

Example of QIO subcontract as partner in Hospital Engagement Network

Planned Interventions: Injuries from Falls and Immobility & Pressure Ulcers

Target Audience: Knowing their respective hospital populations, the two state associations determined separate interventions were needed for each state.

Subcontractor: The QIO will conduct the interventions for both falls and pressure ulcers. Since both adverse events occur primarily with the older adult population, some parts of the interventions will be combined in order to maximize efficiency and minimize strain on hospital staff and resources.

Needs Statement, Injuries from Falls:

Falls are the leading cause of fatal and nonfatal injuries to older people in the United States. Each year, more than 11 million people older than 65 years of age fall (one in three senior citizens). In hospitals, approximately 3 to 20 percent of inpatients fall at least once during their stay.

Falls and Trauma is a CMS-defined Hospital-Acquired Condition (HAC). In April 2011, CMS posted HAC rates per 1,000 discharges for each of the HACs. An HAC excludes any condition that was "present on admission". Using Medicare FFS claims data for discharges between 10/1/08-6/30/10, North Carolina's Fall and Trauma HAC rate per 1000 discharges was 0.54. This rate is not significantly different than the national rate of 0.564.

Falls-related injuries can have serious results:

- Twenty percent of falls require medical attention
- Falls can be fatal, or can cause a decline in a person's health that eventually leads to death or disability
- Of those individuals who sustain a hip fracture, more than 24% die within a year of the fall, and 50% never return to their normal level of functioning
- Most patients with hip fractures (a common fall-related injury) are hospitalized for about one week; after they are discharged, up to one in four adults who lived independently before their hip fracture has to stay in a nursing home for at least a year after their injury
- Treatment of the injuries and complications associated with these falls costs the United States \$20.2 billion annually
- The estimated cost to treat serious falls-related injuries ranges from \$15,000 to \$30,000 per fall

Falls prevention is a topic hospitals have working on for years. It is a standard measure on the National Database of Nursing Quality Indicators, however with all the demands placed on hospital staff members, falls prevention does not get the attention it should as quality improvement efforts are directed elsewhere.

Falls prevention has broad application to NC hospitals and the evidence supporting the effectiveness of falls prevention strategies make it a worthy initiative. The challenge is to renew and amplify interest around falls, which is supported by the added financial incentive from both private and public insurers that no longer reimburse for injuries sustained from preventable falls.

Needs Statement, Pressure Ulcers:

The National Quality Forum has identified a pressure ulcer as a Hospital Acquired Condition (HAC) that is high-cost and high-volume and may be preventable with implementation of an evidence-based guideline. This condition will continue as a major health care problem as the population ages. The surgeon general's Healthy People 2010 document has identified pressure ulcers as a national health issue.

Pressure ulcers stages III and IV are a CMS-defined HAC. They cause pain, associated risk for serious infection and increased health care utilization. Stage III/IV pressure ulcers are serious wounds that are very expensive to treat, in some cases costing upwards of \$70,000. Total cost for treatments are estimated at \$9.1 to \$11.6 billion per year.

In April 2011, CMS posted HAC rates per 1,000 discharges for each of the HACs. Using Medicare FFS claims data for discharges between 10/1/08-6/30/10, North Carolina's Pressure Ulcer and Stages III and IV rate per 1000 discharges was 0.12. This rate is not significantly different than the nationally rate of 0.135 but nonetheless is an area to target for improvement. A number of best practices have been shown to be effective in reducing the occurrence of pressure ulcers, but these practices are not used systematically in all hospitals.

Pressure ulcer prevention requires an interdisciplinary approach to care. It requires activities between many individuals and sometimes multiple teams, both internal and external to the hospital. RNs, dieticians, physical therapists, home care RNs and medical staff involvement are critical to achieving success. To accomplish this coordination, high-quality prevention requires an organizational culture and operational practices that promote teamwork and communication, as well as individual expertise. Therefore, improvement in pressure ulcer prevention calls for a system focus to make needed changes.

Intervention/Tasks:

QIO will conduct a learning network under the focus areas of falls and pressure ulcers. To do this, staff will:

- Conduct an annual in-person learning session covering both topics at two locations. The learning session will not exceed 6 hours/day of training for one day.
- Host quarterly telephone/web conference calls to enhance learning and respond to participant needs (total of 8 calls per year).
- Populate primary contractor hosted website with falls and pressure ulcer related resources and materials.
- Monitor falls and pressure ulcer related data submissions by hospitals participating in the falls and/or pressure ulcer learning network to the primary contractor hosted secure website.
- Monitor participant interaction on a listserv to enhance significant knowledge sharing between hospitals participating in the falls and/or pressure ulcers learning network.