

Pneumonia News

IPRO's Inpatient Community-Acquired Pneumonia Newsletter for Providers

CAP Rates in NYS Continue to Show Improvement

Results from the Centers for Medicare & Medicaid Services (CMS) statewide random re-measurement sample were received late last year. New York performed well, showing improvement in 4 of the project's 5 quality indicators. These results, among others, have resulted in a non-competitive renewal of IPRO's Medicare contract with the CMS for the 2002 - 2005 7th scope of work.

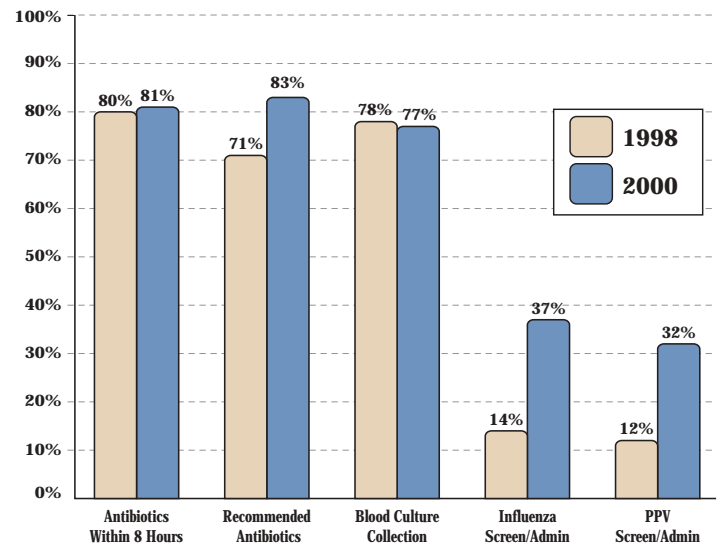
For contract performance and evaluation, IPRO was compared against 18 other states comprising Round 1 quality improvement organizations (QIOs). Within this group, New York's improvement from the baseline on all national topic areas was quite significant placing us second behind Utah. New York's national ranking among all states is pending.

Seven hundred and fifty cases, representing NY State discharges from July 1, 2000 to December 31, 2000, were randomly selected and reviewed by the CMS for compliance on the 5 community-acquired pneumonia (CAP) quality indicators. New York's results are provided.

CMS Findings for CAP in NYS

- 80.7% of patients received antibiotics within 8 hours of admission (+ 1% since 1998)
- 83.4% received antibiotics consistent with current recommendations (+13.4% since 1998)
- 76.8% had blood cultures drawn before antibiotic administration (-0.7% since 1998)
- 36.6% had documentation of influenza vaccination screened or administered. (+23.1% since 1998)
- 32.0% had documentation of pneumococcal vaccination screened or administered. (+19.6% since 1998)

CAP Statewide Baseline and Remeasurement Results



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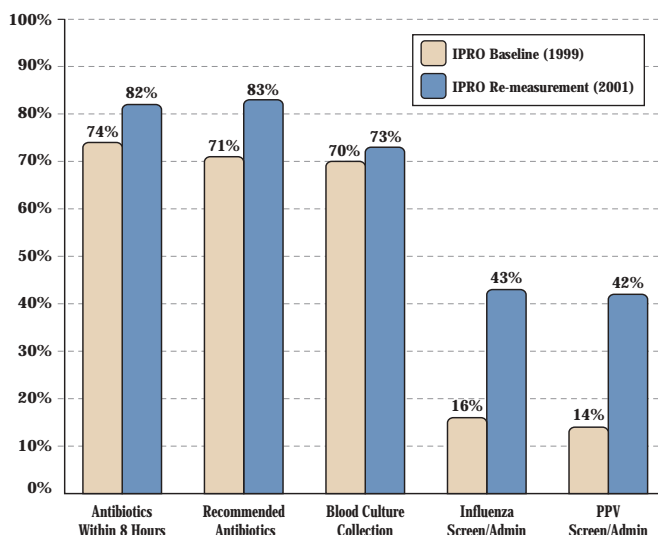
The most significant improvements were seen in the immunization indicators: documentation of influenza and pneumococcal vaccination screened or administered. Process of care changes related to immunizations are somewhat easier to incorporate into a hospital system and are clearly successful. Successful strategies used by hospitals included incorporating a standardized method for medical record documentation of patient assessment specifically on the nursing admission form, adult immunization assessment form, or the history and physical assessment form. ♦

IPRO's High Volume Hospital CAP Data Results

In the aggregate, CAP performance by New York's top 50 high volume pneumonia discharge hospitals and their merged affiliates has improved significantly from their initial baseline measurement in 1999. The improvements observed from this IPRO abstracted sample, discharge timeframe January 1, 2001 – March 1, 2001, are similar to the statewide results obtained by CMS in the national pneumonia project.

In this subset of hospitals, overall improvement was observed on all of the project indicators. Significant improvements were achieved for antibiotics within 8 hours, antibiotics consistent with current recommendations, influenza vaccine screened or administered, pneumococcal vaccine screened or administered ($p < .01$). These results are provided in the figure below. Rates are rounded to the whole number.

IPRO High Volume Hospital Baseline and Re-measurement Results



There was substantial variation among individual hospitals indicating that differences in the management of CAP patients exist with some hospitals performing better than others. Few hospitals performed well on all indicators. There is need for continued improvement in all hospitals. A brief summary of hospital performance is provided below.

Time to Initial Antibiotics

Of the entire sample of 62 hospitals, only one hospital provided antibiotics within 8 hours to 100% of its patients; the average time to initial antibiotics for this hospital was 2.7 hours. Only 10 hospitals performed at 90% or better. In 25 hospitals, fewer than 80% of their patients received antibiotics within 8 hours of arrival to

the hospital. The average hospital time to initial antibiotics ranged from 2.7 hours to 10.5 hours.

Use of Recommended Antibiotics

Only 2 hospitals provided antibiotics consistent with CMS' recommended list to 100% of its patients, 17 hospitals performed at 90% or better and 22 hospitals performed below 80%.

Blood Cultures Obtained before Antibiotics

Twelve hospitals performed at 90% or better on this quality indicator, three of which performed at 100%.

In thirty-five hospitals, blood cultures were obtained before antibiotics in less than 80% of their patients.

Influenza and Pneumococcal Vaccination Screening and Administration

An overall increase of 28% was observed for these indicators. It appears that a few hospitals implemented successful immunization programs resulting in significant improvements in their rates, however a majority still needs to work on intervention strategies targeting this area. Only 3 hospitals screened 90% or more of their pneumonia patients for flu and pneumococcal vaccine status and 40 hospitals performed less than 50% on these indicators. ♦

IPRO's report of these results "New York State Hospital Performance Report Pneumonia-2002" is available from our website, www.ipro.org.

CMS's 7th Scope of Work: Focus on CAP Will Continue

Improvement in the management of Medicare beneficiaries with Pneumonia remains a national priority of the CMS. As part of IPRO's 7th Scope of Work Medicare contract, covering August 1, 2002 – July 31, 2005, we will continue to collaborate with acute-care hospitals statewide and other partners to improve pneumonia care.

Final modifications to the Pneumonia project quality indicators will be available from CMS in the next few months. We anticipate that timing to initial antibiotics will change from 8 hours to 4 hours. Two additional indicators will be added to the project: oxygenation assessment within 24 hours of hospital arrival, and smoking cessation counseling. ♦

New York Influenza Vaccine Update: March 2002

New York's influenza epidemic this winter arrived in force in late January, with only sporadic cases reported before the end of the year. Cases appeared to fall off by mid-March. The predominant influenza virus strain circulating matched the vaccine well, so that people who were immunized were well protected.

Supplies of influenza vaccine last Fall were adequate to cover the high risk population, but many providers had difficulty ordering vaccines and those who ordered often had to wait until well into October or November to get their promised supplies. By December ample amounts of the vaccine were available on the market but few orders were made and much of this vaccine has remained unsold.

The good news is that the three manufacturers do intend to further increase the amount of influenza vaccine they produce this year. The bad news is that the drawn out delivery schedule experienced last Fall is likely to become a permanent feature of annual vaccine supply. The Centers for Disease Control continues to encourage providers to continue giving vaccine through November and December as long as they have high risk patients uncovered, and to re-educate their patients not to expect their flu shots in September and October only. Mass immunizers should reschedule their activities to occur mostly in November or even December.

It is recommended that health care providers order influenza vaccine as soon as possible to ensure timely receipt of the vaccine. Below is the information for manufacturers of the influenza vaccine. ♦

Influenza Manufacturers

- **Aventis Pasteur**
 - online at www.vaccineshoppe.com beginning March 4. Phone 1-800-822-2463, fax 1-800-561-1216 and online beginning March 18
- **Evans Vaccine**
 - through Henry Shein 1-800-772-4346, GIV 1-800-521-7468, or Caligor 1-888-225-4467
- **Wyeth-Ayerst Labs**
 - 1-800-358-7443 beginning sometime in March.

Immunization Standing Order Success Stories

In an effort to ensure influenza & pneumococcal immunization of eligible high risk patients, a number of New York State hospitals have successfully implemented Standing Order (non-patient specific) Protocols for their inpatient programs.

Dr. Van Dunn, Senior Vice President of the New York City Health & Hospitals Corporation, reports that Standing Order Protocols for administration of the influenza & pneumococcal vaccines have been successfully implemented for all of the acute care facilities within the organization. Significant improvements have been noted as evidenced by a dramatic increase in the number of immunizations administered to eligible patients throughout all of the facilities.

Paula Agront, Program Director of Infection Control at Elmhurst Hospital credits the multidisciplinary involvement of the Medical Staff, Nursing and Pharmacy in the development of the protocol as a major factor for the success of their program. Ms. Agront noted that their Standing Order Protocol, initiated in the fall of 2000, was strongly supported by all of the disciplines involved with 700 doses of the pneumococcal vaccine and 270 doses of the influenza vaccine administered to inpatients in 2001.

Staten Island University Hospital has been addressing the issue of patient screening & immunization of eligible patients for over 5 years. Dorothy Minucci, Administrative Director of Epidemiology, cites implementation of a physician driven order sheet back in 1997, supplemented by chart stickers within the medical record as "reminders" to the medical staff.

In February 2001, following receipt of the State Education Department Professional Guidelines for Standing Orders, the facility adapted the IPRO Standing Order Protocol for influenza and pneumococcal vaccine administration, with some revisions based upon institutional need.

Ms. Minucci facilitated a multidisciplinary team in the development of the program, utilizing monthly meetings of the RN Surveillance Team for education of the entire nursing staff on the protocol and the importance of the nurse's role in patient education.

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CEU/CME Educational Opportunities Available on IPRO's Website

An on-line independent study CEU / CME program addressing care management of community-acquired pneumonia and strategies for implementation of inpatient immunization assessment programs has been added to the Pneumonia Project Module. Presenters include national pneumonia expert Dr. Michael Niederman and Dr. John Quinley, Vice President, Health Care Quality Improvement for IPRO.

To view IPRO's newly redesigned web site access www.ipro.org, click on Information for Health Care Professionals and select the topic area entitled Medicare National Health Care Quality Improvement Projects. Selection of the Pneumonia Module will provide you access to the most current information relative to the National Pneumonia Project. We welcome your comments and suggestions for future additions to the educational information within the Pneumonia Module. ♦

Immunization Standing Order Success Stories

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Ms. Minucci notes the essential component of involvement of physician champions within the institution to disseminate education regarding the protocol to the medical staff and to gain support for successful implementation.

The hospital's success speaks for itself with Ms. Minucci citing an increase of six times the number of influenza & pneumococcal vaccines administered within the past year in comparison to the previous year. With the support of the Infection Control staff for monitoring, re-education and ongoing feedback of data by individual nursing units, the program continues to evolve and improve for the year 2002.

We hope that the successes outlined provide incentive for others to implement Standing Order Protocols to support patient screening and influenza and pneumococcal vaccine administration.

For further information or to share your facility's Standing Order success story please contact Sara Butterfield at 1-800-233-0360 or via e-mail at nypro.sbutterfield@sdps.org. ♦

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