If you haven’t heard about Value Based Purchasing (VBP) by now, you will. The Center for Medicare & Medicaid have devised an intricate way to measure a hospital’s quality of care to determine whether the hospital qualifies for incentive payments under the hospital Value-Based Purchasing Program. At a glance

- Under the new VBP program, hospitals will receive incentive payments based on how well they perform on 12 clinical process measures and 9 patient experience measures or on how much their performance improves relative to a baseline performance period.
- It is likely that as many hospitals will be penalized with payment reductions under the program as will benefit from payment increases from the incentive payments.

It starts with setting up a performance period of July 1, 2011, through March 31, 2012. The following 12 clinical processes of care measures will account for 70% of the total.

**Acute Myocardial AMI (heart attack)**
- AMI-7a  Fibrinolytic therapy received within 30 minutes of hospital arrival
- AMI-8a  Primary PCI received within 90 minutes of hospital arrival

**Heart Failure**
- HF-1  Discharge instructions

**Pneumonia**
- PN-3b  Blood cultures performed in ED prior to initial antibiotics received in hospital
- PN-6  Initial antibiotics selected for CAP in immunocompromised patients

**Surgical Care Improvement Project (SCIP)**
- SCIP-INF-1  Prophylactic antibiotic received within one hour prior to surgical incision
- SCIP-INF-2  Prophylactic antibiotic selection for surgery patients
- SCIP-INF-3  Prophylactic antibiotics discontinued within 24 hours after surgery end time
- SCIP-INF-4  Cardiac surgery patient with controlled 06 AM post-op serum glucose
- SCIP-CARD-2  Surgery patient on a beta blocker prior to arrival that received a beta blocker during the perioperative period
- SCIP-VTE-1  Surgery patients with recommended venous thromboembolic prophylactic orders
- SCIP-VTE-2  Surgery patients who received appropriate venous thromboembolic prophylactic orders 24h prior to surgery to 24h after surgery

The patient experience will account for the remaining 30% of the measures. The focus will be on the following elements of the HCAHPS:
- How well nurses communicate with patients
- How well physicians communicate with patients
- How responsive hospital staff were to patients’ needs
- How well caregivers managed patients’ pain
- How well caregivers explained patients’ medications to them
- How clean and quiet the hospital was
- How well caregivers explained the steps patients and families need to take care of themselves outside hospital (ie discharge instructions)
- Overall rating of hospital stay

Only the top 20% of hospitals will receive the full incentive payment. We want to be one of them. Nursing has a key role to play as we continue to provide quality care to our patients. In this new era of healthcare, winning is about quality—not volume. Ensuring that each individual patient receives the highest quality of care will ensure the success of our organization and build our business on positive outcomes.
Nursing Practice Council

Our NPC is taking the lead to continue to apply and strengthen our Professional Practice Model: Circle of Excellence. We have adopted the Peer Review Principles from the American Nurses Association. Peer Review at the unit level helps us consistently practice based on our nursing standards and evidence based practice. NPC members are establishing expectations and sharing best practices for Bedside Shift Report.

Relationship-based care is our philosophy of care. AIDET, hourly rounding and Bedside Shift Report are strategies to improve our relationships with our patients and families. The pilot Wellness on Wheels on CVU strives to improve our relationship with our self and self care. Teamwork and mentoring build strong collegial relationships.

Cheryl Imlay RN, CEN, CFRN, Chair

The Radiology Care Unit (RCU) is a specialized unit that prepares, assesses, teaches and cares for patients that require invasive or interventional procedures. Nurses monitor and provide sedation and pain management for patients undergoing CT-guided interventional procedures such as biopsies and drain placements, as well as assist with lumbar punctures, bronchoscopy, and more.

Magnet Champions are building our Magnet Culture with positive leadership, eagerly identifying the nursing excellence on their units and strengthening Unit Practice Councils. They initiated the DAISY Awards for Nurses. From left to right: Gina Wamble, Pat Wilfong-Mager, Sue McDonald, Ben Barton, Dorothy Bennett, Linda Mueller and Mary Wolf. Ideas? Stories to share? Contact a Champion or Deb Nussdorfer at 776-2886 or debranussdorfer@centura.org.

Interested in Certification Preparation?

Orthopaedic Nursing: Kelly McDevitt MSN RN ONC Clinical Manager of the Orthopaedic unit @ the University of Colorado Hospital and Certified NAON instructor for the certification course will be here on Monday, October 24th @ 6:00pm in Penrose Board Room to discuss certification and provide some education for preparation. The meeting will be catered. Please RSVP to attend. Thanks! Peggy Plylar MS RN CRRN CNS

Hosted by the University of Colorado Hospitals:
• PCCN Certification Review: March 12-13
• CCRN Certification Review: March 13-14
• Med-Surg Certification Review: March 15-16

Want to earn CE?
When you sign in for CE classes please include your RN license number. If it is not written on the sign in sheet we cannot give CE credits. Memorize or keep it handy and take advantage of this benefit.

Are you working on your Clinical Advancement Program -CAP? Advance excellence in nursing practice and be recognized!

Congratulations to the Winners of the El Paso County Medical Society

Aimee Doman, RN, 4th floor
Melody Gustafson, RN, Labor and Delivery
Kathryn Diane Ward, RN, NICU
Janet Rae Wilson, RN, NNP, NICU


Aaron Hackman, Mgr SFMC Radiology supports Diane Kirkbride RN, RCU.

These clinical informatics experts lead us in our use of technology to improve patient safety and excellence in nursing practice!

Do you know your Meditech Super User?

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