

HOSPITAL VALUE-BASED PURCHASING



EZ Way, Inc.

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VALUE-BASED PURCHASING

The Centers for Medicare and Medicaid Services (CMS) established the Hospital Value-Based Purchasing Program as a reimbursement model for acute care hospitals. The program was developed to create better outcomes for patients at lower costs, reduce risks in patient care while creating higher patient satisfaction rates, and developing better care efficiencies. Hospitals are measured against multiple metrics in four major areas, Clinical Outcomes (25%), Person and Community Engagement (25%), Safety (25%), and Efficiency and Cost Reduction (25%).^[1]

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EZ Way safe patient handling solutions will help you achieve higher ratings on three Patient Safety Indicators (PSI):

- PSI-03 - Pressure Ulcer Rate
- PSI-08 - In-Hospital Fall With Hip Fracture Rate
- PSI-12 - Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate

[1] <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Hospital-Value-Based-Purchasing->

PSI-03 PRESSURE ULCER RATE

This indicator looks at the diagnosis of Stage III and IV pressure ulcers (bedsores). Pressure ulcers are injuries to skin and underlying tissue resulting from prolonged pressure on the skin. People most at risk of bedsores have medical conditions that limit their ability to change positions or cause them to spend most of their time in a bed or chair. The three primary contributing factors are pressure, friction, and shear. Pressure ulcers can result in additional inpatient costs of up to \$21,075 per patient.^[2]

Constant pressure on a part of the body can lessen blood flow to the tissues. Without proper blood flow, the tissues are deprived of oxygen and other nutrients leading to tissue damage and possible tissue loss. For immobile patients this pressure tends to happen in areas that aren't well padded with muscle or fat such as the spine, tailbone, shoulder blades, hips, heels, and elbows.

Friction is caused by skin rubbing against clothing or bedding. This can cause damage to fragile skin, especially when it is moist.

Shear happens when two surfaces move in opposing directions such as when a bed is elevated and the patient slides down the bed. As the body is moved, the skin may stay in place and pull in the opposite direction.^[3]

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Turning and Repositioning Sheets used in conjunction with EZ Way floor and ceiling lifts- Turning patients at least every two hours is recommended for helping to reduce pressure ulcers.^[4] EZ Way turning and repositioning sheets allow caregivers to safely turn and reposition patients. The sheet can be used in conjunction with, or as a replacement to, a typical bed sheet.



EZ Way spacer fabric- The spacer fabric used in our turning and repositioning sheets and hourglass slings is a three-layer fabric that releases moisture, allows air flow, and dissipates heat. It provides four-way stretch, naturally ventilating properties that wick moisture away from the skin, and soft, cushioning

characteristics to reduce force. It has been shown in studies to be the most effective in reducing peak pressures, and more likely to reduce the risk of pressure ulcer development if left under the patient.^[5]

Slide Sheets- The friction-reducing characteristics in EZ Way slide sheets allow caregivers to reposition patients and prevent shearing. They also reduce the risk of injury to the caregivers.



Air-Assisted Lateral Transfer Mattresses- The PPS Glide air-assisted mattress will safely and effectively perform lateral transfers while reducing the potential for back injury, and reduce the possibility of shearing.

Tissue Interface Pressure (TIP) studies were performed on the PPS Glide reusable mattress with analysis on three critical zones, the scapula, sacrum, and heel. The results showed no significant increases in TIP averages when the mattress was left under the patient.



[2] Estimating the additional Hospital Inpatient Cost and Mortality Associated With Selected Hospital-Acquired Conditions", Agency for Healthcare Research and Quality, November 2017

[3] <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing>

[4] David Pickham, corresponding author Betsy Ballew, Kristi Ebong, Julie Shinn, Mary E. Lough, and Barbara Mayer, "Evaluating optimal patient-turning procedures for reducing hospital-acquired pressure ulcers (LS-HAPU): study protocol for a randomized controlled trial" published online 6 April 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4823913/#:~:text=To%20prevent%20pressure%20ulcers%2C%20t%20he,schedule%20in%20critically%20ill%20patients>.

[5] Webb J, et al., "The impact of hoist sling fabrics on interface pressure whilst sitting in healthy volunteers and wheelchair users: A comparative study", Journal of Tissue Viability (2017), <https://doi.org/10.1016/j.jtv.2017.12.001>

PSI-08: IN-HOSPITAL FALL WITH HIP FRACTURE RATE

This indicator measures the number all hip fractures from inpatient falls. The medical cost of falls in older adults was approximately \$50 billion in 2015.^[6] Hospitals average \$6,694 in additional inpatient costs per fall.^[7] A report by the Occupational Safety and Health Administration (OSHA) notes that the use of a safe patient handling (SPH) program decreases the number of patient falls, reduces costs associated with injuries, and increases patient satisfaction and comfort.^[8]

EZ Way SPH equipment and training along with a no-lift program is an excellent solution toward reducing both patient falls and caregiver injuries while reducing costs associated with those injuries. A no-lift program is a comprehensive, on-going program to protect patients and staff from injuries caused by manually transferring, lifting, and repositioning patients. The goal of a no-lift program is to drastically reduce, if not eliminate, the number of manual lifts and transfers performed in a facility by instituting the use of SPH equipment. Additional benefits include improvements in transfer capability, patient safety and dignity, caregiver morale, and decreased caregiver turnover rates.

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No-lift Program- EZ way can help to develop a no-lift program for your organization with EZ Way equipment at the center of that program.

Facility Evaluations- EZ Way staff will conduct a comprehensive review of your lifting and transferring activities to identify proper equipment for each need.

Training- EZ Way safe patient handling experts provide training for staff on the proper use of the equipment. This done at no additional cost to the facility. Our sales representatives are solely focused on safe patient handling equipment, and are highly trained with yearly continuing education. The representatives provide on-site training to clinical staff regarding our safe patient handling equipment.

Full Line of Solutions- EZ Way solely focuses on safe patient handling solutions. We have a total line of solutions to help prevent falls and transfer patients in a safe and dignified manner.



[6] Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C., "Medical Costs of Fatal and Nonfatal Falls in Older Adults", Journal of the American Geriatrics Society, 2018 March, DOI:10.1111/jgs.15304

[7] Estimating the additional Hospital Inpatient Cost and Mortality Associated With Selected Hospital-Acquired Conditions", Agency for Healthcare Research and Quality, November 2017

[8] "Safe Patient Handling: Effectiveness and Cost Savings", Occupational Safety and Health Administration, 2013, OSHA 3729 - 09/2013

PSI-12: PERIOPERATIVE PULMONARY EMBOLISM (PE) OR DEEP VEIN THROMBOSIS RATE

This indicator measures the number of discharges who have developed a pulmonary embolism (PE) or deep vein thrombosis (DVT) during their hospital stay. It measures the occurrence of DVT and/or PE from the time the patient is admitted for treatment until the time the patient is discharged. DVT occurs when clots develop in the deep veins of a patient's legs. These clots can break free and cause a pulmonary embolism; a sudden blockage in the lung artery caused when a blood clot breaks loose and travels to the lungs. Additional inpatient costs for Venous Thromboembolism (VTE) average \$17,367 per incident.^[9]

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Several preventive measures can be used to prevent deep vein thrombosis and pulmonary embolism.^[10] Two of the preventative measures can be achieved with the help of EZ Way solutions.

Leg Elevation- Elevating the legs when possible and during the night also can be very effective. EZ Way limb lifting straps used in conjunction with EZ Way floor or ceiling lifts can help elevate legs.

Physical Activity- Moving as soon as possible after surgery can help prevent pulmonary embolism and hasten recovery overall. This is one of the main reasons a nurse may push a patient to get up, even on the day of surgery, and walk despite pain at the site of his or her surgical incision. EZ Way sit-to-stands, platform walkers, the Rise-N-Go walker, and ceiling lift systems (used with a walking harness) will allow patients to safely ambulate and reduce the risks of falls and caregiver injuries related to those falls. EZ Way solutions are integral parts of early and progressive mobility. Studies have shown that progressive mobility contributes to shorter length of stay (LOS). The study determines that hospitals could achieve a cost savings of up to 1.5 million dollars by reducing the LOS of each ICU patient by just one day.^[11]



[9] Estimating the additional Hospital Inpatient Cost and Mortality Associated With Selected Hospital-Acquired Conditions", Agency for Healthcare Research and Quality, November 2017 . VTE is the combination of DVT & PE.
[10] <https://www.mayoclinic.org/diseases-conditions/pulmonary-embolism/symptoms-causes/syc-20354647>
[11] Gallagher, Susan; Harrington, Suzy; Kumbar, Dee; Wilson, Kent; Zock, Rick; "Advancing the Science and Technology of Progressive Mobility", Association of Safe Patient Handling Professionals & American Nursing Association