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An Information & Quality Healthcare (IQH) Publication

Webinar July 11: Decreasing Acute Care Readmissions Through Cooperative Efforts

An online event highlighted with information from three champions of change will take place Thursday, July 11, from 10 to 11 a.m. (To register: <http://conta.cc/15bKILp>)

Presenters of “Creating a Community Coalition to Reduce Readmissions” are Dr. Lee Greer, Cleveland Joseph and Angela Coggins, RN, MSN.

Discussion will include ways to increase patient activation through engaging the efforts of physicians, acute care hospitals, nursing homes, home health agencies, hospice and the Area Agency on Aging.

Interested persons should contact Mary Helen Conner, BSN, MPH, MCHES, for further information.

Services for Dr. Leonard Brandon Held in Starkville

Services for Dr. Leonard Brandon of Starkville were held Monday, June 10, at the Episcopal Church of the Resurrection in Starkville, with burial at Oddfellows Cemetery in Aberdeen.

A longtime supporter of IQH and the quality program, he was a faithful participant at IQH annual meetings and served two terms as chairman of the board, as an executive committee member, and as a review physician. His recognitions include the IQH Derrick Physician Award (June 2007), which was shared with his son Dr. Steven Brandon, and the Physician of the Year Mississippi by the Academy of Family Physicians. A graduate of Central High School in Jackson, Dr. Brandon attended Millsaps College, graduated from Columbia Medical School, and was board-certified in family medicine. Dr. Brandon began his family practice in Starville in 1954 and retired in 2008.



Dr. Leonard H. Brandon
1927-2013

IQH Board Officers Elected for Next Year

Dr. Edward Bryant of Kosciusko has been re-elected chairman of the Information & Quality Healthcare (IQH) board of directors. Dr. Bryant has been a board member of the Medicare Quality Improvement Organization since May 2012. Dr. Frank C. Wade Jr. of Magee was elected vice chairman.

Dr. Wade has served on the board since May 2010. Dr. Michael D. Maples of Ridgeland, a board member since May 2012, was elected treasurer.



Newly elected board members are Dr. Helen R. Turner and Bo Bowen, both of Jackson, and Dr. Dan Jackson of Rolling Fork. They join current members, including Walter Howell of Clinton, John Dawson of Kosciusko, Beth Embry of Ridgeland, Dr. Lee Giffin of Vicksburg, Gerald Wages of Tupelo, Kathy Fender of Lucedale and Dr. Tom Skelton, Billy Sims and Robert M. Pugh, all of Jackson.



Honored for Service

The May meeting of the IQH Board of Directors included Dr. James McIlwain, IQH president, recognizing the service of outgoing board members Dr. Lee Greer of Tupelo, center, and Dr. John Hassell of Laurel, right. The May meeting of the board featured an update on IQH projects and programs that included orientation for newly elected members.



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Review Physicians Welcomed

Physicians interested in performing review for Information & Quality Healthcare should contact Dr. James McIlwain or Stephanie Champion, IQH Review Department Manager. (601-957-1575 ext. 247 or 233)

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Upcoming Observances

- August is National Immunization Awareness Month.
- September includes observances for Healthy Aging Month, National Cholesterol Education Month, National Health IT Week (Sept. 16-20), and World Heart Day, (Sept. 29).

National Immunization Awareness Month (NIAM) highlights the need for improving national immunization coverage levels and encourages all people to protect their health by being immunized against infectious diseases. The observance offers an avenue for promoting timely immunization for people of all ages. It also serves as a reminder that influenza season is only a few months away.

The observance is an opportunity to emphasize the importance of preventing disease through immunization, a component of IQH's Improving Health for Populations and Communities Aim. Providers can send an eCard to their patients to remind them to check their vaccination status:

- **Adults need vaccines too!:**
<http://tools.cdc.gov/ecards/message.aspx?cardid=609>
- **Heart disease flu shot reminder:**
<http://tools.cdc.gov/ecards/message.aspx?cardid=616&category=202>

CMS resources include:

- **General immunization information is available at**
<http://www.cms.gov/Medicare/Prevention/Immunizations/index.html?redirect=/immunizations/>
- **Information about flu shots:** <http://www.medicare.gov/navigation/manage-your-health/preventive-services/flu-shots.aspx>.
- **Information about pneumococcal shots:**
<http://www.medicare.gov/navigation/manage-your-health/preventive-services/pneumococcal-shot.aspx>



Champions Share Information & Ideas on Decreasing Readmissions/Care Transitions



Round tables enhanced the exchanging and sharing of information at a recent Learning & Action Network meeting focusing on reducing readmissions.

Mendal Kemp, standing, right, served as moderator of a panel discussion that revealed methods of cooperation that will contribute to decreasing the number of readmissions to Mississippi hospitals. Panelists from the left are Gregory Hart, Novitas Solutions supervisor of provider outreach and education; Gwen Combs, Mississippi Hospital Association vice president for policy and general counsel; Julie B. Mitchell, of Mitchell Day Law Firm; and Mary Atkinson Smith, director of Health Care Services for the Golden Triangle Planning and Development District. Mr. Kemp is director of Mississippi Hospital Association Rural Health. Visit www.msqio.org for the presentations made at the meeting.



Reducing Readmissions Discussed in McComb



Meeting to take action directed at reducing readmission to hospitals were these representatives from hospitals, nursing homes and home health agencies. Mary Helen Conner, seated left, led the discussion as the IQH project leader for the project. Southwest Regional Medical Center in McComb was the site for the meeting that inspired the formation of a coalition to continue efforts in reducing readmissions and focusing on the importance of care transitions. Lyn Gurney, Alayna Duncan, and Denise Windom served as organizers for the meeting.

Healthcare-Associated Infection (HAI) Prevention Efforts Cover State

IQH's aim of improving individual patient care that began in August 2011 continues its focus of reducing healthcare-associated infections (HAIs) in hospitals. Sixteen hospitals located throughout the state are working together in a Learning & Action Network, sharing information and educational opportunities to make a difference in reduction efforts. Targeted infections include: Central Line Bloodstream Infections (CLABSI); Catheter-Associated Urinary Tract Infections (CAUTI); Surgical Site Infections (SSIs); and *C. difficile*.



Vickie Taylor, RN, MSN, CIC, who serves as the IQH healthcare-associated infection project leader, and Dr. Skip Nolan, medical director of the UMMC Division of Infection Prevention, discuss coordinated efforts for preventing healthcare-acquired infections.

MDRO Prevention Collaborative Formed

A multidrug resistant organism (MDRO) Prevention Collaborative has been formed by IQH and the Mississippi State Department of Health to reduce infections. This partnership will endeavor to build a strong collaborative comprised of core acute care hospitals surrounded by skilled nursing facilities, assisted living facilities, and rehabilitation facilities in order to expand the reach of HAI prevention. Three goals will lead the direction of activities: to protect patients, staff, and visitors from harm; to improve communication between participating facilities regarding MDROs; and to establish the appropriate use of antibiotics in participating facilities to prevent the formation of MDROs. Four bundles will be implemented in order to meet these goals: communication bundle, cleaning bundle, antimicrobial stewardship bundle, and a practice bundle. According to Vickie Taylor, IQH project leader, "As a result of implementing these initiatives, we should see an improvement in patient/resident satisfaction by reducing spread of infections while maintaining

quality of life. Effective communication should be ensured between acute and longterm care facilities. This will impact the ability to safely and quickly place patients/residents in the region."

Infection Preventionist Role in Reducing HAIs

Vickie pointed out that in the last decade, the scope of practice of infection preventionists has expanded beyond the traditional roles of practitioner and expert data collectors to roles of interventionists and crucial leaders in successful patient safety initiatives. The importance of infection preventionists standing up and demanding to be recognized for their contributions cannot be overstated. The CMS Inpatient Prospective Payment System (IPPS) rule requires national public reporting of HAIs through the CDC's National Healthcare Safety Network (NHSN) and links reduction of HAIs to federal payment. Three additional HAI events (MRSA bacteremia, *C. difficile*, and HCW influenza vaccinations) are required for reporting to CMS through NHSN that began in January in all acute care hospitals.

The mandated reporting of HAIs and national elimination targets continues to redefine the infection preventionist (IP) role in facilities. In most instances, staffing levels do not meet the CDC (Delphi Study) recommendations of 1 IP for every 100 occupied beds in acute care hospitals. "This recommendation

was made years ago prior to the new responsibilities placed on these professionals," Vickie stated, adding that all those working in infection prevention must be properly educated. The infrastructure of the local Association for Professionals in Infection Control (APIC) Chapter can provide a mechanism for education.

The CIC credential denotes mastery of fundamental knowledge required for competent performance of current infection prevention practice. All IPs should be encouraged to attain CIC certification within two to three years of being hired. This, too, is money well spent by facilities. A recent study in the American Journal of Infection Control (AJIC) linked better patient outcomes with infection control certification. The infection prevention program must have enough staffing to devote to proper education of healthcare workers. "Hospitals must prepare and support our infection preventionists in order to properly control HAIs, meet regulatory reporting requirements, and stay current with new developments in research," Vickie added.

HAI Prevention Focus Attracts Participants from Throughout the State

The focus on preventing healthcare associated infections (HAIs) brings together champions from a number of agencies and organizations continuing to cooperate in sharing information and methods to aid in reducing infections.

Champions who support project efforts and who have spoken at meetings for participants from throughout the state include:

- Dr. Rathel (Skip) Nolan, Director of the Division of Infectious Diseases, Department of Medicine, University of Mississippi and the fellowship program director of the Division;
- Steve Lesley of the Mississippi Hospital Engagement Network (HEN), who is the director of Mississippi Hospital Association Data Services, and who serves as the Mississippi State Hospital Association Lead for the HRET/MHA Hospital Engagement Network;
- Cindy Allard, RN, BSN, CIC, HAI program coordinator for the Mississippi Department of Health, Office of Communicable Disease, who coordinates a variety of efforts designed to help reduce healthcare-acquired infections;
- Dr. Erica Dillon, infectious disease physician, University of Mississippi Medical Center Infectious Disease Department; and
- Kathy Duncan, RN, of the Institute for Healthcare Improvement (IHI) faculty who serves as the clinical lead for the IHI National Learning Network and shares information on the Project JOINTS or Joining Organizations in Tackling SSIs.



Displays and story boards share HAI activities. Discussing an exhibit at a meeting are, from the left, Brooke McCain and Amy Kirby, of Baptist Desoto, Southaven, who shared “Moving Beyond the Bundle for Reduction of Catheter Associated UTIs,” and Vickie Taylor and Trannie Murphy of IQH, who reported on the NHSN Mandatory Reporting Forms and New Definitions/CMS Reimbursement.



Kathy Duncan
Project JOINTS



Cindy Allard, who heads the HAI project at the Health Department, and **Dr. Erica Dillon** discuss points about clostridium difficile.



Steve Lesley
Hospital Engagement
Network (HEN) Director

PowerPoint presentations of IQH Champions in the Healthcare-Acquired Infections Project are available by visiting www.msqio.org, at the Learning & Action Network section of the HAI. For further information, contact Vickie Taylor, RN, MSN, CIC, project leader, vtaylor@msqio.sdps.org or 601-957-1575 ext. 245.

Physician Champions Present at Programs Focusing on Preventive Screenings

The topic of improving cancer screenings in Mississippi at presentations in Olive Branch, Natchez and Meridian brought out the cost savings associated with screenings and emphasized the importance of clinician recommendations. Physicians shared their methods for encouraging preventive screenings at the meetings sponsored by the Mississippi State Department of Health Comprehensive Cancer Control Program, the American Cancer Society and Information & Quality Healthcare.

Tools and resources were shared in order to help practices improve colorectal cancer screenings and other screenings in primary care practices. CMEs were provided for the events. “These presenters shared vital insights into the need for and ways to increase screenings, including their own methods for encouraging screenings,” said Carisa Nixon, IQH intervention specialist, who pointed out that materials from these programs are available. All the speakers emphasized the importance of physician referrals in encouraging patients to have preventive screenings.



Dr. Ziad Younes

In Olive Branch, Dr. Ziad Younes, board-certified gastroenterologist and medical director for Gastro One of Germantown, TN, lead the program, sharing his unique methods of encouraging screenings, including open access appointments.

Dr. Durado Brooks, director of Prostate and Colorectal Cancer for the American Cancer Society, who presented in Natchez, pointed out that colorectal cancer inci-



Dr. Durado Brooks

dence and mortality have fallen steadily over the past two decades. Research suggests, he said, that declines in incidence and mortality are the result mainly of screening and polyp removal, preventing progression of polyps to invasive cancers. High sensitivity fecal occult blood testing, guaiac and immunochemical, are recommended.



Dr. Marshall Bouldin

With Special Diabetes Classes continuing to be offered in the Meridian area, Dr. Marshall Bouldin, chief medical officer of the Diabetes Care Group of Jackson, covered the importance of diabetes management at the Meridian program. Stressing that it takes a plan to manage diabetes, he shared the four “T’s” along with an “A” for successful management, including, first, Access, then Team, Time, Training, and Technology. Studies reflect that the average annual preventable medical cost based on the level of A1c control are dramatic, with \$10,000 of preventable costs for patients with A1c levels greater than 9. These preventable costs are reduced to \$885 for patients with moderate control A1c 7 to 8. Effective diabetes management can save kidney function and extend the time to dialysis from one and a half to seven years.

Dr. Maya Siva of Meridian, board-certified gastroenterologist, spoke to the importance of cancer screenings. The clinician recommendation is the most consistently influential factor for patients to have cancer screening.



Dr. Maya Siva

The number-one reason patients give for not being screened is, “My doctor never talked to me about it.”

Only 50 percent of Mississippi Medicare patients were appropriately screened in 2012, said Debbie Miller, IQH Analysis and Data manager.

For more information or specific details about the presentations, contact Carisa Nixon at cnixon@msqio.sdps.org or Ramona Drake, rdrake@msqio.sdps.org. (Call 601-957-1575 ext. 244 or 260.)

Events

July 8 12 noon – 1 p.m.

Multi-State webinar with Louisiana, Tennessee and Mississippi Quality Improvement Organizations (QIOs) presenting Best Practices for Restraint Reduction and Wheelchair Positioning. Information: Mae McDaniel, RN mmcdaniel@msqio.sdps.org or 601-957-1575 ext. 221.

July 10 9 a.m. to 1 p.m.

Mississippi Partnership to Improve Dementia Care presents Working Together to Decrease Antipsychotics, Flowood City Auditorium, featuring Joel R. Pittman, PharmD, and a panel discussion. need to add registration link

July 11 10 a.m.

Care Transitions Webinar featuring information from three champions of change in an evolving community using Eric Coleman’s Care Transitions Coaching Intervention. Register Now!

Diabetes Classes Serve Life-Saving Lessons as Participants Learn Healthy Diet Habits

From eating a meal consisting of a large serving of red beans and rice as well as bread and a soft drink, Fredrick L. Fields of Meridian, a participant in special diabetes self-management education (DSME) classes, learned to adjust his serving sizes and substitute water or a diet drink. The result: “Measuring my food and watching my portion size has really made a difference,” states Mr. Fields.

He is now eating more non-starchy vegetables like greens and broccoli and reports that his A1c of 12 in December had dropped to 10 in April. His motivation to change his eating habits and improve his health has stemmed from a special innovation project to reduce the amputation rates and improve diabetes care in Meridian. The program features the Diabetes Empowerment Education Program (DEEP) module to conduct diabetes self-management education classes by Information & Quality Healthcare (IQH) and the Centers for Medicare & Medicaid Services (CMS).

The DSME classes are participatory and interactive with return demonstration and recall. Emphasis is placed on the importance of making lifestyle changes through healthy eating and by avoiding fast foods. Participants in the classes become familiar with the content of foods they eat, learning about starches, sugar, cholesterol, fat and sodium. Instructors of the lively sessions use illustrations of starchy and non-starchy vegetables which allow students to identify which vegetables are better for them in controlling their starch intake. Food models from each food group are also shown to identify other foods that turn into sugar or carbohydrates when eaten. Lard, sugar cubes and salt are used to emphasize the amount of fat, sugar and salt found in fast foods. Participants are asked to identify each food item in a fast-food meal and verbalize the amounts of sugar, fat and salt. The demonstrations serve to show the ease of consuming the recommended number of calories.

A key component is demonstrating how to count and measure the amount or serving size needed for starches for each meal as well as making appropriate selections. A practical exercise has participants estimating healthy servings of cereal, then checking their accuracy of the estimate by using measuring cups to show appropriate serving amounts.

Avoiding soft drinks was emphasized since the drinks are recommended to raise the blood sugar when it is low.

Mr. Fields says, “I have been using my measuring cups when I prepare my meals, and when I have beans and rice

now, I know the right amount to eat. I try to drink more water and diet soda instead of regular sodas. I can tell a difference with my blood sugars.”

Educators in the DSME classes ask participants to discuss the importance of using tools such as measuring cups, and spoons to determine the amount of sugar in each meal. “We tell our participants to perform a blood sugar test before and after meals to assess the amount of sugar from the starches eaten,” says Lisa Camel, RN. “We tell them that traditional cultural meals consisting of starches such as rice, grits, oatmeal, lima beans, black eye peas, corn, macaroni and cheese, red beans and rice, breads and cereal turn into sugar. These foods can cause the blood sugar to rise. We stress that contrary to what they as diabetics may have thought, sweet foods such as cakes, cookies and candies are not the only foods that will increase the blood sugar,” she adds.

Mr. Field’s testimony about the positive results from his change in dietary habits served to enhance the educators’ messages and helped make positive impressions on other participants in the DSME classes. His ability to identify appropriate foods to eat for diabetes management serves as prevention of complications that can lead to an amputation. His knowledge from the classes empowered him to share the vital information with other members of the community. Educator Willie Ann Thomas notes that during the DSME classes, group interaction and participatory learning are enhanced through the use of visual props and pictures to



serve as major factors in promoting self-care management of diabetes. “We incorporate the fundamentals of cultural competency skills to enhance the participants’ interest in the management of their illness,” she says. Statistics from 2011

emphasize the problem of this disease. In the three acute care hospitals in the Meridian community, inpatient discharges numbered 8,120, with 40% discharged with a primary or secondary diagnosis of diabetes. Inpatient discharges for African Americans were 2,671, with 50.24% discharged with diabetes. Of that total, 59 were discharged with amputations. Physicians from throughout the Meridian area have been recruited to refer their patients to the special classes. IQH provides tools such as sample standing orders for referrals for diabetes self-education classes; chart sticker reminders; monofilaments; and personal health records that encourage foot and eye exams for people with diabetes.

Practical Approaches for Action Plans for Quality Highlight Collaborative Meeting

IQH efforts continue in assisting facilities as they seek ways to better handle quality challenges. A Mississippi Nursing Home Quality Care Collaborative meeting had the goal of “Leaving with an actionable plan for QAPI” for participants from throughout the state. An overview of QAPI and the goals and ideals from the Best Practice Change Package were presented by IQH nursing home project leaders Mae McDaniel and Brenda Townsend. Sherree Vaughn, clinic manager of Fresenius Dialysis Clinic in Brookhaven, shared from her experience in long-term care practical ways to implement goals and initiate appropriate plans of action to correct identified quality deficiencies. She emphasized the importance of taking facility mission statements and incorporating them in day-to-day operations. She also stressed involving all staff in quality improvement and setting goals to reduce healthcare-acquired conditions. Data tracking allows providers an opportunity to be aware of potential conditions before they occur. An interactive working session assisted each nursing home in goal setting, guidance for developing a QAPI plan, data sources for quality measures and completion of the QAPI self-assessment tool. Copies of the Best Practice Change Package and “QAPI at a Glance” were distributed to participants. Project leaders Mae McDaniel and Brenda Townsend continue to offer assistance and in-service programs for facilities in their quality improvement efforts.



Discussing QAPI—Practical ways to implement action plans addressing quality deficiencies are discussed by IQH staff and collaborative meeting guest presenter Sherree Vaughn, standing center. She is shown with, standing left, Brenda Townsend and Trannie Murphy, right, and, seated, Mae McDaniel and Dale Bridges. The final copy of the Quality Assurance Performance Improvement (QAPI) has been released by the Centers for Medicare & Medicaid Services (CMS), with a website link available with tool and resources to assist facilities in the QAPI process. <http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html>