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Quality Improvement Organizations
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Preventing and Reducing Adverse Drug Events (PARADE)

Request for Technical Assistance

Adverse drug events (ADEs) have been identified as a major contributor to preventable hospitalizations and emergency department visits, particularly among the elderly. Cross-setting Community Coalitions have been identified as an effective means of enhancing communication among providers, and improvements in patient outcomes have been realized through the effective implementation of various evidence-based interventions.

To provide further assistance to Community Coalitions in ADE prevention, IPRO has developed an array of analytic processes and interventions for health systems and healthcare providers targeting the drug classes most frequently associated with preventable ADEs: anticoagulants, hypoglycemic, and opioid analgesics.

IPRO's processes support improvement by:

- Identifying patients at highest risk of preventable adverse drug events
- Evaluating system performance at baseline and serially
- Providing interventions and clinical tools to address priority concerns

Healthcare providers participating in IPRO's Community Coalitions are invited to request complimentary technical assistance from IPRO's Drug Safety team as an intervention option to improve patient care across settings. IPRO's Drug Safety team will collaborate with committed providers and health systems under the following assumptions:

Expectations of Organizations Requesting ADE Technical Assistance

IPRO's ADE improvement strategy requires creation of a local ADE-specific collaborative comprised of *at least one hospital and two or more downstream providers* committed to sharing information and working across settings to successfully complete the work. Participants will:

1. Express Their Organization's Commitment to ADE Improvement Efforts:

- Join your local cross-setting Community Coalition by signing on to its Coalition Charter.
- Establish an internal team to share project responsibility for your organization.
- Commit to collaborate with IPRO for duration of the project. Agree to investigate adverse drug events and address performance outliers as part of the quality improvement plan.
- Commit to developing and implementing a sustainable quality improvement plan to address identified deficiencies.
- Implement and evaluate the impact of one or more intervention strategies.
- Participate in ADE Collaborative meetings, learning sessions, and IPRO coaching calls (e.g. monthly).

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2. Agree to Help Identify Companion Providers to Collaborate on Cross-Setting ADE Improvement Efforts. Confirm relationships with other local providers to support the Community Coalition's cross-setting ADE prevention work.

3. Commit to sharing data with IPRO to support ADE surveillance and evaluate process improvements both internally and across care settings. Hospital Providers also to share prescription drug data with IPRO to support electronic ADE surveillance.

Expectations for IPRO

Over the duration of the Collaboration, IPRO will endeavor to:

- Provide technical assistance to support serial data collection, analysis, and reporting.
- Perform analysis of prescription drug data at baseline and quarterly over each 6 month ADE improvement interval.
- Provide detailed reports characterizing at-risk population and suspected ADEs.
- Facilitate interpretation and root cause analysis to identify priorities for intervention.
- Lead medication workgroup for the Community Coalition and communications between partner providers.
- Provide evidence-based clinical tools and educational resources for quality improvement interventions.
- Assist in determining effectiveness of interventions and support innovative strategies that sustain safety goals.

Notes

- *Participation by the organization is voluntary. The organization may withdraw from the project at any time by notifying IPRO in writing. It is expected that the organization will enroll in the project only if committed to work with IPRO for the duration of the project*
- *IPRO will provide the services described in this participation agreement free of charge to the organization*
- *With regards to patient confidentiality, QIOs such as IPRO, as CMS contractors, are considered health oversight agencies. The Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), under 45 CFR §164.501, allows such agencies access to protected health information without patient permission. Furthermore, the Social Security Act provides protections to providers who disclose information to the QIOs, as described in §1157 of the Act*

For more information, please contact IPRO Drug Safety:

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This material was prepared by the Atlantic Quality Innovation Network/IPRO, the Medicare Quality Innovation Network Quality Improvement Organization for New York State, South Carolina, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-AQINNY-TskC.3-14-10.

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By providing the following information you are requesting technical assistance on preventing and reducing ADEs from IPRO. Upon receipt the IPRO Drug Safety team will contact you within 5 business days.

Organization Name	Address	CCN (if hospital)

Contacts	Name and Title	Email	Phone	Fax
Primary				
Secondary				

Care Transitions Community Name	

_____

Organization Representative Signature

_____

IPRO Representative Signature

Email or Fax completed Request to: Anne Myrka, Anne.Myrka@area-i.hcqis.org; Fax: (518) 426-3418