

- ❖ Nursing Homes Team with QIOs. . . . . 2
- ❖ Central Louisiana Physician Leads the Way in DOQ-IT. . . 3
- ❖ Looking Ahead - A New Quality Agenda for Louisiana Takes Shape . . . . . 4

LOUISIANA HEALTH CARE

# Quality Insider

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## Significant Improvements Made in Health Care for Louisiana’s Medicare Beneficiaries

Despite hurricanes and headlines to the contrary, Louisiana health care providers have achieved sweeping gains in health care quality over the past three years.

**Baton Rouge, La., January 2, 2008-** The federal Centers for Medicare & Medicaid Services has announced that it intends to renew a contract with Louisiana Health Care Review, Inc. for three more years because of the success the organization has had working with health care providers across the state to make dramatic improvements in the quality of care they deliver to Medicare beneficiaries (see chart below).

“We succeed when Louisiana health care providers succeed,” said Gary Curtis, CEO of LHCR. “We are successful because Louisiana’s providers have made real, measurable improvements in care that have improved the health and quality of life for Louisiana’s Medicare beneficiaries.”

LHCR works with hospitals, nursing homes, home health agencies and physician practices to improve care. The organization is evaluated on

how much care improves statewide and also on how much it improves within a smaller group of providers with which LHCR works more intensively in each care setting.

See preview of the “NEW Quality Agenda” (9th Scope of Work) on Page 5.

Curtis said these results are particularly noteworthy because they have been achieved since August 2005.

“Not only have we achieved these truly transformational results in such a short period of time, but they are also proof that our providers kept their eye on the ball -- improving care for their patients -- even while they were having to rebuild in many cases from the destruction of Hurricanes Katrina and Rita,” he said.

LHCR’s success on its current contract with CMS follows on the heels of similar success on its previous contract, which involved improving care in the same four health care

(Continued on Page 2 - **GAINS**)

MEASURE	STATEWIDE RELATIVE IMPROVEMENT	INTENSIVE GROUP RELATIVE IMPROVEMENT
<b>Nursing Homes (2004-2007)</b>		
Pressure sore rate reduction	11%	22%
Physical restraint rate reduction	29%	49%
Long stay residents with pain reduction	19%	30%
<b>Home Health Agencies (2004-2007)</b>		
Acute care hospitalization rate reduction	-18%	41%
Improvements in bathing	10%	21%
<b>Hospitals (2004-2007)</b>		
Improvement in heart attack measures	21%	59%
Improvement in congestive heart failure measures	40%	66%
Improvement in pneumonia care measures	31%	55%
Improvement in other appropriate care measures	29%	56%
<b>Physician Practices (2004-2007)</b>		
Adoption of Information Technology	Worked with 137 practices to select, install and operate EMR systems.	

QIO data from CMS-improvement based on comparison across most recent two to three years of data.



Above, left to right: LHCR Medical Director, Tony Sun, MD; Governor Bobby Jindal; LHCR President/CEO, Gary Curtis

## The Governor’s Health Agenda

As LHCR celebrates Louisiana providers and the health care quality gains they have made over the past three years, we also keep our focus on what steps must be taken to continue and accelerate improvements. We met with Governor Bobby Jindal last summer and are thrilled that LHCR’s scope of work overlaps the Governor’s “Fresh Start for Louisiana” health care agenda in many ways.

Governor Jindal states that “if the money we spend is not ultimately resulting in better health outcomes for our people, then our inefficient health care system has failed to meet the most basic of needs.” I couldn’t agree more. LHCR’s work with health care providers state-wide is also guided by a focus on quality outcomes, and by CMS’s mission to deliver the right care for every person, every time.

2008 could be Louisiana’s healthiest year yet. Please join me as we welcome Governor Jindal into office.

*Tony Sun, MD*

Tony Sun, MD, MBA, FACP  
Chief Medical Director, LHCR

# Nursing Homes in Louisiana and Nationwide Team with QIOs to Reduce Dangerous Pressure Ulcers

Many Louisiana nursing homes working with Louisiana Health Care Review, Inc. (LHCR) are seeing dramatic reductions in pressure ulcer rates, a positive health care quality trend that is sweeping nursing homes across the country.

Julie Kueker, Quality Improvement Specialist and Nursing Home Team Leader, reports that nursing homes statewide are experiencing positive results, and many homes give credit to LHCR's assistance.

Susan Musgrove, Nursing Home Administrator at Oak Woods Home for the Elderly in Mer Rouge, said, "Working with LHCR has made an impact on our pressure ulcer rates, and I attribute this to the 'Skin Care Fair' in-service for the Certified Nursing Assistants (CNAs) that furthered their education on prevention and to the constant assistance and resources LHCR provides at our quality team meetings." The "Skin Care Fair" is a very popular and effective CNA training module created by LHCR's nursing home quality improvement specialists, Deborah Serio, MBA, BSN, RN, CWCN and Julie Kueker, MBA, MT(ASCP). The module has received national attention and is available to nursing homes across the country via [www.medqic.org](http://www.medqic.org), CMS's online resource for quality improvement

**"The Consolata Home had a 70% pressure ulcer reduction..."**

**Wilma Marler  
LHCR QI Specialist**



information and tools.

Thibodaux Healthcare Center, Thibodaux, La. has reduced their pressure ulcer rate by more than half from the second quarter of 2004 to the second quarter of 2007. Geoffrey Siddon, Nursing Home Administrator, credits several factors. "We began working with LHCR two years ago and appreciate the wealth of information they bring and have shown is available to our facility." Siddon continues, "The programs on workforce retention helped to show us how to make employees more satisfied, reduce turnover, and improve their willingness to care for residents." Thibodaux's Director of Nursing, Donna Boudreaux, notes also that the Skin Care Fair in-service was "fun and helped create a change in attitude of (pressure ulcer) prevention. CNAs now understand what causes pressure and how to relieve it. Because the program is interactive, the CNA staff has retained the prevention concepts which have now become second nature to them."

In New Iberia, La., Betty Bernard, Director of Nursing at Consolata Home, says that staff awareness and LHCR's educational programs helped them experience a 70 percent improvement in high risk pressure ulcer reduction and prevention from the second quarter 2004 to the second quarter 2007. Bernard notes, however, that "although we are certainly thrilled with the statistical improvement, it is a continual challenge that cannot afford to be taken lightly, ever. In others words, 'you snooze, you lose.'"

These and other Louisiana nursing homes add to the growing body of evidence that collaboration between QIOs and nursing homes is leading to improvements nationwide. Here are a few examples in addition to the study referenced at right:

- ◆ Recent data show that low performing nursing homes working with QIOs achieved 16 percent relative improvement in pressure ulcer care.

- ◆ A Commonwealth Fund study in the Spring 2007 edition of Health Care Financing Review concluded that "Even with conservative assumptions about QIO program impact, investment in QIO nursing home QI activities appears to be a good value for health care dollars."
- ◆ A Government Accountability Office report released at the end of June 2007 showed that two-thirds of nursing homes it surveyed credited QIOs with helping them improve.

There is a QIO in every state and territory helping providers in hospitals, nursing homes, medical practices, home health agencies, and pharmacies improve systems of care delivery through the spread of best practices. For more information on quality improvement efforts and resources in Louisiana, visit: [www.lhcr.org](http://www.lhcr.org) or call an LHCR quality improvement specialist at (225) 926-6353.

## Small National Study Shows Great Promise

In a national collaborative project, 52 nursing homes in 39 states (none in Louisiana) working with Quality Improvement Organizations (QIOs) reduced the incidence of the most serious pressure ulcers dramatically. Findings of the study, "Collaborative Clinical Quality Improvement for Pressure Ulcers in Nursing Homes," were published in the October 2007 edition of the *Journal of the American Geriatrics Society*.

The study authors found that nursing homes can significantly reduce the incidence of the more serious pressure ulcers, which are Stage 3 and 4, by working with QIOs to learn and apply quality improvement techniques.

David Schulke, Executive Vice President of the American Health Quality Association (AHQA), which represents the national network of QIOs points to the national collaborative study as offering "new evidence that the Medicare QIO program is a federal program that works. If CMS (Centers for Medicare & Medicaid Services) succeeds in adopting the authors' recommended changes to Medicare's quality measures, the public will have more accurate quality information and CMS will have earned a great deal of credit for building policy on a foundation of science."

## LINKS TO QUALITY RESOURCES FOR NURSING HOMES

[www.ahqa.org/pub/media/159\\_678\\_5666.CFM](http://www.ahqa.org/pub/media/159_678_5666.CFM)

Link to AHQA press release announcing the national collaborative referenced at right

[www.medqic.org](http://www.medqic.org)

CMS's online resource for quality improvement information

[www.nhqi-star.org](http://www.nhqi-star.org)

The Nursing Home Quality Initiative Web site

[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

The Advancing Excellence in America's Nursing Homes national campaign site

[www.lhcr.org](http://www.lhcr.org)

Louisiana Health Care Review, Inc.

(GAINS - Continued from Page 1) settings, but on different indicators of the quality of care.

During that contract, LHCR and its provider partners achieved the greatest statewide improvement in the country on an array of measures covering outpatient care for diabetes and rates of mammography. The organization also achieved the greatest statewide increase in the

country on rates of immunization against flu and pneumonia, accounting for an additional 30,000 flu shots and 42,000 pneumonia shots.

"We often hear about national health rankings that show Louisiana at the bottom of the list, but those rankings typically don't account for factors like education and poverty levels that are beyond the control of our health care providers," Curtis said. "Those rankings typically overlook the tremendous

strides that are being made across the state."

CMS said in a letter to LHCR that the federal government's evaluation of LHCR's performance on its current contract shows LHCR has met or exceeded all requirements. This renewal means that LHCR will remain in place as the Medicare QIO for Louisiana at least through summer 2011.

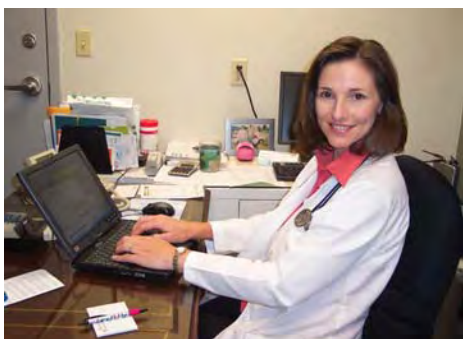
For more information or questions about data presented, please call (225) 926-6353.

# Central Louisiana Physician Leads the Way in DOQ-IT Roadmap and Electronic Health Record Adoption

By Karen Ziecker, RN CPEHR, CPHIT  
Jeanie Berg, RN, CPEHR, CPHIT  
(Louisiana Health Care Review, Inc.  
Quality Improvement Specialists)

Most of us don't want to walk onto a car lot and be sold a sports car when what we might really need is an SUV. Well-intentioned electronic health record (EHR) system vendors often highlight the bells and whistles of an individual system, but physicians aren't always sure how to evaluate the best fit for their current processes. Dr. Michael Screpetis of Alexandria, Louisiana, found the solution for his solo-practice by relying on the Doctor's Office Quality – Information Technology (DOQ-IT) roadmap provided by Louisiana Health Care Review (LHCR) quality improvement specialists.

Dr. Screpetis, his wife Jan, and DeAnn Connella, office support, successfully converted to EHR in just five months last year, becoming the first central Louisiana physician practice working with the DOQ-IT roadmap to convert to a paperless system. Together with LHCR DOQ-IT specialists, they completed a full Practice Readiness Assessment including the practice profile, practice workflow problem identification, front-office and back-office process assessments and assessment of scheduling, check-in and message handling procedures.



Lou Parker, Nurse Practitioner

## Practice Readiness Assessment

The DOQ-IT team analyzed the clinic's present technology, hardware and capability. They used vendor recommendations, CCHIT (Certification Commission for Healthcare Information Technology) certification specifications and other national best practice resources such as contract guidelines (see sidebar for examples). Tools like the ones used by DOQ-IT specialists are available online at DOQ-IT University. Any physician or practice manager can access the information at [www.lhcr.org/DOQIT.htm](http://www.lhcr.org/DOQIT.htm)

In order to successfully manage such a large-scale change, DeAnn Connella and Jan Screpetis held pre-kick off meetings which helped staff members adapt to new work flow processes. Although not a usual roadmap step, LHCR DOQ-IT team members recommend the pre-kick off meeting to all of their practices. A sample agenda is posted here:



Pictured above are (left to right): Jan Screpetis, Office Manager, DeAnn Connella, Office Support, and Michael J. Screpetis, MD.

[www.lhcr.org/DOQIT.htm](http://www.lhcr.org/DOQIT.htm).

Once the DOQ-IT team helped Screpetis' team through the Practice Readiness Assessment Report and IT Assessment Report, the staff members moved quickly to vendor site visits. In just a matter of weeks, they were able to choose a vendor, and they purchased the CCHIT system e-Clinical Works.

## Post Implementation Evaluation

While the e-Clinical Works team implemented the new system and trained staff, the DOQ-IT team prepared a workflow systems analysis to use after implementation. The DOQ-IT team answers the following questions during their systems assessment:

- ◆ Have all the vendor implementation issues been resolved?
- ◆ Is the network stable?
- ◆ Is all of the staff utilizing EHR?
- ◆ What modules are left to be installed? Lab? X-Ray? E-prescribing?
- ◆ Can reports be run on the patient population sub-sets?

During Dr. Screpetis' post-implementation evaluation, the DOQ-IT team guided the office staff with communication and coordination for e-prescribing and lab interfaces. They also identified other work flow gains and improvements. For example, an experienced clinic employee with advanced computer skills entered patient data abstracts a week in advance of the upcoming patient visits, instead of abstracting data during off-hours or one day at a time. Using a customized abstract tool provided through the DOQ-IT project, Dr. Screpetis and his nurse were able to review the information, continue their assessment, treatment and documentation and maintain office/patient schedule.

## Care Management

The LHCR DOQ-IT team and the clinic staff worked on improving workflow and EHR development for a more efficient and productive office. Care Management became a focus – giving the Screpetis' clinic the ability to identify patients by

disease, to produce health maintenance reminders and prompts, and create patient self-management and patient specific care plans.

EHRs can serve the care management mission by identifying patients who need to be seen; capturing discrete care data for individual patients and producing reports to support proactive patient management (e.g., contact information for all patients overdue for HbA1cs). EHRs can also help practices measure performance on key clinical measures – important preparation for future pay for quality initiatives.

## Evaluation and Results

The post go-live evaluation revealed that Dr. Screpetis' EHR system is being tested for readiness to begin reporting quality data to the CMS Data Warehouse. The office has also created quality markers within the EHR system to help the office establish quality goals and to perform consistent safe care. The office is now a wireless, paperless office, with full EHR implementation. Through embracing state of the art technology, Dr. Screpetis is achieving excellence in patient centered health care and is recognized as a physician leader for EHR adoption in the Central Louisiana area. For more information about converting to EHR systems, contact Louisiana Health Care Review, the Medicare Quality Improvement Organization for Louisiana, at (225) 926-6353 or go to [www.lhcr.org](http://www.lhcr.org).

## A FEW SUGGESTIONS ABOUT CONTRACT AGREEMENTS FROM THE DOQ-IT TEAM

1. The contract should have bi-lateral termination clauses without penalty if given within a certain notice period.
2. The contract should stipulate that it may not be transferred by one party without written approval of the other party.
3. The contract should have a definition section for anything that is not readily understandable.
4. The contract should spell out what happens in the event of default by either party and should be as evenly weighted as can be possibly negotiated.

**Other small practice physicians** working with QIOs across the country had this advice for physicians considering an EHR purchase:

When getting an EHR, research features which meet your needs. Look for two things: access to information and presentation of information.

**Access to information** is what gives EHRs the best advantage over paper. Finding out when a patient had his last colonoscopy, in less than 10 seconds, is one of the great advantages of EHRs.

**Presentation:** Having everything from X-rays to lab results to medicines listed in the files in a format that is easy to read is extremely important.

## Looking Ahead - A New Quality Agenda for Louisiana Takes Shape

Although all the details aren't final, the new Medicare quality agenda for Louisiana is shaping up for 2008-2011 (the 9th Scope of Work). Here is a behind-the-scenes look at what health care improvements Medicare beneficiaries will receive, as Louisiana Health Care Review and its provider quality partners build on achievements of the past to meet the new goals set. The work will include the following themes:

**Prevention** measures with physician practices, through care management and EHR:

- Screening for breast and colorectal cancer
- Influenza and pneumococcal Immunizations

**Patient Safety** measures with hospitals and nursing homes (NH):

- Surgical care improvement project (SCIP)

- Venous thromboembolism (VTE)
- Nosocomial infections with MRSA
- Restraints used (NH)
- Pressure ulcers (hospitals & NH)
- Medication error reduction

### **Beneficiary Protection:**

- Case reviews; quality improvement activities
- Beneficiaries complaints and surveys

Louisiana will be qualified to work on **Patient Pathways (Care Transition):**

- Measurably improve care transition among care settings through a comprehensive community effort
- Reduce readmissions following acute care hospitalizations

In addition, Louisiana will be qualified to work on two **Prevention areas:**

- Disparities of diabetic care - using Diabetes Self Management Education (DSME)
- Chronic kidney disease - diabetes and AV fistulas

This is just a general outline of the quality agenda for the next few years. It is inspiring and will require courage, passion, and commitment to achieve. Only through partnerships with providers and the community can we begin to meet these challenges. I look forward to working with you all in a continuously improving health care delivery system.

**Tony Sun, MD**  
Chief Medical Director

## Hospital Payment Errors Prevention and Implications for Case Management

### *A Study of Nine Hospitals with a High Proportion of Short-Term Admissions Over Time*

By **Rebecca Hightower, MS, RN, CPUM**

Hospital Quality Improvement Specialist,  
HPMP Team Leader  
Louisiana Health Care Review, Inc.

### **Background:**

Since the publication of the first analysis of Medicare payment error rates in 1998, the Office of Inspector General (OIG) and the Centers for Medicare & Medicaid Services (CMS) have focused resources on Medicare payment error prevention programs, now referred to as the Hospital Payment Monitoring Program (HPMP). The purpose of the HPMP program is to educate providers of Medicare Part A services in strategies to improve medical record documentation and decrease the potential for payment errors through appropriate claims completion. Though the payment error rates by state (and dollars paid in error) have decreased significantly, opportunities for improvement remain as demonstrated in this study of Nine (9) Hospitals with a High Proportion of Short-Term Admissions over Time. Previous studies by LHCR had focused on inpatient stays of one day or less, a primary target due to the large amount of Medicare dollars spent on these admissions. Random review of Louisiana Medicare admissions revealed persistent medical record documentation and process issues regardless of length of stay, as well as, the opportunity for significant future savings to the Medicare Trust Fund.

### **Purpose of Study:**

The purpose of this study was to determine if opportunities for improvement in reduction of payment error continue to exist for inpatient admissions of greater than one day, despite focused education provided by the Louisiana Medicare Quality Improvement Organization (QIO) from 1999 – 2005, and to work individually with the

### **SYNOPSIS:**

This case study details the extremely positive results achieved through LHCR's work with nine Louisiana hospitals to help reduce billing errors and unnecessary short term admissions. At conclusion of the study, the aggregate error rate for unnecessary admissions improved 83 percent and the aggregate error rate for errors in billed treatment improved 90 percent.

nine selected hospitals to assist them in reducing the number of unnecessary short-term admissions and billing errors in each hospital by a minimum of 50% by the end of the study period.

### **PRIMARY PRACTICE SETTING: INPATIENT SHORT-TERM ACUTE CARE HOSPITALS**

#### **Methodology and Sample:**

A sample of claims for short-term stays (excluding deaths, interim bills - for those still a patient, and those who left against medical advice) occurring during the baseline and re-measurement timeframes were examined. The baseline period consisted of one month's claims - the complete month just prior to the start of project activities. Re-measurement was performed by each hospital and reported to LHCR on a monthly basis following implementation of the hospital's quality improvement plan. Each hospital was required to provide a monthly re-measurement report by indicator until it had met its stated goal(s) for improvement for two consecutive months; therefore, each hospital completed its required monthly reporting for a specific indicator in a different month.

Note: A short-term stay is defined as an inpatient admission with a length of stay of three days or less.

### **Results:**

Results were calculated for these indicators:

**Indicator 1:** Proportion of unnecessary short-term admissions

**Numerator:** Number of unnecessary short-term inpatient admissions

**Denominator:** Total short-term inpatient admissions in timeframe

**Indicator 2:** Proportion of errors in billed treatment setting, i.e., outpatient observation billed as inpatient

**Numerator:** Number of errors in billed treatment setting

**Denominator:** Total short-term admissions in timeframe

Six of the nine hospitals were able to accomplish reduction of their error rates within six months of the beginning of the study. The seventh hospital reached its goals in the seventh month, with the two remaining hospitals making significant progress toward their goals by the conclusion of the study.

### **Implications for Case Management Practice:**

1. Case Managers must be up-to-date with payor requirements regarding medical record documentation for medical necessity of services and timing of inpatient admission, e.g., for Medicare, the date and time of the written physician's order for admission to the inpatient care setting is the date and time of inpatient admission.
2. The balancing of clinical decisions and financial considerations required of case managers in hospitals settings remains an ongoing challenge.
3. Senior leadership must be engaged in ensuring the success of the case management program by providing the necessary resources required.

(Continued on page 5 - HPMP)

# HOME HEALTH AGENCIES AWARDED FOR IMPROVEMENTS

Congratulations to 79 home health care agencies statewide for achieving improvement in the quality of care delivered to their clients. Louisiana Health Care Review, Inc. (LHCR) will be recognizing these agencies in a special award ceremony to be held in Baton Rouge this spring. The agencies achieved improvements in key measures designated by the Centers for Medicare & Medicaid Services (CMS) as being most important to improving the quality of care delivered to Medicare beneficiaries.

The areas of care showing significant improvement include: reducing the rate of unnecessary acute care hospitalizations (ACH), improving bathing, improving pain and improving dyspnea. A special group of Grand Award winners achieved the most improvement in ACH and in bathing. The Grand Award winners by performance group are:

**Clinical Performance Group:** Better Care Home Health (ACH) and Synergy Home Care Northshore (Bathing)

**Systems Improvement Group:** CHRISTUS Homecare St. Patrick (ACH) and Medistar Home Health of Marksville (Bathing)

**Recovery and Rebuilding Group:** Family Home Health Agency (ACH) and Pulse Home Health Care (Bathing)

**Statewide (who submitted a plan of action):** Teche Regional Home Health (ACH) and Synergy Home Care Northwestern (Bathing)

## ADDITIONAL WINNERS

**Most Improved in BOTH ACH and Bathing:** Better Care Home Health

**Most Improved in ACH and Bathing** (but did not submit a plan of action): Lakeview Home Care (ACH) and Quality Health Services (Bathing)

**Agencies Maintaining an ACH Rate at or Below 25% from October**

**2004 through August 2007:** HH Agency of Lake Charles, Homesight of Southeast Louisiana, and Woman's Home Care

## WINNERS BY PERFORMANCE GROUP

**(Gold-35% or higher relative improvement, Silver-30% to 35% relative improvement, Bronze-25% to 30% relative improvement)**

### Clinical Performance Group

**Gold Status (ACH):** Audubon Home Health, Better Care Home Health, CHRISTUS Homecare Schumpert, Egan Healthcare Northshore, Guardian Home Health Care, Holistic Home Health, Iberia Medical Center HH Agency, Lamm Home Health, Louisiana Homecare of Lafayette, Ochsner St. Anne, Omni Home Care, LLC, Progressive Home Health, Synergy Home Care - Northshore, Touro At Home, Trinity Home Health, United Home Care Services, Inc., and Vital Link

**Bronze Status (ACH):** Community Home Health of Lafayette

**Gold Status (Bathing):** Better Care Home Health, Camellia Home Health, CHRISTUS Homecare Schumpert, Guardian Home Health Care, Home Health Care 2000 Baton Rouge, Iberia Medical Center HH Agency, Louisiana Homecare of Lafayette, Synergy Home Care - Northshore (Also Improvement in Dyspnea), Synergy Home Care-Northeastern, and Touro At Home

**Silver Status (Bathing):** Audubon Home Health, Community Home Health of Lafayette, Evangeline Home Health, Magnolia Home Health, and Vital Link

**Bronze Status (Bathing):** Baton Rouge Home Care

### Systems Improvement Group

**Gold Status (ACH):** Better Care Home Health, CHRISTUS Homecare Schumpert, and CHRISTUS Homecare St. Patrick

**Silver Status (ACH):** Professional Home Health of Caddo

**Gold Status (Bathing):** Better Care Home Health, Camellia Home Health, CHRISTUS Homecare Schumpert, CHRISTUS Homecare St. Patrick, and Medistar Home Health of Marksville (Also Improvement in Pain)

### Recovery and Rebuilding Group

**Gold Status (ACH):** Christian Home Health, Deaconess Homecare, Diversified Health Service, Egan Healthcare of Plaquemines, Family Home Health Agency, Nurses Registry, Pathfinders Health Care and Preferred Home Health

**Silver Status (ACH):** Omni Home Care

**Bronze Status (ACH):** United Home Care Services – SW

**Gold Status (Bathing):** Central Home Health, LLC, Delta Home Health South, Louisiana Homecare of Slidell, Nurses Registry, Omni Home Care, Pulse Home Health Care, TLC Home Health Care, and Total Health Services

**Bronze Status (Bathing):** Deaconess Homecare and Home Health Care 2000 – Lake Charles

### Statewide (who submitted a Plan of Action)

**Gold Status (ACH):** Allen Parish Home Health, Innovative Home Health, Medistar Home Health of Jackson Parish, Nursing Specialties, Quality Health Services, South Louisiana Home Healthcare, Synergy Home Care – Acadiana, Teche Regional Home Health, West Calcasieu Cameron Home Health

**Silver Status (ACH):** Intrepid USA Healthcare, Mangham Home Care, Thompson Home Health – Monroe, and Vernon Home Health

**Bronze Status (ACH):** Louisiana Homecare of Houma and St. James Home Care

**Gold Status (Bathing):** Allen Parish Home Health, American Nursing Shreveport, Carelink Home Care, Delta Home Care, Inc., Intensive Home Health, Primecare Network of Monroe, Synergy Home Care–Acadiana, Synergy Home Care–Capitol, Synergy Home Care–Central, Synergy Home Care–Northwestern, Union General Home Health, and Woman's Home Care

**Silver Status (Bathing):** Interim Healthcare of SE LA

**Bronze Status (Bathing):** Destiny Home Health and Innovative Home Health

(HPMP - Continued from Page 4)

4. Managers of case management programs must have in place an effective process to address compliance with changes in federal and state regulations and maintain collaborative relationships with senior leaders responsible for clinical, financial and strategic plans and goals for the organization.

5. The case management process must include all related services, e.g., admissions, nursing services, health information management, finance/business services, contracting, medical staff, etc.

Project activity was designed using a rapid-cycle improvement approach. This approach allows timely assessment and feedback related to current hospital utilization management and related processes.

## Results: Data Collection/Case Review Findings and Analysis

The baseline error rates for errors in billed treatment setting by hospital ranged from 25.7% to 100%, resulting in an aggregate baseline for the

nine hospitals of 60.5%. The re-measurement error rates ranged from 0.0% to 22.6%, resulting in an aggregate re-measurement rate of 6.2%.

The baseline error rates for unnecessary admissions ranged from 4.8% to 100%, resulting in an aggregate baseline for the nine hospitals of 14.5%. The error rate for unnecessary admissions includes only those hospitals (7) that had cases eligible for review after the billing error review was performed. Hospitals with a billing error rate of 100% (2) were not included in the unnecessary admissions rate (did not have valid inpatient admissions for which medical necessity could be determined). The re-measurement error rates ranged from 0.0% to 6.5%, resulting in an aggregate re-measurement rate of 2.4%.

## Conclusion

This study was limited in scope to Louisiana hospitals not significantly affected by Hurricanes Katrina and Rita in August and September 2005. Opportunities for improvement in medical record documentation and correct claims completion continue to exist. Hospital staff involved in

the pre-admission scheduling, patient registration, utilization review, case management, health information management, and patient financial services must work together with medical staff to assure appropriate patient placement processes and medical record documentation to assure compliance with federal and state regulations and prevent payment errors.

The success of this project indicates that focused attention on auditing and monitoring for compliance with regulations regarding Medicare payments yields positive results. Hospital staff are often surprised that processes previously put in place are no longer used. A process for insuring that new/reassigned staff are provided the necessary information and supervision to insure the continuance and appropriate revision of processes related to payment error prevention is essential.

For a detailed discussion of this project, please visit our web site for HPMP Resources and Links at: <http://www.lhcr.org/html/providers/InpatientMain.html#HPMP>

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# *Congratulations!*

## LHCR STAFF ACHIEVEMENTS

Congratulations to **Eddie Castello** on being named LHCR's new Vice President and Chief Operations Officer. Eddie was formerly Vice President and Chief Information Officer. She joined the company in 1987 and was instrumental in designing and implementing LHCR's IT structure.



has been named Public Service Chairman for the board of the Advertising Federation of Greater Baton Rouge.

Congratulations to **Karen Ziecker, RN**, Louisiana Health Care Review, Inc. DOQ-IT Team Member.

Karen recently received her Certified Professional in Patient Electronic Health Records and Certified Professional in Health Information Technology designations.



**Lisa Stansbury, MHSA**, Director of Communications for Louisiana Health Care Review, Inc.

## NEW CENTER FOR ADVANCED WOUND HEALING ANNOUNCED

**Lake Charles, La.** -- CHRISTUS St. Patrick Hospital has broken ground on a new center for advanced wound healing. The 3,000 square foot state-of-the-art outpatient center, scheduled to open in summer 2008, will provide the most comprehensive treatment options for the management of wounds that are difficult to heal.

“Over the past decade there have been remarkable advancements in the understanding of the pathophysiology of wounds. As a result, an array of new treatments have been developed for healing chronic wounds,” said Medical Director of the new center, Ronald Kober, MD.

The CHRISTUS St. Patrick Center for Advanced Wound Healing will offer care for wounds such as diabetic ulcers, pressure ulcers, radiation injuries, burns, vasculitis and other non-healing wounds. The center will also feature three hyperbaric oxygen chambers and is staffed by a multi-disciplinary team including clinicians and educators specializing in diabetes. More information is available at [www.christuspatrick.org](http://www.christuspatrick.org).