



EQUADR and Carolinas Rehabilitation PSO

The changing landscape of
rehabilitation outcomes



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What is EQUADR?

- Exchanged Quality Data for Rehabilitation
- Network of inpatient rehabilitation facilities who report their quarterly quality outcomes data to a central database
- Data from all participating facilities is pooled, with the resulting averages, ranges, and high and lows reported back to the participants.
- Quarterly conference calls are held after the aggregate data is released, in order to share best practices and discuss challenges.



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A brief history...

- Late 2008: The need for comparable data
- 1st Quarter 2009: Initial data collection
- 3rd quarter 2009: Group conference calls begin – networking and relationship building
- Late 2009 into 2010: refining the data
- July 28th, 2010: AHRQ grants PSO listing
- October 15, 2010: Public presentation at AMRPA conference



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Impetus for Change

- Quality outcomes measurement, reporting, and benchmarking in rehabilitation has lagged behind the acute care hospital sector.
- How can we move forward if we don't know where we are?
- Legislative and financial changes
- Desire to be the best and do the best for our patients



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Rehab is different

- Historically, rehab only had acute care-based measures to benchmark against.
- For questions like, “What is a “good” fall rate in rehab?”, there were no answers.
- Outcomes are going to be different based on position within the continuum of care and patient population.
- Indicators for EQUADR are chosen based on the needs of participants (rehab hospitals), regulatory requirements, and evidence-based practice.

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EQUADR

Exchanged Quality Data for Rehabilitation



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What is a PSO?

- Patient Safety Organizations created by the Patient Safety and Quality Improvement Act of 2005. Final Rule issued Nov. 21, 2008.
- “PSOs create a secure environment where clinicians and health care organizations can collect, aggregate, and analyze data, thereby improving quality by identifying and reducing the risks and hazards associated with patient care.”
- The primary function of a PSO must be to conduct activities to improve patient safety and healthcare quality



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Requirements of a PSO

- Efforts to improve patient safety and the quality of health care delivery
- The collection and analysis of patient safety work product (PSWP)
- The development and dissemination of information regarding patient safety, such as recommendations, protocols, or information regarding best practices
- The utilization of PSWP for the purposes of encouraging a culture of safety as well as providing feedback and assistance to effectively minimize patient risk
- The maintenance of procedures to preserve confidentiality with respect to PSWP
- The provision of appropriate security measures with respect to PSWP
- The utilization of qualified staff
- Activities related to the operation of a patient safety evaluation system and to the provision of feedback to participants in a patient safety evaluation system



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Why operate EQUADR through a PSO?

- Identified need to preserve confidentiality
- Strong government and regulatory encouragement to join a PSO
- Federal protection of data submitted, generated, and disseminated by the PSO
- Currently the only PSO specifically targeted to rehabilitation



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Why join a PSO?

- PSOs serve as independent, external experts who can collect, analyze, and aggregate PSWP locally, regionally, and nationally to develop insights into the underlying causes of patient safety events. Communications with PSOs are protected to allay fears of increased risk of liability because of collection and analysis of patient safety events.
- The protections of the Patient Safety Rule enable PSOs that work with multiple providers to routinely aggregate the large number of patient safety events that are needed to understand the underlying causes of patient harm from adverse events and to develop more reliable information on how best to improve patient safety.
- The uniform Federal protections that apply to a provider's relationship with a PSO are expected to remove significant barriers that can deter the participation of health care providers in patient safety and quality improvement initiatives, such as fear of legal liability or professional sanctions. (www.pso.ahrq.gov)

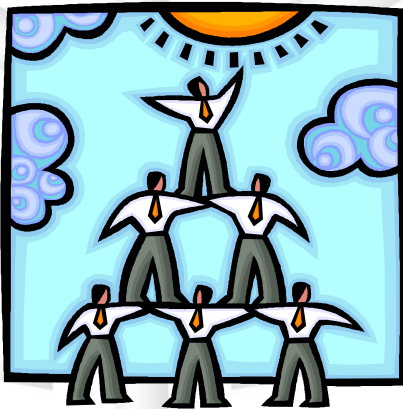


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Why join a PSO?

- Drive quality improvement and patient safety initiatives within your hospital
- Network and share best practices with other rehabilitation hospitals
- Preparation for upcoming regulatory requirements
- Provides a “safety zone” to discuss sensitive issues such as falls and restraint use



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Who can join?

- Need to maintain the validity and reliability of the data
- Inpatient rehabilitation facilities, as defined by CMS, are encouraged to join and are grouped according to acuity, size, and scope.



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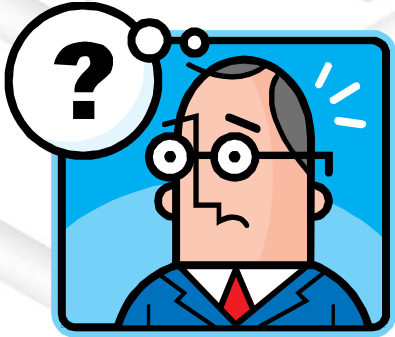
Future Directions...

- Expansion to other rehab hospitals and units
- Stratified data
- Web-based data entry and report retrieval
- Patient-level data
- Risk models



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Questions?



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Links of Interest

- Official AHRQ / PSO website:
www.pso.ahrq.gov
- Carolinas Rehabilitation:
www.carolinasrehabilitation.org
- Patient Safety Final Rule:
<http://www.pso.ahrq.gov/regulations/fnlrule01.htm>



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