



*EQUADRSM 2011-Navigating the
Shifting Sands of Quality
Improvement for Rehabilitation*

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Objectives

- Present overview of changes in quality outcomes measurement specific to inpatient rehabilitation facilities
- Discuss the creation of a Patient Safety Organization focused on rehabilitation quality
- Explain pending regulatory requirements for quality reporting
- Demonstrate value of data sharing between institutions to drive quality and safety improvement across the industry





About the presenters

Suzanne Snyder

- Director of Rehab Utilization & Compliance
- AMRPA Board Member
 - Quality Committee Co-Chair
 - National Quality Forum Measure Applications Partnership Representative
- CARF Surveyor
- RAC experience

Shelby Harrington

- Outcomes Specialist for Carolinas HealthCare System
- Administrator of CR PSO and Carolinas HealthCare System PSO



About Carolinas Rehabilitation

- Part of **Carolinas HealthCare System** - Comprised of 33 owned, leased or managed hospitals throughout North & South Carolina. CHS is the third largest not-for-profit hospital system in the US.
- Operate 192 IRH/U beds in the Charlotte area and 11 OP Centers
- CARF accredited in 16 programs - SCI, BI, CVA, CIIRP, Pediatrics
- Teaching and research center - 22 PM&R faculty, 13 PM&R Residents
- Brain injury model system of care



Carolinas Rehabilitation











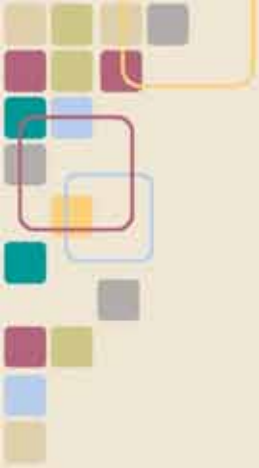
Carolinas Rehabilitation- NorthEast



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EQUADR

Exchanged Quality Data for Rehabilitation



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A brief history...

- Quality outcomes measurement, reporting, and benchmarking in rehabilitation has lagged behind the acute care hospital sector
- Historically, rehab only had acute care to benchmark against
- What is a “good” fall rate in rehab?
- Inpatient Rehabilitation Facilities (IRH/Us) exempted from mandatory HAC reporting and payment penalties
- Traditional measures of quality in rehab: functional gains and discharge destination
- Higher acuity = greater risks





Impetus for Change

Legislative and financial changes

- Aug. 5, 2011 Final Rule published for IRF quality reporting program beginning FY 2014 (Oct. 1, 2013)
- Measures determined for CAUTI, Pressure Ulcers, with all-cause 30-day Readmission measure in development
- By January 1, 2016, pilot testing for value-based purchasing programs for IRH/Us will begin
- CMS's future directions for quality





AMRPA Quality Committee Activities

- Started in 2009 in anticipation of Value Based Purchasing for IRH/Us
- Developed a list of proposed measures and shared with CMS and MedPAC
- Participated on MedPAC Technical Expert Panel
 - March 2011 Report to Congress Comments
- Participating on CMS Technical Expert Panel (ongoing)
- Participating on the NQF Measure Applications Partnership for Post Acute Care
- Advising/commenting on quality measures that may impact IRH/Us in the ACO Rule, Bundling/Continuing Care Hospitals and in the Proposed IRF PPS Rule for 2012.



Pay For Reporting Quality in IRH/Us

- Section 3004 (b) of the Accountable Care Act: requires CMS to implement a quality reporting system for IRH/Us
 - Publishing quality measures in FY 2013 (by October 1, 2012)
 - Initiating data collection in FY 2014 (by October 1, 2013)
- Per MedPAC – Will lead to Pay for Performance




Operational Impact of Collecting Quality Measures

- Data collection takes resources
- Measures
 - Pressure Ulcers that are New or Have Worsened: Process to collect data on admission and discharge
 - Catheter Associated Urinary Tract Infections: reported through NHSN/CDC. Some IRFs already doing this per State mandates
 - Readmissions – no obvious resource use
 - Concerns regarding access to care
 - Monitoring capability



Financial Impact of Quality Reporting

- If an IRH/U does not report the quality measures, it will be subject to a 2% reduction in its increase factor.
- That reduction may result in an update factor of below 0.0% for the year but such a reduction will not be taken into account in computing the payment for a subsequent fiscal year.



Resources Available to Improve Quality Performance

- Given IRH/Us will be reporting quality and we soon will be paid on our performance relative to our peers.
- How does your facility compare?
 - Quality Databases
 - Patient Safety Organizations (PSOs)





Value of Collaboration

- Sharing of processes and outcomes
 - Reduces individual facility “trial and error”
 - Develops understanding of industry averages, as well as reasonable expectations for improvement
 - Rapid dissemination of best practices across the industry
- Move from a culture of reporting to one of performance
 - Reporting is a must
 - Utilize the data that you have to report to gain value from other’s performance and experience



What is a PSO?

- Created by the Patient Safety Act to encourage the expansion of voluntary, provider-driven initiatives to **improve the quality and safety of healthcare**; to promote rapid learning about the underlying causes of risks and harms in the delivery of healthcare; and to share those findings widely, thus speeding the pace of improvement
- The mission and **primary** activity of the PSO **must be to conduct activities that are to improve patient safety and the quality** of health care delivery
- Key concepts: PROTECTION and AGGREGATION
- Expected Results: Comparative Reports, New Knowledge, Collaborative Learning



What is EQUADRSM?

- Exchanged Quality Data for Rehabilitation
- Network of 14 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





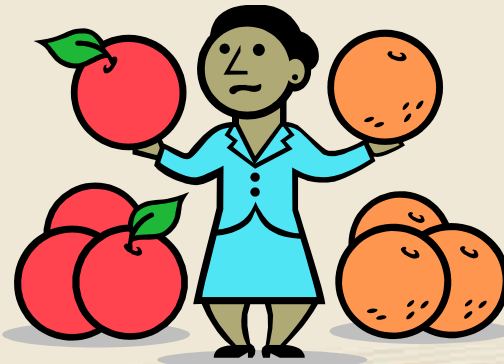
Why operate EQUADRSM through a PSO?

- Identified need to preserve confidentiality
 - Communications with PSOs are protected
 - Patient Safety Rule protections enable PSOs to work with multiple providers
 - Federal protection of data submitted, generated, and disseminated by the PSO
- Strong government and regulatory encouragement to join a PSO
- Currently the only PSO specifically targeted to rehabilitation
- Mission and vision of EQUADRSM closely mirrors the AHRQ vision for PSOs



Rehab is different!

- Outcomes are going to be different based on position within the continuum of care and patient population
- Length of stay variations from both acute care and SNF
- Indicators for EQUADRSM are chosen based on the needs of participants (rehab hospitals), regulatory requirements, and evidence-based practice



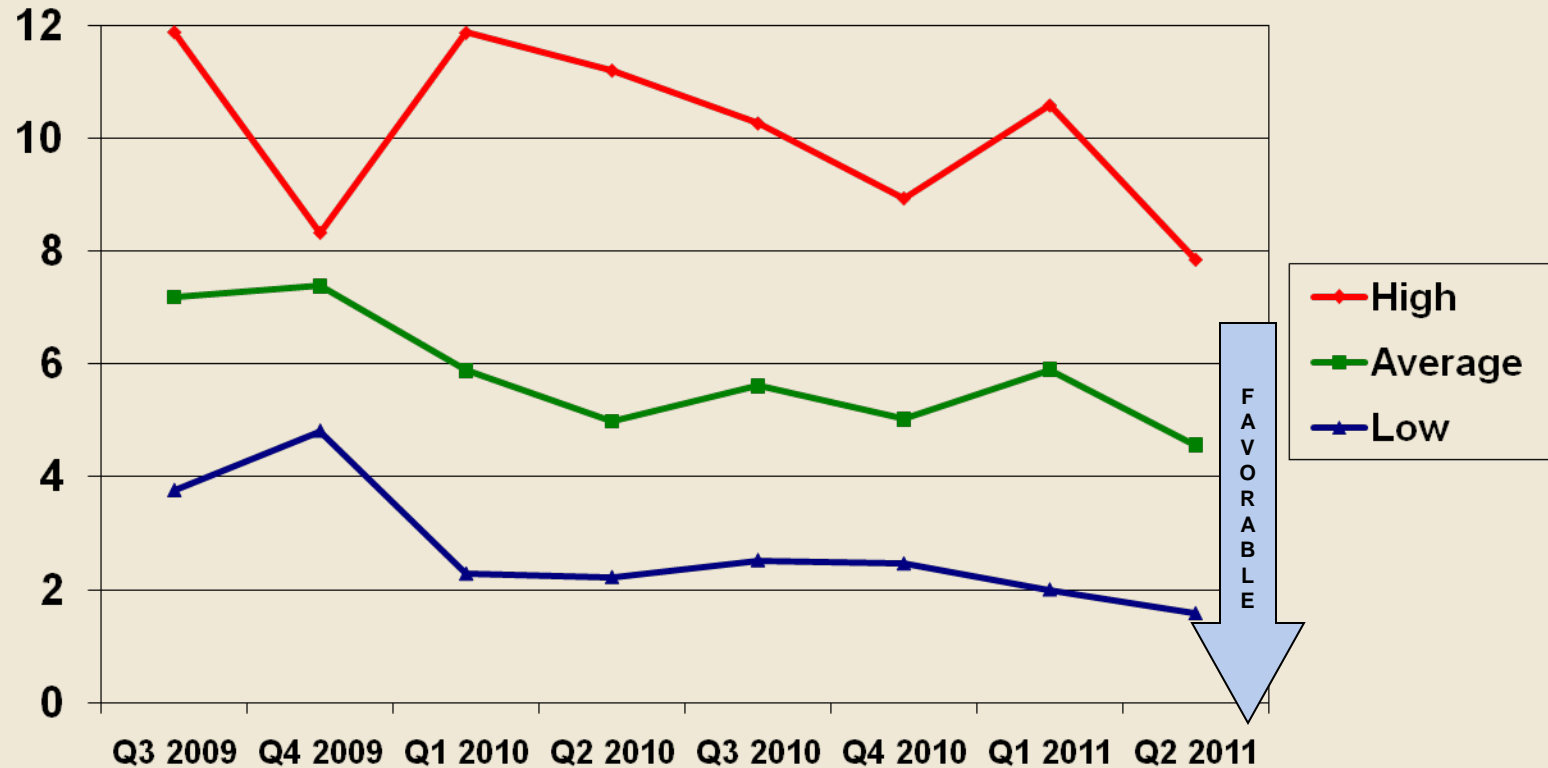


Current Measures

- Code Blue
- RRT Calls
- Restraint Utilization
- Healthcare-acquired Conditions
 - Unassisted Falls
 - Pressure Ulcers
 - Thromboembolic Events (DVT/PE)
- Healthcare-acquired Infections
 - MRSA
 - C-diff
 - CAUTI

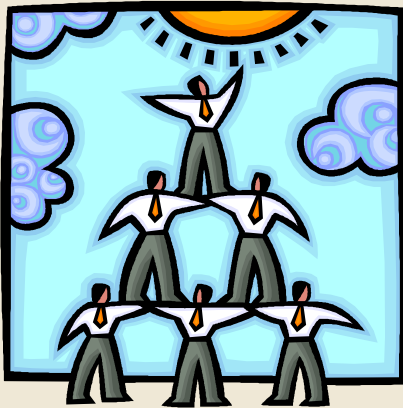


Unassisted Falls per 1,000 patient days



EQUADRSM Successes

- Drive quality improvement and patient safety initiatives across the industry
- Partnership with MediServe for information technology structure and support



- Preparation for upcoming regulatory requirements
- Provides a “safety zone” to discuss sensitive issues such as falls and restraint use
- Membership now at 14 IRFs



Challenges and Opportunities

- All participation is voluntary and non-exclusive - facility will be offered the opportunity to participate
- Participation does require adherence to the confidentiality and privilege provisions of the Patient Safety Act Final Rule
- Decision as to how to implement or integrate results into operations is up to each facility
- Balance of confidentiality and transparency

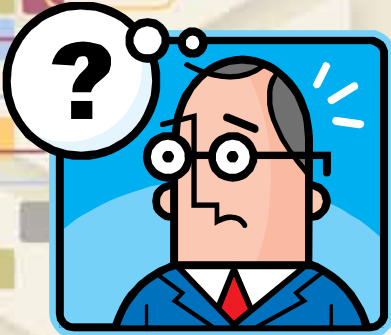


Future Directions...



- Continued growth
- Stratified data
- Partnership with MediServe for a more powerful information technology structure
- Patient-level data
- Risk models





Questions?



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Links

- <http://www.equadr.org>
- <http://www.pso.ahrq.gov>
- <http://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting>





References

- CMS 2008 RAC Demonstration Evaluation Report.
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- CMS 2010 RAC Demonstration Report
<http://www.cms.gov/RAC/Downloads/DemoAppealsUpdate61410.pdf>
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