

## Hospital Data

	Oct.
Acute Hospital Admissions	9
Observation Hospital Admissions	11
Swingbed Hospital Admissions	4
<b>Total Admissions</b>	<b>24</b>
<b>Total Readmissions</b>	<b>0</b>
Treatment Room Pts	165
# of Discharged VTE Pts Calculated	10
% of Adequate Prophylaxis Received	10
Catheter Days	0
HAI CAUTI	0
# Days Since Last CAUTI	1562
# of Pts on Coumadin	2
Pts with INR >6	0
# of Pts on Insulin	4
Pts with BS <50	0
# of Injurious Falls	0
# of Non-Injurious Falls	2
Days Since Last Injurious Fall	51
Days Since Last Non-Injurious Fall	5

## MIPS and the Quality Payment Program

### What

CMS is required by law to implement a quality payment incentive program, referred to as the Quality Payment Program, which rewards value and outcomes in one of two ways: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMS).

Under MIPS, clinicians are included if they are an eligible clinician type and meet the low volume threshold, which is based on allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS) and the number of Medicare Part B patients who are furnished covered professional services under the Medicare Physician Fee Schedule.

### How it Works

There are four performance categories that make up your final score. Your final score determines what your payment adjustment will be. These categories are:

<p><b>Quality</b></p> <p>This performance category replaces PQRS. This category covers the quality of the care you deliver, based on performance measures created by CMS, as well as medical professional and stakeholder groups. You pick the six measures of performance that best fits your practice.</p>	<p><b>Promoting Interoperability (PI)</b></p> <p>CMS is re-naming the Advancing Care Information performance category to Promoting Interoperability (PI) to focus on patient engagement and the electronic exchange of health information using certified electronic health record technology (CEHRT). This performance category replaced the Medicare EHR Incentive Program for EPs, commonly known as Meaningful Use. This is done by proactively sharing information with other clinicians or the patient in a comprehensive manner. This may include: sharing test results, visit summaries, and therapeutic plans with the patient and other facilities to coordinate care.</p>
<p><b>Improvement Activities</b></p> <p>This is a new performance category that includes an inventory of activities that assess how you improve your care processes, enhance patient engagement in care, and increase access to care. The inventory allows you choose the activities appropriate to your practice from categories such as, enhancing care coordination, patient and clinician shared decision-making, and expansion of practice access.</p>	<p><b>Cost</b></p> <p>This performance category replaces the VBM. The cost of the care you provide will be calculated by CMS based on your Medicare claims. MIPS uses cost measures to gauge the total cost of care during the year or during a hospital stay. Beginning in 2018, this performance category will count towards your MIPS final score.</p>

## SQSS —online incident reporting tool—

The SQSS program is a user-friendly integrated quality tracking tool which can be placed right into the hands of professionals who must be responsible for a myriad of tasks everyday in order to comply with the numerous rules, regulations, and standards of healthcare today. Evermore, it is a proactive and deliberate method where people can fully engage in genuine and meaningful quality monitoring all on the same platform, which in turn helps drive excellent patient outcomes.

**SMC will be implementing SQSS for an online incident reporting tool. For all incidents, near misses, and/or great catches, this tool will be utilized online. Look for more information at your next staff meeting and e-mail!**

# TeamSTEPPS Tool of the Month: CUS

I am **C**oncerned



I am  
**U**ncomfortable

This is a  
**S**afety Issue



*To build a strong team,  
you must see someone else's  
strength as a compliment  
to your weakness;  
not a threat*

**TeamSTEPPS** (Team Strategies and Tools to Enhance Performance and Patient Safety) is an evidence-based framework to optimize team performance across the healthcare delivery system.

**CUS** is an important communication tool that every single employee at SMC can utilize. Anytime there is a safety issue or concern, each employee has an opportunity to alert other team members of your concerns. Here's an example: "Dr. Adams, I am *concerned* about Mr. Smith's heart rate. I'm *uncomfortable* with what we're seeing. I don't feel like this is *safe*." Can you think of a time where you cussed?

Several people throughout the facility are considered "Master Trainers" in TeamSTEPPS. Do you know who that person is in your department? We will be high-lighting a tool each month, to improve communication and teamwork throughout the entire facility. Please contact Denise Sabatka, Joni Duerksen, or Amber Kavan if you'd like to learn more.

## Infection Control Corner



### 5 Reasons to Get Your Flu Shot

1. The flu is more serious than you realize.
2. The flu vaccine is the most effective way to prevent illness caused by seasonal influenza viruses.
3. You should receive a flu vaccine that is appropriate for your age and other risk factors.
4. Last year's flu shot won't provide adequate protection from the flu this year.
5. The flu vaccine is covered by many health plans.

## October 2018 Patient Satisfaction Survey Results

