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Nursing Homes Team with QIOs to Reduce Dangerous Bed Sores by 69 Percent in One Year

QIO Work Points to Need for Better Quality Measurement

Washington, DC -- In a national collaborative project, nursing homes working with Quality Improvement Organizations (QIOs) successfully reduced the incidence of the most serious bed sores by 69 percent in one year. Findings of the study, "Collaborative Clinical Quality Improvement for Pressure Ulcers in Nursing Homes," were published in the October edition of the *Journal of the American Geriatrics Society*. The QIO program is administered by the Centers for Medicare & Medicaid Services (CMS).

Study authors Joanne Lynn, MD; Jeff West, RN, MPH; Susan Hausmann, MS; David Gifford MD, MPH; Rachel Nelson, MHA; Paul McGann, SM, MD; Nancy Bergstrom, RN, PhD; and Judith Ryan, RN, PhD, found that nursing homes can significantly reduce the incidence of the most serious pressure ulcers (the clinical name for bed sores) by working with QIOs to learn and apply quality improvement techniques. The authors recommended revising the way improvement in pressure ulcers is measured to better reflect the care experienced by patients.

"This study offers new evidence that the Medicare QIO program is a federal program that works. Most important, the study shows how nursing homes and QIOs can cooperate to significantly improve pressure ulcer care for nursing home residents," said David Schulke, Executive Vice President of the American Health Quality Association (AHQA), which represents the national network of QIOs. "But the study is also important because it exemplifies the notion of a federal agency as a learning organization. If CMS succeeds in adopting the authors' recommended changes to Medicare's quality measures, the public will have more accurate quality information and CMS will have earned a great deal of credit for building policy on a foundation of science."

Clinicians categorize, or stage, a pressure ulcer based on how deep it penetrates the skin and the level of underlying tissue involvement. Stages I-II are more common and indicate superficial sores that

cause relatively little suffering; Stages III and IV indicate an open wound extending through the full thickness of skin into underlying muscle and bone; they are quite painful and can be life threatening.

The incidence of pressure ulcers in nursing home patients ranges from a national average of three percent in low risk patients to 13 percent in high risk patients. Because the lesions are often preventable and can lead to serious injury or death, CMS has been using QIOs to help improve pressure ulcer care in nursing homes. Most QIOs are serving as leaders in the national campaign, Advancing Excellence in Nursing Home Care, which seeks to provide *all* nursing homes with the tools to improve – including nursing homes that are not directly involved with the QIO program.

Study Findings

In the pilot project, which began in 2003, 52 nursing homes in 39 states voluntarily worked with experts from QIOs to improve pressure ulcer care. Thirty-five nursing homes reported data monthly over one year. After comparing data from the first three months and the last three months, the authors found that the incidence of Stage III and IV facility-acquired pressure ulcers, the most dangerous kind, was reduced by 69 percent. Little effect was seen in Stage I-II pressure ulcers.

Despite major improvement in the worst types of pressure ulcers, the publicly reported measure did not reflect any improvement at all. The authors determined that the public measure was flawed because it bundled minor and major pressure sores together, thus obscuring actual progress in the care that patients are experiencing in nursing homes.

The researchers also noted that eight months after the conclusion of the project, participating nursing homes and QIOs were sharing best practices developed during the project with more than 5,300 other nursing home facilities. In addition, some QIOs were collaborating with hospitals and other providers *outside* the nursing home setting, a critical step for timely and improved care since some patients start to develop pressure ulcers before they enter a nursing home.

Evidence of Effectiveness

This study adds to a growing body of evidence that the ongoing collaboration between QIOs and nursing homes is leading to improvements nationwide, for example:

- Recent CMS data on the QIOs' current work indicate that nursing facilities across the country are averaging a nine percent relative improvement in the incidence of pressure ulcers.
- Recent data show that low-performing nursing homes working with QIOs achieved 16 percent relative improvement in pressure ulcer care.
- A Commonwealth Fund study in the Spring 2007 edition of *Health Care Financing Review* concluded that "Even with conservative assumptions about QIO program impact, investment in QIO nursing home QI activities appears to be a good value for health care dollars."
- A Government Accountability Office (GAO) report released at the end of June 2007 showed that two-thirds of nursing homes it surveyed credited QIOs with helping them improve.

Medicare and other purchasers contract with QIOs in every state and territory to improve systems of health care delivery. There is a QIO in every state and territory helping providers in hospitals, nursing homes, medical practices, home health agencies, and pharmacies improve systems of care delivery through the spread of best practices.

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