



Hospital Fact Sheet

Why is KFMC working with hospitals?

A leader in healthcare quality improvement, the Kansas Foundation for Medical Care, Inc. (KFMC) has worked with Kansas healthcare providers such as hospitals for more than 30 years. As the Medicare Quality Improvement Organization for Kansas, KFMC contracts with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, to facilitate the improvement of healthcare through quality improvement initiatives with Kansas healthcare providers and to protect the health and safety of Kansas' Medicare beneficiaries.

The Hospital Quality Initiative was launched in 2003 as part of a comprehensive strategy to improve quality of care in all hospital settings. The initiative uses a variety of tools to stimulate and support significant improvement in the quality of hospital care. The initiative aims to refine and standardize hospital data, data transmission, and performance measures to construct one robust, prioritized and standard quality measure set for hospitals. The goal is for all private and public purchasers, oversight and accrediting entities, and payers and providers of hospital care to use these same measures in their collaborations with providers, purchasers and consumers; technical support from Quality Improvement Organizations; research and development of standardized measures; and commitment to assuring compliance with conditions of participation.

In 2005, Medicare began releasing information to the public about the quality of care in the nation's hospitals. This quality information is available on the Internet at www.medicare.gov by clicking on Hospital Compare or by calling 1-800-MEDICARE (1-800-633-4227).

How does KFMC facilitate the improvement of healthcare in Kansas?

The Health Care Quality Improvement Program (HCQIP) is the basis for Medicare's quality improvement efforts. HCQIP includes activities designed to:

- Assist healthcare providers with their quality improvement efforts to improve the processes and outcomes of medical care for Medicare beneficiaries
- Conduct case review to determine if services provided are medically necessary, appropriate, and meet professionally recognized standards of care
- Educate Medicare beneficiaries about their hospital rights and responsibilities and the importance of preventive healthcare services
- Respond to Medicare beneficiary concerns about the quality of care they receive
- Promote implementation of health information technology

What are the benefits for hospitals?

Because KFMC receives funding under the Medicare contract, our quality improvement initiatives are offered at no cost to Kansas hospitals. KFMC helps hospitals assess quality improvement processes and provides information about "best practices." Hospitals receive education and intervention materials, technical assistance, and other support to help them succeed in their quality improvement activities and improve care for the hospitalized patient.

CMS defines the clinical priorities for healthcare quality improvement activities and the responsibilities of KFMC in working with hospitals and Medicare beneficiaries in Kansas. Under the current contract for the hospital setting, KFMC is responsible for completing tasks that include national quality improvement projects for:

- Acute Myocardial Infarction
- Heart Failure
- Pneumonia
- Surgical Care Improvement

(more)

KFMC has established partnerships with stakeholders including the Kansas Hospital Association, Kansas Medical Society, Kansas Department of Health and Environment, Kansas Association of Osteopathic Medicine, Kansas Academy of Family Physicians, and others in an effort to most effectively meet hospitals' needs in their quality improvement efforts.

What are the hospital quality measures?

Condition	Measure
Acute Myocardial Infarction (AMI)	<ul style="list-style-type: none"> • Aspirin at arrival • Aspirin at discharge • Beta-blocker at arrival • Beta-blocker at discharge • ACE Inhibitor/ARB for left ventricular systolic dysfunction • Smoking cessation • Thrombolytic agent received within 30 minutes of hospital arrival • PCI received within 120 minutes of hospital arrival
Heart Failure (HF)	<ul style="list-style-type: none"> • Left ventricular function assessment • ACE Inhibitor/ARB for left ventricular systolic dysfunction • Discharge instructions • Smoking cessation
Pneumonia (PN)	<ul style="list-style-type: none"> • Initial antibiotic timing • Initial antibiotic selection for community-acquired pneumonia in immunocompetent patients • Blood culture collected within 24 hours prior to or after hospital arrival • Blood culture collected prior to first antibiotic administration • Pneumococcal vaccination • Influenza vaccination • Smoking cessation • Oxygenation assessment
Surgical Care Improvement Project (SCIP)	<ul style="list-style-type: none"> • Appropriate selection of antibiotics according to national guidelines • Administration of antibiotics within one hour prior to incision • Discontinuation of antibiotics within 24 hours after the end of surgery • Cardiac surgery patients with controlled 6 am postop Day 1 and 2 serum glucose • Appropriate hair removal • Postop normothermia in colorectal surgery patients • Surgery patients on beta blocker therapy prior to admission who received beta blocker during the perioperative period • Surgical patients with recommended VTE prophylaxis ordered • Surgical patients who received appropriate VTE prophylaxis within 24 hours prior to surgery, to 24 hours after surgery

CMS works with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the CMS Quality Improvement Organizations to align our hospital quality measures. CMS also works with the National Quality Forum (NQF), a national standards setting entity, to develop consensus-derived hospital quality measures appropriate for public reporting.