

ALABAMA QUALITY ASSURANCE FOUNDATION

GENERAL MEMORANDUM 96/99-11

FOR IMMEDIATE DISTRIBUTION

TO: Administrators; Chiefs of Staff; Chairman, Quality Assurance; PRO Contact; and Medical Records Directors of all Alabama Hospitals

FROM: H. Terrell Lindsey
President and Chief Executive Officer

DATE: April 24, 1998

**SUBJECT: Quality Improvement Projects
Health Care Financing Administration's (HCFA's) New Direction for PROs**

I. Purpose

This memorandum is to notify you of HCFA's new direction for each state's Medicare peer review organization (PRO). Alabama Quality Assurance Foundation (AQAF) has been directed to select four quality improvement projects in order to meet specific goals of measurable improvement in the care provided to Medicare beneficiaries. Improvement is to be accomplished by January 1999. Two projects were identified by HCFA, and two were selected by AQAF. Our other current projects will continue with all indicators, but their time lines may be altered in order to meet the new requirements. A summary of the projects selected for this new effort follows.

II. Summary of the Four Projects Selected by Alabama Quality Assurance Foundation

See the enclosed individual project brochures for additional information.

A. Cooperative Cardiovascular Project (acute myocardial infarction)

Targeted Quality Indicator: Appropriate use of beta blockers at discharge

Plan:

1. Provide all Alabama hospitals with information about the appropriate use of beta blockers, which are known to reduce mortality following a heart attack even in low doses.
2. Work with the 32 Alabama hospitals admitting 86% of the Medicare beneficiaries diagnosed with acute myocardial infarction to increase beta blockers use to a performance rate comparable with the hospitals with the highest rates in the nation.
3. Provide educational materials including chart stickers to the 32 hospitals.

4. Perform interim data collection for the one targeted indicator in June and July 1998 and again in December 1998.
5. The Clinical Data Abstraction Center (CDAC) will continue to periodically collect data on an ongoing basis for all quality indicators using a sample from each state. AQAF will receive the Alabama data for analysis and reporting to hospitals. Therefore, all hospitals treating patients with acute MI should continue to improve their processes of care for these patients with emphasis on the project's quality indicators.

B. Coronary Artery Bypass Grafting (CABG) Project

Targeted Quality Indicator: Duration of Intubation time \leq six hours.

Plan:

1. Work with the 19 hospitals performing CABG surgery and participating in the project to improve the current performance rate of 9% of patients extubated within six hours or less following CABG surgery.
2. Provide educational information, including chart stickers that document start and stop times for intubation, to the participating hospitals.
3. Promote Comparative Process Analysis, which allows project participants to share ideas and learn from one another.
4. Perform interim measurement of the targeted quality indicator in July 1998 and in December 1998.
5. CDAC will perform interim data collection which will include all indicators for hospitals submitting list of monthly discharges and records as requested by CDAC.
6. Report all data analysis results to participating hospitals.

C. Diagnosis, Treatment, and Prevention of Ischemic Stroke Project

Targeted Quality Indicator: Appropriate use of Nifedipine.

Plan:

1. Recruit seven to eight hospitals with more than 100 discharges of Medicare patients diagnosed with ischemic stroke to collaborate with AQAF in the project.
2. Host an orientation meeting and provide a project workbook for new hospital participants possibly in May or early June 1998.
3. Collect baseline data for the six quality indicators by June 1998.
4. Provide feedback data to the participating hospitals by late July 1998.

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5. Perform follow-up measurement for the one targeted indicator in December 1998.
6. Perform data collection as follow-up measurement for all stroke indicators in February or March 1999.
7. Provide final project report to hospitals in April 1999.

D. Pneumococcus Immunization Project

Targeted Quality Indicator: Increase rate of immunizations for pneumococcus at hospital discharge.

Plan:

1. Recruit all Alabama hospitals to administer pneumococcus vaccine to each Medicare beneficiary when they are discharged from the hospital from July 1, 1998 through December 31, 1998.
2. Recruit study group of representative hospital staff to review available educational materials for hospital staff and the patient, and to develop a workable procedure for the campaign. In addition to educational materials, AQAF will be able to provide participating hospitals roster billing information, wallet cards for the patient, and chart reminder "stickers".
3. Provide final report to hospital outlining the project effort in a presentation format in February 1999.

III. Request for Project Participants

A. Diagnosis and Treatment of Ischemic Stroke Project

Hospitals with 100 or more discharges for Medicare beneficiaries with ischemic stroke are urged to return the enclosed form as soon as possible. AQAF will accept the first seven or eight hospitals returning the form and will begin the project process immediately. Barring other direction from HCFA, hospitals who do not meet the deadline for participation in this project will be given the opportunity to participate at a later date.

B. Increase Rate of Pneumococcal Immunization at Hospital Discharge

All hospitals are urged to volunteer as participants in this project. The vaccine and its administration is reimbursable under Medicare. Roster billing for payment is allowed. In addition to a marketing tool, participation is expected to meet your objectives for quality improvement projects and community service.

Please return the enclosed form(s) as soon as possible to receive your project information, billing instructions, and the materials for documenting your activities.

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- IV. AQAF regrets the short notice to hospitals concerning changes to requirements for quality improvement projects. Other projects currently in process will proceed and adhere as closely as possible to the planned time frames.

Your interest and investment in providing quality care to patients has been evident from your participation in Medicare cooperative projects. The project process has proven beneficial to both patients and hospitals. Projects improve patient care and outcomes, reduce length of stay and use of resources, and provide the hospital with an effective marketing tool.

We look forward to working with you to achieve these new goals from the Health Care Financing Administration. Please feel free to contact any of our staff listed below to discuss the changes or to ask questions. You may call us at: 1 (800) 760-4550 or (205) 970-1600

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cc: AQAF Board of Directors
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