



How IHI 5 Million Lives Campaign Interventions Support QIO Hospital Measures in the 8th Scope of Work

IHI Intervention	Relationship to Medicare QIO Hospital Work
<p>1) Prevent Methicillin-Resistant <i>Staphylococcus Aureus</i> (MRSA) infection by reliably implementing scientifically proven infection control practices throughout the hospital.</p>	<p>Not a core component of the 8th SOW. (Some QIOs may be working on this intervention either on their own or in partnership with other local stakeholders.)</p>
<p>2) Reduce harm from high-alert medications starting with a focus on anticoagulants, sedatives, narcotics, and insulin.</p>	<p>Systems improvement: CPOE, barcoding</p>
<p>3) Reduce surgical complications by reliably implementing the changes in care recommended by the Surgical Care Improvement Project (SCIP), including:</p> <p>a) Infection Prevention:</p> <ul style="list-style-type: none"> • Appropriate use of antibiotics • Appropriate hair removal • Postoperative glucose control for major cardiac surgery patients • Immediate postoperative normothermia for colorectal surgery patients; <p>b) For prevention for intra-operative and postoperative cardiac events, beta blockers for patients on beta blockers prior to admission;</p> <p>c) Venous Thromboembolism (VTE) Prophylaxis;</p> <p>d) Ventilator-Associated Pneumonia Prevention;</p> <p>e) Teamwork and Organizational Culture.</p>	<p>SCIP Project (QIO Medicare contract work does not currently include ventilator associated pneumonia prevention and teamwork/organizational culture.)</p> <p>Assisting hospitals with reporting of performance.</p>
<p>4) Prevent pressure ulcers by reliably using science-based guidelines for prevention of this serious and common complication.</p>	<p>Transitions in care: QIOs are working with nursing homes to prevent pressure ulcers and many have started promising cross-setting projects with hospitals.</p>
<p>5) Deliver reliable, evidence-based care for congestive heart failure to reduce readmissions, including:</p> <ul style="list-style-type: none"> • Left ventricular systolic (LVS) function assessment; • ACE-inhibitor or angiotensin receptor blockers (ARB) at discharge for CHF patients with systolic dysfunction (Left Ventricular Ejection Fraction (LVEF) <40%); • Anticoagulant at discharge for CHF patients with chronic or recurrent atrial fibrillation (AF); • Smoking cessation advice and counseling; • Discharge instructions address all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen; • Influenza immunization (seasonal); • Pneumococcal immunization 	<p>Heart failure diagnosis and treatment, including discharge instructions and medication orders at discharge.</p> <p>Assisting hospitals with reporting of performance.</p>

<p>6) Get boards on board by defining and spreading new and leveraged processes for hospital Boards of Directors, so that they can become far more effective in accelerating the improvement of care.</p>	<p>Not a core component of the 8th SOW. (Many QIOs are engaging hospital Boards as a means to drive improvement.)</p>
<p>7) Deploy Rapid Response Teams at the first sign of patient decline – and before a catastrophic cardiac or respiratory event.</p>	<p>Not a core component of the 8th SOW. (Some QIOs may be working on this intervention either on their own or in partnership with other local stakeholders.)</p>
<p>8) Deliver reliable, evidence-based care for acute myocardial infarction to prevent deaths from heart attack, including:</p> <ul style="list-style-type: none"> • Early administration of aspirin • Aspirin at discharge • Early administration of beta-blocker • Beta-blocker at discharge • ACE-inhibitor or angiotensin receptor blockers (ARB) at discharge for patients with systolic dysfunction • Timely initiation of reperfusion (thrombolysis or percutaneous intervention) • Smoking cessation counseling 	<p>AMI treatment and medication orders at discharge.</p> <p>Assisting hospitals with reporting of performance.</p>
<p>9) Prevent adverse drug events by reconciling patient medications at every transition point in care.</p>	<p>Systems improvement: CPOE, barcoding</p>
<p>10) Prevent central line infections by implementing a series of interdependent, scientifically grounded steps.</p>	<p>Not a core component of the 8th SOW. (Some QIOs may be working on this intervention either on their own or in partnership with other local stakeholders.)</p>
<p>11) Prevent surgical site infections by following a series of steps, including reliable, timely administration of correct perioperative antibiotics. [See item 3 above for details of IHI SCIP measures]</p>	<p>SCIP Project.</p> <p>Assisting hospitals with reporting of performance.</p>
<p>12) Prevent ventilator-associated pneumonia by implementing a series of interdependent, scientifically grounded steps.</p>	<p>Not a core component of the 8th SOW. (Some QIOs may be working on this intervention either on their own or in partnership with other local stakeholders.)</p>

NOTE: Intervention How to Guides are available at:
<http://www.ihl.org/IHI/Programs/Campaign/Campaign.htm?TabId=2>