

## QIO Action on Patient Complaints and Case Reports Improves Health Quality

In 1986 a federal law gave Medicare beneficiaries the right to complain to a Medicare Quality Improvement Organization (QIO) about the quality of care they receive. In addition, each year QIOs across the country look at 100,000 medical records to double-check the appropriateness of bills submitted to Medicare and to decide patient appeals of denied benefits by Medicare providers and health plans. QIOs look at all these cases for possible quality problems. When they confirm an avoidable quality problem, they work with the people involved to prevent the problem from happening again to other patients.

Research shows that only a small minority of adverse medical events are caused by negligence that should be punished; when QIOs find such cases, they refer negligent caregivers to regulators for action. The best way to address *most* quality problems is to work with health care professionals to find the causes of poor care and design practical solutions that will be used every day to prevent problems from recurring. Some examples of how QIOs do this work are below.

### **At a psychiatric facility in**

**Massachusetts...** the family of an Alzheimer's patient contacted the local QIO for help about inadequate care for a loved one. The QIO found that the patient had developed acute kidney failure due to lack of food or liquid. A review of the facility's medical record showed that appropriate care had not been provided, so the QIO worked with the facility to develop a quality improvement plan (QIP) to improve care so the problem does not happen again.

**A New Mexico nursing home resident experienced repeated falls...** even though the family requested at admission that safety devices be used due to their relative's high risk of falls. After the family contacted the local QIO for help, their complaint was confirmed. The QIO requested that the facility develop an improvement plan to prevent patient falls. The facility initiated new fall risk assessment tools and instituted devices such as floor padding, low beds, bed alarms, and strategic bed placement to promote patient safety.

**When the Alabama QIO (AQAF) investigated a beneficiary complaint...** it found that the nursing staff at a major Birmingham-area hospital failed to get the daily weight of an Intensive Care Unit (ICU) patient who was receiving multiple IVs including being fed through an IV. The QIO sent an initial letter about the potential quality of care concern and the hospital started corrective measures. The hospital began re-educating staff about the importance of daily weights and conducting random audits of its ICUs. Copies of attendance sheets for the re-education sessions and audit results were provided to the QIO. The audits showed that in March 2007 one ICU unit had achieved 100% compliance while a second remained under monitoring until it reached at least 95% compliance. The hospital has now made this a quality measure for the entire facility.

**A hospital in Texas improved after a QIO review of one of its doctors...** initiated by the U.S. Department of Justice. After review of several cases, the QIO confirmed significant quality of care problems and the cardi-

ologist was referred to the state medical licensing board for action. During the review process, the QIO also found that the hospital lacked a system of clinical oversight to detect poor physician care. The QIO helped them set up a better credentialing process, including internal review of all cardiac catheterization cases. The physician's privileges were also suspended.

**Through a routine review of emergency room charts, the Minnesota QIO discovered...** a medication order documented in a hospital medical chart calling for milligrams instead of the appropriate amount of micrograms – a dose 1000 times higher than normal. Fortunately, the incorrect dose was not administered to the patient, but the “near miss” led the QIO to request that the hospital develop procedures to ensure accuracy throughout the pharmaceutical ordering, dispensing, and delivery process. The hospital implemented a computerized system that dramatically improved the safety of medication orders.

**An untimely stroke diagnosis at a Minnesota hospital...** led the local QIO to help a hospital emergency department improve timely stroke diagnosis and treatment. Scientific evidence shows that treatment within three hours of stroke symptom onset leads to better survival and less disability. The QIO found that it took a hospital more than four hours from symptom onset to diagnose a stroke. At the QIO's request, the hospital instituted an improvement plan for urgent identification and prioritization of ER patients with stroke symptoms and a measurement plan to determine if the process improvements were working. Monitoring by the QIO found that over the next six months 12 patients were appropriately diagnosed and treated for stroke at the hospital.

**A routine QIO chart review revealed inadequate documentation...** by a surgeon who was not dictating his operation reports in the medical charts on a timely basis. Charts lacking surgical notes can affect continuity of care and compromise patient safety. After the QIO asked the hospital for an improvement plan, the hospital and surgeon agreed that his charts would be monitored for timely completion. The physician was told that if his charts were not completed on time his privileges would be revoked.

**Patient security at a Massachusetts nursing home improved...** when the local QIO investigated an anonymous complaint that the facility had failed to protect a Medicare beneficiary with dementia. The QIO found the patient had twice climbed out a window and was discovered wandering down the street. The QIO also found that all external doors at the nursing home had alarms but the windows did not. The QIO requested an improvement plan regarding patient safety and elopement, and monitored the facility over a six-month period. No further patient elopements occurred.

**An Ohio Medicare beneficiary in need of urgent home health care ....** was unable to reach her agency on the weekend, so she complained to the local QIO. The QIO requested that the home health agency create an improvement plan to ensure that coverage was available to its patients on weekends. The agency implemented new policies providing patients with access to care on a round-the-clock basis.