

Maine Quality Forum

A Service of Dirigo Health

Dennis Shubert

Testimony in support of Chapter 270

Good morning. My name is Dennis Shubert and I am the Director of Maine Quality Forum, sister agency to Maine Health Data Organization. I want to thank the Board of the Maine Health Data Organization for their ongoing help in promulgating and supporting the system for collecting healthcare quality data.

Maine Quality Forum strongly supports the proposed changes to Chapter 270, *Uniform Reporting System for Quality Data Sets*.

The suggested changes to Chapter 270 address specific healthcare quality challenges.

Healthcare Associated Infections

Healthcare associated infections are a major public health problem in the United States. Healthcare associated infections are the most common complication affecting hospitalized patients with between 5% and 10% of inpatients acquiring one or more infections during their hospitalization. Overall an estimated 2 million hospital acquired HAI occur each year in the United States accounting for an

estimated 90,000 deaths and adding 4.5 to 5.7 billion in healthcare costs. Experts generally believe that at least 20%-30% of such infections are preventable.

SCIP 4, 6, and, 7 address three specific process indicators that research shows directly impacts infection rates for surgical patients.

SCIP 4, *“Cardiac Surgery Patients with Controlled 6:00 AM Postoperative Serum Glucose”* addresses a best practice that has been demonstrated to lower not only infection rates in cardiac patients but also decrease other complications. This best practice is spreading to include many other patient types. However, this specific metric addresses only a specific subset of patients as the research is best in this particular area of study.

SCIP 6, *“Surgery patients with appropriate hair removal”* refers to clipping rather than shaving. This is a significant change in current surgical practice. The best practice is now clipping to avoid the skin injury of shaving which is associated with increased infection rates. This is a proven best practice, the introduction of which has been not as quick as one would desire.

SCIP 7, *“Colorectal Surgery Patients with Immediate Postoperative Normothermia”* addresses the issue of maintaining appropriate patient temperature. Again this is a particular subset of patients where research shows infection rate is reduced by maintaining normal patient temperature after surgery. We fully understand that to achieve satisfactory performance on this metric an institution should and will address the issue of maintaining normal patient

temperature after surgery for all of its surgical patients. As a previous Chief of Surgery, this is a problem that I helped address more than six years ago. Even though it is a best practice, it still is not as widely used as one would expect.

Sudden Death From Pulmonary Embolism

Venous thromboembolism and pulmonary embolism are common terms used to describe the most common preventable cause of hospital death. Over 900,000 Americans suffer VTE each year. Half million of these complications are manifest as a pulmonary embolism. About 300,000 of those 500,000 with pulmonary embolism die. Pulmonary embolism is the third most common cause of hospital related death in the United States. We have asked for submission of data for **SCIP-VTE-1** *surgery patients with recommended venous thromboembolism “VTE” prophylaxis ordered* and **SCIP-VTE-2** *surgery patients who received appropriate venous thromboembolism “VTE” prophylaxis within 24 hours prior to surgery to 24 hours after surgery*. These two indicators measure best practices of prevention of thromboembolism endorsed by American College of Surgeons, Joint Commission for Accreditation of Healthcare Organizations, and National Quality Forum. Measure of compliance with these metrics will reassure the general public that providers are following a best practice while trying to reduce the most common preventable cause of hospital death.

Coordination of care across settings of care

Several years ago National Quality Forum made coordination of care its first priority across all settings. Prior to the care transition measure developed at the University of Colorado Health Sciences Center there was no metric of best practice for care transition. The NQF endorsed care transition measure developed at the University of Colorado has been presented in both a fifteen question and a three question format. The three question format provides 82%-93% of the measurable variance as determined by the fifteen questions metric. In the interest of reduced burden, Maine Quality Forum is asking providers to collect and report data on CTM 3. Use of CTM 3 will provide us with an outcome metric of best practice of hospital discharge. The present standard is a process measure as required by Joint Commission and CMS. A process measure is whether or not an activity takes place prior to discharge not whether or not the activity was successful. We may know that a nurse talked to the patient and completed a form. We do not know if the patient was adequately informed to care for themselves safely at home. CTM 3 addresses first, *whether or not the hospital staff understood and utilized a patient's own preferences during discharge planning*, second, *when the patient left the hospital the patient had, by their own evaluation, a good understanding of their responsibilities for managing their own health*, and third, *when the patient left the hospital the patient clearly understood the purpose for taking each their medications*. CTM 3 is a metric that

is becoming widely used nationally and internationally. It has been shown to predict recidivism. That is, it can predict how often discharged patients are likely to return to an emergency room or a hospital for problems caused by their treated medical condition. CTM 3 will also be valuable to providers in that it will provide them outcome information that they can use to evaluate the performance of their staff. CTM 3 information will be valuable to the general public to allow them to understand their performance of their preferred provider when it comes to adequate education about post-discharge care.

Maine Quality Forum appreciates Maine Health Data Organization's role in this process and we again strongly support these proposed changes to Chapter 270.