



September 25, 2011

Dear Eligible-Hospital CEO,

Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization for the state of Arizona, invites your hospital to participate in a collaborative that will improve patient safety, support full Medicare reimbursement, secure value-based purchasing incentives, and achieve high performance on the publicly reported *Hospital Compare* hospital-acquired infection (HAI) metrics.

Nationally, the Centers for Medicare & Medicaid Services (CMS) has directed all of its Quality Improvement Organizations to focus on HAI prevention. HSAG has been funded to work with 15 Arizona hospitals in an **Arizona HAI Prevention Collaborative** (see details in accompanying documents). The Collaborative is being fully coordinated with the activities of HSAG's statewide partners—Arizona Hospital and Healthcare Association, Arizona Department of Health Services, and the Grand Canyon Chapter of the Association for Professionals in Infection Control and Epidemiology—as well as with the Partnership for Patients and its Hospital Engagement Contractors. The HAIs targeted for this Collaborative are, or soon will be, required for CMS public reporting and display on *Hospital Compare*.

Participation in the Collaborative allows hospitals to take advantage of, at no cost, CMS-funded HSAG services that can supplement and enhance your existing HAI program. HSAG will facilitate an Arizona HAI Learning and Action Network (LAN) and provide national speakers/trainers, on-site technical assistance, WebExs, quality improvement tools, and other resources for infection professionals and hospital HAI prevention teams.

Your hospital is among the first in Arizona to be offered this opportunity because of your recognized commitment to patient safety, history of successful participation in past quality improvement activities with HSAG, and involvement with the Partnership for Patients initiative. Please review the attached materials and share them with key staff and personnel.

We are confident that the Arizona HAI Prevention Collaborative will add value to your infection prevention efforts. To join the Collaborative, please sign the enclosed Participation Agreement and fax it to HSAG at 602.241.0757 by October 5. In addition, CMS requires a separate Board Member's signature along with your own in keeping with the national goal of "Getting Boards on Board" to promote patient safety. For additional information, please contact Charlie Chapin at 602.801.6940 or [cchapin@hsag.com](mailto:cchapin@hsag.com). We look forward to working with you, your staff, and our Arizona partners in HAI prevention. Thank you for your consideration, and welcome to the Collaborative!

Sincerely,

Mary Ellen Dalton, PhD, MBA, RN  
Chief Executive Officer

Howard Pitluk, MD, MPH, FACS  
Vice President, Medical Affairs / Chief Medical Officer

Attachments: As stated



## *The Arizona Healthcare-Associated Infections Prevention Collaborative —Overview & Frequently Asked Questions—*

### **What is the Arizona HAI Prevention Collaborative?**

Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization for Arizona, has received funding from the Centers for Medicare & Medicaid Services (CMS) to work with Arizona hospitals on a national initiative to reduce healthcare-associated infections (HAIs) over the next three years. The project aligns with the U.S. Department of Health and Human Services (DHHS) National Strategy for Quality Improvement in Health Care, Action Plan to Prevent Healthcare-Associated Infections, Partnership for Patients (PfP), and other national initiatives.

The Arizona HAI Prevention Collaborative focuses on the prevention of central-line associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTIs), surgical-site infections (SSIs), and *Clostridium difficile* infections (CDIs). Public reporting of all four HAIs is or will be required of all hospitals for Hospital Compare: CLABSI began 1/2011, CAUTI and SSI will begin 1/2012, and CDI is proposed for 1/2013.

The Arizona HAI Prevention Collaborative is being fully coordinated with HSAG's statewide partners: Arizona Department of Health Services (ADHS), Arizona Hospital and Healthcare Association (AzHHA), and the Association for Professionals in Infection Control—Grand Canyon Chapter (APIC-GC).

The CMS funding will help establish an Arizona HAI Prevention Collaborative Learning and Action Network (LAN), providing national speakers/trainers, technical assistance, WebExs, quality improvement (QI) tools, and other resources for infection professionals (IPs) and hospital HAI prevention teams. The Arizona HAI Prevention Collaborative LAN will be conducted in partnership and with the full collaboration of ADHS, AzHHA, and the APIC-GC.

Another component of the project is to provide additional hospital-specific quality improvement resources. In addition to the LAN activities, funding will support HSAG QI staff to work more intensely with 15 of the hospitals. HSAG's QI services will include on-site consultation, HAI team support, comparative peer group data, assistance in the development and implementation of a QI plan, customized QI tools and resource materials, and connecting hospital teams with their colleagues and counterparts to share knowledge and best practices.

### **What about other HAI quality improvement initiatives that are being or will be conducted?**

HSAG will ensure that this project aligns with other initiatives such as PfP and On the CUSP. As CMS designed, project activities are identical to or expand on many of the PfP objectives. There will not be any duplicative efforts for hospitals that join both initiatives. As an example, hospitals that most recently worked with HSAG on the Surgical Care Improvement Project (SCIP) fielded a patient safety survey: some of those same hospitals went on to join the On the CUSP project, and those SCIP patient safety survey results obtained with HSAG were used for On the CUSP.

### **Why has CMS chosen HAIs for improvement efforts?**

HAIs are among the leading causes of morbidity and mortality in the United States. The Centers for Disease Control and Prevention estimates that 1 in 20 hospitalized patients develop an HAI. In addition to the potentially devastating impact of HAIs on the lives of patients and their families, the financial costs are enormous. It is estimated that HAIs lead to an additional \$28–\$33 billion dollars in health care expenditures annually.

The following statistics make a compelling case for hospitals to actively pursue evidence-based processes to eliminate these HAIs.

- CLABSIs cause an estimated 500 to 4,000 patient deaths annually in the United States, and the reported range for patient care cost attributed to CLABSI is \$3,700–\$29,000 per episode.

- It is estimated that each CAUTI costs \$758 with more than 560,000 occurring per year, or over \$425 million annually.

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### How does the Arizona HAI Prevention Collaborative fit with new and proposed changes to the CMS inpatient payment system?

Starting in 2012, Medicare will reward hospitals that provide high quality care for their patients through the new Hospital Value-Based Purchasing (VBP) program. This program marks the beginning of a historic change in how Medicare pays health care providers and facilities: for the first time, CMS will pay hospitals across the country for the quality of care provided, not just the quantity of services billed. In fiscal year 2013, the Hospital VBP program will distribute an estimated \$850 million to hospitals based on their overall performance on a set of quality measures that have been linked to improved clinical processes of care and patient satisfaction.

Currently, hospitals lose revenue when patients develop certain hospital-acquired infections. HAIs are part of the CMS targeted Hospital-Acquired Conditions (HACs) for reduced reimbursement. Decreasing the number of hospital-acquired infections, such as CLABSI and CAUTI, translates to full CMS reimbursement for hospitals.

As the Medicare Quality Improvement Organization for Arizona, HSAG is well-suited to assist your hospital in building QI processes and an infrastructure necessary to achieve performance standards for the Hospital VBP program.

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### What are some advantages to participating in the Arizona HAI Prevention Collaborative?

Hospitals that participate in the Arizona HAI Prevention Collaborative can:

- Avoid adverse effects associated with HAIs including, but not limited to, extended length of stay, costly treatment, and increased debilitation.
- Avoid the costs of regulatory non-compliance, bad publicity, and potential litigation.
- Gain a good reputation for providing quality care.
- Learn ways to improve care transitions with skilled nursing facilities.
- Improve publicly reported measures on Medicare's *Hospital Compare* Web site, which can be viewed by the public.

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### How will HSAG help hospitals reduce HAIs?

HSAG is dedicated to and funded for working with 15 participating hospitals to implement proven, evidence-based methods for improvement in the reduction and management of HAIs. Participating hospitals will gain access to the education, training, and tools necessary to reduce HAIs. Participants will receive routine feedback reports with comparative statistics and have an opportunity to learn from nationally known speakers, collaborate with HSAG team members, and share results and lessons learned with other participating hospitals.

HSAG has successfully achieved all CMS performance benchmarks in various provider settings since CMS initiated the original Healthcare Quality Improvement Initiative in 1993. HSAG provides the support of its interdisciplinary Patient Safety Team that includes board-certified physicians, certified quality improvement and infection control specialists, pharmacists, data analysts, biostatisticians, and administrators.

The hospitals that worked most recently with HSAG on the CMS Surgical Care Improvement Project (SCIP) achieved significant improvements in their quality measures. As a group, the 15 hospitals improved their infection prevention measures by 31 percent and their venous thromboembolism measures by 22 percent.

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### What do hospitals that have worked with HSAG in the past have to say?

Hospital leaders describe HSAG as a “. . . valued partner . . .” that has “. . . dramatically helped our hospital improve . . .” and who they would “. . . highly recommend partnering with for any quality issue improvements . . .” See the included document: *What Arizona Health Care Leaders Have to Say About Working with Health Services Advisory Group*.

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### How much does it cost to participate?

There is **no charge** to hospitals that participate in the Arizona HAI Prevention Collaborative. CMS has funded HSAG to facilitate this effort over the three-year period. The price is commitment – for participating hospitals to strive for improvement and sustainably in their patient care. HSAG will help you help your patients. The goal is the right care at the right time, every time.

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**Is this project in alignment with the Joint Commission Patient Safety Goals?**

The improvement goals, aims, and tasks of this project are in alignment with The Joint Commission's (TJC's) Hospital National Patient Safety Goals:

- NPSG 07.01.01: Comply with either the current Centers for Disease Control and Prevention (CDC) hand-hygiene guidelines or the current World Health Organization (WHO) hand-hygiene guidelines.
- NPSG 07.03.01: Implement evidence-based practices to prevent healthcare-associated infections due to multidrug-resistant organisms in acute care hospitals.
- NPSG 07.04.01: Implement evidence-based practices to prevent central line-associated bloodstream infections.
- NPSG 07.05.01: Implement evidence-based practices for preventing surgical site infections.
- NPSG 07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTIs).

HSAG will be providing evidence-based best practices, resources, references, and subject matter experts to assist hospitals with implementing TJC patient safety goals related to reducing infections.

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**How can we sign up for the Arizona HAI Prevention Collaborative?**

HSAG requests that the chief executive officer and one member of your board of directors sign the accompanying Participation Agreement as a demonstration of your hospital's commitment to the project.

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**HSAG CONTACT**

Charlie Chapin, MS, CHCA • Patient Safety Director • Health Services Advisory Group, Inc. • [cchapin@hsag.com](mailto:cchapin@hsag.com) • 602.801.6940



## *The Arizona Healthcare-Associated Infections Prevention Collaborative —Project Participation Activities—*

*The following information describes the project activities of HSAG and the participating hospital. The 36-month Centers for Medicare & Medicaid Services (CMS) project supports the U.S. Department of Health and Human Services (DHHS) National Strategy for Quality Improvement in Health Care and the Partnership for Patients initiative.*

### **HSAG Activities**

1. Identify training needs and provide the resources and assistance to meet those needs.
2. Provide nationally recognized subject matter experts for collaborative meetings and Webinars.
3. Offer on-site consultative services delivered by quality specialists.
4. Assist your HAI team to identify opportunities for improvement and develop targeted interventions.
5. Provide evidence-based interventions, tools, resources, and learning materials for HAI Prevention.
6. Assist physician and administrative champions in establishing their roles and responsibilities.
7. Conduct a needs-assessment and help interpret results to implement improvement plans.
8. Assist physician and administrative champions in establishing their roles and responsibilities.
9. Provide feedback reports with comparative statistics and temporal trends to supplement internal dashboards.
10. Monitor ongoing progress and help evaluate the effectiveness of specific interventions.
11. Identify high performers and provide a teach-learn environment that fosters peer-to-peer assist.
12. Provide technical assistance and information updates on CMS/CDC reporting requirements.
13. Assist as needed in the development and implementation of policies/procedures and protocols to achieve sustainable HAI prevention.

### **Hospital Activities**

1. Commit to reducing targeted HAIs and implementing prevention strategies.
2. Actively participate throughout the project, including involvement of the CEO or a delegate as an executive leadership champion.
3. Form an interdisciplinary HAI team with an identified physician champion who will promote HAI activities and serve as a liaison between the HAI team and the medical staff.
4. Report HAI (CLABSI, CAUTI, SSI, and CDI) data to the National Healthcare Safety Network (NHSN) database and confer NHSN rights to HSAG. These are HAIs that are, or soon will be, required for CMS' *Hospital Compare* public reporting.
5. Participate in periodic HSAG on-site visits to be scheduled during your regular HAI team meetings in order to minimize staff time and maximize quality improvement strategies.
6. Work with HSAG staff to develop an action plan to reduce HAIs that is tailored to the needs of your hospital.
7. Participate in HSAG-facilitated Learning and Action Network collaborative meetings, Webinars, and conference calls—including sharing best practices, lessons learned, and success stories.



## *The Arizona HAI Prevention Collaborative —Participation Agreement—*

The below-listed entities are entering into a voluntary agreement to participate in the CMS National Action Plan to Prevent HAIs through the Arizona HAI Prevention Collaborative.

### **Project Components and Activities**

Detailed descriptions of project components and participant activities are available in the attached Participant Activities document.

### **Confidentiality**

HSAG will keep confidential any information collected from the hospital in accordance with §1160 of the Social Security Act and the requirements at 42 CFR 480. This means that:

- No information can be shared with another party without the written permission of the hospital.
- Information that the hospital shares with HSAG will not be used for purposes other than for participation in this initiative, unless approved by the hospital.
- No proprietary information (such as business plans, business strategies, protocols, policies, procedures, or educational materials) will be shared with other parties unless the hospital gives its written consent.

For purposes of reporting to stakeholders and other interested parties, the hospital grants HSAG permission to release the hospital name as an active project participant.

### **Agreed**

\_\_\_\_\_  
*Print Name of Organization*

**Note:** If a Board Member is not immediately available for signature, please fax the Agreement with just the CEO's signature in order to secure your hospital's place in the Collaborative; a copy with the Board Member's signature may be sent at a later date.

\_\_\_\_\_  
*Print Chief Executive Officer Name and Title*

\_\_\_\_\_  
*Print Board Member Name*

\_\_\_\_\_  
*Chief Executive Officer Signature      Date*

\_\_\_\_\_  
*Board Member Signature                      Date*

*and*

**Health Services Advisory Group, Inc.**

\_\_\_\_\_  
*Mary Ellen Dalton, PhD, MBA, RN                      Date*  
*Chief Executive Officer,*  
*Health Services Advisory Group, Inc.*

**Please fax the signed Participation Agreement to 602-241-0757.**



## *What Arizona Health Care Leaders Have to Say About Working with Health Services Advisory Group*

“HSAG has been a valued partner in helping Banner Good Samaritan Medical Center achieve its goals for continued quality improvement. We have come to rely on HSAG to provide the most recent updates from CMS, whether it be regarding quality measures or changes that directly affect the care provided to Medicare beneficiaries. HSAG’s work with our QI department, professional staff, and hospital leadership has led to successful outcomes in surgical care improvement and core measure implementation.”

— Paul Stander, MD, Chief Medical Officer  
Banner Good Samaritan Medical Center

“HSAG has positively impacted Surgical Specialty Hospital of Arizona. HSAG provides critical, valuable resource strategies and tools that make Arizona hospitals safer environments for patients and staff.”

— Constance A. Harmsen, PhD, RN, MHA, MS, FACHE  
Chief Executive Officer  
Surgical Specialty Hospital of Arizona

“The HSAG team assisted us in identifying best practices and in communicating with our physicians on the importance of the Surgical Care Improvement Project (SCIP) initiative. Our results have improved greatly in the past year.”

— Peggy Reiley, RN, PhD, Chief Clinical Officer  
Scottsdale Healthcare System

“HSAG team members visited our hospital to assist us with improvement efforts. The visits were collegial, informative, and helpful. Their visits saved us travel costs and time. HSAG activities and visits reinforced the ongoing quality improvement initiatives within our hospital. We made a point to attend as many of the statewide meetings as possible due to the opportunity to network, learn from others, and discuss complex healthcare improvement issues with peers and mentors.”

— Eileen Pressler, Director of Performance Improvement  
Kingman Regional Medical Center

“Tucson Medical Center partnered closely with HSAG on our SCIP initiative. Working with HSAG, we had access to and assistance for:

- Participation in the SCIP Collaborative in which a variety of suggestions for improvements were volunteered by other hospitals and discussed. HSAG also provided several speakers that addressed direct concerns that the collaborative had identified. This collaborative provided a great network of hospitals that, together, created better processes.
- A pilot specially designed for TMC that included a rapid-cycle Plan, Do, Study, Act process. This was used to identify measure failures immediately upon occurrence through the use of tracking audits that followed patients throughout their surgical care, from admission to discharge. This allowed us to correct potential failures before each next step of the process, which improved compliance rates and patient care.

The HSAG team was available for access on any issue and responded immediately to questions, resource needs, CMS questions through their contacts, and participation in projects—as well as providing us with the latest on any communication from CMS or other regulatory/resource agency to keep us in the loop at all times.”

— Sandi Baus, RN, MBA, CIC; Director IC, EHS, WC  
Tucson Medical Center

“HSAG has dramatically helped our hospital improve our core measures. By creating a partnership with HSAG, we were able to utilize their expertise to improve our organization’s quality and deliver improved, safe, and effective patient care. They were a huge resource for helping us to improve our SCIP measures. We improved the measures by adhering to HSAG’s evidence-based practice recommendations, and they assisted us by designing systems of care with redundant safeguards. The outcome was an improved organizational culture of safety. They met all of our needs by providing education and training not only to our employees but to physicians as well. The opportunity to network with other hospitals at statewide collaborative meetings was a bonus. We learned what worked well for other organizations and what did not. Without reservation, I would highly recommend partnering with HSAG for any quality issue improvements.”

— Deborah Roberts, RN, MHA, CNOR  
Administrative Director, PeriOperative Services  
John C. Lincoln North Mountain



# 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

[www.cms.hhs.gov/qualityimprovementorgs](http://www.cms.hhs.gov/qualityimprovementorgs)

[OCSQBox@cms.hhs.gov](mailto:OCSQBox@cms.hhs.gov)

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# QIO Program:

## Improving Individual Patient Care

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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](http://www.cms.gov/qualityimprovementorgs).



# Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## QIO Program: Moving Forward

### Leading rapid, large-scale change in health quality

In August 2011, the Centers for Medicare & Medicaid Services gave the Quality Improvement Organization (QIO) Program an updated charter for leading change. Here are some of the biggest differences between today's Program and that of the past:

- Goals are bolder. The QIO Program supports the aims of the Department of Health and Human Services' National Quality Strategy. Providers that work with their QIO, for example, will contribute to improved cardiac health, fewer avoidable hospital readmissions, and a 40% national reduction in health care-acquired conditions.
- The patient is at the center. By including the voice of the beneficiary in all their activities, QIOs are leading the way to patient-centered care. They will equip both providers and patients for shared health care decision making through a national Patient and Family Engagement Campaign.
- All improvers are welcome. Embracing "boundarilessness" as a prerequisite for system-wide change, QIOs are breaking down organizational, cultural and geographic barriers. Initiatives are open to providers at all levels of clinical performance that make a commitment to improvement.
- Everyone teaches and learns. Through large-scale learning and action networks, QIOs are accelerating the pace of change and rapidly spreading best practices. Improvement initiatives include collaborative projects, online interaction and peer-to-peer education.
- Greater value is fostered. QIOs will support CMS' new value based purchasing programs with technical assistance to providers that includes sharing best practices, assisting with data analysis and conducting improvement activities.

### A major force and trustworthy partner for improvement

The QIO Program is the largest federal program dedicated to improving health quality at the community level. QIOs in every state and territory, united in a network administered by CMS, have the flexibility to respond to local needs. From August 2011 through July 2014, health care providers and other quality stakeholders who participate in QIO initiatives can:

- Improve Individual Patient Care. QIO patient safety initiatives in hospitals will reduce central line bloodstream infections by implementing the Comprehensive Unit-Based Safety Program (CUSP), then expand to encompass catheter-associated urinary tract infections, *Clostridium difficile* and surgical site infections. All Medicare-participating hospitals also will receive QIO technical assistance for reporting inpatient and outpatient quality data to CMS.

In nursing homes, work initially targets pressure ulcers and physical restraints, then evolves to address other health care-acquired conditions, such as falls and catheter-associated urinary tract infections.



"The foundation for all of our health quality improvement initiatives is the Three-Part Aim and five basic principles: seeking input and listening to patients' and providers' needs; working collaboratively across CMS, the government and nation; striving for continual improvement via learning networks; measuring the most important components of health quality and aligning incentives; and always doing what's best for patients and families."

**Patrick Conway, M.D., M.Sc.**  
CMS Chief Medical Officer  
Director, Office of Clinical  
Standards & Quality

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### Quality Improvement Organization Program

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# Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.  
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## QIO Program: Moving Forward

To decrease adverse drug events, QIOs are bringing community pharmacists, physicians and facilities together in local Patient Safety Clinical Pharmacy Services Collaboratives (PSPC), following the successful HRSA model.

- **Improve Health for Populations and Communities.** QIOs are assisting physician practices that want to use their electronic health record system to coordinate preventive services and report related quality measures to CMS. Practices also can participate in a learning network focused on reducing patient risk factors for cardiac disease. QIOs will partner with their local Health Information Technology Regional Extension Center (REC) to promote health IT integration into clinical practice.
- **Integrate Care for Populations and Communities.** QIOs are bringing together hospitals, nursing homes, patient advocacy organizations and other stakeholders in community coalitions. Goals are to build capacity for improving care transitions and to support the coalition's success in obtaining grant funding through Section 3026 of the Affordable Care Act.
- **Deliver Beneficiary and Family Centered Care.** QIO Program improvement initiatives result in safer, more effective patient care, lead to better health for populations and communities, and drive lower health care costs through improvement. QIOs also fulfill CMS' obligation to protect the rights of Medicare beneficiaries by reviewing complaints about quality and appeals about the denial or discontinuation of health care services.

### Learn more and become involved

The QIO Program invites all health care providers and health quality stakeholders—including patients and their families—to be a part of its new improvement initiatives. To express an interest, contact your local QIO. A directory is provided in the Program's "Advances in Quality" report. More information also is available at [www.cms.gov/qualityimprovementorgs](http://www.cms.gov/qualityimprovementorgs).