

Quality Innovation Network – Quality Improvement Organizations

**Safe Care that is Person and Family-Centered,
Reliable and Accessible**

Reducing Care Delivery Harm and Promoting Coordinated Care



About Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs)

The Centers for Medicare & Medicaid Services (CMS) QIO Program is an integral part of the U.S. Department of Health and Human Services' National Quality Strategy and is one of the largest federal programs dedicated to improving health quality at the community level. This network of experts in quality improvement works in partnership with patients and families, providers, communities, and healthcare stakeholders in every setting in which care is delivered. QIN-QIOs assist patients and families, providers and communities to: make care safer, support active engagement and self-management of chronic conditions, eliminate health disparities, promote best practices for healthy living, deliver improved access to care, and make care affordable.

Working Together to Reduce Healthcare-Associated Infections

On any given day, about one in 25 hospital patients has at least one healthcare-associated infection (HAI), according to the most recent Centers for Disease Control and Prevention (CDC) HAI prevalence survey of U.S. acute care hospitals. In addition, the same 2011 data indicate that about 75,000 people who most likely were infected as a result of receiving healthcare died in the hospital. With the goal of aligning existing public and private infection prevention initiatives, the QIO Program has made HAI reduction in the hospital setting a top priority. In addition, the Program has aligned its HAI reduction work with the Agency for Healthcare Research and Quality's Comprehensive Unit-based Safety Program (CUSP), with the CDC-sponsored state-based HAI initiatives and the work of the CMS Hospital Engagement Networks in Partnership for Patients.

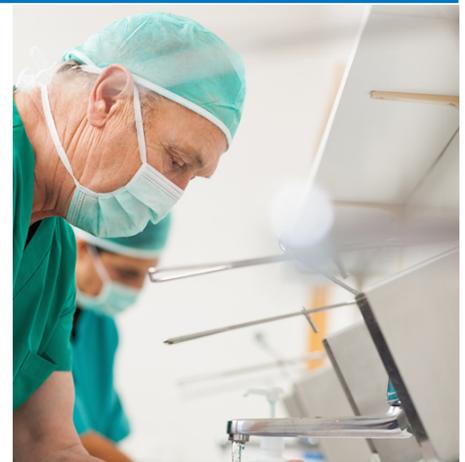
QIN-QIO strategies for person-centered, comprehensive HAI reduction target reducing central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), *Clostridium difficile* (*C. diff*) infections and ventilator-associated events. They also are responsive to community, facility and/or unit-specific needs. Examples include:

- Support and structure for establishing effective antimicrobial stewardship programs
- Improvement initiatives linking HAI reduction to reductions in avoidable hospital readmissions

Reducing Healthcare-Acquired Conditions in Nursing Homes

More than three million Americans rely on services provided by nursing homes at some point during the year. About 1.4 million Americans reside in the nation's 15,600 nursing homes on any given day. Those individuals and an even larger number of their family members, friends, and relatives, must be able to count on nursing homes to provide reliable, high-quality care. The Affordable Care Act called for CMS to develop a strategy that will guide local, state, and national efforts to improve the quality of care in nursing homes. The most effective approach to ensure quality is one that mobilizes and integrates all available tools and resources – aligning them in a comprehensive, actionable strategy that nursing homes can adopt and sustain.

Continued



As of August 1, 2014, the Centers for Medicare & Medicaid Services (CMS) has established a new functional structure for the Quality Improvement Organization (QIO) Program that delivers program value to patients and families, maximizes learning and collaboration for improving care, and supports the spread and sustainment of effective new practices and models of care. Under the new structure, CMS has separated case review from quality improvement work, with both segments of the QIO Program serving all 50 states and three territories.

Two Beneficiary and Family Centered Care-QIOs review quality of care concerns and appeals, while 14 Quality Innovation Network-QIOs work with providers and communities on data-driven quality initiatives to improve patient safety, reduce harm, engage patients and families, and improve clinical care at the community level. To learn more, visit www.qioprogam.org.

Quality Improvement Organization Program

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Through the National Nursing Home Quality Care Collaborative, QIN-QIOs support this kind of system-wide improvement, which helps eliminate healthcare-acquired conditions (HACs) like pressure ulcers and falls, and can dramatically improve resident satisfaction. Thousands of facilities across the country participated in the Collaborative between 2012 and 2014 and many are continuing their participation. Others are invited to join, especially those that attained a one-star rating in CMS' Nursing Home Compare program, indicating they have room for improvement on multiple dimensions of resident care and safety. QIN-QIOs lead the regional and community levels of the Collaborative, which provides training and tools based on the best clinical, management, and leadership practices of high-performing nursing homes. Topics include increasing mobility among long-stay residents, decreasing unnecessary use of antipsychotics for residents with dementia, preventing potentially avoidable hospitalizations, and decreasing HAIs and other HACs. QIN-QIOs supplement Collaborative activities with focused technical assistance to help facilities implement what they have learned.

Promoting Effective Care Coordination and Communication

Both the National and CMS Quality Strategies recognize the importance of coordinating clinical decisions and improving communication between providers. The QIO Program has made great strides in helping providers and communities reduce avoidable readmissions and improve transitions of care (at about \$1 billion in cost savings from 2011 to 2014). QIN-QIOs are uniquely situated to spark and strengthen community-based care coordination initiatives

through their experience in building coalitions of acute and post-acute providers, practitioners, long-term care services and supports, patients and their advocates, and other local stakeholders.

Adverse drug events (ADEs) are a factor in the care coordination equation. Poorly coordinated care contributes to ADEs when different providers unknowingly prescribe medications that have the potential to conflict and complicate the patient's condition. In turn, ADEs may trigger unnecessary diagnostic tests and avoidable hospital readmissions. From 2011 to 2014, QIO Program efforts to improve care transitions helped avoid approximately 44,640 potential ADEs.

As the Program moves forward to amplify and extend its assistance for care coordination, QIN-QIOs will continue to play an essential role, facilitating the formation of new coalitions and encouraging all collaborative groups to focus on improving the quality of care. Emphasis is placed on serving Medicare beneficiaries with multiple chronic conditions, with health literacy needs or those living in rural areas, specifically, those who will benefit the most from the transformation of our fragmented healthcare system into one in which coordinated care is the norm.

Learn More and Become Involved

The QIO Program invites all providers, community stakeholders, Medicare beneficiaries, family members and caregivers to become partners in its improvement initiatives. To get involved, contact your QIN-QIO: www.qioprogram.org/contact.