

QIO Program: Improving Individual Patient Care



Making Care Safer

There is no longer any question: adopting safer processes for delivering health care can save lives and lower costs. As a result, hospitals, nursing homes, physicians and pharmacists across the country are focusing increased attention on improving safety for every patient.

The Quality Improvement Organization (QIO) Program is an ally in this effort. From August 2011 through July 2014, health care providers and stakeholders are encouraged to join in local improvement initiatives that target three high prevalence, high cost clinical topics: hospital-acquired infections, such as central line associated bloodstream infections; health care-associated conditions in nursing homes, including pressure ulcers; and adverse drug events, like those that may result when older people take multiple medications.

A Major Force for Improvement

QIOs in every state and territory, united in a network administered by the Centers for Medicare & Medicaid Services (CMS), have the flexibility to respond to local needs. At the same time, they offer providers the opportunity to contribute to broader health quality goals, such as those set by the US Department of Health & Human Services' National Quality Strategy and its Action Plan for Reducing Health Care-Associated Infections.

Current QIO Program initiatives are aligned with other major health quality improvement programs and can help providers prepare for value-based purchasing, meet their commitment to the Partnership for Patients, and comply with certain accreditation or licensure requirements.

New Ways to Work Together

The latest in improvement science, including new models for accelerating and spreading change, has shaped the QIO Program's approach. This means providers have more and different ways to be a part of QIO initiatives. QIOs are functioning differently, too. Rather than limiting their role to technical assistance, they are convening statewide learning and action networks (LANs) that recognize everyone has knowledge that can contribute to better care. By participating in a LAN, health care providers can harness the power of a 24/7 community for addressing common challenges, connect with a peer facility for mentoring, and be the first to know about improvement breakthroughs—and how they can replicate them in their own facility or practice.

Bold Goals for Better Care

Health Care-Associated Infections in Hospitals

Hospitals that join in the QIO Program's health care-associated infection (HAI) initiatives will contribute to as much as a 50% reduction in national HAI rates. The initiative will reduce central line-associated blood stream and catheter-associated urinary tract infections by implementing the Comprehensive Unit-Based Safety Program (CUSP); *Clostridium difficile*, and surgical site infections. Hospitals that participate in QIO initiatives can expect to receive

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The QIO Program is an integral part of the U.S. Department of Health and Human Services' National Quality Strategy and is the largest federal program dedicated to improving health quality at the community level. As a major force and trustworthy partner for the continual improvement of health and health care for all Americans, QIOs work with patients, providers and practitioners across organizational, cultural and geographic boundaries to spread rapid, large-scale change. The work that QIOs perform spans every setting in which health care is delivered, even the critical transitions between those settings. The Program focuses on three aims: better patient care, better individual and population health, and lower health care costs through improvement.

Quality Improvement Organization Program

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technical assistance for reporting HAI data, as well as opportunities for peer-to-peer learning through the statewide LAN, access to and training on evidence-based tools like the central line checklist, support for rapid-cycle improvement, and strategies for spreading success within their hospital.

Health Care-Acquired Conditions in Nursing Homes

Nursing homes that join in the QIO Program's health care-acquired conditions (HAC) initiatives will contribute to a 40% national reduction in HAC rates. Work to reduce HACs begins with technical assistance to improve pressure ulcer prevention and reduce physical restraint use, building on the success of nursing homes that participated in recent QIO Program initiatives on these topics. Facilities can expect to receive onsite consultation by QIO staff, training in quality improvement skills, evidence-based tools and resources, and ongoing education. Beginning in 2013, QIOs will launch a statewide LAN for nursing homes that will address catheter-associated urinary tract infections, falls and other HACs. LAN participants can learn from local and national peers, obtain evidence-based tools and resources, and participate in improvement collaboratives.

Adverse Drug Events in the Community

Outpatient providers who join in the QIO Program's adverse drug event (ADE) initiative will be contributing to a national goal of reducing ADEs in 265,000 lives per year. In several communities in every state and territory, QIOs are bringing together clinical pharmacists, primary care clinics, and other providers that care for older patients with multiple chronic conditions who are at risk for the potentially negative consequences of polypharmacy. The initiative is modeled on the Health Resources and Services Administration's successful Patient Safety and Clinical Pharmacy Services (PSPC) Collaborative. Participants can expect to benefit from participation in a statewide LAN, access to evidence-based tools for assessing pharmacy processes and implementing safer practices, support for rapid-cycle improvement, and strategies for spreading success within their community.

Accurate Data about Hospital Quality

Good data means more transparency about the state of quality and safety at America's hospitals. The clinical data QIOs guide hospitals in collecting are the same data CMS uses to populate the Hospital Compare website, which is designed to help consumers choose where to receive care. They also are the same data CMS will use to calculate hospitals' value-based payment rates. Just as they have in the past, QIOs will offer technical assistance to all Medicare-participating hospitals for reporting inpatient and outpatient quality data to CMS. This includes help with the reporting tool, updates on measure definitions and reporting procedures, and responsiveness to facility-specific issues and questions.

Learn More and Become Involved

The QIO Program invites all health care providers, Medicare beneficiaries and family members, and other health quality stakeholders to be part of these new improvement initiatives. More information about the QIO Program is available online at www.cms.gov/qualityimprovementorgs.