

# UAHQ Newsletter- September 2005

## THE PRESIDENT'S CORNER

UAHQ is gearing up for the September 30th Annual NAHQ Education Conference to be held this year in New Orleans! "Quality and All That Jazz" is the theme, with opportunities to earn more than 15 CE credits. This year, UAHQ is again sending its President to represent Utah. At last count, there are also 5-6 other UAHQ members who will be attending.



The NAHQ past presidents have been working on a 30th Anniversary History Book that will basically take us through our years as an association with highlights from each year. The Book will also contain a list Past Officers, Charter Members, Past Award Recipients, etc. If you have any fond memory of a particular year and would like to have it included, please contact Ij Guthman ASAP with your information.

[ljg@ivinsonhospital.org](mailto:ljg@ivinsonhospital.org)

**State Presidents:** The State Presidents conference call was Thursday, August 4, 2005. Among the topics for this call was "How to Conduct Better Organizational Meetings. Resources on how to run better state association board meeting were given. Two web sites were recommended: [www.boardsource.org](http://www.boardsource.org) and [www.asaenet.org](http://www.asaenet.org)

**Healthcare Quality Foundation (HQF):** The Silent Auction is on for the Sept Conf. We are signed up to participate donating a picnic basket full of Utah items using a theme of "Utah, This is the place to have a good picnic." The silent auction helps fund grants for HQF. There is an opportunity for some new grants coming forward.... States will be allowed to apply for a "Speaker Grant." This will be a \$1,500.00 grant so states can enhance the speakers they are offering to their membership.

### **NAHQ Dates to remember:**

**9/17 – 9/20/05 – NAHQ 30th Annual Education Conference, New Orleans, LA CANCELLED DUE TO THE TRAGIC AFTERMATH OF KATRINA. (See further information under Education Council report)**

9/19/05 – Leadership Council Annual Business Meeting

9/30/05 – Deadline for Abstract Submission for the 2006 Conference

As a reminder, John Hartley is NAHQ's current President, E-mail: [jhartley@humanitariancity.org.sa](mailto:jhartley@humanitariancity.org.sa)

and NAHQ's President- Elect is Anne Marie Butrie, e-mail: [abutrie@che.org](mailto:abutrie@che.org)

**HQCB/CPHQ Update:** The Healthcare Quality Certification Board (HQCB) has a new website. Check it out at [www.cphq.org](http://www.cphq.org). They are also offering FREE speakers to come to state educational events to discuss the CPHQ exams and answer questions for folks wanting to take the exam. August 22nd is the last date to send them something if you'd like to put an article in the CPHQ Fall newsletter.

**Western States Alliance Update:** The State Association for Healthcare Quality, Western States Quality Alliance Teleconference was held following the NAHQ Presidents call. Attendees were from Utah, Oregon, Washington, Wyoming, Arizona, and excused were Alaska and California. Patricia from Washington suggested we all meet up at the NAHQ conference networking lunch on the Monday during the NAHQ annual meeting. She will mark the bulletin board for us as to where to meet so we can sit together and get to know each other. The Alliance seems to be working well and many examples of success were given. The Alliance's purpose was discussed as a reminder:

The purpose for the Western State Alliance is to provide our membership with continuing education and professional development. In order to be a participant in good standing with the Quality Alliance, the participant must: Agree to maintain an affiliation agreement with the National Association for Healthcare Quality (NAHQ). Agree to assign an existing board member as the designated Quality Alliance liaison. Will be of no additional cost to individual members. Agree to share dates of educational offerings with other participating state quality associations. Agree to offer tuition discounts to Quality Alliance participant members (i.e. out of state members may attend educational offerings at the "in-state" or "membership" rate). To that

end, participating state organizations agree to verify member in good standing status upon request. Agree to participate in quarterly conference calls (or more often as necessary) for the purposes of collaboration and issue resolution. The coordination of conference calls will be rotated among the participating state quality associations. It is anticipated that the cost of these calls will be covered by NAHQ. Agree to support the Quality Alliance through absorbing certain costs on a cost-sharing basis These may include, but are not limited to, teleconferences, postage and other charges not covered by NAHQ. Agree to provide links to participating state quality association websites, if applicable. Agree to offer support/membership to NAHQ members and other quality improvement professionals in states that do not have their own association (includes ID, MT, NM, NV and HI as of September 1, 2004.

**Education Council Chair Needed:**

Our UAHQ Education Council Chair Pam Dark had to step down from her position due to time constraints. The UAHQ Board is seeking to replace her position. Please volunteer or send your suggestions to our CPHQ President at [Kristine.Gilbert@hsc.utah.edu](mailto:Kristine.Gilbert@hsc.utah.edu).

**Kristine Gilbert, President, UAHQ**

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**2005 UAHQ Board members**

- President – Kris Gilbert, (801) 85-1335442-3173, [Kristine.Gilbert@hsc.utah.edu](mailto:Kristine.Gilbert@hsc.utah.edu)
- President Elect – Anne Smith, (801) 892-0155, [anne.smith@healthinsight.org](mailto:anne.smith@healthinsight.org)
- Past-President – Marlyn Conti, (801) 442-3173, [marlyn.conti@ihc.com](mailto:marlyn.conti@ihc.com)
- Secretary – Jan Orton, (801) 442-3344, [jan.Orton@ihc.com](mailto:jan.Orton@ihc.com)
- Treasurer -- Patrice Warner, (801) 773-3339, [Patricepwarner@yahoo.com](mailto:Patricepwarner@yahoo.com)
- Member At Large - Ann Merkley, [ann.merkley@msn.com](mailto:ann.merkley@msn.com)
- Chair, Communications/Networking Council – Jackie Mead, (801) 442-3602, [Jackie.Mead@ihc.com](mailto:Jackie.Mead@ihc.com)
- Chair, Legal/Legislative Council – Pam Bennett, (801) 582-1565, ext 2090, [Pamela.Bennett@med.va.gov](mailto:Pamela.Bennett@med.va.gov)
- Chair, Education Council –**OPEN**
- Chair, Finance Council – Wanda Gutierrez, (801) 538-9484, [wgutierrez@utah.gov](mailto:wgutierrez@utah.gov)
- Facility & Communications Coordinator – Kontheary Leuk, (801) 892-6642, or 892-0155, [Kleuk@healthinsight.org](mailto:Kleuk@healthinsight.org)
- Representative, Home Care Services Association – Michelle Dunn, (801) 233-6238, [mdunn@cnsvna.org](mailto:mdunn@cnsvna.org)



**LEGISLATIVE CORN**



## LEGAL/LEGISLATIVE COUNCIL

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Each year the UAHQ Board takes time to review their bylaws and update their procedures to ensure that the organization responds to the needs of its members and the health care community. A Bylaw by definition is a “regulation made by local authority”. UAHQ’s mission statement is”



***“UAHQ exists to support the growth and development of healthcare professionals by advancing the philosophy and practice of quality improvement in an effort to improve healthcare outcomes”***

UAHQ accomplishes this mission through both its values and its operating procedures. The values are the framework from which the Board of Directors makes their decisions and determines their priorities. UAHQ’s values are: commitment, leadership, empowerment, and integrity. How does the Board take action on these values?

The newsletter and website are excellent examples of the activities that the Board undertakes to keep their members informed. The web site includes:

1. Information on NAHQ activities,
2. Information regarding Professional Opportunities (both educational and employment)
3. Information on Legislative Activities that will impact either their institution or their patient,
4. Information regarding skill development for members so that the tools of quality can be used to clearly articulate the outcome of impact of decisions.

Other activities that reflect the Board’s values include Brown Bag lunches and the annual conference. Members are encouraged to utilize this organizational benefit to enhance their own personal knowledge and provide an opportunity to network with colleagues who often times are experiencing the same obstacles and challenges in their organizations.

Members are encouraged to attend the annual meeting in November to review and discuss changes in the bylaws. Through this active engagement UAHQ will continue to meet and hopefully exceed the expectations of its membership.

**Pamela J. Bennett RN, MSN**  
**UAHQ Legal/Legislative Council Chair**

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## EDUCATION COUNCIL

Lessons Learned from June Brown Bag : “The Core...& Much More by” Jan Orton, MS, RN, CPHQ  
June 9, 2005 Brown Baggers enjoyed and were enlightened by Jan Orton’s presentation on Core Measures. She

- identified the requirements for serving as a JCAHO Performance Measurement System
- listed requirements for algorithm processing, and
- described the difference between the JCAHO/CMS web sites

Jan explained that the intent of core measures is to provide concurrent ongoing measurement as a measure of quality between surveys. The effort of CMS and JCAHO to become aligned in the requirement of these measures is a good start but needs work in the alignment of methodology.

Public reporting of the measures began in July 2004 for JCAHO and April 2005 for CMS. Jan demonstrated how to get on the web sites and look up the reports. She shared the strengths and weaknesses of public reporting and the responsibilities of Performance Measurement Systems. She also listed future measure sets that will be required in the next few years.

Jan explained how these measures and public reporting affect organizations. She gave us tips for staying abreast of what is going on: have a voice by volunteering for testing, join list serves, pay attention to e-e-mails from your QIO (Quality Improvement Organization), and pay attention to your data. The audience came away from this presentation much more informed about Core Measures.

**Core Measures Update (August 16, 2005) by Jan Orton**

CMS will be publishing their next data, including all of 2004 data, in early September. This will be the first time for an entire year's worth of data; but do not expect this data to look the same as the JCAHO data! JCAHO and CMS did not align their definitions completely until data collected in 2005. Additionally, even though they use the same records, some of the records with missing data accepted into the JCAHO warehouse are not accepted into the CMS warehouse.

If you have been looking forward to the release of the ICU core measure set from JCAHO, this has been placed on hold. Instead, JCAHO is working with CMS and changing the SIP (Surgical Infection Prevention) to SCIP (Surgical Care Improvement Processes). SCIP will expand SIP and include information about oxygenation, temperature, DVT prophylaxis, beta-blockers and glucose control. It is anticipated that definitions will be available in the fall.

- The Education Council will continue to sponsor **Brown Bag Education Meetings** for members and guests. **Mark your calendars now for the following dates:**
- **Thursday, November 10, 2005** – Topic to be announced—will also include an annual business meeting and networking social.
- **February 2006** – **UAHQ Annual Conference** – **watch for the date in future announcements!**

All Brown Bags are held from Noon – 2:00 P.M. at HealthInsight, 348 East 4500 South, Suite 300, Salt Lake City, Utah 84107. A Board Meeting will follow from 2:00 – 4:00 p.m. All UAHQ members are welcome to remain and attend the Board Meeting. If you have any items for the Board agenda, please contact Jan Orton at [Jan.Orton@IHC.com](mailto:Jan.Orton@IHC.com)

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**SEMINARS AND EDUCATION OPPORTUNITIES IN 2005**

**ALERT—ALERT—ALERT**

**WE HAVE JUST RECEIVED NOTICE THAT THE NAHQ 005 ANNUAL CONFERENCE HAS BEEN CANCELLED, DUE TO THE DEVASTATION OF HURRICANE KATRINA.**

If you were registered for the conference, you can expect to receive specific instructions on the conference registration fee refund process by 5pm Central, Thursday, September 1, 2005. Full refunds will be given. Please contact your airline carrier directly for options regarding your travel plans. When contact resumes with the New Orleans Marriott, NAHQ will cancel all rooms connected with the NAHQ conference. If you have made other hotel reservations, please contact that hotel directly when communication resumes. There will **NOT** be an NAHQ annual convention held in 2005. You may contact NAHQ at 1-800-966-9392 or [www.nahq.org](http://www.nahq.org)

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**Revocation of Credential**

**NAHQ New Recertification Policy Effective December 31, 2005: “The new CPHQ recertification policy will become effective for those CPHQs who are due to be recertified on December 31, 2005. The new policy reads as follows:**

**“If CPHQs do not recertify by Jan 32 following the year ending each recertification cycle, their certification will be revoked for failure to comply with recertification requirements. Individuals who have failed to comply will receive a *Revocation Notice*. Revocation will become effective as of the date the letter is mailed to the person’s last known address. Individuals whose credentials have been revoked may not use the credential designation of CPHQ in representing themselves and will be required to sit for the examination if they wish to become certified as a CPHQ in the future. If you have any questions about this policy, please contact HQCB at 913-599-4173.”**

## EDUCATIONAL OFFERINGS LOCALLY AND NATIONALLY

**(1) Joint Commission Resources presents: A Custom Education Program for Continuous Systems Improvement, Sponsored by Intermountain Health Care  
September 22-23, 2005**

**Hilton Salt Lake City Center Hotel, 255 South West Temple, Salt Lake City, Utah**

This conference is designed as a “workshop” format, with participant involvement being a key factor in producing a new approach to continuous systems improvement. Attendees will learn to (1) Describe the concept of Systems Theory and how it applies to their organization; (2) Use organizational baseline data to manually identify priority focus areas; (3) Conduct a patient or systems tracer similar to survey process and (4) Create plans of action and write measures of success. For more information, contact Joan Golden at (801) 442-2851; [joan.golden@ihc.com](mailto:joan.golden@ihc.com)

**(2) 2<sup>nd</sup> Annual Six Sigma In Service & Transactional Environments Summit**

October 20-21, 2005

Scottsdale, Arizona

[www.wcbf.com/quality/5014](http://www.wcbf.com/quality/5014)

Conference provides real examples of how the tools are being used in non-manufacturing environments with a special focus on Lean Six Sigma. Discussions of how to keep leadership on board and maintain the momentum of Six Sigma as well as convincing middle management to come on board for long-term success. Learn how to adapt design for Six Sigma and how to take Six Sigma to the next level. Presentations include how to collect and measure quality data. Case studies include New York Presbyterian Hospital and Unitedhealth Group For more information call toll free at 1-800-959-6549 or visit the website noted above.

**(3) Institute for Healthcare Improvement (IHI) sponsored “Improvement Advisor Professional Development Program”**

This is an intense 9 month program beginning November 29-December 2, 2005. The goal of this richly paced nine-month program is for Improvement Advisors to become highly effective leaders dedicated to helping their organizations accomplish strategic improvement plans. As a result of the foundation, advanced knowledge, technical expertise, and skills that the program develops and supports, participants will be able to drive their organization’s improvement agenda, including:

- a. Identify, plan and execute improvement projects throughout the organization
- b. Facilitate the delivery of successful results while improving the organization’s ability to maintain a results focus in its improvement projects
- c. Spread changes across the entire system.

Fee to join the program is \$16,000 per participant. Members of IHI’s IMPACT network receive a special rate of \$13,500. This fee includes:

- Three four-day meetings: Nov 29-Dec 2, 2005; Feb 7-10, 2006; May 16-19, 2006 in Cambridge, Massachusetts
- All program materials and tools
- Monthly conference calls with faculty and colleagues
- Faculty coaching for individual projects
- An active community of colleagues whose continued collaboration will be facilitated by IHI

For further details on the agenda, faculty, and continuing education, please visit IHI’s website at <http://www.ih.org/IHI/Programs/ConferencesAndTraining/ImprovementAdvisorProgramNovember2005.htm>

**(4) FISH EXTRAVAGANZA!**

**Salt Lake City, Utah**

**October 4, 2005**

A new live event bringing together—for the first time—the remarkable philosophy of all of the best selling FISH! Books to help individuals and organizations meet business and personal challenges. These presentations will show you how to:

- Inspire employees to take personal responsibility for helping the organization reach its goals and live its vision.
- Create a high energy, positive environment where team members respond to each other honestly and respectfully
- Gain breakthrough strategies for communication and decision making

Register online at [www.LuminarySeries.com](http://www.LuminarySeries.com) or call toll free at 1-800-289-0051.

**(5) IHI SPONSORED EVENTS:**

- 17<sup>th</sup> Annual National Forum on Quality Improvement in Health Care, December 11-14, 2005, Orlando, Florida
- 7<sup>th</sup> Annual International Summit on Redesigning the Office Practice, March 19-21, 2006, San Diego, California
- Patient Safety Officer Executive Development Program (intensive 8 day program designed to help Patient Safety Officers implement powerful and effective safety strategies) September 21-28, 2005 Boston< Massachusetts and March 7-14, 2006, Cambridge, Massachusetts
- Breakthrough Series College, Three day training on all aspects of how to run your own collaborative improvement initiatives, November 6-8, 2005, Santa Cruz, California
- Advanced Training Program (ATP) in Health Care Delivery Improvement in partnership with Intermountain Health Care.
  - ▶ Twenty-day course for executives and QI leaders: Session begins January 23, 2006, Salt Lake City, Utah.
  - ▶ Twelve-day course for practicing clinicians: Session begins January 9, 2006, Salt Lake City, Utah.

FOR MORE INFORMATION ABOUT THESE RESOURCES, PLEASE CONTACT IHI AT 866-787-0831 OR VISIT ONLINE AT [WWW.IHI.ORG](http://WWW.IHI.ORG)

**(6) American Society for Quality (ASQ) co-sponsored 31<sup>st</sup> Annual Operational Excellence Seminar presented by Partners in Business at Utah State University on September 21-22, 2005.**

This conference will focus on the implementation and support of your organization's Lean Culture. James Womack, author of "The Machine That Changed the World" and "Lean Thinking" will discuss his latest research on the principles of Lean Consumption and how they will aid your organization's Lean Journey. The application of Lean and operational excellence models will be discussed in a variety of different industries including: accounting, health care, aerospace, and traditional manufacturing. Industry leaders will share specific tools to aid in an organization's Lean Journey such as kaizen events, value stream mapping, and continuous flow in a make-to-order environment. To register call 1-800-472-9965 or visit [www.partnersusu.org](http://www.partnersusu.org)

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**Save the date for the November Brown Bag  
November 10, 2005  
12:00 PM @ HealthInsight**

During the short UAHQ Annual meeting you will hear reports from your officers and committees and announcements of election results.

We have invited a panel to discuss the public and professional implications of reporting quality information to the public. Diane Kelly moderated this interesting panel for a recent meeting of the American College of Healthcare Executives (ACHE) in July. Panel members, Marlyn Conti, Marc Bennett, and Iona Thraen described the public interest in quality information and the professional response, including the learning curve for everyone. We will have ample time for questions and discussion.

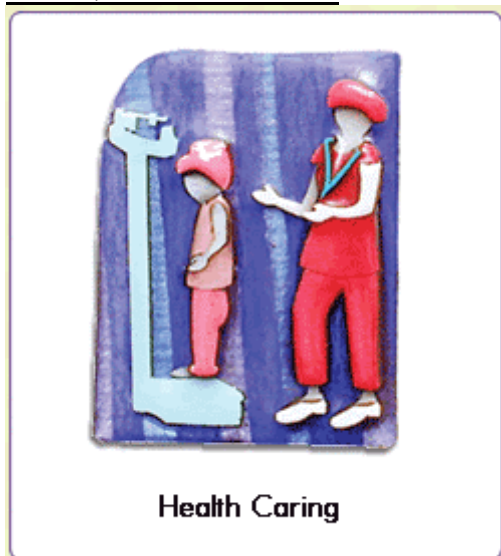
Finally, we want everyone to spend some time networking with peers. From our survey last spring we learned that we are a diverse group with a wide variety of skills, experience, interests and job responsibilities. Bring your good ideas to share with others.

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### **NETWORKING/COMMUNICATIONS COUNCIL**

We would like to involve all of you in a new project—establishing a **historical review of UAHQ** from the time of its inception. We realize that each of you has joined the organization at different times and we would love to get your perspective. What was the organization like when you joined? What kinds of activities did you get involved in that were sponsored by the organization? How is the organization different now? Any reminiscences that you can share regarding your experiences or what you remember of others involved in the organization would be greatly appreciated. This is good example of an organization's knowledge being stored in its people. It is only with your assistance that we can be successful in developing a historical perspective of where this organization has been. This information will then be most helpful in designing where we, as a continually improving entity, want to go from here. Prizes will be awarded for the best submissions. Please send your comments, reflections, pictures, articles and memories to Jackie Mead at [jackie.mead@ihc.com](mailto:jackie.mead@ihc.com)

### **UAHQ and Lucinda....**



Who is Lucinda? She is a woman living in Maine who had an idea. After pulling herself out of homelessness by designing and selling her jewelry, she designed a pin to raise money for the local homeless shelter. That idea grew into a business. She now designs pins for non-profit organizations to sell in fundraising campaigns.

You may have admired these pins on the lapels of the UAHQ Board. Now you will have an opportunity to wear Lucinda's pins yourself and help raise some money for UAHQ!

We have purchased a variety of pins for sale to members, friends and family. You can purchase pins from any Board member for \$14.00 or during our annual meeting in November (if we have any left!)

The pins make perfect birthday gifts for sisters, best friends, or co-workers. And they will help UAHQ bring even better educational offerings to our members.

## **News from HealthInsight: HealthInsight Sets New Goals to Transform Healthcare Services in Utah Through Partnerships with Providers**

On August 1, 2005 **HealthInsight** announced a new, three-year, \$8 million contract with the Centers for Medicare & Medicaid Services (CMS), the federal agency of the U.S. Department of Health and Human Services that runs Medicare, to improve the quality of health care for every person in Utah.

**HealthInsight**, the Medicare Quality Improvement Organization (QIO) for Utah, provides free expert resources to healthcare providers to improve quality of care and transform the way health care is delivered. The new effort with Medicare underscores the successes **HealthInsight** and Utah providers have achieved in recent years, and sets new joint goals.

**“HealthInsight** has been working to improve health care in Utah since 1973. We know providers work every day to ensure the highest caliber of care to their patients, and that they share our goal of achieving the right care for every person every time,” said Marc Bennett, President & CEO of **HealthInsight**. “With this new commitment from CMS, we believe we can begin to transform health care in our state. We will continue to work collaboratively with providers and other stakeholders in the state to make this mutual goal a reality.”

Over the next three years, **HealthInsight** will work to achieve transformational change in the quality of health care in Utah, for every person:

- Hospital patients will receive improved care. Working intensively with as many as 30% of all hospitals in Utah, surgical care will improve. This will include preventing post-operative pneumonia and surgery-related adverse cardiac events, cutting the rate of surgical infections and reducing surgical complications in these hospitals by 25%.
- Hospital staff will improve clinical performance. With **HealthInsight’s** assistance, Utah hospitals will improve their care for patients with heart attacks, pneumonia and heart failure.
- Nursing home residents will live better, more comfortable lives. Nursing homes in Utah will have the opportunity to work closely with **HealthInsight** to reduce pressure ulcers and physical restraints and better manage resident depression by 60%. **HealthInsight** will also assist these same facilities to retain staff.
- Doctors will have the best technology so they can best serve their patients. Assisting over 150 primary care physician practices to install and use electronic information systems, **HealthInsight** will help improve chronic and preventive care while reducing health care disparities in racial and ethnic populations.
- Home health patients can recover more quickly. Reducing by half the number of preventable hospitalizations of home health patients, **HealthInsight** will work with up to 51 Medicare-certified home health agencies.

**HealthInsight**, the Quality Improvement Organization for Utah provides free assistance to physician offices, hospitals, nursing homes and home health care agencies in Utah on quality improvement. **HealthInsight** has been working with CMS in this capacity for over 33 years in Utah, providing information, quality improvement support and quality review services to Medicare recipients in the region.

This material was prepared by **HealthInsight**, the Medicare Quality Improvement Organization for Nevada and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. PUB # 8SOW-PR-TR-01

## **JOB OPPORTUNITIES**

### **Director, Quality and Performance Improvement, St. Joseph’s Healthcare System, Paterson, New Jersey**

This healthcare system is a winner of the National Magnet Award for Nursing Excellence. It serves approximately 2 million people over a four county area through a full complement of medical services from birth through maturity. Sponsored by the Sisters of Charity of St. Elizabeth, it includes: St. Joseph’s Regional Medical Center, St. Joseph’s Children’s Hospital, St. Joseph’s Wayne Hospital, St. Vincent’s Nursing Home

and Visiting Health Services of New Jersey, Incl. St. Joseph's Regional Medical Center is a teaching affiliate of Mount Sinai School of Medicine and St. George's University Medical School.

This position reports to the Vice President/Chief Nursing Officer, the Director of Quality and Performance Improvement and functions as a member of the hospital's management team with the overall responsibility to develop and direct an effective, comprehensive hospital-wide Performance Improvement Program. Key performance improvement program components include: clinical process improvement, data information management, medical staff peer review, DOH, JCAHO and other regulatory compliance for quality of care.

The successful candidate will be knowledgeable and understand clinical delivery processes and outcomes, best practices, integrated delivery systems, cost effectiveness and financial outcomes, and work with and understand the tools and techniques of quality improvement. This position requires an individual with strong oral and written communication skills. Three or more years in directing a hospital-wide Performance Improvement program is preferred. An RN and a master's degree are required; a Ph.D. is preferred.

Inquiries, applications and nominations should be directed, preferably by email to Shella Abe at <mailto:shellaa@wittkieffer.com> or by phone at 646-346-6724 all inquiries or nominations are held in strict confidence.

### **Nursing Quality Executive, Indianapolis, Indiana**

Be part of a dynamic administrative team, working in a prestigious magnet hospital that is part of a large health care system. The organization is consistently ranked at one of "America's Top Hospitals" by U.S. News and World Report and includes three internationally-renowned hospitals and the second largest medical school in the nation. This position works with the chief medical officer, chief nursing officer and chief administrative officer to determine the hospital's quality initiatives, priorities, and implementation plans. This role also works to aggregate data and understand new regulatory initiatives in order to translate and clarify the importance of quality in all levels of the organization. Essential functions of the position will include outcomes management, regulatory compliance, staff education, communication, consultation, performance improvement, research and leadership. Qualified candidates will be master's prepared nurses with three to five years of quality improvement experience. Excellent salary, commensurate with experience, with excellent benefits, including paid relocation and a sign-on bonus.

Inquires should be made to: Rose Wagner, RN,MHS, Vice President of Executive Search, B.E. Smith, 9777 Ridge Drive, Suite 300, Lenexa, Kansas 66219. Phone: 800-467-9117, Fax: 888-238-4276, email: [rwagner@besmith.com](mailto:rwagner@besmith.com)

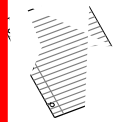
To have job opportunities posted or shared here, email Jackie Mead at [Jackie.Mead@ihc.com](mailto:Jackie.Mead@ihc.com)

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## **SHARED LEARNING CORNER**

### **NAHQ PUBLISHING OPPORTUNITIES**

***JHQ's Editorial Board always encourages papers for publication on the following topics; Accreditation Issues and Successes, Administration/Management, Behavioral Healthcare Quality, Compliance, Conceptual Articles, Continuum Focus, Education's Move to Quality, Evidence-Based Practice, Global/International Issues, Government Affairs and Policy-Making, Information Systems and Management, Innovations in Healthcare, Knowledge Management, etc. Submissions can be in the form of featured articles, brief reports, quality stories, or letters to the editor. Please see *JHQ Information for Authors* <http://www.nahq.org/journal/pubsauth.htm> for assistance in preparing your submission. For a more detailed description of each topic, please visit the NAHQ/JHQ Web site at <http://www.nahq.org/journal/pubstopc.htm>***



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### **Institute for Healthcare Improvement (IHI) Improvement TIP: Ask :What Can We Do by Next Tuesday? (08/04/2005)**

Accelerating improvement means acting quickly. Most improvement efforts fail because so much time is spent considering, studying and meeting that nothing ever changes. Organizations that want to improve can simply begin small-scale tests right away – today even!

Improvement teams should ask, “What is the largest, informative change we can make **by next Tuesday?**” This will not be the only change a team should make, and probably will not be the most important one, either. But, by making an informative change “by next Tuesday, teams can break the inertia that keeps many improvement efforts from getting off the ground.

It is easy to become comfortable with the status quo and the easy path. When we demonstrate in small ways that another approach can work better, we make accepted practices suddenly appear archaic.

Running small-scale tests sooner leads to improvement much more surely and quickly than does running large-scale cycles later. Even an ambitious and innovative change can be tested first on a small scale –for example, with only one or two physicians, with the next five patients, for the next three days. In general, make the strongest change that the team can do quickly on the smallest sample that will be informative.

When a team can show improvement, then expanding the scope will be much easier. Each test, properly done, provides valuable information and forms the basis for further improvement. If a change works on a small scale and is improved in successive tests, it can then be implemented with assurance on a larger scale.

Testing changes is an iterative process: the completion of each test rolls directly into the start of the next test. A team learns from the test (What worked and what didn't work? What should be kept, changed, or abandoned?) and uses the new knowledge to plan the next one. When the team continues linking tests in this way, it can refine the change until it is ready for broader implementation, thus helping to overcome an organization's natural resistance to change

**So, remember to always ask, “What Can We Do by Next Tuesday?”**

*IHI expresses thanks to Improving Care for the end of Life: A Sourcebook for Health Care Managers and Clinicians by Joanne Lynn, MD, Janice Lynch Schuster, and Andrea Kabcenell, RN, MPH.*

### **Altius Health Plans Awarded health Utilization Management Accreditation, Utah Business Magazine, 08/31/2005**

Utah Business Magazine reports that Altius Health Plans has been awarded Health Utilization Management Accreditation from URAC, a Washington, DC-based health care accrediting organization that establishes quality standards for the health care industry. Accreditation provides assurance to patients, providers, purchasers, regulators, and employers that the Altius processes are fair and equitable for all parties. “We are pleased to be recognized in the industry for providing outstanding utilization management,” states Altius Chief Medical Officer, Dennis Harston, MD.

### **Revamped Veterans' health Care Now a Model**

An article in the Washington Post dated August 22, 2005, written by Gilbert M. Gaul, Washington Post Staff Writer discusses the impact of the changes made within the Veterans health care system that has transformed the system from one where critics within veteran groups and government investigators had castigated the system as “a dangerous backwater of medicine” into a system where today “researchers laud the VA for its use of electronic medical records, its focus on preventive care and its outstanding results. The system outperforms Medicare and most private health plans on many quality measures, including diabetes care, managing high blood pressure and caring for heart attack patients. Demand at veterans clinics and hospitals is soaring – so much so that Congress last month appropriated \$1.5 billion in emergency funds to cover a budget shortfall that the department did not anticipate.” Don Berwick, president and chief executive of the

Institute for Healthcare Improvement is quoted as saying, “ If you take a five-or six-year perspective, I think what the Veterans Health Administration has done is stunning It’s especially impressive because this is a massive system that works in a fishbowl, is under tremendous scrutiny and has constrained resources.”

The article goes on to say, “Since 1995, the VA says, the number of patients it is treating has doubled, to about 5.1 million, At the same time, the department reports that it has trimmed its staff by about 12,000 people, opened hundreds of outpatient clinics and shifted its focus to primary care, while cutting costs per patient by about half.”

Kenneth W. Kizer, a physician and former Naval Reserve officer was approached by the VA in the early 1990’s and agreed to help reorganize the VA system. “Over the next 5 years, he and aides reorganized the VA’s unwieldy network of 172-plus hospitals and 132 nursing homes into 22 self-contained systems responsible for providing all patient care. The VA also shifted some specialists to its new outpatient clinics. At the same time, the department invested heavily in computers and software. They link distant clinics to urban teaching facilities and allow VA physicians to access patient records wherever they happen to be.....computers are used to measure everything at VA sites with an aim toward improving care.”

Reports to managers are computerized and highlighted to denote areas of excellence and areas requiring more attention. “ In 1990, before Baltimore began tracking its performance, rates of screening for breast and cervical cancer were 50% and 17%, respectively. In 2003, they were 88 % and 87%.” Dorothy Snow, acting chief of staff in Baltimore states. “The computers are an effective way of driving performance...”

“The 75,000 physicians who are full-time, salaried doctors or affiliated with the Veterans Health Administration have access to a detailed electronic record of every patient. It includes every visit, prescription, surgery and test a patient receives. Doctors can call up prior visits, enter blood pressures and blood sugar levels, access the latest research and tap into treatment guidelines – all with the click of a mouse. If a patient moves – say, from Baltimore to San Francisco – her record follows. If a physician in the VA’s Pocomoke City, Md., Outpatient Clinic wants to check how his patient is faring after surgery in Baltimore, he can read the notes online. In the past, only one doctor could access a chart at a time. Now anyone can, at any time.”

Jonathan B. Perlin, the acting undersecretary for health, estimated that it costs about \$78 per patient, per year to operate the electronic health record. “Roughly the equivalent of not repeating one blood test,” he said.

“Later this year, the VA plans to allow patients to access their electronic medical records over the Internet through its My HealthVet. ‘The patient is often the forgotten partner in health care,’ Perlin said. Sharing the records recognizes a person has interest in how his care is managed.’ The target for the rollout: Veterans Day in November.”

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## **BOOK REVIEW**

**Title:** Managing the Unexpected  
**Author:** Karl E. Weick and Kathleen M. Sutcliffe  
**Reviewed by:** Mo Mulligan, J.D., B.S.N., R.N.



Hospital errors/events are continuing to result in harm to our patients. One suggestion for decreasing patient harm is to change our organizations so that they become high reliability organizations. One of the questions has been how do we do this?

This is an excellent book on how to achieve a high reliability organization. A high reliability organization is one that has developed styles of leading and acting that enables management of the unexpected better than most other organizations. The basis of the book is that to manage the unexpected well, you need “mindful management”. My favorite quote in the book is that “Executives often manage the unexpected by blaming it on someone, usually on someone else” (pg.7)

The five hallmarks of mindfulness (the act of mindful management) are:

- Preoccupation with failure
- Reluctance to simplify interpretations
- Sensitivity to operations
- Commitment to resilience
- Deference to expertise (pg.10)

The human brains prefers to “seek confirmation and shun disconfirmation” of events as they occur. High reliability organizations struggle to override this (pg.34). The book goes to some depth explaining these concepts using examples from high reliability organizations.

One of the more controversial conclusions the book reaches is “the incomplete adoption of quality is because the necessary infrastructure for reliable practice is not in place where TQM success stories are the rule.” (pg.82 ) Wouldn't this be a great discussion topic for our organization, UAHQ?

This book also has a very practical and helpful assessment tool that you can use in your organization. The last part is a discussion on how you can change the organization's culture and processes. I highly recommend this book. It was very interesting to read with a lot of useful information and tools.

Reference: Weick, Karl E. and Sutcliffe, Kathleen M. (2001), *Managing the Unexpected*. Jossey-Bass. Part of the University of Michigan Business School Management Series.

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## UAHQ MEMBER SPOTLIGHTS



### **PATRICE WARNER**

Patrice Warner has been serving as the Treasurer of UAHQ since January 2004. Her efficiency and expertise have served UAHQ well.

She is the Assistant Supervisor of the pre/post-operative staff as well as the e Quality Manager and Risk Manager at the Davis Surgical Center, a freestanding surgical facility in Layton, Utah. Even though her job can be frustrating at times, she loves it because she works with great people! Patrice graduated with a BSN from the University of Utah in 1979.

She completed requirements for CNOR certification in 1985 and completed requirements for a Legal Nurse Consult certification. Her first job as an RN was at Salt Lake Regional Hospital, (aka, Holy Cross Hospital) where she worked for 19 years on the surgical unit, newborn nursery, post anesthetic care unit, the operating room and same day surgery. She has been at the Davis Surgical Center for past seven years.

A Utah girl, Patrice was born and raised in Salt Lake City but moved to Bountiful when she was 16 and has lived there since. She and her husband, Michael, have been married for 20 years. They have three children: Judd, 19; Maren, 18; and Christian, 14.

You could say that Patrice is a movie buff. She can watch movies over and over again, looking at different aspects. It is hard for her to pick just one favorite but her favorites are usually ensemble pieces that have not done too well at the box office. She even loves good foreign films so that she can (as her son says, “read the movie”).

At the beginning of her first clinical experience in nursing school, her nursing instructor said, “If you are going to keep up, learn to walk fast.” Patrice has come to understand that this was the best advice she has ever received and that her instructor wasn't just talking about getting from place to place or what to do to get everything done; but she implied the mindset needed to stay invigorated, not frustrated, by an ever-growing, ever-changing profession.

From a very early age, Patrice remembers her mother telling her about famous nurses and their contributions to mankind. Her mother had always wanted to be a nurse, but due to health concerns, was not admitted to a nursing program. It was her mother's love and admiration for those in the nursing profession that affected her life's choice of nursing as her career.

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## **Pamela Bennett**

2005 brings a new chair to the UAHQ Legislative Council, **Pamela Bennett**. Pam currently is employed with the Department of Veterans Affairs in Risk Management and Patient Safety. In her role, she works with both tort claim and quality improvement activities. Pam has a Masters degree in Nursing Administration from Brigham Young University, where in 1994 she received the "Excellence in Research Award" for her work in case management. In 2003, the National Patient Safety Foundation recognized her work in patient controlled analgesia.

Pam and her husband have traveled extensively throughout the world with his work at the Department of Defense. After their daughter was born, they chose to settle down in Bountiful where Morgan just graduated from high school. Morgan will be leaving this fall for Portland Oregon to follow in her father's footsteps and study electrical engineering, providing Pam an abundance of time on her hands.

Pam enjoys her home, friends, garden, and knitting, and views her life as very rich and fulfilling. Recently, she saw the movie the "The Great Raid" which provided a deeper meaning to the work she has committed to at the Department of Veterans Affairs. Pam states "the movie gave me great pause when it showed how individuals accepted death instead of violating their principles. There is nothing glamorous about war; but I can't imagine my life without the freedoms I take for granted. I would search for ways to honor those individuals who have sacrificed for these freedoms".

Pam describes herself as constantly searching and learning; it is the essence of why she enjoys the work in patient safety. Health care is entering an interesting phase where the emphasis will be placed on evidence and scientific study. It is only a matter of time when institutions will be compensated on their clinical outcomes and the cost effectiveness of their organization. As Chairperson of the Legal/Legislative Council, Pam looks forward to her work with UAHQ, where she combines the world of legislation with quality --- a place where she feels at HOME!

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### **JUST WHEN YOU THINK YOU HAVE HEARD IT ALL.....THIS LIST OF "CHART BLOOPERS" COMES FROM DILIGENT HEALTHINSIGHT STAFF.....**

1. "He develop progressive problems and expired at 10:00 a.m. on 7/22. The patient was made aware of the situation and will make the appropriate arrangements."
2. "The final complication – death."
3. "The patient was having dinner with a burrito when she noticed severe stomach pain."
4. "The patient was shocked with 100 tools and given a bowl of lidocaine."
5. "Noted on a birth certificate: You name typed or printed—the patient responded, 'printed'."
6. "The patient was found to have a bowl of stool."
7. "The patient had no idea what happened to her eye. It was just there the last time she looked in the mirror."
8. "A 63-year-old female with mediastinitis of the left leg."
9. "Her husband was killed when his horse reared and she tried to do CPR."
10. "Cultures were taken from the patient's chronic left-sided chest tube."

## 2004 UAHQ BOARD MEETINGS

Dates for UAHQ Board meetings are as follows, all members are invited to attend or submit agenda items. Unless otherwise stated, all Board meetings and Brown Bags are held at the HealthInsight Offices, 3448 East 4500 South, #300, Salt Lake City, Utah 84107. Board meetings are held from 2:00 p.m. – 4:00 p.m.

October 13, 2005

November 10, 2005

(Annual Business Meeting/Party/Brown Bag at Noon – 2:00 p.m. or later!)

December 8, 2005

Please note that opinions and statements in this newsletter are NOT to be construed as standards or policy, they are only opinions of the members who submitted them. Any comments, submissions, questions or additions should be forwarded to Jackie Mead @ [Jackie.Mead@IHC.com](mailto:Jackie.Mead@IHC.com) or call (801) 442-3602.