



Revista

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Desde la Presidencia

Un saludo cordial:

Un año nuevo se avecina y con su llegada nuevos retos en el sector de la salud. Para nuestra Asociación otra oportunidad para llevarles educación actualizada que sirva de instrumento en sus funciones diarias como líderes en calidad.

De parte de nuestra Junta de Oficiales y en el mío propio les deseamos un año lleno de éxitos, salud y prosperidad junto a sus seres queridos.

Próximamente estaremos indicando las fechas para las actividades educativas: Academia, Control de Infecciones, Repaso para Examen de Certificación CPHQ, Estándares de la Comisión Conjunta, entre otras. ¡Les exhorto a estar atentos!

¡Gracias nuevamente por el apoyo a nuestra Asociación!

Lcda. Norma I. Torres Delgado, MHSA, CPHQ,
FNAHQ, HACP
Presidenta-ACESA

Aviso de plazas vacantes

Se incluyen avisos de plazas vacantes en Lifelink. Cualquier persona interesada en solicitar alguna vacante, tiene que indicar el título específico de la vacante que solicita, según está publicada. Resúmenes que no indican la posición de interés no son considerados para evaluación



JOB POSTING LIFELINK OF PUERTO RICO TRANSPLANT COORDINATOR I

Based out of the Guaynabo Office the Transplant Coordinator's primary responsibility is to direct the resources available to facilitate a successful recovery of organs and tissues for transplantation once a potential donor has been identified. Placement of organs; recovery and preservation of donated organs; and support and follow-up for involved parties. Provide coordination of all aspects of recovery through clear and concise communication with involved/appropriate outside agencies. Be available as a resource for and provide support to the Hospital Development and Public Relations programs. Twenty-four (24) hours on-call rotation and local and long distance travel required.

Principal Duties and Responsibilities:

- Performs initial evaluation of all referrals to determine medical suitability, reviewing, analyzing, and interpreting medical data according to federal, state, regulating agencies and LifeLink standards.
- Complete logistical coordination of all cases between procurement agencies and transplant centers. Serve as the communication link for all involved parties.
- Responsible for the ICU medical management of the donor.
- Applies principals of sterile technique and surgical expertise in the recovery of tissue for transplantation.
- Circulates in surgery, packages and ships the organs and tissues, and provides tissue for research when appropriate.
- Maintains ongoing communication with Administrator-On-Call and/or Risk Manager-On-Call during a case.
- Provides information as needed to donor families, data center, recipient centers, UNOS and donor hospitals.
- Documents all case paperwork and dictation in a timely manner, meeting deadlines.
- Assists with quality assurance procedures.
- Participates in the hospital development efforts.
- Initiates and maintains documentation of the entire organ/tissue donation process.
- Maintains surgical supplies, instruments, and equipment ensuring an ongoing appropriate supply.
- Provides on-going support and response to donor families as appropriate.
- Practices utmost confidentiality in all circumstances and in all aspects of this position.

Job Specifications:

R.N. (BSN) with ICU and/or OR experience with substantial medical and surgical skills and aptitude and/or prior operating room experience with ability to interpret medical data and perform appropriate surgical procedures in the process of organ/tissue recovery. Fully bilingual including reading, writing, speaking both English and Spanish. Manual dexterity and visual acuity for the operation of sensitive medical equipment to apply established physical criteria in the evaluation of tissue for transplantation. Advanced technical, organizational, communication, interpersonal and problem-solving skills. Ability to meet the demands of long hours with little sleep, participation in 24 hours call schedule rotation, local and long distance travel while maintaining professional standards. Ability to incorporate public speaking as requested. Ability to work independently within prescribed guidelines for both recovery and hospital development aspects of this position. Ability to exercise good judgment in seeking appropriate guidance as required. Knowledge of universal cautions due to frequent exposures to human blood and tissue. Proven good driving record and current valid Puerto Rico driver's license.

REPORTS TO: Manager, Recovery Services

HOW TO APPLY: LifeLink Web Page = www.lifelinkfound.org

Send Resume to: jobspr@lifelinkfound.org Fax # 787-620-5448

CLOSING DATE: January 13, 2017

EEO

JOB POSTING LIFELINK OF PUERTO RICO VASCULAR QA COORDINATOR

The primary responsibility of this position is the QA of organ donor charts, controlling and monitoring the process and providing staff with a resource for policy and protocol information. Ensure compliance with LifeLink Foundation's Policies and Procedures and build a knowledge base related to regulatory and/or accrediting agencies statutes and/or standards, as they relate to documentation of all processes utilized for the recovery of organs for transplant. This position will utilize acquired knowledge to provide a consistent ongoing review process ensuring full departmental compliance with all regulations based on federal, state, AOPO, CMS, UNOS, and LifeLink's standards; training of organ recovery personnel in areas of documentation; data reporting and analysis; and performance of quality assurance and improvement functions including critical quality reviews of organ donor charts and pending issues. This position is responsible to prioritize responsibilities associated with these critical areas meeting deadlines.

Principal Duties and Responsibilities:

- Review in detail all organ donor charts to quality assesses documentation accuracy, appropriateness, and completion per protocols, in preparation for QA sign-off. Ensure accurate completion of any missing or conflicting documentation. Charts must comply with federal, state, CMS, AOPO, UNOS, and LifeLink policies and procedures prior to submitting for final management sign-off.
- Provide ongoing resource to all LifeLink of Puerto Rico (LLPR) staff regarding UNOS, AOPO, CMS, and LifeLink policies, procedures and standards.
- Extract data from donor records for quality improvement, utilization review and research, as directed, by Department Manager.
- Participates in quality assessment performance improvement (QAPI) activities for the OPO as outlined in the OPO Quality Assessment Performance Improvement Plan.
- Follow up with appropriate personnel regarding any outstanding or discrepant information identified during quality check of submitted charts. Advise of deadline to re-submit chart with corrected/complete information and facilitate corrections and chart completion.
- Track outstanding information required to review charts for final sign-off within deadlines, providing follow-up reporting on chart status to Manager of Recovery Services and documenting appropriate ongoing follow-up corrective measures.
- Monitor and track responses from outside agencies required for the completion of donor records and/or medical charts within the appropriate timeframes.
- Develop and maintain open lines of communication with LifeLink Foundation, laboratories, medical examiner/coroner offices, and other appropriate agencies to ensure cooperation of these critical resources obtaining in a timely manner, accurate donor related information.
- Participation in vascular procurement personnel orientation providing QA compliance training and materials necessary to appropriately complete donor records.
- Provide feedback and training to organ recovery personnel regarding proper completion of recovery documentation.
- Ensure that all annual, new and/or updated SOP training is performed and documented in each personnel training file, in conjunction with the Recovery Services Manager.
- Create and/or run special reports for analysis, as necessary.
- Provide back-up to departmental functions and positions.
- Other special projects and/or duties as assigned by the Manager and/or Executive Director.

Job Specifications

Bachelor Degree in health related area. Previous experience in a clinical or hospital setting, quality processes / department, working with medical documentation and records management, audits, compliance reviews, utilization management, and/or case management. Strong knowledge of medical terminology and medical chart reviews / audits and policy compliance. Familiarized with quality assessment performance improvement processes. Understanding of HIPAA regulations. Ability to interpret policies, procedures and protocols, analyze documentation and to identify situations that deviates from policies. Strong critical thinking, organizational, written and verbal English communication, computer, and prioritizing skills. Demonstrated ability to multi-task, pay attention to details and accuracy, meet deadlines, prepare records for audit. Experience with regulatory/accrediting agencies. Long hours sitting and reviewing records, and following-up with coordinator staff.

REPORTS TO:

HOW TO APPLY:

Director, Administrative Services

LifeLink Web Page = www.lifelinkfound.org

Send Resume to: jobspr@lifelinkfound.org

Fax # 787-620-5448

CLOSING DATE:

January 13, 2017

CMS releases its Person and Family Engagement Strategy

At the Centers for Medicare & Medicaid Services (CMS), we are working with numerous partners to transform our health care delivery system to one that delivers better health outcomes while spending dollars more wisely. In November of 2015, we updated the [CMS Quality Strategy](#), incorporating the ongoing work to shift Medicare from paying for the number of services provided to paying for better outcomes for patients. We know that a key strategy to achieving better outcomes is to meaningfully engage patients as partners in decisions about their health care. Therefore, one of the six goals outlined in this strategy is: *Strengthen person and family engagement as partners in care*. Today, we are excited to announce the release of the [CMS Person and Family Engagement Strategy](#), which we believe can lead to significant progress toward this important goal.

The CMS Person and Family Engagement Strategy will serve as a guide for the implementation of person and family engagement principles and strategies throughout CMS programs. This strategy will expand the awareness and practice of person and family engagement by providing the following goals and objectives:

Goal 1: Actively encourage person and family engagement along the continuum of care within the broader context of health and well-being in the communities in which people live.

Goal 2: Promote tools and strategies that reflect person and/or family values and preferences and enable them to actively engage in directing and self-managing their care.

Goal 3: Create an environment where persons and their families work in partnership with their health care providers to develop their health and wellness goals informed by sound evidence and aligned with their values and preferences.

Goal 4: Develop meaningful measures and tools aimed at improving the experience and outcomes of care for persons, caregivers, and families. Also, identify person and family engagement best practices and techniques in the field that are ready for widespread scaling and national integration

More information at

<https://blog.cms.gov/2016/12/13/cms-releases-its-person-and-family-engagement-strategy/>



AHRQ National Scorecard: Hospital-acquired conditions drop 21 percent over a five year period

The [National Scorecard on Rates of Hospital-Acquired Conditions](#) shows that about 125,000 fewer patients died and more than \$28 billion in health care costs were saved from 2010 through 2015 due to a 21 percent drop in hospital-acquired conditions (HACs). In total, hospital patients experienced more than 3 million fewer HACs from 2010 through 2015. HACs include adverse drug events, catheter-associated urinary tract infections, central line associated bloodstream infections, pressure ulcers and surgical site infections, among others. Much of the evidence on how to prevent HACs was developed and tested by AHRQ. For example, one of the tools used most frequently by hospitals is [AHRQ's Comprehensive Unit-based Safety Program \(CUSP\)](#), which is a proven method that combines improvement in safety culture, teamwork and communications with evidence-based practices to prevent harm and make the care patients receive safer.

Home and Community Based Settings

Unsafe Wandering or Exit-Seeking Behavior: Protect Residents with Person-Centered Planning!

Last week, CMS released [FAQs concerning Medicaid Beneficiaries in Home and Community-Based Settings who Exhibit Unsafe Wandering or Exit-Seeking Behavior](#). These FAQs give states and stakeholders guidance on how to protect individual choice and adhere to the requirements of person-centered planning for those individuals with dementia and who exhibit unsafe wandering and exit-seeking behaviors. In the FAQs, CMS highlights that "person-centered planning, staff training and care delivery are core components of provider operations to meet HCBS requirements while responding to unsafe wandering or exit-seeking behavior in an individualized manner." The FAQs address:

That person-centered planning involves identifying the individuals' needs, conditions, history, daily routine, and creating strategies to ensure interaction with others and community integration. Even when providers are utilizing controlled-egress, the providers must honor the individuals' autonomy while minimizing safety risks.

Staffing training requirements, the need to provide flexible supervision from resident to resident, suggested activities to prevent under-stimulation, and proper environmental design strategies to help create sensory stimulation and allow unrestricted access to safe and secured spaces outdoors.

Questions? Contact the Consumer Voice at info@theconsumervoice.org.

Seguridad con medicamentos

DEA Releases 2016 Drug Threat Assessment: Fentanyl-related overdose deaths rising at an alarming rate **Medication Safety**

The United States Drug Enforcement Administration (DEA) Acting Administrator Chuck Rosenberg announced results from the 2016 National Drug Threat Assessment (NDTA), which details the extent to which illicit drugs are affecting the United States and illuminates the nationwide opioid epidemic.

More info at:

<https://www.dea.gov/divisions/hq/2016/hq120616.shtml>

FDA MedWatch notice on pioglitazone-containing medications may increase risk for bladder cancer

FDA MedWatch release on pioglitazones-containing medications including Actos, Actoplus Met, Actoplus Met XR, Duetact Oseni may cause an increased risk for bladder cancer.

See the FDA release at:

<http://www.fda.gov/Safety/MedWatch/...532772.htm>

BMC Family Practice journal article on "Identification of Improvement Priorities for Medication Safety in Primary Care"

Recent BMC Family Practice journal article on "Identification of Improvement Priorities for Medication Safety in Primary Care: a PRIORITIZE study" details the main issues/barriers for medication safety in the primary care setting at:

<http://bmcfampract.biomedcentral.co...016-0552-6>

Skilled Nursing Facilities

CMS SNF Quality Reporting Program Video Presentation Available now

A [video presentation](#) is available for the [September 14](#) webcast on the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). Learn about the reporting requirements for the new SNF QRP, effective October 1, 2016.

See video at:

<https://www.youtube.com/watch?v=hpgkrGhC-Pg&index=1&list=PLaV7m2-zFKpihHxb4AiWNjbsIUUKCGljK&t=699s>

End-Stage Renal Disease

ESRD QIP Payment Year 2020 Proposed Rule 8/9/2016

This MLN Connects® video provides an overview of the CY 2017 End-Stage Renal Disease (ESRD) Prospective Payment System proposed rule, which includes the ESRD Quality Incentive Program (QIP). This video discusses proposed changes to the program affecting payment years (PY) 2018, 2019, and 2020 emphasizing:

- The ESRD QIP statutory and legislative framework
- Proposed revisions to the PY 2019 program finalized in 2015 rulemaking
- Proposed measures, standards, scoring, and payment reduction scale for the PY 2020 program
- Additional proposed programmatic changes
- How to review and comment on the proposed rule
- Available resources

Visit the video webpage for links to the written transcript, audio recording and other resources:

<https://www.cms.gov/Outreach-and-Educ...>

Emergency Preparedness

The Emergency Preparedness Requirements final rule established national requirements for Medicare and Medicaid providers. During this call, CMS discussed the new requirements and revisions in the final rule, as well as how to plan for both natural and man-made disasters, while coordinating with other emergency preparedness systems.

This video does not include the question and answer session that took place during the call. The audio recording and transcript are available on the October 5 call webpage at

<https://www.youtube.com/watch?v=GcPdvw4nZuU&list=PLaV7m2-zFKpihHxb4AiWNjbsIUUKCGljK&index=1>

International Classification of Diseases (ICD)-10 Code Updates and Impact to 4th Quarter 2016 Eligible Professional Medicare Quality Programs

On October 1, 2016, new International Classification of Diseases (ICD)-10-CM and ICD-10-PCS code sets went into effect. Updating of these codes traditionally occurs on an annual basis, however, during the immediate years leading up to the ICD-9 to ICD-10 transition there was an extended freeze to code updates to support a smooth transition. Therefore, for fiscal year (FY) 2017, updates and revisions include changes since the last completed update (October 1, 2013).

As a result of the consolidated coding updates, a large number of new codes were added or removed from the ICD-10 code set. The Centers for Medicare & Medicaid Services (CMS) is acutely aware of the relationship between the ICD-10 update and quality reporting. Under the Physician Quality Reporting System (PQRS), calendar year (CY) 2016 is the performance period for (1) the 2018 PQRS and Value Modifier payment adjustments and (2) for eligible professionals (EPs) who were part of a Shared Savings Program ACO participant TIN in 2015 and are reporting outside their accountable care organization (ACO) for the special secondary reporting period, because their ACO failed to report on their behalf for the 2015 PQRS performance period.

CMS has examined impact to quality measures and has determined that the ICD-10 code updates will impact CMS's ability to process data reported on certain quality measures for the 4th quarter of CY 2016. Therefore, CMS will not apply the 2017 or 2018 PQRS payment adjustments, as applicable, to any EP or group practice that fails to satisfactorily report for CY 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the 4th quarter of CY 2016. The Value Modifier program will consider solo practitioners and groups, as identified by their taxpayer identification number (TIN), who meet reporting requirements in order to avoid the PQRS payment adjustment (either as a group or by having at least 50% of the individual eligible professionals in the TIN avoid the PQRS adjustment) to be "Category 1," meaning they will not incur the automatic downward adjustment under the Value Modifier program.

Consistent with previously communicated eCQM reporting requirements, eligible professionals must submit eCQM data corresponding to the 2015 versions of the measure specifications and value sets (2015 Annual Update) for 4th quarter 2016 reporting.

For the 2017 performance period, CMS will publish an addendum containing updates relevant to the ICD-10 value sets for eCQMs in the Merit-based Incentive Payment System Program (MIPS). CMS will provide additional information on the addendum later this year.

For further assistance on the addendum, eCQM value sets, appropriateness of mapping, and non-ICD-10 code system updates, please submit questions to the [ONC CQM Issue Tracker](https://oncprojecttracking.healthit.gov/support/secure/Dashboard.jspx) available at <https://oncprojecttracking.healthit.gov/support/secure/Dashboard.jspx>.

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Salud de Puerto Rico, Inc.

