

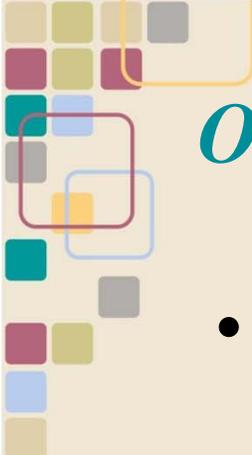


*Exchanged Quality Data for Rehabilitation  
(EQUADR<sup>SM</sup>) Patient Safety Organization &  
Inpatient Rehabilitation Facility Quality  
Reporting*

**Suzanne Snyder, FACHE, PT, CPHM**  
**Administrative Director**  
**Carolinas Rehabilitation - Mercy**



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## *Objectives*

- Explain (briefly) regulatory requirements for quality reporting
- Overview IRF Quality Measures currently collected
- Discuss IRF Measures that may be next
- Demonstrate value of data sharing between institutions to drive quality and safety improvement across the industry





## *About the presenter*

### Suzanne Snyder

- Administrative Director Carolinas Rehabilitation Mercy
  - Utilization, Compliance, Quality, PI, Accreditation
- AMRPA Board Member
  - Quality Committee Co-Chair
    - MedPAC
    - CMS Technical Expert Panels
  - National Quality Forum Measure Applications Partnership Representative
- CARF Surveyor

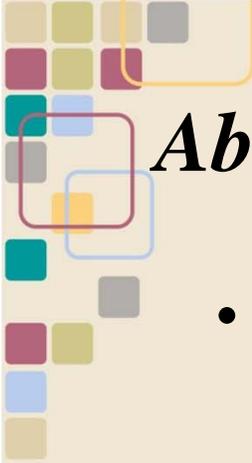




# *Carolinas HealthCare System*

- Largest healthcare system in the Carolinas
- One of the largest public, multi-hospital systems in the nation
- 38 hospitals, 7 rehab hospitals/units, 11 nursing homes, and approximately 800 care locations
- 2,300 employed physicians and over 300 residents
- 60,000 employees





## *About Carolinas Rehabilitation*

- 2 freestanding rehab hospitals, 3 rehabilitation units in the Charlotte area, 13 OP Centers and 9 Physician Clinics
- Carolinas Operational Benchmark Rehab Network of all 38 hospitals, rehab hospitals, outpatient, SNFs and home health.
- 3000+ Inpatient Rehab Discharges per Year
- CARF accredited in 17 programs - SCI, BI, CVA, CIIRP, Pediatrics
- Teaching hospital and research center - 24 PM&R faculty, 13 PM&R Residents



# *Carolinas Rehabilitation Facilities*



Carolinas Rehabilitation-Main



Carolinas Rehabilitation-Mount Holly



Carolinas Rehabilitation-Mercy

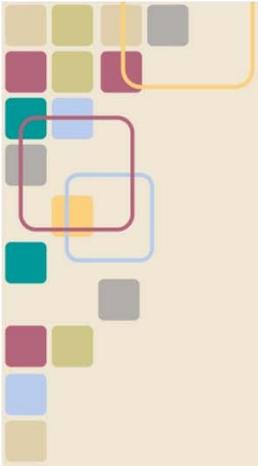


Levine Children's Hospital  
Pediatric Rehab Unit



Stanly Regional Medical Center  
Rehab Unit





# EQUADR

*Exchanged Quality Data for Rehabilitation*



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## *A brief history...*

- Quality outcomes measurement, reporting, and benchmarking in rehabilitation has lagged behind the acute care hospital sector
- Historically, rehab only had acute care to benchmark against
- What is a “good” fall rate in rehab?
- Inpatient Rehabilitation Facilities (IRH/Us) exempted from mandatory HAC reporting and payment penalties
- Traditional measures of quality in rehab: functional gains and discharge destination
- Higher acuity = greater risks





## *Impetus for Change*

- Now: CMS Aug. 5, 2011 Final Rule published for IRF quality reporting program beginning FY 2013 (Oct. 1, 2012)
  - Measures determined: CAUTI, Pressure Ulcers, with all-cause 30-day Readmission measure in development
- Future: Accountable Care Act: By January 1, 2016, pilot testing for value-based purchasing programs for IRH/Us will begin

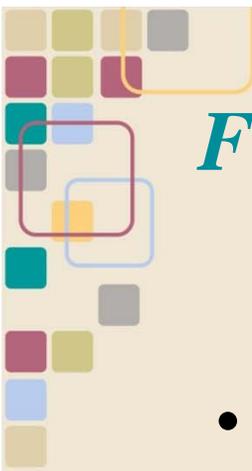




## *Pay For Reporting Quality in IRH/Us*

- Section 3004 (b) of the Accountable Care Act: requires CMS to implement a quality reporting system for IRH/Us
  - Publishing quality measures in FY 2013 (by October 1, 2012)
  - Initiating data collection in FY 2014 (by October 1, 2013)
- Per MedPAC – Will lead to Pay for Performance





## *Financial Impact of Quality Reporting*

- If an IRH/U does not report the quality measures, it will be subject to a 2% reduction in its increase factor.
- That reduction may result in an update factor of below 0.0% for the year but such a reduction will not be taken into account in computing the payment for a subsequent fiscal year.

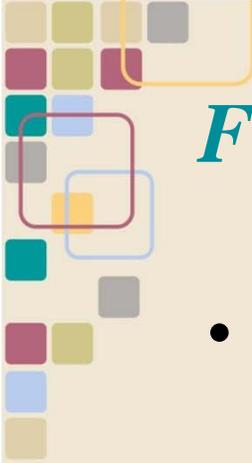




# *Operational Impact of Collecting Quality Measures*

- Data collection takes resources
- Measures
  - Pressure Ulcers that are New or Have Worsened: Process to collect data on admission and discharge
  - Catheter Associated Urinary Tract Infections: reported through NHSN/CDC. Some IRFs already doing this per State mandates
  - Readmissions – no obvious resource use
    - Concerns regarding access to care
    - Monitoring capability

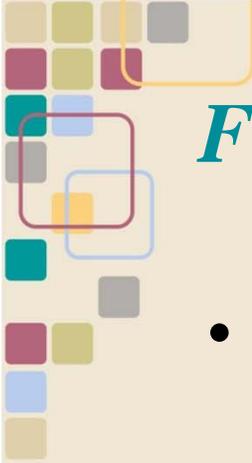




## *Future of IRF Quality Reporting*

- CMS prefers to have, but is not required to have NQF endorsed measures
- NQF has an annual process to review CMS proposed quality metrics called the Measure Applications Partnership
  - Guided by the National Quality Strategy Aims and Priorities
  - NQF Measure Applications Partnership
    - Provides multi-stakeholder input to HHS on the selection of performance measures for public reporting and payment reform programs
    - LTC/PAC Focus Areas: Function, goal attainment, patient engagement, care coordination, safety and cost/access

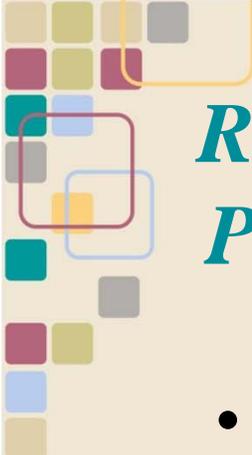




# *Future of IRF Quality Reporting*

- Future IRF Measures - NQF
  - Needs Development – Functional change, functional mobility change, functional self care change, readmissions
  - Ready for Use Measures – CLABSI, C. diff, staff immunization, patients assessed and given flu/pneumococcal vaccines
    - Don't be surprised to see these in the FY2014 proposed rule
- Future IRF Measures – CMS & NQF
  - Readmissions (both RTI and NQF are working on this)

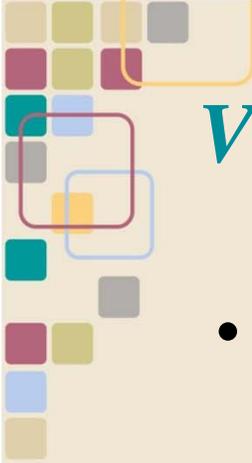




## *Resources Available to Improve Quality Performance*

- Given IRH/Us will soon be paid on our performance relative to our peers.
- How does your facility compare?
  - Quality Databases
  - Patient Safety Organizations (PSOs)





## *Value of Collaboration*

- Sharing of processes and outcomes
  - Reduces individual facility “trial and error”
  - Develops understanding of industry averages, as well as reasonable expectations for improvement
  - Rapid dissemination of best practices across the industry
- Move from a culture of reporting to one of performance
  - Reporting is a must
  - Utilize the data that you have to report to gain value from other’s performance and experience

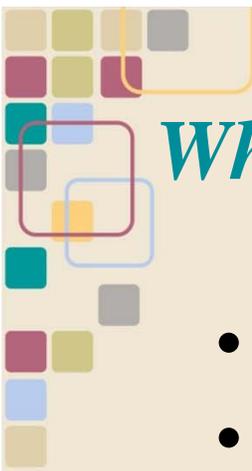




## *What is a PSO?*

- Created by the Patient Safety Act to encourage the expansion of voluntary, provider-driven initiatives to **improve the quality and safety of healthcare**; to promote rapid learning about the underlying causes of risks and harms in the delivery of healthcare; and to share those findings widely, thus speeding the pace of improvement
- The mission and **primary** activity of the PSO **must be to conduct activities that are to improve patient safety and the quality** of health care delivery
- Key concepts: PROTECTION and AGGREGATION
- Expected Results: Comparative Reports, New Knowledge, Collaborative Learning





## What is *EQUADR*<sup>SM</sup>?

- Exchanged Quality Data for Rehabilitation
- Network of 24 inpatient rehabilitation facilities who report their quarterly quality outcomes data to a central database
- Data from all participating facilities is pooled, with the resulting averages, ranges, and high and lows reported back to the participants
- Quarterly conference calls are held after the aggregate data is released, in order to share best practices and discuss challenges





## *Current Measures 2013*

- Restraint Utilization
- Healthcare-acquired Conditions
  - Unassisted Falls
  - Injuries Acquired from Unassisted Falls
  - Pressure Ulcers
  - Thromboembolic Events (DVT/PE)
- Healthcare-acquired Infections
  - MRSA
  - C-diff
  - CAUTI
- Discharges to Acute Care
  - Early in Stay
  - Late in Stay



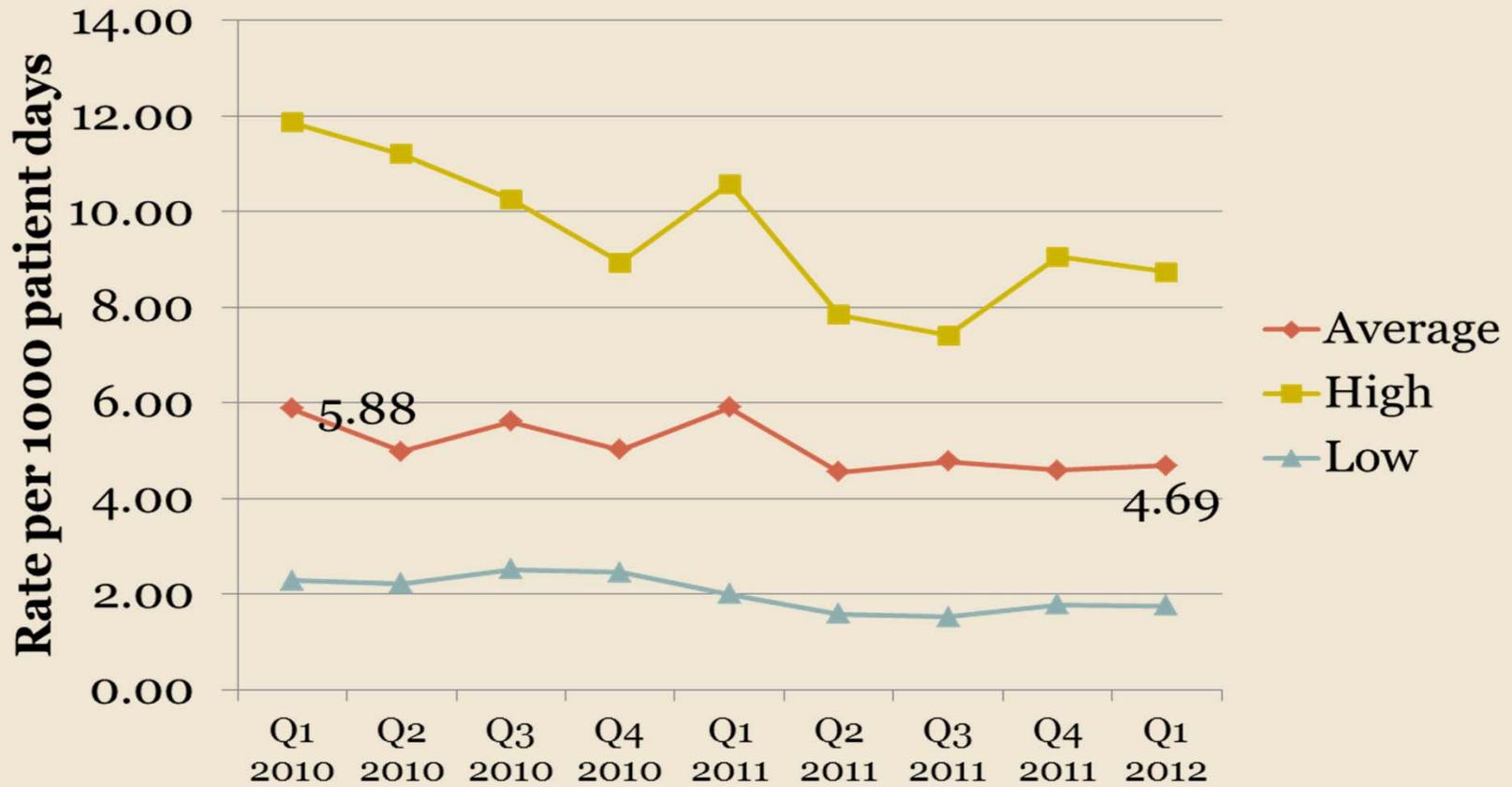


## *Unassisted Falls*

- Description: The number of unassisted falls, defined as an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without injury to the patient that occurs during the patient's admission to the rehabilitation facility. All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Do NOT include assisted falls – A fall in which any staff member (whether a nursing service employee or not) was with the patient and attempted to minimize the impact of the fall by easing the patient's descent to the floor or in some manner attempting to break the patient's fall. "Assisting" the patient back into a bed or chair after a fall is not an assisted fall. A fall that is reported to have been assisted by a family member or visitor counts as a fall, but does not count as an assisted fall.
- Adapted from NQF-endorsed measure #0141:  
<http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1118#k=falls>
- Numerator: The number of unassisted falls occurring among admitted adult inpatients during the reporting month.
- Denominator: Patient days
- Reported Metric: Unassisted Fall rate per 1,000 patient days.



# Unassisted Falls

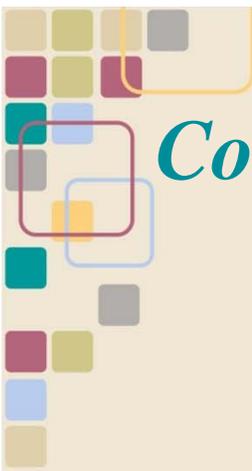




*Questions?*



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## Contact

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