

LOUISIANA HEALTH CARE

Quality Insider

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HEALTH CARE REFORM *Louisiana Leaders*

Today’s discussions about health care reform seem to center on whether or not to have a “public insurance option,” the high cost of the proposed reforms and “death panels.” Lost in this very public debate are discussions about reforms that can immediately lower the cost and improve the quality of care. I want to recognize one reform effort that is already in place in Baton Rouge that is dramatically improving care.



Gary Curtis

When a patient has a health problem that causes him to return to the hospital within a month of being discharged, costs rise and the patient experiences more pain and suffering. These unnecessary and avoidable readmissions are a health statistic recognized as an indicator of poor quality care and higher costs. It was one of several health statistics resulting in Louisiana being ranked last in health care in the United Health Foundation’s 2008 America’s Health Rankings.

In 2009, Baton Rouge became one of only fourteen communities to receive funding by Medicare for a three-year test program, Care Transitions, designed to reduce avoidable readmissions.

The good news is that in just six months, the program has succeeded in reducing unnecessary hospitalizations of a target group of patients from approximately 19

percent to 4 percent. Were a model of this type to be put in place nationally, an estimated \$12 billion could be saved each year in Medicare alone.

No expensive equipment or procedures were required to implement this kind of health care reform. Better coordination of care between multiple providers, teamwork, improved processes, patient education and the commitment by local health care providers to change this statistic are the critical elements for success.

In the end, we can aim for health care reform that is costly and contentious, or we can work together to find and implement effective, proven and affordable solutions that work. I remain hopeful that when Congress returns to Washington, the members will have listened to their constituents and will refocus the debate on these essential elements.

Baton Rouge Care Transitions health care providers have listened and are leading the way with changes that reduce health care costs, improve quality and satisfy patients.

Gary Curtis
President/CEO
Louisiana Health Care Review

The Louisiana Care Transitions Collaborative

Collaborative members include:

- Baton Rouge General Medical Center
- Lane Regional Medical Center
- Ochsner Medical Center – Baton Rouge
- Our Lady of the Lake Regional Medical Center
- St. Elizabeth Hospital in Gonzales

More than 10 home health agencies operating in the Baton Rouge area are also participating including Amedisys Home Health, Health Care Options, Feliciana Home Health, Pinnacle Home Health, Lane RMC Home Health, Delta Home Health, Pointe Coupee Homebound Health Services and Audubon Home Health.



LHCR’s Louisiana Director of Quality Improvement Scott Flowers addresses collaborative members.

To learn more about the Care Transitions project, visit www.lhcr.org/caretransitions.htm

Educating the Whole Community Helps Diabetes Patients Learn to Live Well

By **Brandon Campo**
LHCR Communications Coordinator

When Gwendolyn Dean, LHCR Quality Improvement Specialist, readily accepted the opportunity to promote diabetes self-management to parishioners attending a church health fair, little did she know that she would be educating the Pastor as well.

Dean set up a table at St. Paul the Apostle Catholic Church in New Orleans' health fair to distribute diabetes educational materials and recruit participants for the "Every Diabetic Counts" (EDC) program. The EDC program provides disease self-management classes at no charge to African-American Medicare beneficiaries. The health fair participants were so interested in the program that Dean had a full class of parishioners registered and attending class by that very afternoon.

A few weeks later, Father Alfred Ayem, Pastor at the church, called Dean and asked her to host another class. "Not too long after Gwen's first class I found out I had diabetes, and after doing some research I learned there's a lot of information my parishioners and I aren't aware of regarding the disease," Ayem said.

This is just one of many instances where LHCR EDC instructors are experimenting with non-traditional methods to deliver education to as many Medicare beneficiaries as possible. Instructors have learned that they are successful registering beneficiaries for classes when they set up face-to-face instruction sessions in neighborhood locations that are easy to access and comfortable for the population to visit.

"It's a very powerful lesson to actually see the two teaspoons full of lard and the 13 teaspoons of sugar in a grilled chicken sandwich from a fast-food place."

Jane Bergeron
LHCR QI Specialist

"In some of the residential sites we had attendees who used mobile chairs to get to class," Dean said. "One oxygen dependent patient was so grateful to be able to attend because she only had to walk across the street."

Jane Bergeron, another LHCR Quality Improvement Specialist and class instructor in the New Orleans area, added that "many attendees must deal with significant transporta-

tion problems so we must overcome that barrier to offer the most valuable service. It also helps attendance when you can offer the classes in the community instead of in a medical center." Bergeron recently hosted an educational class at Senator Duplessis' office in New Orleans that not only attracted a room full of attendees, but the local media as well.

Another one of Bergeron's most popular classes was held at a neighborhood grocery store. "Seniors tend to visit the grocery store frequently, so they are comfortable there," Bergeron pointed out. "This class was unique because we were able to walk around the store with the partici-

pants and show them the right foods to eat and where to find them on grocery day!"

Eating right is an important aspect of maintaining blood sugar levels and most class participants are interested in the same topic: nutrition.

"They are interested in understanding what foods they can and cannot eat, learning appropriate portion sizes and reading nutrition labels. They are really surprised to see that most products have more than one serving in them," Bergeron said.

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Living with Diabetes - One Man's Story

By **Brandon Campo**
LHCR Communications Coordinator

What seemed like a minor incident turned into a life-altering event 10 years ago for Milton Arcenaux.

Arcenaux, who has diabetes, stepped on a nail which made a hole in his foot. As weeks turned into months, the hole had not healed itself.

"The hole kept getting bigger and bigger and it almost went from the bottom (of the foot) to the top (of the foot)," said Arcenaux. "I finally went to the doctor and they kept digging and digging at it and giving me plenty of medicines."

The original prognosis for Arcenaux was not very positive. After months of treating the foot with no healing, doctors suggested Arcenaux have his foot amputated. Amputation seemed like his only option until a nurse told Arcenaux about a foot clinic in Baton Rouge.

"Even though it was a long drive from Carencro for us, the next day my wife and I were driving to Baton Rouge getting treatment on the foot," Arcenaux said.

Aside from the risk of having his foot amputated, Arcenaux's overall health was also declining. His blood pressure was extremely high and his kidneys were going bad. Along with his diabetes Arcenaux said he believes his declining health was due to counteracting medications he was being prescribed, as well as doses that pharmacists warned were too much.



Milton and Bertha Arcenaux

Instead of talks about amputation, doctors at the foot clinic at Earl K. Long hospital in Baton Rouge were focused on saving his foot. As the trips to Baton Rouge increased, so did Arcenaux's health and healing of his foot.

"Sometimes it's a struggle to get to Baton Rouge, but I have to keep going. I've been going there for years now, and the doctors are so good there. They believe in healing the foot and taking care of it so that they don't have to amputate it," he said.

To learn more about his diabetes, Arcenaux and his wife Bertha attended a local "Every Diabetic Counts" class at the Carencro North Regional Library taught by Kathleen Keeley of Louisiana Health Care Review, the Medicare Quality Improvement Organization in Louisiana.

"She (Keeley) really knew a lot about diabetes," Arcenaux said. "She taught my wife and me about what to eat and what not to

Continued on Page 3 - Diabetes

Grab Your Brown Bag and Get Ready to Learn!

How can you change your lunch hour from boring to exciting? Sign up for an LHCRC Brown Bag Lunchtime Webinar!

By Julie Kueker, MBA, MT (ASCP)
Louisiana Health Care Review, Inc.
Quality Improvement Specialist

To meet the needs of our caregiving communities, LHCR provides “lunch and learn” sessions packed with great information and free continuing education units (CEUs) for all attendees. These Webinars were initiated by LHCR’s Quality Improvement Specialists to make learning and CEUs easily accessible to the busy caregiver. The Webinar educational series is held on a quarterly basis.

Over 115 registrants viewed the August 13th Webinar detailing the Centers for Medicare & Medicaid Services’ (CMS) Five-Star Rating system. Since the Five-Star Rating system went live (ratings are published on the internet at: www.medicare.gov/NHCompare)

several months ago, many homes have been asking for more information and learning opportunities about the program.

This particular Webinar helped many to determine how to improve their overall Five-Star rating score. The score is calculated based on ratings in three domains: health inspections, staffing and quality measures. The audience learned what comprises the make-up of each domain score, and how each domain contributes to the overall score. The domain that can be impacted the quickest of the three is quality measures, and your LHCR Quality Improve-



ment Specialists can help you improve these measures. (See the story at right about our QI Specialists working with nursing homes.)

Previous Webinar topics included Fall Prevention by Dr. David Henry, which was very well attended by both nursing home and hospital caregivers. Dr. Henry has been a medical director for over 40 years, and is the leader of culture change in north Louisiana. His program addressed how to find effective ways to prevent and manage falls. This topic covered the factors that put residents at risk, and how to effectively

screen to mitigate those risks.

Dr. Henry also spoke of how vital it is to review medications, medical history and problems with gait. He concluded by providing the elements of a comprehensive fall program that can be successfully implemented in any home.

If these Webinars sound exciting enough to not be missed, then know that the next one is scheduled for November 12th from 12:00-1:00 p.m. The topic will be “Dealing with Difficult Behaviors,” and we have applied for CEU units to be offered to attendees. As always, CEUs are

only available during the live session. Registration will be available soon at www.lhcr.org.

If you missed the Five-Star Rating and Fall Prevention Webinars, they are still available for review at www.lhcr.org or we can forward them to you on CD. To get your own copy of these Webinars, please write jkueker@lhcr.org.

And now you know how to change your lunch from boring to exciting with LHCR Brown Bag Lunchtime Webinars!

Diabetes - Continued from Page 2

eat. She showed us all that grease in fast-food; we didn't know it had that much so we don't eat like that anymore.”

From the class Arcenaux also learned how diabetes affects the rest of his body.

“If you're not careful and don't watch your

diabetes, it can affect the rest of your body. That's what happened to me – my blood pressure got real high, my kidneys got damaged, and it also damaged my eyes,” he said.

Arcenaux said he feels fortunate to still have his foot, but every so often he still thinks about losing it. However, he is still able to cut grass and do work around the house, all

in moderation he quickly points out.

“I'm real lucky,” he said. “Because of my high blood pressure and kidneys, doctors thought I was going to die soon. I'm doing a lot better now after learning about diabetes, and I've got great backup in my wife. We pray a lot, and sometimes, that's all you can do.”

Get to Know Your LHCR Quality Improvement Specialists

There are four Quality Improvement Specialists on staff at LHCR specifically working with nursing homes in each geographic region of the state. If you want to improve any of your quality measures, we have the resources and experience to help you.



QI Specialist, Kimberly Byers

Julie Kueker is the QI Specialist for the northern section of the state, Wilma Marler covers central Louisiana to Lake Charles, and our newest QI Specialist, Kimberly Byers, travels from Lafayette to Baton Rouge. The New Orleans area is served by Debbie Serio.

We have many tools to help with analysis of your processes and strategies to help you improve. We are able to access resources from all over the country through the Quality Improvement Organization network. We would be delighted to work with you and to share our expertise.

Visit our newly revamped website at www.lhcr.org for more information or call us at (225) 926-6353.

EDC - Continued from Page 2

Participants pick out a menu from a popular fast-food restaurant and analyze the sugars, fats and other nutritional elements listed in the labels. "It's a very powerful lesson to actually see the two teaspoons full of lard and the 13 teaspoons of sugar in a grilled chicken sandwich from a fast-food place," Bergeron said. "Most of us think of a grilled chicken sandwich as a healthy choice, so it's quite a surprise. It's easier to make the right choices when you use nutrition labels to help you."

The EDC program is a special focus project funded by the Centers for Medicare & Medicaid Services (CMS). Through a competitive bid process, LHCR was awarded the funds to conduct a three-year program in Louisiana, one of only six proposals to be funded in the country.

The EDC curriculum LHCR adopted is based on the educational model named

DEEP (Diabetes Educational Empowerment Program) developed and tested at the University of Chicago. The DEEP program relies on reaching patients through partnerships with community organizations. The two-day EDC class is offered at no cost to the participant and aims to reduce the disparities in health outcomes in the African-American Medicare diabetic population. Classes are being held in East Baton Rouge, Lafayette, Orleans and St. Landry parishes.

Ayem said the class has changed his outlook about diabetes, and his parishioners have expressed a similar positive response to the program. "Lack of knowledge about diabetes was very scary," he said. "Now we have knowledge, and knowledge makes us alive and well."

To learn more about the EDC program, visit the LHCR website at www.lhcr.org, or call (225) 926-6353.

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For more information on the Surgical Care Improvement Project, visit www.lhcr.org or call (225) 926-6353.

Louisiana Health Care Review
The Medicare Quality Improvement Organization
www.lhcr.org

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STOP
Prophylactic antibiotics 24 hours* post surgery.
* 48 hours for cardiac surgery.

The evidence is clear now.
We need to stop.

Years of studies prove that administration of prophylactic antibiotics for more than a few hours after the incision is closed (48 hours for cardiac patients) offers no additional benefit to the surgical patient. Prolonged administration increases the risk of *Clostridium difficile* infection and the development of antimicrobial resistance.

Annotation: The study compared the effectiveness of selective major surgical procedures in reducing the incidence of surgical site infections (SSIs) were similar regardless of the duration of prophylaxis. Hedrick TL, Turrentine FE, Smith RL, et al. JAMA. 2009 Jan; 301(1): 46-54.

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Annotation: The aging population in the United States is progressively increasing, which is reflected in the number of older patients undergoing surgery. Few studies have assessed the human and financial costs of surgical site infections (SSIs) in this patient population. Using multivariable analysis, this retrospective study assessed the effect of surgical site infections (SSI) on length of hospital stay, hospital charges, and mortality in 1357 older operative patients. SSIs

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American College of Surgeons
American Hospital Association
American Society of Anesthesiologists
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Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
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Society for Vascular Surgery
Surgical Infection Society
Ascension Health
Premiere, Inc.
The Medical Letter
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VHA, Inc.

SCIP Surgical Care Improvement Project
A National Quality Partnership

LHCR Unveils New “Navigation-Friendly” Website

Earlier this month, LHCR unveiled its new website. The new, navigation-friendly interface now includes separate tabs for consumers and providers, as well a “tools” section for providers. Samples of the tools include but are not limited to:

- For hospitals a MRSA Pocket Card tool is available which lists key facts and talking points about MRSA. Hospital tools can be found by visiting <http://www.lhcr.org/hospitals.htm>
- Nursing homes can access the Pressure Ulcer Fact Sheet. The fact sheet includes figures and important information regarding pressure ulcers. Nursing home tools can be found by visiting <http://www.lhcr.org/nursinghomes.htm>



etic Counts” training sessions being taught by LHCR. Physician tools can be found by visiting <http://www.lhcr.org/physicians.htm>

The Care Transitions Community Collaborative, a three-year pilot program awarded to LHCR by the Centers for Medicare & Medicaid Services (CMS), is also highlighted on the website. The Care Transitions page includes audio and video (WJBO and WAFB-TV, respectively) of local media coverage as well as an overview of the project. The Care Transitions page can be found at <http://www.lhcr.org/caretransitions.htm>

- The Every Diabetic Counts “Your Doctor Isn’t the Only One...” poster is available for use by physicians. This poster can be hung in physicians’ offices and includes information about the “Every Dia-

These changes are only the beginning, so check back often at www.lhcr.org for regular updates and event announcements!

LHCR Receives High Marks from Project Officers

The Centers for Medicare & Medicaid Services (CMS) project officers from Region VI* visited Louisiana Health Care Review offices in August. Since the 9th Scope of Work began last year, the Identified Participant Group (IPG) of health care providers working closely with LHCR have made significant strides toward meeting their CMS established quality measures.

CMS Project Officer Shalon Cox (second from left) and **CMS Captain Pamela Squires**

(not pictured) gave (left to right) **Gary Curtis**, **Scott Flowers**, **Edie Castello** and **Dr. Ron Ritchey** and the Louisiana providers a great report at the end of the visit. Ms. Cox was especially impressed with her visit to a Louisiana nursing home that has made remarkable rapid cycle improvements in the last 12 months with the help of an LHCR Quality Improvement specialist.



Scott Flowers, LHCR’s Louisiana Director for Quality Improvement remarked, “It speaks volumes when, during just a short three-day visit, CMS project officers notice and commend us all on the two most critical factors in our quality improvement success: 1) our solid relationships with committed providers and 2) our knowledgeable and dedicated staff. Congratulations go to everyone on the LHCR CMS project team, as well as the dedicated providers who are working hard to continuously improve healthcare quality in Louisiana.”

* The Centers for Medicare & Medicaid Services (CMS) project officers oversee the quality improvement activities being conducted by LHCR on behalf of CMS and the Medicare beneficiaries. They frequently visit LHCR to review and support activities conducted under the 9th Scope of Work. More information about the scope of work being conducted is available at (<http://www.cms.hhs.gov/QualityImprovementOrgs>)



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Southern University School of Continuing Education Launches Lean for Healthcare and Lean Six Sigma for Healthcare

Southern University School of Continuing Education has partnered with 6SigmaTek, LLC (www.6sigmatek.com) to launch Lean for Healthcare and Lean Six Sigma for Healthcare! These programs are geared toward RNs, LPNs and healthcare professionals.

These programs will train the student in Lean techniques, and Six Sigma methodologies that will enable healthcare systems to pursue the Malcolm Baldrige Award for Quality, reduce cost, eliminate defects, improve employee morale, and healthcare professionals will be able to:

- Provide exactly what the patient needs
- Reduce patient wait times
- Reduce OR wait times and mistakes
- Eliminate waste
- Increase safety for patients and staff

Also, our Lean Healthcare program is now approved by the NAHQ (National Association for Healthcare Quality).

This enables our program to assist professionals in obtaining and maintaining their CEUs for CPHQ.

These programs will begin with the Fall 2009 semester.

For more information, please contact Dr. Barbara Carpenter (barbara_carpenter@subr.edu) or Yvonne Campbell (yvonne_campbell@subr.edu) or phone (225) 771-2613.



www.6sigmatek.com