



Client Alert

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On the Lookout: CMS Seeks QIO Assistance to Improve Patient Safety in “Facilities Targeted for Improvement”

Earlier this year, the Centers for Medicare and Medicaid Services (“CMS”) published its revised 9th Statement of Work (“SOW”), which reflects a focus on improving the quality of patient safety at select hospitals and nursing homes determined to have “room for improvement” on certain matrices of patient care. Under the revised SOW, the country’s 53 Quality Improvement Organizations (“QIOs”) are tasked with working with institutions—some 4,000 nursing home and 900 hospitals nationwide—identified by CMS in a publication entitled “Facilities Targeted for Improvement” (also known as the “J17” list).

Criteria Used to Identify “Facilities Targeted for Improvement”

In selecting the “Facilities Targeted for Improvement,” CMS employed criteria endorsed by the National Quality Forum (“NQF”).

For nursing homes, CMS focused on facilities with greater percentages of high-risk long-stay residents with pressure sores and/or greater percentages of long-stay residents who were physically restrained daily (e.g., with special chairs, bed side rails, vests, and belts). Prior studies evaluating the effectiveness of quality intervention efforts directed at such residents reflected material improvements in the overall quality of patient care.

For hospitals, in contrast, CMS’s focus was on preventing post-operative complications, such as surgical infections. In particular, facilities were selected based on quality measures involving patients’ timely receipt of antibiotics prior to surgery (Surgical Care Improvement Plan (“SCIP”) Inf-1) and the discontinuation of antibiotics within twenty-four hours after surgery (SCIP Inf-2). Prior studies had shown that hospitals that performed poorly on these two measures were more likely to have performed poorly on other SCIP measures as well. CMS additionally identified certain hospitals with higher than average rates of pressure ulcers.

Implications for Facilities Identified on the J17 List

Speaking to reporters soon after publication of the revised 9th SOW, CMS officials stated that a facility’s appearance on the J17 list does not suggest that the facility, as a whole, was viewed by CMS as providing substandard or inadequate patient care. Rather, it emphasized that a facility’s inclusion on the

list is indicative only of that organization's ability to improve in these narrowly defined measures of patient safety. In addition, CMS explained that some facilities could appear on the J17 list due primarily due to their geographic location—hospitals, for example, could be selected for inclusion on the list if nursing homes in the same geographic area were identified as having “room for improvement” with a greater concentration than those in other locales.

Recently, the Georgia Medical Care Foundation (“GMCF”), the QIO for Georgia, began soliciting “targeted” facilities for participation in collaborative programs designed to increase these facilities' performance in the aforementioned measures of patient safety. Facilities agreeing to work with GMCF will receive professional quality improvement technical assistance, data collection support, and training on other tools designed to enhance patient safety.

CMS has emphasized that it expects no less than seventy percent of hospitals and nursing homes identified on the J17 list to work with QIOs, such as GMCF, to participate in such collaborative programs. As a consequence, any facility receiving a solicitation from GMCF should carefully consider pursuing these initiatives.

For more information on CMS's 9th SOW or the J17 list, or to discuss a solicitation received from a QIO, please contact Tracy Field.

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