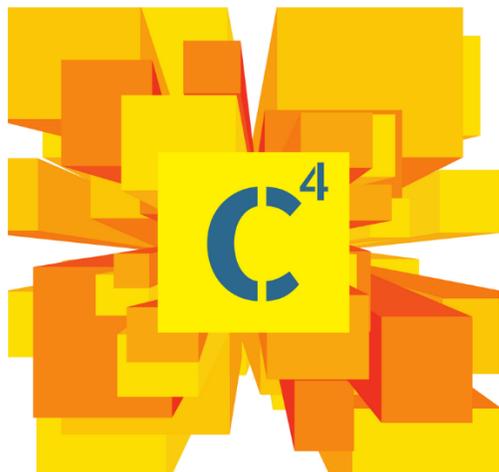


## HTS3 Working for YOU!



A recent posting from CMS included the selection of 32 new quality measures for 2018, and NQF has submitted recommendations to the U.S. Department of Health and Human Services (HHS) for 35 standardized performance measures on February 1. Based on these two initiatives, it becomes apparent that even greater emphasis is being placed on quality and patient safety.

On February 15, NQF will publish its final reports for hospital and post-acute settings, and on March 15 they will publish the report for clinician programs. Both reports include recommendations on potential ways to improve

each program and the quality metrics being measured. Included in the report is guidance directed at HHS on criteria to determine any measures that should no longer be reported and any suggestions for future measures.

In addition to stressing the importance of measuring quality, two adjuncts to quality are patient safety and the patient experience. Think of it this way using a simple illustration: imagine an open umbrella, the top of the umbrella that protects you from the rain, symbolizing quality which protects you from errors, near misses and litigation. Next, the spokes of the umbrella which hold the umbrella up symbolize all that encompasses what quality embodies; for example, one spoke would be risk management, another may be vision and mission, another could be continual improvement efforts, another could be patient safety, another may be an excellent patient experience, another could be organizational values, one could be cost-reduction enterprises, another would be employee involvement in assuring quality and patient safety, and on-and-on depending on what makes up your quality plan. The important message is that quality should be the overarching imperative for everything you do.

HTS3 can help you with the vital role of quality within your organization that includes:

- Assisting in the development of meaningful metrics
- Providing education regarding quality and associated initiatives to staff and board
- Developing dashboards that reflect progress
- Discussing potential improvements that reflect better/best performance
- Providing benchmarks that have been shown to improve performance
- Offering education and mentoring to new Quality Directors

Contact the following consultants who can help:

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## Regulatory Report



A budget deal was passed in the wee hours of February 9 that includes a number of significant health care provisions. To summarize, the deal includes four additional years for the Children's Health Insurance Program which now totals 10 years since an additional 6 years were previously approved three weeks ago, \$6B was allocated for the opioid epidemic, and two years of funding for community health centers and disaster aid funding. The CHRONIC Act, which improves care coordination for patients with multiple chronic conditions and expands telemedicine, was also approved. The budget deal slows down the implementation of the Merit-based Incentive Payment System (MIPS) and repeals the Affordable Care Act's Independent Payment Advisory Board. The repeal is favorable since continuation of the Board would have increased Medicare spending. Other favorable moves in the deal include: accelerating closure of the "doughnut hole" in Medicare drug coverage, continued funding of NQF, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education program, delaying spending to disproportionate share hospitals (DSH), and changes to the VA Choice program allowing Veterans to receive care from providers in the private sector. The new budget deal includes a six-week temporary funding bill that will keep the government operating until March 23 in order for the full deal to be implemented.

Due to the shortage of IV saline, a bipartisan group of 30 senators and 64 representatives have asked the FDA's Commissioner, Scott Gottlieb, MD, to take all necessary actions to have "a plan to ensure immediate and sustained production of IV bags that also provides sufficient guidance to mitigate cost increases." The FDA has developed a strategy to try to remedy this crisis by allowing the saline products imports from other countries and by also approving new saline products. The Congress members who submitted the letter to Gottlieb voiced their concerns stating that "However, providers in our states have voiced concerns over the uncertainty of when these products will become available and when a long-term solution to this shortage will be implemented."



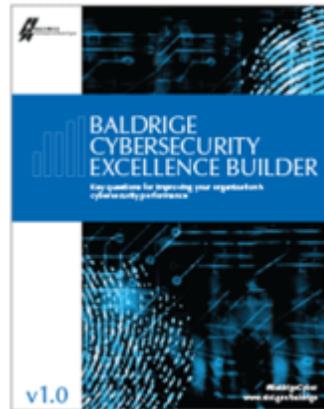
Beginning in 2019, CMS is proposing that initial opioid prescriptions for acute pain be limited to 7 days. The agency is also suggesting that Medicare Part D prescription drug plans monitor patients who take medications considered to be "potentiators" of opioid misuse and opioid-related adverse events, specifically for the drugs gabapentin (neurotin) and pregabalin (lyrica). CMS noted that there has been a significant increase in prescribing gabapentin to treat pain. Based on these data, CMS is requesting comments on whether it is beneficial to closely monitor beneficiaries receiving these prescriptions.

The CMS proposal came as a US House committee reviewed Medicare's oversight of opioid use and the lack of data on opioid use among older Americans. Source: *Medscape Nurses*. February 7, 2018.



Once again, the CDC is reporting influenza activity rate rose last week to 51.4 per 100,000 people, the highest rate for this point in the year since the Centers for Disease Control and Prevention began surveilling and reporting of confirmed flu hospitalizations during the H1N1 flu pandemic in 2009-2010 according to CDC Acting Director Anne Schuchat, MD. The predominant H3N2 strain that has reared its head this year has been associated in past years with more hospitalizations and deaths in older adults and young children. So far this season, there have been almost 14,700 flu hospitalizations, and 53 flu-associated pediatric deaths. Source: CDC media briefing, February 2, 2018.

An updated vaccination schedule has been jointly released by the CDC and a number of medical professional groups. The schedule recommends a third dose of measles, mumps and rubella vaccine for at-risk patients during outbreaks. Along with the vaccination schedule, the childhood immunization schedule has been redesigned for easier reading. Source: American Academy of Family Physicians News story, 2/6/18



Cybersecurity should continue to cause sleepless nights, however there is a valuable tool that can help mitigate your sleeplessness. The Baldrige Cybersecurity Excellence Builder, Version 1.0 is a self-assessment tool to help organizations better understand the effectiveness of their cybersecurity risk management efforts and identify improvement opportunities in the context of their overall organizational performance. This self-assessment tool blends organizational assessment approaches from the Baldrige Performance Excellence Program (BPEP) with the concepts and principles of the Cybersecurity Framework developed by NIST's Applied Cybersecurity Division (ACD). A free download is available on [nist.gov/Baldrige/products](https://nist.gov/Baldrige/products).



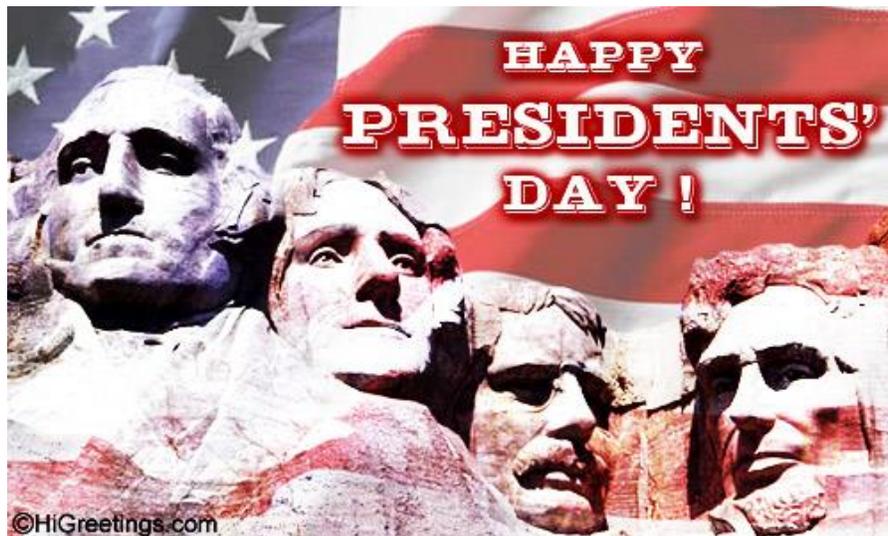
The Joint Commission

There are a few EP changes to the IM, PI and RC chapters that you may want to review. You may have seen the information shared in the recent Perspectives where you can download the changes. Go to the Standards tab, pre-publication page where the changes are listed. All of the posted changes take place effective July 1, 2018. Of particular note is PI.01.01.01 the Eps under that standard specific to data collection and analysis of clinical processes. Make sure you have data and an owner of the process identified.

Fluoroscopy has become a new topic for TJC, and there are new requirements that take effect July 1, 2018. Please make sure that EC.02.02.01, EP 7 is carefully reviewed which requires that risks are minimized when working with hazardous sources of radiation which can include: failure to monitor lead shield integrity (something I always check) and failure to wear or evaluate dosimetry badge use.

Another update includes corridor door requirements and eliminating roller latches which resulted in CMS and NFPA modifications that has changed LS.02.01.30, EP 13 beginning March 11, 2018.

Another note of importance is to check FAQs periodically since oftentimes there are some hints about changes to standards that may be applicable to your next survey. Don't miss out on some valuable suggestions.



*HealthTechS3 is an award-winning healthcare consulting and hospital management firm based in Brentwood, Tennessee with clients across the United States. We are dedicated to the goal of improving performance, achieving compliance, reducing costs and ultimately improving patient care. Leveraging consultants with deep healthcare industry experience, HealthTechS3 provides actionable insights and guidance that supports informed decision making and drives efficiency in operational performance.*

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