

Fact Sheet



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

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

The standards address a range of activities for acute myocardial infarction, heart failure and pneumonia. 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 addition to the comprehensive patient education capability, LOGICARE's systems can be configured with prompts and reminders to standardize fulfillment of these quality standards. LOGICARE customers using PET helped validate this quality initiative in its pilot phases.

In January of this year, CMS paid the top performing 115 hospitals incentive payments of \$8.7 million.

Additionally, this data will be used by CMS to post on-line hospital quality measures — at www.hospitalcompare.hhs.gov — that are intended to inform consumers about which hospitals to select. Hospital Compare will also begin to include patients' perspectives on their care under the Hospital CAHPS program.

New quality program

Also underway in 2006 was the Premiere Hospital Quality Incentive Demonstration. Under it, the top 50 percent of hospitals will be recognized for their quality, and the top 20 percent will receive financial rewards. The measures for this program are an expanded version of the standards for the Hospital Quality Initiative and also attached. In January of this year, CMS paid the top performing 115 hospitals incentive payments of \$8.7 million.

How your LOGICARE education system can help

LOGICARE's 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 even instruction scheduling to standardize the delivery and documentation of patient information around the core measures.

Clinical Teacher's PET's new reporting capabilities make capture of the details of your quality

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education program quick and thorough. It is now possible to, for instance, report on which instructions included smoking cessation information and aspirin at discharge, hospital quality measures for the AMI core measure.

*Reporting Hospital Quality Data for Annual Payment Update, 2006

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.

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

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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.

Call your **LOGICARE account executive** at 800-848-0099 if you would like additional information or a demonstration of how your education system can support your facility's quality improvement efforts.