
Alabama Quality Assurance Foundation, Inc.

Regional Workshop Agenda

I. Introduction to PRO Projects

- A. Cooperative Projects Defined
 - National
 - PRO Initiated
- B. Purpose of Projects
- C. Peer Review Organization (PRO) Role
- D. Hospital Role

II. Cooperative Project: Hospital Critical Lab Value Policy

- A. Background
- B. Rating your Policy
- C. Model Policy
- D. Hospital Response: Cooperative Project
 - 1. Response to Policy Rating
 - 2. Who should respond?
 - 3. How should hospital respond?
 - 4. Project follow-up
 - Appropriate policy in effect
 - Use of log for notices
 - Monitor medical records

III. Medicare Hospital Information Report

- A. Introduction and Background
- B. Guide to Medicare Hospital Information Statistics
- C. Medicare Hospital Information Report: What to do with it?
- D. Medicare Hospital Information Report Wrap-Up

GENERAL MEMORANDUM NO. 93/96-14

FOR IMMEDIATE DISTRIBUTION TO YOUR MEDICAL STAFF AND
UTILIZATION REVIEW - QUALITY ASSURANCE DEPARTMENTS

TO: ADMINISTRATORS AND CHIEFS OF STAFF - ALL ALABAMA HOSPITALS

FROM: H. TERRELL LINDSEY
PRESIDENT AND CHIEF EXECUTIVE OFFICER

DATE: MARCH 30, 1994

SUBJ: HOSPITAL CRITICAL LAB VALUE POLICY PROJECT AND MEDICARE MORTALITY
HOSPITAL INFORMATION PROJECT

- I. As a result of the Health Care Financing Administration's new approach to improving Medicare quality of care, the Alabama Quality Assurance Foundation, Inc., is currently participating in two cooperative projects. These projects reflect direction provided by Medicare's Health Care Quality Improvement Program (HCQIP) for Peer Review Organizations (PROs). The two projects; the Hospital Critical Lab Value Policy Project and the Medicare Mortality Hospital Information Project, will be presented by the Foundation in eight (8) regional workshops.
- II. COOPERATIVE PROJECT: HOSPITAL CRITICAL LAB VALUE POLICY
 - A. This project was initiated in response to 194 quality of care concerns identified during the Foundation's routine review process. The quality concerns involved hospital staff's failure to notify physicians of their patient's critical lab values, sometimes referred to as "panic" lab values. The number of concerns raised questions about the adequacy of hospital policies and procedures.
 - B. In response to a General Memorandum request and a telephone survey, hospitals submitted their protocol or procedures regarding Lab Panic Values to the Foundation. Upon receipt of the policies the Foundation worked with a study group (pathologists, lab personnel and nursing staff) from area hospitals to evaluate them. A model critical lab value policy was developed using the "best" of the policies submitted by hospitals, JCAHO requirements and Study Group recommendations.

- C. Background data and the model policy will be presented at the regional workshops. Use of the model policy is not mandatory, but is offered as an example for use in improving or developing an appropriate policy. Hospitals requesting assistance from the Foundation in adapting the model policy to specific hospital needs will be given that opportunity.
- D. Since the workshop is aimed at providing information on developing an effective hospital policy, it is suggested the following hospital staff attend the workshop:
- Administrator or representative of Administration
 - Director of Nursing
 - Chief of Staff and/or QA Committee Chairman
 - Laboratory Director or Supervisor
 - QA Coordinator
- E. If your hospital uses the data and participates in a project to develop or improve an existing policy, you may meet the new 1994 JCAHO accreditation requirements on providing continuous quality improvement. The Foundation is available to provide help in developing and evaluating your hospital's model policy. In return, hospitals will be asked to provide evidence of the policy's effectiveness.
- F. A schedule for the eight regional workshops and an agenda has been attached for your information. There is no charge for attending the workshops.

III. MORTALITY HOSPITAL INFORMATION PROJECT (MHIP)

- A. The Health Care Financing Administration (HCFA) released to each hospital their facility's specific mortality information in August 1993, following an announcement from HCFA Administrator, Bruce Vladeck, that hospital Medicare mortality data would no longer be released for publication. The information was based on data from the fiscal year 1991. Hospitals were encouraged to use the data internally in their quality of care improvement efforts as indicated by the data.
- B. The Foundation, as Alabama's Peer Review Organization, also received the mortality data from HCFA. The material included data for the nation, State and each PPS hospital within the State. The information was received in hardcopy and in tape cartridges permitting statistical analysis by computer. A tutorial was also provided to assure proficiency in the analytic techniques used by HCFA.

- C. In addition to becoming proficient in analysis of the data, the Foundation was given the responsibility to:
- Address hospital performance questions related to the data provided in the Medicare Hospital Information release.
 - Work with hospital administrative staffs to inform, increase understanding, and wherever opportunities exist, improve the quality of care provided to Medicare beneficiaries.
- D. The Foundation will fulfill this responsibility through workshops in geographical regions of the state during April and May 1994. Due to generosity of hospitals offering to host the workshops, there will be no attendance fee. The workshop agenda and schedule is attached.
- E. The Foundation recommends hospitals send representatives from administration, quality assurance and physician staff or other interested staff. Please attend the site nearest your hospital, if possible. The workshop sites were designed to accommodate hospital staff in each area.
- F. Only national and state-wide data will be presented at the workshop. Hospitals identified as having a statistically significant variance from the HCFA predicted mortality rate will be contacted directly by the Foundation, respecting all confidentiality regulations. Hospitals unable to provide explanations for their outlier status will have the opportunity to participate in a cooperative project with the Foundation. Such projects will be aimed at researching the reason(s) for the outlier status and addressing identified problems to improve the quality of care and patient outcomes.
- IV. If you have questions about this information, please contact: Donna Weaver, R.N. extension 3229 or Nadine Schiesz, R.N., Dir. Health Care Analysis and Communications, extension 3104.

NS;jd

Enclosures

cc: Jennifer Barnett/R. Turkel, MD/FMQAI; Juanita Dixon, PO/DHHS; Robert Toomey, RM/DHHS; J. Michael Horsley/ALAHA; Lon Conner/MASA; Frazer Rolen, ALAHA-B'ham; Jane M. Cottos/OIG/DHHS; Donna Stanley, MS, RRA; Lynda Northcutt/BCBS; AQAF Board of Directors