BPCI-A: Bundled Payments for Care Improvement – Advanced

- Bundled Payments for Care Improvement – Advanced (BPCI-A) is managed by CMS and is a voluntary episode payment model that focuses on improving quality by reducing overutilization of services and reducing the overall costs of healthcare.
- Includes traditional Medicare Part A&B patients and excludes ESRD patients in the Acute Renal Failure bundle, patients who expire on the anchor stay, managed care plan enrollees.
- Composed of different bundles (which are groups of related DRGs) that form into various Clinical Service Line Episode Groups.
- Monitors eligible patients from the first day of the IP admission or day of the OP procedure and for the duration of the 90 day episode post-discharge.
- Creates performance & utilization risk by holding organizations financially accountable for clinical outcomes and avoidable costs.

2021 STHS Clinical Episodes Service Line Groups:

- AMI
- Cardiac Arrhythmia
- CHF
- Cardiac Defib (OP)
- Cardiac Valve
- CABG
- Pacemaker
- PCI (OP)
- PCI (IP)
- Major Bowel Procedure
- Cellulitis
- COPD
- Acute Renal Failure
- Septis
- Simple Pneumonia
- UTI
- Stroke

2021 BPCI-A Strategies:

- Standardization in care in Pre & Post Op, CHF, AMI, COPD, & Septis.
- Implement a Procedure Clinic.
- BPCI-A Patient Navigation and Post-Acute collaboration to increase care coordination.
- Utilization of transitional home care and GetWell Loop for post discharge follow ups in effort to reduce readmissions.
- Data analytics through Post-Acute Analytics (ANNA) and DHG Tableau.
- Readmission Reduction.

Important Dates to Remember:

- August 3rd | 5:30pm
  STQN Board Meeting
- August 10th | 5:30pm
  STQN CME: Precision Medicine Update
  Marc Matrana, MD
- August 17th | 5:30pm
  STQN Finance & Contracting
- August 26th | 5:30pm
  STQN CME: Breast Surgery / Oncology
  Angela Buonagura, MD

Please RSVP to Sarah Gallaher via email sgallaher@stph.org or direct dial (985) 898-4052 for the above CME opportunities.

STQN Board of Directors

Gala postponed to Nov 4: It is the responsibility of a healthcare system like ours to be a leader in promoting safety and what is right for the health of our community. With the recent spike in COVID cases in our community and the significant increase in hospitalizations, we know a gathering of this size has the potential to aid in the spread of the virus, putting further strain on the hospital and its workers and most importantly, potentially putting the health and wellbeing of our guests at risk.

Urinary Retention – CLICK HERE

- The most common causes of urinary retention are obstruction/blockage, medications, anesthesia, neurologic impairment, muscle weakness, infection, and trauma. Treatment options vary depending on the retention cause.
- Protocol is a Medical Staff approved protocol and is to be followed for ALL urinary catheters.
  o Prior to placement of an indwelling urinary catheter for retention, the following must occur:
  o Bladder Scan, document volume an I/O following must occur:
  o Repeat the process in 6—8 hours.
  o Repeat bladder scan, record volume if >350 mls. and DHG Tableau.
  o Repeat bladder scan in 6—8 hours, if >350 mls contact MD whether to continue straight I/O cath or to place an indwelling catheter.

Online Resource for former/next CME:

- Visit the CME website at https://tmfnetworks.org/Networks/Quality-Insights-Website to learn more about upcoming events, workshops, and office hour webinars.
- For more information, please contact Melissa Pettway at phone: (423) 314–8504 or email: Melissa.Pettway@tmf.org.

Check out the new STQN website at www.stqn.org