Measuring and Benchmarking Quality for Rehabilitation Care

EQUADR$^{SM}$ and the changing landscape of post-acute outcomes
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 (IRFs) exempted from mandatory HAC reporting and payment penalties
• Traditional measures of quality in rehab: functional gains and discharge destination
• Higher acuity = greater risks
What is EQUADR\textsuperscript{SM}?

- Exchanged Quality Data for Rehabilitation
- Founded by Carolinas Rehabilitation in 2009
- Network of 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
About Carolinas Rehabilitation

• Part of Carolinas HealthCare System - Comprised of 33 owned, leased or managed hospitals throughout North and South Carolina. CHS is the second largest not-for-profit public hospital system in the US.
• Operate 182 IRH/U beds in the Charlotte area
• CARF accredited in 16 programs - SCI, BI, CVA, CIIRP, Pediatrics
• Three CARF surveyors on staff
• Teaching and research center - 22 PM&R faculty, 12 PM&R Residents
• Brain injury model system of care
Impetus for Change

• How can we move forward if we don’t know where we are?
• Legislative and financial changes
  • IRFs must begin reporting of two quality measures to CMS FY 2013 (Oct. 1, 2012): Pressure Ulcers and Catheter-Associated Urinary Tract Infections
  • A third measure related to readmissions is in development
  • Initially will be “pay for reporting” – financial penalties for not reporting, and data will be made public
  • Will transition to “pay for performance” - by January 1, 2016, pilot testing for value-based purchasing programs for IRFs will begin
• Desire to be the best!
Rehab is different!

- Outcomes are going to be different based on position within the continuum of care and patient population
- Length of stay variations from both acute care and SNF
- Treatment and purpose of hospitalization differences
- Indicators for EQUADR\textsuperscript{SM} are chosen based on the needs of participants (rehab hospitals), regulatory requirements, and evidence-based practice
Current Measures

- Code Blue and RRT Calls
- Restraint Usage
- Healthcare-associated Conditions
  - Unassisted Falls
  - Pressure Ulcers (*matches CMS measure*)
  - Venous Thromboembolism (DVT/PE)
- Healthcare-associated Infections (CDC/NHSN definitions)
  - MRSA
  - C-diff
  - CAUTI
What is a PSO?

• Patient Safety Organization

• 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
Requirements of a PSO

- Efforts to improve patient safety and the quality of health care delivery
- The collection and analysis of patient safety work product (PSWP)
- The development and dissemination of information regarding patient safety, such as recommendations, protocols, or information regarding best practices
- The utilization of PSWP for the purposes of encouraging a culture of safety as well as providing feedback and assistance to effectively minimize patient risk
- The maintenance of procedures to preserve confidentiality with respect to PSWP
- The provision of appropriate security measures with respect to PSWP
- The utilization of qualified staff
- Activities related to the operation of a patient safety evaluation system and to the provision of feedback to participants in a patient safety evaluation system
Why operate EQUADR℠ through a PSO?

- Identified need to preserve confidentiality
  - Communications with PSOs are protected
  - Patient Safety Rule protections enable PSOs to work with multiple providers
  - Federal protection of data submitted, generated, and disseminated by the PSO
- Strong government and regulatory encouragement to join a PSO
- Currently the only PSO specifically targeted to rehabilitation
- Mission and vision of EQUADR℠ closely mirrors the AHRQ vision for PSOs
AHRQ’s Long Term Goal For PSOs

Source: Katten Muchin Rosenman, LLP, headquartered in Chicago.
Unassisted Falls

Rate per 1000 patient days


Average
High
Low

5.88 4.90

Exchanged Quality Data for Rehabilitation
Value of Sharing

• Drive quality improvement and patient safety initiatives across the industry
• Network and share best practices with other rehabilitation hospitals – 8 webinar/conference calls annually
• Preparation for upcoming regulatory requirements
• Justifies the importance and uniqueness of inpatient rehabilitation in the care continuum
• Provides a “safety zone” to discuss sensitive issues such as falls and restraint use
• Sense of community – “We’re not alone!”
Challenges and Opportunities

• All participation is voluntary and non-exclusive - facility will be offered the opportunity to participate

• Participation does require adherence to the confidentiality and privilege provisions of the Patient Safety Act Final Rule

• Balance of confidentiality and transparency

• Decision as to how to implement or integrate results into operations is up to each facility
Current Membership

- Carolinas Rehabilitation (Charlotte, NC)
- Burke Rehabilitation (White Plains, NY)
- Magee Rehabilitation (Philadelphia, PA)
- Roper Rehabilitation (Charleston, SC)
- Methodist Rehabilitation (Jackson, MS)
- TIRR Memorial Hermann (Houston, TX)
- Madonna Rehabilitation (Lincoln, NE)
- Rehabilitation Hospital of Indiana (Indianapolis, IN)
- Vidant Health Regional Rehabilitation Center (Greenville, NC)
- FIVAN (Valencia, Spain)
- WakeMed Rehabilitation (Raleigh, NC)
- National Rehabilitation Hospital (Washington, DC)
- Rehabilitation Institute of Chicago (Chicago, IL)
- Rehabilitation Institute of Michigan (Detroit, MI)
- Cottage Rehabilitation (Santa Barbara, CA)
- Cone Health Rehabilitation (Greensboro, NC)
- Mary Free Bed Rehabilitation Hospital (Grand Rapids, MI)
- Miller-Dwan Rehabilitation (Duluth, MN)
- Brooks Rehabilitation (Jacksonville, FL)
- Baptist Health Rehabilitation (Little Rock, AR)
- Sunnyview Rehabilitation (Schenectady, NY)
Moving Forward…

• Expansion to other rehab hospitals and units
• Stratified data
• Web-based data entry and report retrieval
• Patient-level data
• Risk models

…partnership with MediServe will provide the data gathering and technology infrastructure to achieve this
Questions?
Links

http://www.equadr.org
http://www.pso.ahrq.gov
Shelby Harrington, MS, BSN, RN  
Administrator, Patient Safety Organizations  
Carolinas HealthCare System  
(704) 355-4460  
shelby.harrington@carolinashealthcare.org