Pittsburgh Regional Healthcare Initiative

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Ending the duplication and waste

Transforming "Reporting" into a valuable tool

More than 100,000 pages of Medicare regulations govern the operations of hospitals and clinicians. This tangle of regulation and private oversight subjects hospitals to an array of overlapping but generally uncoordinated reporting requirements for clinical, safety and operations information. ***Learning***—the point of all the reporting—can get buried in the process.

Hospitals are also subject to numerous, duplicative onsite inspections from public and private oversight bodies, generally referred to as onsite "surveys." Most surveys are still designed based on outdated methodologies.

The growing commitment to quality, safety and transparency offer an opportunity to align hospitals' external reporting with valid and useful measures of day-to-day performance for internal managers. The recent consolidation of clinical process measure reporting among CMS / AHA / JCAHO (see below) – with financial requirements from CMS to participate – is a positive development that should serve as a catalyst for further coordination of reporting and greater openness around clinically valid care measures.

There is a glimmer of hope on the survey side as well, with JCAHO moving its activity toward unannounced surveys – which promises to provide a more accurate picture of actual operations, reduce the tremendous waste and cynicism associated with preparation for announced inspections, and move hospitals toward a focus on quality as organizational bedrock vs. a compliance issue. JCAHO has also begun piloting "patient tracer" surveys, where JCAHO inspectors and hospital leaders follow the care of specific patients to assess quality and problem solving capacity. One local hospital CEO has actually adapted the patient-tracer methodology and uses it weekly to identify problem-solving opportunities across the organization. However, JCAHO can shift even more aggressively in these directions and other bodies – especially the State – must commit to reducing surveys, coordinating necessary surveys, and modernizing survey methods.

Below are preliminary action recommendations for PRHI. The following three pages contain a table showing typical hospital reporting and survey requirements in Pennsylvania, from the point of view of a hospital manager.
We are eager for feedback and suggestions from PRHI partners regarding this material. Please direct your comments to Ken Segel (ksegel@prhi.org) and Naida Grunden (ngrunden@prhi.org)

Preliminary Action Recommendations for PRHI

Your feedback is sought!

Reporting

- ✧ Tie future clinical data efforts to emerging CMS/AHA/JCAHO measures to maximum extent possible.
- ✧ Work with State government stakeholders to unify reporting of medical errors and infections among the Patient Safety Authority, PA Health Care Cost Containment Council and any other state body with emphasis on simple capture and problem-solving usefulness.

Surveys

✧Promote JCAHO unannounced survey regime and "patient tracer" methodology. These techniques are patient-centered and reflect the realities of day-to-day management. Meanwhile, urge JCAHO to reduce and simplify its underlying set of standards.

✧Consider with hospital and health plan partners pilot "accreditation" efforts based on how well and quickly valid clinical information from "point of care" is shared and acted upon across the institution. National Committee on Quality Assurance has expressed unofficial interest in Pittsburgh as a potential pilot site.

✧Advocate with the State and to the extent possible private bodies to radically reduce number of surveys, and coordinate and modernize approach for any necessary surveys. Move to all unannounced and non-punitive surveys, and follow actual patient care.

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Typical Hospital Reporting and Survey Requirements, *(simplified)*

Typical Reporting Requirements					
Entity/Agency	Entity/Agency Role	Data Reported	Reason for Reporting	Frequency	Comment
American Hospital Association	Partnering w/CMS, JCAHO to develop uniform approach to collecting hospital performance data and sharing that information w/public	10 initial process data elements: heart attacks, heart failure, CA pneumonia	Voluntary, but CMS has tied full 2005 payment update to participation	Quarterly	Measures considered clinically valid; strongly associated w/better outcomes
Center for Medicare & Medicaid Services (CMS)	See above	See above	See above	See above	
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	Accreditation for hospitals; provides hospitals "deemed" status for CMS. Also part of AHA/CMS partnership Sentinel Events	Core measures (Initially hospitals could select among broad set of measures and systems. Increasingly congruent w/AMA, CMS partnership. Errors, near misses as defined by JCAHO	Required for accreditation	Quarterly	Most hospitals in PA use Mediqual system to report JCAHO core measures JCAHO sentinel event reporting requirements have shaped how many hospitals approach error reporting
Quality Insights of PA (QIP)	Contracted by CMS for PA to assist in quality improvement. Implements CMS national initiative to improve care across continuum	Clinical: AMI, CHF, CA Pneumonia, surgical infections Some utilization/billing issues	Collaboration required as a Medicare provider	Varies by area, audit request	
Pennsylvania Health Care Cost Containment Council (PHC4)	Monitors and reports quality and cost indicators of health care services provided in PA hospitals	Key clinical data elements (drawn from chart review and billing codes) from inpatients cv. LOS, mortality rates, complication rates, readmission rates, patient safety indicators, and hospital charges. Submitted via Mediqual system (required)	Required by State Law	Quarterly	Reauthorization required reducing reporting to less than 50% of charts. Most hospitals use Mediqual system to meet JCAHO/AHA/CMS reporting as well. New infection reporting requirement to focus initially on four major categories of infection. Overlap w/PSA, PRHI
Commercial Insurers	Insurance companies' traditional quality monitoring and pay for performance pilots	Assurance activity varies by plan. Most look at same population as CMS. Pay for quality pilots use process and outcome measures in select areas.	Assurance activity is a contractual requirement. Pay for quality programs tie small part of revenue to attaining quality targets	Varies by plan	Only a few plans have pilot pay for quality efforts. Financial stakes modest to date.
Leapfrog Group	Public reporting to measure compliance with specific safe practices	3 quality measures initially; expanding to 30	Voluntary, encouraged by purchasers	Annual survey	
Pittsburgh Regional Healthcare Initiative	Regional collaborative to improve performance of the health care system	CLABS (ICU/MRSA), MRSA VAP, MRSA operative wounds (hips, knees, sternums), medication errors (via Med Marx), cardiac surgery data	Shared learning	Varies	(Other PRHI clinical information derived via HC4 data set – no additional collection burden on hospitals)

Entity/Agency	Entity/Agency Role	Data Reported	Reason for Reporting	Frequency	Comment
PA Department of Health (DOH)	State licensing agency	Serious events, elopements, fall/med errors resulting in injuries, patient injury or accident, infrastructure failures, EMTALA issues	Required by PA Chapter 51 and Medical Care Availability & Reduction of Error Act (Act 13)	Within 24 hours of event	All to be reported to Patient Safety Authority (PSA). PSA passes information on required events to DOH. Hospitals mistrust DOH re: punishment for error reporting.
Patient Safety Authority	Independent PA agency charged by M-Care Act to help reduce medical errors in PA	Serious events and incidents Technically includes healthcare-acquired infections and all unsafe conditions	Required by M-Care Act (Act 13)	24 hr of serious event; monthly for incidents. Info passed to DOH	Program being trailed at 20 hospitals. Alerts and safety bulletins being sent to hospitals, but not open at this point to decentralized entry or allowing open access to database for learning.
FDA	Federal agency	Events where patient death/injury may have been caused or contributed to by a medical device	Required by Safe Medical Device Act	Within 10 days of event	
Typical Survey Requirements					
Entity/Agency	Entity/Agency Role	Data Reported	Reason for Reporting	Frequency	Comment
JCAHO	Hospital Accreditation	Inpatient and outpatient areas	Every 3 years	5	JCAHO has announced that all surveys will be unannounced beginning in 2006
JCAHO	Home care accreditation	Home care	Every 3 years	3	JCAHO has announced intention to have all surveys occur at same time
PA Department of Health; Division of Acute and Ambulatory Care	State license	Inpatient and ambulatory areas	Every 3 years	5	
"	State license	Home care licensing for state AND Medicare home health participation	Every 3 years	4	None of various PA DOH surveys occur on same days
"	Inpatient Psychiatry	Inpatient psychiatry	Every year	1	"
PA Department of Health; Division of Emergency Medical Services	State licensing	Certain emergency medical services	Every 3 years	1	"
PA Department of Health	Life safety inspection	Inpatient / ambulatory areas	Every 2 years	5	"
PA Department of Health; Bureau of Laboratories	State and Clinical Lab Improvement Amendment licenses	Pathology / labs	Every 2 years	1	"
PA Department of Public Welfare (DPW)	State licensing	Outpatient Psychiatry	Every 2 years	1	Not at same time as partial psych survey
PA DPW	State licensing	Partial hospitalization program (psych)	Every 2 years	1	Not at same time as outpatient psych survey

Entity/Agency	Entity/Agency Role	Data Reported	Reason for Reporting	Frequency	Comment
PA Department of Environmental Resources (DER)	State licensing of radioactive materials and x-ray equipment	Nuclear medicine & parts of cardiology and radiology depts	Every 2 years	3	Not coordinated w/other State surveys
Allegheny County Health Department	Infectious Disease Review	Charts: Reporting of infectious disease	1-2 times per year	1	
Allegheny County Health Department	Food Safety Inspection	Main kitchen and cafeteria	Every year	1	
Allegheny County Health Department	Food Safety Inspection	Gift shop	Every year	1	Not same date as ACHD review of main kitchen & cafeteria
Environmental Protection Agency (EPA) for the Food & Drug Administration (FDA)	Mammography regulations	Mammography imaging areas	Every year	1	Separate survey dates for each site where mammography performed
Food and Drug Administration (FDA)	Federal license	Blood bank	Unannounced, at least every 2 years	1	Note that this survey is unannounced.
Health Resources & Service Administration (HRSA)	Progress of federal grants	Various	Every 2 years	1	
Commission on Accreditation of Transport Services (CAMTS)	Program accreditation	Certain emergency services	Every 3 years	2	
Accreditation Council for Continuing Medical Education (ACGME)	CME accreditation/ institutional review	Whole institution	Every 4 years	1	
Accreditation Council for Continuing Medical Education (ACGME)	Accreditation	Certain services	Every 5 years	1	
American Board of Internal Medicine	Certification of house staff evaluations	Various programs	Every 5 years	1	
American Association of Blood Banks	Accreditation	Blood Bank	Every 2 years	2	Not same date as FDA review of blood bank
American Institute of Ultrasound in Medicine	Certification for ultrasound units	No on-site survey; just documentation submission	Every 3 years	N/A	
College of American Pathologists	Accreditation	Pathology & certain labs	Every 2 years	1	
College of American Pathologists	Accreditation	Blood gas lab	Every 2 years	1	Occurs w/in 2 weeks of pathology review
PA Trauma Systems Foundation	Accreditation	Trauma	Every 3 years	1	
Residency Review Committee for Internal Medicine	Accreditation	Various programs	Every 18 months (approx.)	3-5	
Workers' Comp insurance carrier	Safety issues / contractual	Inpatient and ambulatory		No set schedule	