

LOUISIANA HEALTH CARE

# Quality Insider

A PUBLICATION OF LOUISIANA HEALTH CARE REVIEW, INC.

## Over 300 Attend Second Annual Louisiana Health Care Quality Summit & Awards

Medicare beneficiaries in Louisiana are healthier and safer than ever before due to the quality improvements made by health care providers throughout the state over the past year. Over 300 health care providers and policy makers gathered to share information, insights and applaud the quality improvement work of Louisiana award recipients. Louisiana



James Carville

Health Care Review (LHCR) recognized physicians, hospitals, nursing homes and home health agencies with their 2008 Health Care Quality Award. The awards ceremony was held during the Second Annual Louisiana Health Care Quality Summit on May 18 in Baton Rouge.

James Carville, political consultant, professor and patient safety advocate, kicked off the day's activities by encouraging the



Alan Levine

group to get involved in national and local debates about health care reform. "Politicians want to hear what providers have to say," Carville warned, stating, "Other-

wise, significant changes to the current health care system might happen without the healthcare provider's perspective taken into account."

Following Carville's opening address, the morning leadership panel delivered up-

dates about national and local health care improvement projects ongoing in the state. Members of the panel were:

Louisiana Department of Health & Hospitals Secretary Alan Levine, Health Information Management Systems Society Vice-Chair Elizabeth Johnson, Louisiana State University Professor Dr. Richard (Kirby) Goidel, Louisiana Workforce Commission

Executive Director Tim Barfield, and LHCR CEO and President Gary Curtis.



Gary Curtis

Curtis announced the first success metrics from the Centers for Medicare & Medicaid Services Care Transitions Pilot Project in Baton Rouge. "The national hospital readmission rate is 17 percent," he said, "but, during the first two months of our Care Transitions project, with us coaching 40 patients, our readmission rate was only 2.5 percent."

The coaching model used in the Care Transitions program, along with provider commitment and participation, were cited as key factors in the program's early success rates.

To conclude the morning, break out sessions were held by morning panelists as

(Continued on Pg. 2 - **Summit**)

Pictured at right (l to r) are: LHCR CEO Gary Curtis, Platinum Quality Award Winner, Theryl Johnson, MD and LHCR Quality Improvement Specialist, Jane Bergeron



At left (l to r) from Gold Level award winning John J. Hainkel, Jr. Home & Rehabilitation Center are Robert Bales, Administrator, and Lori Simpson

Winborn, Director of Nursing along with Debbie Serio, LHCR Quality Improvement Specialist.

## Health Care Quality Award Winners

Pictured at right from Acadian Medical Center (Bronze award recipients) are Rosalyn Z. Baty, Core Measure Coordinator (left) and Christine Williams, Core Measures.



At left are: Julie Kueker, LHCR Quality Improvement Specialist (left) and Silver award recipient E.A. "Buddy" Forrest, Administrator, Shreveport Manor Guest Care Center.

At right (l to r) are: Gary Curtis, LHCR CEO, Donna Covington, LHCR QI Specialist, from Woman's Home Care, Claudia Kammer, Director DON and Jill Comeaux, Clinical Services Coordinator and with LHCR, Jane Bergeron, QI Specialist.



(MORE AWARD WINNERS ON PAGE 2)

(Summit - Continued from Pg. 1)

well as award winning providers including Dr. Charles Cefalu, Medical Director, LSU Affiliated Nursing Homes; Lynne Rhodes, Director of Quality Resource and Risk Management at the Minden Medical Center; Linda Polo, Department Head of Infection Prevention and Employee Health, St. Tammany Parish Hospital; and Ken Alexander, Vice-President of Quality & Regulatory Activities, Louisiana Hospital Association.



T.A. (Tim) Barfield

parative effectiveness research for a long time through its Effective Health Care program. Now, the federal government is stepping up funding for this research with ARRA.



Carolyn Clancy, MD

The Summit concluded with presentation of the Quality Awards. In all, 233 facilities were recognized, 54 of which were platinum award winners. A full list of the award winners can be found at [www.lhcr.org/2009Awards&Criteria.htm](http://www.lhcr.org/2009Awards&Criteria.htm).

This year 93 hospitals were awarded based on clinical quality improvement in one or more of four clinical topics: acute myocardial infarction (heart attack), heart failure, community-acquired pneumonia and surgical care. Thirty-eight home health agencies were awarded based on excellent performance and improvement in Acute Care Hospitalization and/or improvement in an OASIS outcome-based project.

To start off the afternoon, Dr. Carolyn Clancy, Executive Director of the Agency for Health Care Research, delivered the keynote luncheon address. She gave an overview of the substantial investments for comparing the effectiveness of different medical treatments that is included in the \$787 billion American Recovery and Reinvestment Act of 2009 (ARRA).

The Agency for Health Care Research and Quality (AHRQ) has been heading up com-

Nursing home awards were given to 56 facilities based on percentage improvement on the National Patient Safety Initiative quality measures: physical restraints and high-risk pressure ulcers. Nineteen physician offices were awarded based on data involving diabetes management, breast cancer screening and an aggregate prevention score.

Scott Flowers, Louisiana Director of Quality Improvement for LHCR, noted that the two most distinguishing characteristics of orga-



Scott Flowers

nizations achieving outstanding quality are their high IQ for problem solving and their passion for excellence.

“Most organizations are accustomed to tracking and measuring averages as process measures,” Flowers said. “However, award-winning organizations distinguish themselves by analyzing and reducing variation in their processes by identifying and addressing those critical factors that are driving that variation.”

## HEALTH CARE QUALITY AWARD WINNERS IN THE NEWS

### Fairway Medical receives Platinum Level Quality Award

Fairway Medical Surgical Hospital has been recognized for improving the quality of health care given to their patients. Director of Quality, Michelle Schouest said, “I am honored that Fairway Medical Surgical Hospital has been recognized by Louisiana Health Care Review.”



Pictured above (l to r) are: Gary Curtis, LHCR CEO & President, and representing Fairway Medical at the awards ceremony are Karen Haile, Chief Nursing Officer and Michelle Schouest., Director of Quality Assurance

St. Tammany News  
Covington/Slidell, LA

### Lallie Kemp receives quality award

“Lallie Kemp Regional Medical Center consistently provides patients with health care that ranks among the best,” said Dr. Michael K. Butler, CEO of the LSU Health Care Services Division. “This award, which is the result of objective outside examiners reviewing evidence-based practices, is another indication of that quality of care.”



Pictured above (l to r) are: Kathleen Willis, Medical Director, Sherre Pack-Hookfin, CEO, and Lisa Bruhl, Assoc. Administrator

The Hammond Daily Star  
Hammond, LA

### Southern Home Health recognized

Southern Home Health has received a Gold 2008 Louisiana Home Health Agency Quality Award presented by Louisiana Health Care Review. The award was announced at the second Louisiana Health Care Quality Summit hosted by LHCR in Baton Rouge in May. Southern Home Health is one of eight home health agencies in the state to receive the award.

The American Press  
Lake Charles, LA



Pictured above (l to r) are Donna Covington, LHCR Quality Improvement Specialist with Patty Williamson, Administrator and Julie Jarnagin, Performance Improvement Coordinator with Southern Home Health/LHC Group

### Home Health of Lafayette General Medical Center

has received a Platinum 2008 Louisiana Home Health Agency Quality Award presented by LHCR. The agency was one of five in the state to receive the honor.

The Daily Advertiser  
Lafayette, LA



Pictured above (l to r) are: Gary Curtis, LHCR CEO & President; representing Lafayette General are Debra Goodly, Home Health Director, Arianna Brooke Thierry, Asst. DON Home Health; and from LHCR are Quality Improvement Specialists, Jane Bergeron And Donna Covington.

# Woodland Village is Making Culture Change a Reality

By Deborah Serio, MBA, BSN, RN, CWCN  
Louisiana Health Care Review, Inc.  
Quality Improvement Specialist

What would you like to do today? Try your hand at boxing in the Wii room or listen to Elvis on the juke box at Bayou Bistro? You might think this sounds like you are on vacation at a resort...but you are really in a nursing home.

That's right. You are at Woodland Village Nursing and Rehabilitation in New Orleans, winner of Louisiana Health Care Review's Gold Nursing Home Quality Award for 2008. Dedicated to improving the quality of life of their residents, Woodland Village is committed to culture change and to making their nursing home as homelike as possible. So far their accomplishments include: a Wii room, spa room, library, French Quarter courtyard and patio, Bayou Bistro and creative activities.

## How has Woodland Village accomplished so much?

Bill McIntyre, Nursing Facility Administrator says, "It's the dedication of my team. We have an idea, and we break it down into small achievable steps. Our goal is to do things that will appeal to the generation of our residents and have things that they like." That's why, for example, the music on the jukebox is from their era. The staff also ensures that everything is wheelchair accessible. Although much has been accomplished, for the Woodland Village team, it's an ongoing project.

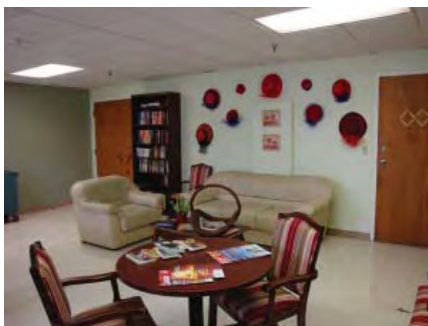
Let's take a stroll to Bayou Bistro. Before the transformation, this was an activity room without much usage. Now it's a 1950's era soda shop with a red and white Coke theme and red checkered curtains. Residents love to hang out here to eat, talk or listen to fifties music. The residents say the Bistro brings back memories of their younger days. Here they

can enjoy hot dogs with chili, coffee, pastries or baked cookies. The sausage biscuits that are sold daily are quite popular, and their sale helps to raise activity monies for the residents.



The French Quarter courtyard

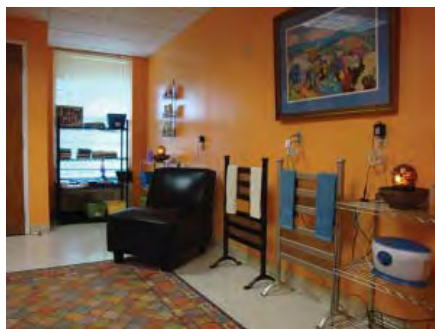
Residents can bowl, box, or play baseball and tennis on the Wii system. Not only does this help residents with their strength and balance, but residents who may not usually participate in activities will play Wii games. The residents love it when the staff come in and cheer them on.



The Library

## If you are searching for tranquility, you can go to the spa.

When you walk into the spa, you hear birds chirping and water falling. You can smell the wonderful smells of aromatherapy. Here a certified nursing assistant (CNA) attends up to three residents at a time. This allows the spa CNA to develop a close relationship with the residents. The spa CNA says she loves her job, since all she does involves pampering residents. The residents can receive nail and foot care here. The room also has a sofa with two back massager machines for extra pampering. According to one of Woodland Village's residents, "It's just relaxing here and it perks you up."



The Spa

Other places to enjoy include the library, the French Quarter courtyard and enclosed patio. The library has sofas, tables and chairs with

## Another favorite gathering spot is the Wii room.

This room has a big screen TV with a Wii gaming console set up in the front, leather sofas and murals on the walls of New Orleans sports favorites, such as Drew Brees. The physical therapy department oversees the activities here.

books and movies from the residents' era. Residents can rock in the rocking chairs on the screened porch overlooking the courtyard. The activities department is planning gardening activities for the residents as well. For family visits, Woodland Village has also created a welcoming parlor complete with sofas and a large dining room. Families can plan gatherings in this room to spend time with their loved ones.



The Wii Room TV & Game Console (top photo) and the Wii Room game table and seating (bottom photo).

## Completing these projects was challenging. Funding is always a challenge.

That is one reason projects are completed in small steps. The staff tries to be as resourceful as possible with their money, shopping sales and stretching their dollars. Having a maintenance staff that is able to handle most of the projects really helps keep costs down. Mr. McIntyre notes that the money raised from the Bayou Bistro helped with the purchase of their juke box and big screen television.



The Bayou Bistro

## What does the future hold for Woodland Village?

The team has plans for more improvements to their facility. They are interested in repainting rooms, installing new hand rails and acquiring new resident furniture. Again, they will complete each improvement in small achievable steps.

These efforts to improve the quality of Woodland Village residents' lives have paid off. As one resident visiting the Bayou Bistro recently said, "I like the music, and I like talking to the people. I'm happy here." Now, that is what culture change is all about!

For more information on the Advancing Excellence in America's Nursing Homes campaign, go to: [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org).

# LOST IN THE TRANSITION

## Avoiding Unnecessary Patient Readmissions

By: **Laurie Robinson, RN**  
Louisiana Health Care Review, Inc.  
Director of Quality

Patients discharged from a hospital often have problems or questions that create complications. These complications can slow their recovery and even lead to readmission to the hospital, according to LHCR's transition coaching team. A hospital stay can be a confusing and stressful time for patients and families. It is important that clinicians make sure patients leave the hospital understanding what they need to do to recover at home and how important it is to make the follow-up appointment with their primary care physician.

The issue related to appropriate follow-up after discharge is two fold: access to care and adequate communication between physicians. These factors directly impact the success of the patient and family in carrying out the post-discharge plan of care.

### Timely Follow Up Appointments are Key

In our work with hospitals, physicians and patients in the community, we recognize how difficult it is for patients to get follow-up appointments within the recommended timeframes. Transition coaches assist patients with making timely follow-up appointments and navigating through the convoluted health care system that exists today. The coaches also prepare the patient with the information they will need to get the most out of their follow-up office visit, including questions about medications, diet and activity.

LHCR Quality Improvement Specialists (QIS) work with providers of care as well to identify opportunities to improve communication at discharge. The duty to provide adequate follow-up care is shared by the physician caring for the patient while they are in the hospital, often a hospitalist, and the physician caring for the patient in the community. Ensuring critical medical information is communicated between these physicians in a thorough and timely manner fosters continuity of care and results in fewer readmissions.



Pictured above (l to r) are LHCR Quality Improvement Specialists Kelly Buras and Dee Ann Broussard. They are currently performing transition coaching with Medicare beneficiaries being discharged from Our Lady of the Lake Regional Medical Center and Baton Rouge General Medical Center, and will begin working with patients at St. Elizabeth Hospital in July.

### Study Reveals Systemic Problems

A study conducted by the Agency for Healthcare Research and Quality (AHRQ) showed that patients are frequently discharged from the hospital with unresolved medical problems requiring outpatient workups. The study also revealed that more than half (54 percent) of all discharge summaries failed to document the recommended outpatient workups that were found to be documented in the patients' hospital charts. Furthermore, 36 percent of the workups recommended by hospital physicians in the discharge summary were not completed by primary care physicians. As the time interval from discharge to the post discharge visit increased, the likelihood of the recommended workup being completed decreased by 23 percent.

### Early Preparation for the Transition to Home

To help prevent readmission, the health care team needs to focus throughout the hospital stay on preparing the patient and family for the transition home with an emphasis on the coordination of follow-up care and timely, efficient communication between physicians.

To read more about the AHRQ study mentioned above, visit the AHRQ website at <http://www.ahrq.gov>.

## New Initiative Promotes Safe Prescribing for the Elderly

Modern medicine works wonders for millions of Americans every day, but inappropriate medication use can erode the benefits and create other problems, especially in seniors taking multiple medications.



LHCR is beginning work on a new initiative to improve drug safety for Medicare beneficiaries. This initiative focuses on reducing drug-to-drug interactions and potentially inappropriate medications.

Adverse drug reactions and other medication-related problems take an enormous toll on Americans' health and safety. Here are some startling statistics.

► **10.7% of hospital admissions in older adults are associated with adverse drug reactions.** - Kongkaew C, et al. Hospital admissions associated with adverse drug reactions: a systematic review of prospective observational studies. *Ann Pharmacother* 2008;42:1017-25.

► **Adverse drug reactions (ADRs) cause over 100,000 deaths per year in the United States, making ADRs the fourth leading cause of death in the United States.** - Lazarou J, Pomeranz BH, Corey PN. Incidence of Adverse Drug Reactions in Hospitalized Patients: A Meta-analysis of Prospective Studies. *JAMA* 1998;279: 1200-1205.

► **25% of older adults take five or more meds on a regular basis (28% of women and 22% of men)** - Medco Drug Trends Report 2008, May 2008 (data from 2007)

► **"No risk factor for falls is as potentially preventable or reversible as medication use.** Falls account for 10% of emergency department visits and 6% of hospitalizations among persons over the age of 65 and are major determinants of functional decline, nursing home placement, and restricted activity." - Tinetti ME, et al. Effect of dissemination of evidence in reducing injuries from falls. *NEJM* 2008;359:252-61.

LHCR will be partnering with Medicare Advantage Organizations and reaching out to providers, pharmacy professionals and beneficiaries to raise awareness of the risk factors for adverse drug events.

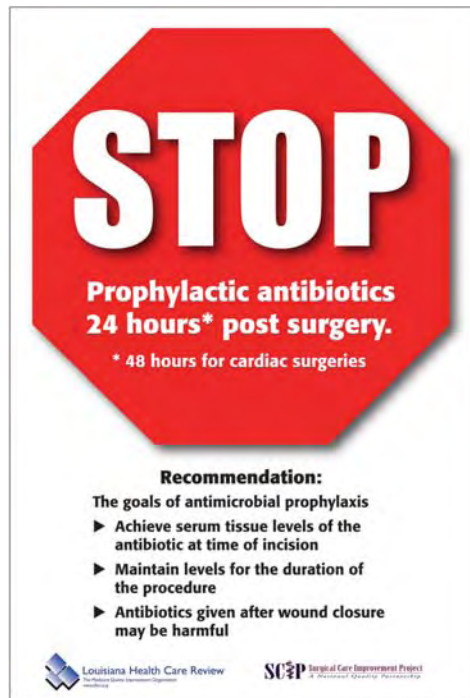
# Prophylactic Antibiotics - *WHEN, WHAT & HOW LONG?*

By: **Laurie Robinson, RN**  
Louisiana Health Care Review, Inc.  
Director of Quality

Surgical site infections are said to account for 14 to 16 percent of all hospital-acquired infections and are a common complication of care.\* By implementing projects to reduce these infections, hospitals could save an estimated \$3,000 per case and reduce extended lengths of stay by seven days for each patient developing an infection.

According to the latest figures released by CMS (March 2009), Louisiana continues to rank near the bottom in compliance with Surgical Care Improvement Project (SCIP) measures 1, 2 and 3. So why do hospitals in Louisiana continue to struggle with implementing evidence-based recommendations of care for surgery specifically aimed at reducing infection? How are Louisiana hospitals that are in 100 percent compliance with these standards doing it?

In our work with providers across the state, we find that hospitals that have engaged leadership and physician champions that are successful in breaking down Surgical Care Improvement



“Stop Sign” poster developed for hospital use by LHCR to prompt surgeons to discontinue antibiotics appropriately after surgery.

\*Source: CMS

Project physician barriers. These successful leaders provide their medical staffs with credible, compelling, evidence-based literature presented by credible, respected physicians in their specialties. This is evidence their peers can endorse.

LHCR works with hospitals to foster an understanding of the recommended standards. We help hospitals develop a plan to implement protocols that ensure appropriate antibiotics are administered and discontinued in accordance with these nationally recognized guidelines. The “Stop Sign” poster pictured at left is an example of a tool used to prompt surgeons to discontinue antibiotics appropriately after surgery. The rationale included below the sign comes directly from the evidence-based standard. This tool and others are available to you at [www.lhcr.org](http://www.lhcr.org).

Post-operative infections are a quality issue, a financial issue, a liability issue and a public reporting issue. Using evidence-based guidelines as outlined in SCIP has been proven to prevent these infections.

It's the right thing to do.

## HEALTH CARE QUALITY RESOURCES ON THE WEB

Medicare Colon Cancer Screening Coverage Guidelines  
<http://www.medicare.gov/health/coloncancer.asp>

Agency for Healthcare Research and Quality State Snapshots  
<http://statesnapshots.ahrq.gov/snaps07/index.jsp>

State Cancer Profiles, National Cancer Institute  
<http://statecancerprofiles.cancer.gov/>

The Kaiser Family Foundation State Health Facts  
<http://www.statehealthfacts.org/>

Healthy People 2010  
<http://www.healthypeople.gov/>

CDC Seasonal Flu Home Page  
<http://www.cdc.gov/flu/keyfacts.htm>

Surveillance Epidemiology and End Results, National Cancer Institute  
<http://www.seer.cancer.gov/>

National Centers for Health Statistics 2009 State Profile for Louisiana  
<http://www.cdc.gov/nchs/pressroom/data/Louisiana09.pdf>

Racial and Ethnic Approaches to Community Health (REACH) 2010  
<http://www.allhealth.org/BriefingMaterials/RacialandEthnicApproachestoCommunityHealthREACH2010-50.pdf>

Voices from Reach Communities  
[http://www.cdc.gov/reach/pdf/voices\\_101007.pdf](http://www.cdc.gov/reach/pdf/voices_101007.pdf)

The U.S. Preventive Services Task Force recommendation on Screening for Colorectal Cancer, published 10/7/08  
<http://www.ahrq.gov/clinic/uspstf/uspstfcol.htm>

Hospital Compare Website  
<http://www.hospitalcompare.hhs.gov>

The Medicare Quality Improvement Community (MedQIC) Web site is a free on-line resource for quality improvement interventions and associated tools, toolkits, presentations, and links to other resources  
<http://www.qualitynet.org/MedQIC>

Health Information Security and Privacy Provider Education Toolkit  
[www.secure4health.org](http://www.secure4health.org)



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## Concerned About Privacy?

Over 125 new electronic health information exchange tools are available on the national Health Information Security and Privacy Collaboration (HISPC) Web site, [www.healthit.hhs.gov/HISPC](http://www.healthit.hhs.gov/HISPC) hosted by the Office of the National Coordination for Health Information Technology (ONCHIT).

From model data sharing agreements to patient education materials, it's a one stop shop for electronic health information exchange user tools.

Curious about how an electronic health record really works? Then you'll want to visit another EHR educational Web site, [www.secure4health.org](http://www.secure4health.org) and view the "Dashboard Demo." The three-minute demonstration video offers viewers the look and feel of a typical electronic health record from the provider's point of view.

All the materials on [www.healthit.hhs.gov/HISPC](http://www.healthit.hhs.gov/HISPC) and [www.secure4health.gov](http://www.secure4health.gov) are free of charge and sponsored by the Department of Health and Human Services.



**HEALTH INFORMATION  
SECURITY & PRIVACY  
TOOLKIT**  
LOUISIANA

## WE CAN FIGHT DIABETES - LET'S CHECK IT!

- Hemoglobin A1c Monitoring**  
at least every 3 months
- Lipid Profile**  
at least once a year
- Retinal Eye Exam**  
at least once a year
- Blood Pressure Check**  
every visit
- Weight Check**  
every visit

The goal of these recommendations is to increase the number of Medicare beneficiaries in Louisiana who receive these services and improve the quality of their care.

**EDC**  
every diabetic counts

Louisiana Health Care Review  
The Medicare Quality Improvement Organization



**LET'S DO IT!  
TODAY**

The poster pictured above is part of the Disparities Prevention Project awarded to LHCR by CMS. The Every Diabetic Counts program seeks to reduce disparities in health care among Medicare diabetics. LHCR collaborates with physicians and community-based organizations to reduce this disparity and improve diabetes outcomes.