Opportunities for Safer, More Reliable Patient Care

As many as 98,000 Americans die each year because of medical errors that are made in hospitals. Others suffer disability or permanent functional impairment. Hundreds of thousands more experience the risks associated with unnecessary tests, procedures and hospitalizations.

The CMS National Patient Safety Initiative (NPSI) is a focused effort under the Medicare QIO Program designed to protect patients by improving health care processes and systems. Since 2008, the NPSI has directly benefited over 120,000 patients through the hospitals and nursing homes that participate in QIO-led patient safety initiatives.

As the patient safety field experts for the Medicare program, QIOs provide hospitals and nursing homes with the technical assistance they need to establish an organizational culture that supports patient safety and to improve clinical processes like surgical care and infection control. Health care providers and QIOs have the same goal: safer, more reliable patient care.

Where QIOs Are Focusing

QIOs are focusing on six patient safety priorities:

- Reduce rates of health care-associated methicillin-resistant Staphylococcus aureus (MRSA) infection;
- Reduce rates of pressure ulcers in nursing homes;
- Reduce rates of physical restraint use in nursing homes;
- Improve inpatient surgical safety rates and heart failure treatment by hospitals;
- Improve drug safety by reducing rates of drug-drug interactions and decreasing the prescription of potentially inappropriate medications; and
- Provide intensive support to nursing homes most in need of assistance to improve care.

How QIOs Are Making an Impact

Medicare QIOs work one-on-one with health care providers to improve the quality and reliability of patient care and eliminate factors that may lead to harm. Facilities that engage in QIO improvement initiatives have access to valuable tools, resources and data reports measuring their progress.

The direct technical assistance that health care providers receive from expert QIO staff is even more valuable. QIOs customize their services to each facility’s improvement goals; for example, leading a root cause analysis to identify where changes to processes of care are most likely to result in better performance. QIO staff remain in

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contact with health care providers throughout an improvement initiative, using a combination of on-site consultation, ongoing email and phone support, webinars, teleconferences, education and training programs where participants can learn from experts and exchange evidence-based clinical interventions.

Under the NPSI, QIOs are also helping to improve the delivery of care to underserved populations. Rural America is home to over one-third of long-term care residents and research reveals that rural areas also have higher concentrations of elderly residents entering nursing homes. In July 2009, 40 QIOs expanded their pressure ulcer and physical restraints projects to include nearly 500 additional rural nursing homes to address these needs.

QIOs are on the forefront of evidence-based quality improvement. Designated National Quality Improvement Leaders (NQILs) from each QIO serve as patient safety champions, linking their organizations to quality leaders at the national and local levels. NQILs come together at least three times a year to stay current on proven, evidence-based interventions and to share effective strategies for addressing local and regional needs. CMS measures the impact that QIOs have on the following patient safety goals throughout the project.

### How QIOs Measure Results

QIOs are expected to achieve results and are held accountable for the performance of the health care providers that they assist. CMS measures the impact that QIOs have on the following patient safety goals throughout the project.

- For MRSA, at least 50% of the participating hospitals will achieve a 28% reduction in infection and/or transmission rate as compared to baseline;
- Nursing homes will demonstrate at least an 8% relative improvement in pressure ulcer rates;
- Nursing homes will demonstrate at least a 20% relative improvement in physical restraint rates;
- Hospitals participating in the surgical care and heart failure improvement projects will be measured on their progress toward national benchmarks; and
- Nursing homes that CMS has identified as most in need of QIO technical assistance (“Nursing Homes in Need”)—will demonstrate an average relative improvement of at least 10% over baseline for both pressure ulcer and physical restraint measures.

### For More Information

- **Medicare QIO Program** ([www.cms.hhs.gov/qualityimprovementorgs](http://www.cms.hhs.gov/qualityimprovementorgs)) provides an overview of the QIO Program.
- **MedQIC** ([www.qualitynet.org/medqic](http://www.qualitynet.org/medqic)) is a resource for quality improvement interventions and associated tools, toolkits, presentations, and other resources. (Click on “hospital” or “nursing home” tabs for resources)
- **AHRQ** ([www.ahrq.gov/qual](http://www.ahrq.gov/qual)) is a resource on clinical topics and drug therapy.
- **Hospital Compare** ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)) provides information on how well hospitals care for patients with certain medical conditions or surgical procedures.
- **Nursing Home Compare** ([www.medicare.gov/nhcompare](http://www.medicare.gov/nhcompare)) is a quality-rating tool on every Medicare and Medicaid-certified nursing home in the country.
- **Advancing Excellence in Nursing Home Campaign** ([www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)) is a source for professionals and consumers who want to work together to improve the nation’s home care.

For additional QIO executive summaries, visit [www.cms.hhs.gov/qualityimprovementorgs](http://www.cms.hhs.gov/qualityimprovementorgs).