneficiary notices initiative (BNI).
- Managed care appeals and grievances.
- Sample notice forms (downloadable).
- The *Federal Register* BIPA regulation.

CMS Proposes Survey Fees

Health care facilities deemed out of compliance with federal quality-of-care standards could be required to pay user fees to cover the costs of survey and certification revisits to address cited deficiencies, according to a proposed rule in the June 29 *Federal Register*.

The Centers for Medicare & Medicaid Services (CMS) announced plans to charge so-called “revisit user fees” to health care facilities that were cited for deficiencies in initial certification, recertification, or substantiated complaint surveys.

The user fees would be assessed only of providers and suppliers “for which CMS has identified deficient practices and requires a revisit to assure that corrections have been made,” the proposed rule stated.

CMS said it estimated that the revisit user fees would amount to about \$37.3 million annually and would cover the Medicare Survey and Certification Program’s cost to conduct revisit surveys.

New AHCA Series Helps With *Advancing Excellence* Goals

The Arizona Health Care Association (AHCA) will begin a series of education programs to help facilities work on the goals they have selected while participating in the *Advancing Excellence in America’s Nursing Homes* National Campaign.

The series will be called “AHCA’s E Series: Educational Endeavors to Encourage Advancing Excellence.” The series is open to facilities that have already joined the *Advancing Excellence* campaign and to facilities that have not yet joined.

Each session will take place on the second Tuesday of each month for six months beginning July 10 from 9:00 to 11:00 a.m. at AHCA’s office.

For more information on AHCA’s educational series or to register, call 602.265.5331. To join the *Advancing Excellence* campaign, please visit <http://www.nhqualitycampaign.org>.

The imposition of revisit user fees is consistent with directives in the administration’s fiscal year 2007 budget to cut program costs and require user fees in cases where providers failed to comply with quality standards, CMS said.

The Medicare agency noted in its proposal that Congress authorized the collection of such user fees in the 2007 continuing resolution budget bill. The Social Security Act otherwise prohibits the government from collecting user fees for compliance surveys.

“The Congress enacted section 20615(b) of the Continuing Resolution with the knowledge of section 1864(e) of the Act and took specific action to carve out fees for revisits as a result of cited deficiencies while being careful not to specify fees for initial surveys conducted for those newly entering the Medicare/Medicaid Program or for conducting statutorily based recertification surveys,” CMS said in the proposal.

CMS will accept comments on the proposed rule until close of business on August 27.

To view the proposed rule in the June 29 *Federal Register*, please visit http://www.access.gpo.gov/su_docs/fedreg/a070629c.html.

Source: BNA’s Health Care Daily Report.

MRSA Study Released

On June 26, the Association for Professionals in Infection Control and Epidemiology (APIC) released the *National Prevalence Study of Methicillin-Resistant Staphylococcus aureus (MRSA) in U.S. Health-care Facilities*.

APIC’s National MRSA study is considered to be the most comprehensive of its kind and provides updated information about MRSA in U.S. health care facilities. The survey asked infection control professionals to collect data about patients in their facilities who were identified with MRSA infection or colonization on one day during October or November of 2006. Essentially, this survey is a “snapshot” of MRSA

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prevalence in the United States. MRSA patients were identified using microbiological, medical, infection control, and other types of records.

Survey scope

- Survey results include responses from 21 percent of all acute-care hospitals in the United States, as well as over 100 long-term care and rehabilitation facilities.
- Survey responses were received from all 50 states.
- Responses were received from facilities caring for virtually every type of patient: acute care, cancer, cardiac, children, long-term care, rehabilitation, etc. In addition, responses were received from county, private, and public facilities.
- Responses were received from all sizes of facilities and hospitals.

MRSA—By The Numbers

Forty-six of every 1,000 U.S. hospital inpatients are colonized or infected with methicillin-resistant *Staphylococcus aureus* (MRSA), according to a survey of more than 1,200 hospitals.

Nearly 75 percent of these patients were infected with MRSA, while the rest were colonized.

Here are some other findings about 7,944 affected patients:

- Eighty-one percent were identified by clinical cultures that physicians ordered for symptomatic patients.
- Seventy-seven percent were identified within 48 hours of hospital admission.
- Sixty-seven percent were being treated for general medical conditions, such as pulmonary diseases or diabetes.
- Sixty-three percent had blood, pneumonia, or urinary-tract MRSA infections, more common in hospital-acquired cases.

Source: http://www.apic.org/Content/NavigationMenu/ResearchFoundation/NationalMRSAPrevalenceStudy/APIC_MRSA_STUDY_EXEC2.pdf. Accessed July 11, 2007.

- Survey results include data on both MRSA infections and colonizations.

Some survey results

- Data shows that 46 out of every 1,000 patients in this survey were either infected or colonized with MRSA. This rate is 8–11 times greater than in previous MRSA estimates.
- Most of those with MRSA in the survey were identified within two days of admission. This means that these patients were admitted to the hospital or health care facility already infected or colonized.
- Most of the patients with MRSA had exhibited signs and symptoms of the infection, which prompted their physicians to order laboratory cultures to confirm the diagnosis.
- Less than 30 percent of the facilities in the survey were doing active surveillance, which is the only way that MRSA colonization (vs. infection) is identified.

The box to the left highlights other survey findings. For more information on this APIC study, please visit http://www.apic.org/Content/NavigationMenu/ResearchFoundation/NationalMRSAPrevalenceStudy/APIC_MRSA_STUDY_EXEC2.pdf.

Source: http://www.apic.org/Content/NavigationMenu/ResearchFoundation/NationalMRSAPrevalenceStudy/APIC_MRSA_STUDY_EXEC2.pdf. Accessed July 11, 2007.

Preliminary Research Supports Nursing Home Culture Change

Study suggests better quality of care and profitability outcomes

A new study supports the nursing home culture change movement, spearheaded nationally by The Pioneer Network. The study suggests that nursing home culture change policies and practices potentially improves quality of care for residents without imposing a detrimental effect on the cost to operators.

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The study found that the length of time participating in culture change practices was associated with positive outcomes over all other nursing homes in the country monitored by the Centers for Medicare & Medicaid Services (CMS). The study also points out that the early-adopter homes achieved better quality outcomes when compared to the matched group of nonparticipating homes. In addition, the homes that implemented culture change achieved better financial outcomes.

Study findings

- Early-adopter nursing homes participating in culture change practices experience fewer survey citations than the CMS dataset of the national sample.
- Early-adopter homes achieved better quality-of-care outcomes (as measured by survey citations) than comparable nonparticipant homes from the 1999–2003 time frame.
- Early-adopter homes achieved better financial outcomes per bed net income and operating margins than comparable nonparticipant homes from the 1999–2003 time frame.

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Source: <http://sev.prnewswire.com/health-care-hospitals/20070617/CLS01717062007-1.html>.

Upcoming Events

How Arizona’s Advance Directives Registry is Good for You, Your Residents, and Their Families
 August 9, 2007, from 10:30 a.m. to 12:30 p.m. (includes lunch)
 Citadel Campus
 5121 E. Broadway, Mesa, AZ 85206
 Contact John Linda at 602.265.5331 for more information.

Educational Endeavors to Encourage Advancing Excellence—Pressure Ulcer Management
 August 14, 2007, from 9:00 to 11:00 a.m.
 Arizona Health Care Association (AHCA)
 5020 N. 8th Place, Suite A, Phoenix, AZ 85014
 Contact John Linda at 602.265.5331 for more information.

Practical Nursing Solutions For Challenging Geriatric Patient Care (Sponsor: Arizona Geriatrics Society)
 August 21, 2007
 Mesa Convention Center
 263 Center Street, Mesa, AZ 85201
 Register by visiting <http://www.arizonageriatrics.org>.

AHCA Annual Conference & Trade Show
 August 28–30, 2007
 Doubletree Paradise Valley Resort/Scottsdale
 5401 N. Scottsdale Road, Scottsdale, AZ 85250
 Contact John Linda at 602.265.5331 for more information.

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