Quality Improvement from Medical Record Review

Susan Purcell, BS, RN
Director, Beneficiary Protection QIO Support Center
TMF Health Quality Institute

Objectives

- Upon completion, the participant will:
  - Be able to state the role and responsibility of the QIO related to medical record review
  - Understand the types of cases that are reviewed by the QIO
  - State how results of adverse case review findings are used for quality improvement
QIOs: Who Are They, What Do They Do?

- Work under contract with the Centers for Medicare & Medicaid Services (CMS)
- One for each state/U.S. territory
- Ensure care delivered to Medicare beneficiaries is:
  - Medically necessary/reasonable
  - Provided in most appropriate setting
  - Of a quality that meets professionally recognized standards of health care

QIO Contract Objectives – 9th Scope of Work

- National Theme Responsibilities
  - Beneficiary Protection
    - Case Review
    - Quality Improvement Activities
    - Quality Data Reporting – Annual payment update
  - Patient Safety
    - Hospitals & Nursing Homes
      - Improve surgical care and heart failure core measures
      - Reduce pressure ulcers in both settings
      - New focus for hospitals – MRSA
      - Reduction of the use of restraints in nursing homes
QIO Contract Objectives – 9th Scope of Work

- National Theme Responsibilities (continued)
  - Prevention
    - Screening tasks
      - Mammography
      - Colorectal cancer screening
    - Immunization tasks
      - Influenza
      - Pnuemococcal

QIO Contract Objectives – 9th Scope of Work

- Sub-national Theme Responsibilities
  - Prevention: Disparities
  - Prevention: Chronic Kidney Disease
  - Care Transitions
Medicare Case Review

- Types of Medicare case review the QIO will review:
  - Regulatory
    - Examples: review of hospital-submitted, higher-weighted diagnosis-related groups (DRGs), referrals from other agencies, such as OIG or FI, EMTALA
  - Beneficiary-initiated
    - Example: beneficiary complaint regarding the quality of care received; beneficiary-initiated discharge appeal

Medicare Case Review

- Types of case review that are performed:
  - DRG validation
  - Utilization
  - Appeals of discharge from services
  - Quality
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- What types of quality improvement activities can occur as the result of case review findings?
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- Sanction activity
  - Social Security Act
  - Code of Federal Regulations
    - Required by law and regulation in egregious cases
    - Occurs very infrequently
- May result in a corrective action plan that results in improvement in quality of care

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- Most quality of care issues are not egregious
- Frequently the quality issues are the result of poor processes
- Can be human factor errors
  - Execution
  - Planning
  - Violation
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- Types of quality improvement activities that may result from case review:
  - Physician education
    - CME
    - Focused re-education in a specific or broad area
  - Development of a quality improvement plan
    - When systems or processes of care delivery can be improved

- Physician review may recommend:
  - Consideration of an alternative approach to future care
    - When a different method of care delivered could be expected to improve the care
  - Offer advice to the provider/practitioner
    - When a more current method of care could have been considered although the quality of the care was adequate
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- Less frequent types of quality improvement activities
  - Meeting with the physician/provider to discuss the care that was provided
  - Discussion with provider regarding their oversight of care, performance improvement processes, internal QI

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- How is it determined that the quality improvement efforts were successful?
  - Additional record review
  - Self-monitoring reports from physician/provider
  - Analysis of claims data
New Requirements from CMS: 9th Scope of Work

- “Perform quality improvement activities that focus on system wide change.”
  - System-wide change is defined as:
    • A change which normally has an impact beyond an individual beneficiary or provider;
    • Results in a tangible improvement to a system or process; and
    • Improves the quality of health care for Medicare beneficiaries.

- “Demonstrate that improvements linked to the system-wide change are realized over a 12 month period.”
  - e.g., attribution that the change resulted in improvement….
Example QIA: A Near Miss in the ER

- Problem: Incorrect medication order
- Intervention: QIA to include root cause analysis with action plan focused on medication management system, current performance level and measurement of performance after changes
- Outcome: Decreased errors in medication orders
- Level of Impact: Starting point: 10% error rate; After intervention: 2% error rate by month one, 0% errors within 6 months and sustained improvement over the next 12 months

Example QIA: Wandering Patient

- Problem: Safety process breakdown
- Intervention: QIA to include root cause analysis with action plan focused on patient safety, current performance level and measurement of performance after changes
- Outcome: Risk assessments conducted on all admissions
- Level of Impact: Starting point: 85%
- After intervention: 100% compliance within 6 months and sustained improvement over the next 12 months
Example QIA: Repeated Falls

- Problem: Lack of Fall Prevention Plan
- Intervention: QIA to include root cause analysis with action plan focused on fall prevention, current performance level and measurement of performance after changes
- Outcome: Fall risk assessments conducted on all admissions:
- Level of Impact: Starting point: 80% compliance
- After intervention: 90% by month 4, 100% by month 6 with sustained improvement over the past 12 months

Example QIA: IV Process

- Problem: Staff failed to obtain daily weights
- Intervention: QIA to include root cause analysis with action plan focused on parental nutrition, current performance level and measurement of performance after changes
- Outcome: All patients receiving parenteral nutrition are weighed daily
- Level of Impact: Starting point: 80%
- After intervention: 90% by month 4, 100% by month 6 with sustained improvement over the past 18 months
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- Concluding thoughts
- Questions?

Contact information:

Susan Purcell, BS, RN
spurcell@txqio.sdps.org
512-334-1702