



May 2016

Special points of interest:

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- Regulatory Affairs
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- Population Health—Part 2 of 7

HTS3 Working for YOU! Patient Safety Organization

Productivity is never an accident. It is always the result of a commitment to excellence, intelligent planning, and focused effort.” — Paul J. Meyer



Measuring productivity in a meaningful way has never been more important than it is now due to a greater focus on outcomes, reducing costs and assuring accurate reimbursement to health care facilities. Gone are the days when personnel left an organization, and a replacement request was generated and automatically signed. Considering the importance of maximizing productivity to assure efficient and effective performance, all health care organizations are becoming increasingly focused on monitoring labor productivity, optimally managing resources and decreasing costs, and

ultimately improving the quality of care. The ability to reduce labor costs is critical to increasing the operating margin and having a healthy bottom line.

According to the CEO of Siemens, Dr. Gregory Sorensen, “standardization is a key to increasing efficiencies and building productivity.” With that in mind, utilizing a productivity model that standardizes definitions of work done in departments, helps to improve efficiencies, effectiveness, cost reduction, and does not compromise quality outcomes.

HealthTech can help! If you haven't seen the cloud-based **Optimum Productivity Enhancer**, the time has come for a review. Along with the manual, a half-day education program is provided plus individual departmental reviews as a means of looking at the way work is currently done. The next 1½ to 3 days, depending on the size of the organization, will assure that all the work being done is captured in the statistic and credit for work done is placed in the appropriate cost center.

If your organization has used the productivity spreadsheet in the past, Optimum is much easier to navigate. We look forward to offering you the education program, review of your staffing, and providing an objective and benchmarking approach to staffing and productivity. It's all about the right person doing the right job at the right time in the right place. The best part is we will coach you along the way.



***“It is not enough to be busy... The question is: what are we busy about?”
— Henry David Thoreau***

Regulatory Affairs

A snapshot of news items that affect health care organizations is provided to improve readiness to meet a myriad of regulations that have been promulgated, along with easing the search through multiple sources for current information.



HHS News: To speed the development of diagnostic tests for Zika virus infection, the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) will support the collection of blood samples from people in the continental United States and Puerto Rico who have been infected with Zika virus.

The Department of Health and Human Services' Office for Civil Rights has issued audit protocol guidelines to help health care organizations document everything as they comply with HIPAA privacy and security rules. The key areas that will be investigated include organizations' breach notification procedures, policies for training employees and controlling their access to electronic protected health information, risk assessment, data protection protocols in the event of a breach, deployment of security officers, compliance of business associates with HIPAA and methods of providing health data to patients.

HHS clarifies rules for filming patients after New York-Presbyterian Hospital's misstep. The hospital will pay \$2.2 million to settle federal allegations that the hospital violated two patients' privacy rights when it allowed television crews to film them without their permission. Health care providers are not allowed to invite film crews into treatment areas without first obtaining permission from all patients who are present, according to the HHS Office for Civil Rights. (hhs.gov)

FDA News: The FDA urges the health care industry to invest heavily in interoperability. Health care executives should make interoperability, connectivity and data liquidity a top priority in their organizations and should invest in interoperability as they go through the Precision Medicine Initiative, said FDA Commissioner Robert Califf and FDA Associate Deputy Commissioner for Medical Products and Tobacco Rachel Sherman. Califf and Sherman call for creating an interconnected environment that gives everyone access to high-quality data that originates in various settings and sources.



CMS News: CMS has delayed the release of a new hospital quality ratings system, just one day before it was to take effect, because of complaints from hospitals and lawmakers. The star-based system intends to streamline various measurements of hospital care into one easily understood metric, but hospitals had concerns over whether the methodology was fair or accurate, so at the last moment the delay occurred.



TJC News: The requirements for the Advanced Certification for Heart Failure have been updated. The revisions reflect guidelines from the American College of Cardiology and the American Heart Association regarding heart failure management.

This week TJC issued a statement clarifying their position on pain management, suggesting that medications may not always be required for managing pain. TJC believes that it is incumbent on hospitals to educate all licensed independent practitioners on assessing and managing pain. The accrediting organization also believes that patients have the right to have their pain managed, however an assessment should be completed to determine the best way to manage the pain. TJC's clarification resulted from what has been perceived as some misconceptions about its recommendations. Specifically, TJC says "it does not require treatment until pain scores reach zero, that it doesn't push doctors to prescribe opioids, and that its standards have not led to a dramatic increase in opioid prescriptions." Dr. David W. Baker, TJC's executive vice president, healthcare quality evaluation, said. "We believe that our standards, when read thoroughly and correctly interpreted, continue to encourage organizations to establish education programs, training, policies, and procedures that improve the assessment and treatment of pain without promoting the unnecessary or inappropriate use of opioids." (jointcommission.org)

Infection Prevention & Control



CENTERS FOR DISEASE
CONTROL AND PREVENTION

This week the Centers for Disease Control and Prevention (CDC) launched a new campaign to promote hand hygiene among health care professionals. The Clean Hands Count campaign "encourages health care professionals, patients and patients' loved ones to keep their hands clean to prevent passing infectious disease." CDC Director, Dr. Thomas Frieden states that, "Patients depend on their medical team to help them get well, and the first step is making sure health care professionals aren't exposing them to new infections," and that "Clean hands really do count and in some cases can be a matter of life and death." The campaign addresses myths and misperceptions about hand hygiene, such as the idea that alcohol-based hand sanitizer contributes to antibiotic resistance and is more damaging to hands than washing with soap and water; neither is true, CDC said. Materials can be found on the campaign website. (CDC news release, 5/5/16)

The Zika virus is carried by the same mosquito that infects people with yellow fever the aedes aegypti. This mosquito is remarkable by the white markings on the legs and the body. So far there have been 700 people infected with the virus, most recently the death of a man visiting the US from Puerto Rico was reported. These mosquitoes are in the United States and other countries. Brazil and Puerto Rico have the worse infestation of the mosquitoes. The Zika virus is transmitted through the mosquito bite and can also be sexually transmitted. There is some evidence that the virus can be found in urine and saliva but there is uncertainty whether the virus can be spread that way. Some of the symptoms include a rash, headaches, muscle aches and fever. Pregnant women can transmit the virus to their baby where serious abnormalities have occurred; some babies have died. The World Health Organization has said that the virus can cause Guillian Barre syndrome and encephalitis. In order to minimize the potential of transmitting the Zika virus, it is recommended that there is good mosquito control measures, people should protect themselves from bites with clothing and repellants such as DEET and other insecticides and by staying indoors.

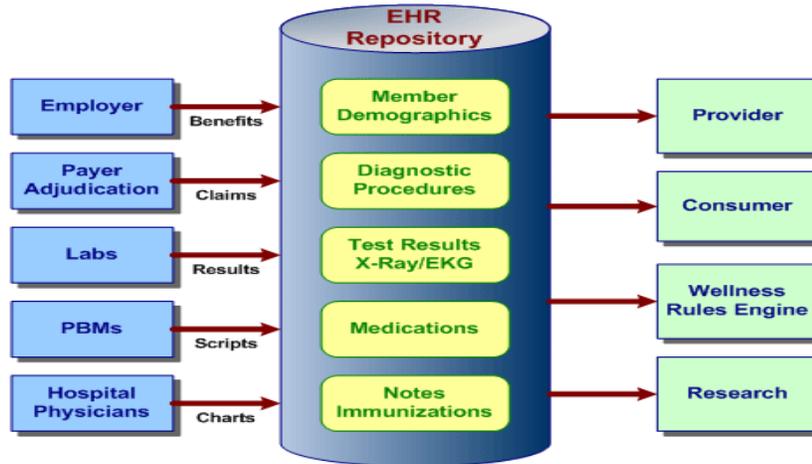
Specific guidance for health care: Employers and workers in healthcare settings and laboratories should follow good infection control and biosafety practices (including universal precautions) as appropriate, to prevent or minimize the risk of transmission of infectious agents (e.g., Zika virus). Always follow universal precautions for potential BBP exposures, as described in OSHA's blood borne pathogens (BBP) standard (29 CFR 1910.1030). For healthcare, standard precautions can be used to expand the universal precautions required by the BBP standard by adding several protections (including expanded PPE) not covered by the BBP standard. Standard precautions include, but are not limited to, hand hygiene and the use of PPE to avoid direct contact with blood and other potentially infectious materials, including laboratory specimens/samples. PPE may include gloves, gowns, masks and eye protection. CDC recommends healthcare workers use standard precautions during patient care regardless of suspected or confirmed Zika infection status. While there is no evidence of Zika transmission through aerosol exposure, minimizing the aerosolization of blood or body fluids as much as possible during patient care or laboratory tasks may help prevent workers from being exposed to other pathogens. Additional protections, including engineering controls to ensure containment of pathogens or enhanced PPE to prevent or reduce exposure, may be necessary during any aerosol generating procedures or other such tasks. (Fact Sheet. OSHA, NIOSH)





Population Health

Part 2 of 7: What is Population Health?



Source: hcxindia.net

Claims and clinical data are one element of population health management that health systems must be able to use and analyze in order to manage groups of patients. The optimal way of managing populations is to be able to merge both data sets in order to improve outcomes, decrease costs, maximize quality and patient safety, and engage patients in their care.

Claims data generally includes patient demographics, billable charges, dates of service, diagnosis codes, procedure codes, insurance, and providers the patient has encountered. Based on these data, one can garner information that is helpful to analyze specific metrics such as mortality rates, actual charges for service provision, available services versus unavailable services that are referred elsewhere, mortality rates, complications that occurred during treatment, and comorbidities. Claims data is not the end-all and be-all because some information is not included that is required for managing populations such as a complete clinical picture of the hospital event. The other drawback is that claims data is retrospective which can cause delays in patient management and decision-making.



HealthCatalyst recently issued an executive briefing that suggests that health care organizations should ask some important questions as a starting point to begin to understand populations:

- What is this population's utilization of healthcare services across the continuum?
- How much do the population and individual members cost the organization?
- What is the risk associated with this population and specific members?
- What are the rules for accurately attributing members to physicians?

Answering these questions along with analyzing clinical data will assist in stratifying disease cohorts, reduce variations in care management, and improve cost effectiveness and outcomes.