Fact Sheet

How LOGICARE's systems support CMS's pay-for-performance measures

Since 2006, the Centers for Medicare and Medicaid Services (CMS), under its Hospital Quality Initiative, has required hospitals to submit quality data to assure full reimbursement. Top performers receive additional funding and, over time, hospitals that don't improve could see their payments drop.

Several of these measures, which correspond to The Joint Commission's core measures, require the systematic and reportable approach to patient education that has made LOGICARE's education systems such strong clinical tools.

In 2007, CMS paid the top 115 hospitals incentive payments of $8.7 million.

New in 2008 are measures for Emergency Departments that treat and then transfer patients. LOGICARE's OnRecord™ EDIS can both display customizable electronic protocols and generate reports on adherence to the standards.

CMS requirements for inpatient patient education:

Heart failure: Discharge instructions and smoking cessation programs; required since 2006 for payment beginning in 2007.

Pneumonia: Smoking cessation advice and counseling; **r**equired since 2004 for payment beginning 2007.

Acute myocardial infarction: Smoking cessation information and counseling. Required since 2004 for payments beginning in 2007.

Patient experience of care: Survey of patients to assess, among other measures, communication about medicines and discharge information. New in 2007, affects payments for this year.

In addition to affecting reimbursement, CMS posts the quality data at hospitalcompare.hhs.gov for consumers to view.

LOGICARE's patient education applications have the unique ability to provide precise, personalized information for a patient in a single document, characteristics that closely match the demands of the core measures for instructions. LOGICARE systems also support reminders, prompts and medication reconciliation to standardize the delivery and documentation of patient information around the core measures.

Clinical Teacher's PET reports make capture of the details of your quality education program quick and thorough. It is possible to, for instance, report on which instructions included smoking cessation information and aspirin at discharge, hospital quality measures for the AMI core measure.

CMS requirements for Emergency Departments:

For Emergency Departments that transfer patients for acute myocardial infarction: Aspirin on arrival; median time to fibrinolysis; fibrinolytic treatment received within 30 minutes; median time from

arrival to ECG,; median time from ED arrival to transfer. (New in 2008 for 2009 payment.)

All of these intervals can be captured in reports in OnRecord™ EDIS.

Applicable core measures

Additional information about these hospital quality programs and a complete list of core measures is available at:

www.cms.hhs.gov/HospitalQualityInits/
www.medqic.org
http://qnetexchange.org/public/cart.do

Heart Failure

HF-1 Discharge instruction measure:

Definition: Heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing ALL of the following:

- Activity level
- Diet
- Discharge medications
- Follow-up appointment
- Weight monitoring
- What to do if symptoms worsen

Documentation requirements:

All written discharge instructions must address ALL of the following:

- The patient's activity level after discharge
- The patient's diet/fluid intake after discharge
- The names of all discharge medications
- Follow-up with a physician/nurse practitioner/physician assistant after discharge
- Weight monitoring after discharge
- What to do if heart failure symptoms worsen after discharge

Other documentation requirements:

Written instructions given to the patient need to be specific to that patient's discharge regimen. Documentation that a brochure was given to a patient is not adequate per CDAC (Confidentiality and Data Access Committee) validation.

Brochures or pamphlets can be acceptable if data submitted includes a note in chart detailing what the patient was taught. These items can include:

- A discharge medication list to compare against the patient's discharge instruction sheet.
- Instructions must have addressed at least ALL the names of the discharge medications.
- The names of all discharge medications must be spelled out and given to the patient in written format. "Continue home meds" or "resume meds" does NOT fulfill this requirement.

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Patient education video for CHF
Patient must still receive written discharge instructions for the six discharge areas.

HF-4 Performance measure:
Definition: Heart failure patients with a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay.

Documentation requirements:
Documentation of smoking cessation advice or counseling in patients with a history of smoking cigarettes anytime during the year prior to hospital arrival. Smoking cessation advice/counseling includes prescription of a smoking cessation aid. (Should include contact information for support groups.)

The most common hospital errors the CDAC finds in discharge instructions are:

- The hospital does not identify ALL discharge medications that need to be listed on the written instructions.
- The hospital gives only verbal instruction about diet, activity, etc. This information must be in WRITTEN format.
- In the case of CHF booklets, documentation fails when it doesn't note that the booklet was given to the patient/caregiver.

Pneumonia

PN-4 Adult smoking cessation advice and counseling:

Documentation requirements:
Documentation of smoking cessation advice or counseling for all pneumonia patients who are current smokers (this includes any patient who has smoked within 1 year prior to admission.) Instructions should also include contact information for support groups.

Acute Myocardial Infarction

AMI-4 Adult smoking cessation advice and counseling:

Documentation requirements:
Documentation of smoking cessation advice or counseling for all pneumonia patients who are current smokers (this includes any patient who has smoked within 1 year prior to admission.) Should also include contact information for support groups.

Patient experience of care:

HCAHPS survey results will cover patient interaction with doctors, nurses and hospital staff; cleanliness of the organization, pain control, communicate about medicines and discharge information.

Call your LOGICARE account executive at 800-848-0099 to see a demonstration of our education or Emergency Department applications.