

UAHQ Newsletter- September 2006

THE PRESIDENT'S CORNER

The Challenges and Opportunities of a Diverse Membership



Two recent exercises have reinforced my respect and amazement of Utah quality professionals. We recently asked UAHQ conference attendees to describe their daily responsibilities and repeated the question to a focus group of quality professional leaders. The answers were a laundry list representing every health care task except direct patient care (and I suspect that some people do that, too). Along with a variety of administrative and management duties, we hear about data collection, team leadership and consultation, facility safety, patient safety, new construction planning (really), infection control, patient care coordination, meeting management, and (fill in the blank for your own responsibilities). Yes, the variety of talents and accomplishments of our members was inspiring and also represents a challenge to the

organization. How can UAHQ serve members' interests when interests and responsibilities vary so much? Your Board asks this question with every educational offering we plan. What are your answers? We want your ideas.

You can influence the format and topics of the educational opportunities:

- Tell a Board member, either by phone or e-mail.
- Run for an office and help with the planning
- Volunteer to serve on a Council.

You will reap optimal benefits of your membership in UAHQ if you help to shape the future of the organization.

Why should I join the National Association for Healthcare Quality (NAHQ)?

NAHQ's goal is to promote the continuous improvement of quality in healthcare by providing educational and development opportunities for professionals at all levels and within all healthcare settings. NAHQ offers services and products that can augment the development of any quality professional; yet, only 25% of our UAHQ members are also NAHQ members. Included in NAHQ offerings are:

- **Members only list serve:** Practicing quality professionals ask and receive help with problems ranging from, "How can I make reports more user friendly to my Board?" to "How can we keep ID bracelets on psychiatric patients?"
- **Continuing education:** NAHQ sponsors an annual education conference featuring nationally known keynote speakers and four learning tracks.
- **Certified Professional in Healthcare Quality (CPHQ) credential:** The CPHQ credential recognizes professional and academic achievement by individuals in the field of healthcare quality management. Achievement of the credential signifies a quality professional's commitment to excellence.
- **CPHQ exam preparation course and exam preparation materials.**
- **Publications:** The *Journal for Healthcare Quality* is an award-winning professional journal. NAHQ also publishes a member newsletter, books, and other tools essential to the quality professional's growth.
- **Leadership development:** Team memberships, quality volunteers, networking and mentoring opportunities, and the Leadership Academy offer venues to hone leadership skills.
- **Leadership opportunities:** Team leader opportunities and elected positions are open to NAHQ members
- **Fellowship program:** The NAHQ Fellowship Program was developed to recognize NAHQ members who have made outstanding contributions to the field of healthcare quality, and to act as a blueprint for an ideal career path in the healthcare quality profession. Granting of fellowship is based on an evaluation of each applicant's contributions in the following categories: leadership/service, published works, lectures/presentations, mentorship.
- **Awards:** The Golden Pen Award, for excellence in writing and the Distinguished Member Award for outstanding contributions to the healthcare quality profession are two examples.

NAHQ also offers benefits to its state affiliates (like UAHQ) that include a speakers bureau and state educational grants. NAHQ has something for everyone. Visit www.nahq.org to see everything NAHQ has to offer. Then consider joining and take advantage of the opportunities for personal and professional development you'll find there.

Anne Smith, President, UAHQ

2006 UAHQ Board members

- President – Anne Smith, (801) 892-0155, anne.smith@healthinsight.org
- President Elect – Lynette Hansen, (801) 933-3660, lynette.hansen@ahplans.com
- Past-President – Kris Gilbert, (801) 585-1335 Kristine.Gilbert@hsc.utah.edu
- Secretary – Jan Orton, (801) 442-3344, Jan.Orton@intermountainmail.org
- Treasurer – Tammy Cloward, (801) 892-6671, tcloward@healthinsight.org
- Member At Large – Linda Johnson, (801) 892-6671, ljohnson@healthinsight.org
- Chair, Communications Council – Jackie Mead, (801) 442-3602, Jackie.Mead@intermountainmail.org
- Chair, Legal/Legislative Council – Fritz Kron, (801) 357-3048, Fritz.Kron@intermountainmail.org
- Chair, Education Council – Randi Abraham, (801) 855-3261, Randi.Abraham@intermountainmail.org
- Chair, Finance Council – Russ Elbel, (801) 587-6564, russ.elbel@hsc.utah.edu
- Facility & Communications Coordinator – Michele Leader, (801) 892-6635, mleader@healthinsight.org
- Representative, Home Care Services Assoc. – Michelle Dunn, (801) 233-6238, mdunn@cnsvna.org

FINANCE COUNCIL

Budget is based on a calendar year. The 2005 audit of the UAHQ books has been completed. There were 2 undocumented expenditures that Tammy verified. All checks were accounted for and properly identified in the check register. Deposits were documented with copies of the receipts. Linda Wiglama, tax accountant, stated, "I found the records and documentation to be well organized and easily found." Recommendation was made to change procedures so that the income and expenses are properly coded to insure correct data for the budget process. The results of the audit were reviewed and approved by the UAHQ Board. A copy of Ms. Wiglama's report is on file.



Tammy Cloward
Treasurer, UAHQ

LEGAL/LEGISLATIVE COUNCIL

CMS has published the Proposed Rule for changes to Pub. L 109-171 (the Inpatient Prospective Payment Systems for FFY 2007).

- Changes from a charge based DRG reimbursement calculation to a hospital specific relative value cost calculation
 - In 2008 will expand DRG system to mandatory APR-DRG system
- Includes the RHQDAPU proposals discussed last newsletter
 - The non-participation penalty of 2% of the market basket increase remains
 - More detail on the validation protocols and appeals of adverse validation decisions
- Comment period closes June 12, 2006



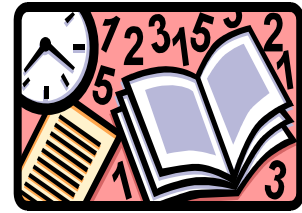
CMS reported in a recent Senate Finance Committee hearing that CMS is developing criteria to withhold payment for the NQF "never events." Mark McClellan reported that CMS is currently analyzing the 27 "never events" with the aim that CMS should not reimburse providers for costs due to errors.

The Utah Legislature, in Special Session, did not restore Medicaid funding for emergency dental treatment.

Fritz Kron, Chairperson, UAHQ Legal/Legislative Council

EDUCATION COUNCIL

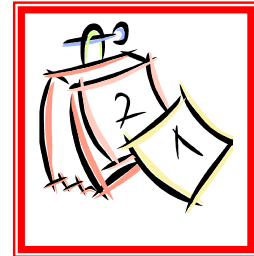
The Utah Association of Healthcare Quality presents:
Quality Improvement Basic Course
A Two-Day Workshop for Quality Professionals
Friday, October 20, 2006 (7:15 am – 4:45 pm)
and
Friday, November 17, 2006 (8:15 am – 4:15 pm)



The program is appropriate for professionals new to quality improvement, more experienced professionals who wish to review core principles, and for those considering leadership positions in quality improvement.

Topics include:

- Historical perspective of quality improvement
- Quality oversight
- Quality improvement study design
- Team building, leading, and facilitating
- Quality improvement tools
- Strategic planning/systems thinking/working with complexity
- Leadership
- Continuous readiness (RCA, FMEA)



Space will be limited, so make plans now. Questions??? Call Anne Smith at (801) 892-6629.

This activity will be submitted to the National Association of Healthcare Quality for CPHQ CE credit.

JUNE BROWN BAG

“We have a woman in the ED with vaginal bleeding. She doesn’t speak English and the only person with her is her twelve year old son. What should we do?”

Health care organizations are increasingly faced with this and other language or cultural barriers. Being prepared with translation capability either with telephone translation, staff experts, or professional translators is vital to providing quality services to the public.

In addition, quality care is improved if the staff understands cultural beliefs. For instance, even if that twelve-year-old son could translate, some cultures would find sharing any gynecological information with a male, especially a child, extremely offensive. The mother may refuse to reveal important information.

Our June Brown Bag featured Susan Moore with information about the importance of understanding language and cultural differences to providing quality care. Pfizer Pharmaceuticals brought Susan to Utah from Michigan and also provided us with a gourmet lunch.

Susan referred us to the web site of the Office of Minority Health’s web site, www.omhrc.gov for many resources. This is a part of the U.S. Department of Health and Human Services and provides tools, reports, rules/laws and other information about cultural competency. Watch for timely topics of future Brown Bag meetings.

Anne Smith
President UAHQ, 2006

Watch for information about the November Brown Bag!!
November 30, 2006, 12:00 noon – 2:00 p.m.

Amy Sikalis and Matt Rydman will talk about the differences between quality improvement and research. This topic has implications for project planning and even Institutional Review Board (IRB) approval. Prior to their presentation, we will have a short business meeting. We will announce the results of the election and you will receive reports from officers, including a treasurer’s report so you will know how your officers have spent your money.

EDUCATIONAL OFFERINGS REGIONALLY

CPHQ EXAMINATION – Would you like to become a Certified Professional in Healthcare Quality? The *Candidate Handbook* is available at www.cphq.org. Questions??? Call 1-800-346-4722.



▶ **October 5-6, 2006** -- Attend the CPHQ Certification Preparation Session being held on Oct 5th & 6th in Gig Harbor, WA, by the Washington State Association for Healthcare Quality. For further information, go to www.wsahq.org.

▶ **October 12-13, 2006** -- Attend the CPHQ Certification Preparation Session being held in Ontario, CA, by the California Association for Healthcare Quality. For further information, go to www.cahq.org.

▶ **October 13, 2006** -- Oregon Association for Healthcare Quality Fall Conference – “Coasting Toward Compliance” in Lincoln City, Oregon. For more information, go to <http://www.nahq.org/affiliates/edstate.htm>.

Arizona Hospital and Healthcare Association sponsors the “9th Annual EMTALA Conference” to be held **November 16-17, 2006**, at the Embassy Suites Phoenix Biltmore, 2630 East Camelback Road, Phoenix Arizona. Go to www.azhha.org/publiv/education/ for further information and to register. Deadline to register is November 9, 2006.

NEWS FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI)

18TH National Forum on Quality Improvement in Health Care

▶ December 1-13, 2006, Orlando, Florida

8th Annual International Summit on Redesigning the Clinical Office Practice

▶ March 25-27, 2007, Nashville, Tennessee

3rd Annual International Summit on Redesigning Hospital Care

▶ June 13-15, 2007, Nashville, Tennessee

Managing Hospital Operations: An intensive six-month course for health care professionals to learn management techniques and strategies not traditionally used in health care.

▶ *Two three-day meetings, the first on November 13-15, 2006, Cambridge, Massachusetts*

Improvement Advisor Professional Development Program: An intensive nine-month program for quality leaders to develop and immediately apply improvement skills.

▶ *Three four-day meetings, the first on February 26-March 1, 2007, Cambridge, Massachusetts NOTE: Program calls begin approximately 1 month prior to the first meeting*

Patient Safety Officer Executive Development Program: An intensive eight-day program uniquely designed to help Patient Safety Officers implement powerful and effective safety strategies.

▶ *March 7-14, 2007, Cambridge, Massachusetts*

Breakthrough Series College: Three-day training on all aspects of how to run your own collaborative improvement initiatives.

▶ *April 22-24, 2007, Wellesley, Massachusetts*

The Model for Improvement: A Powerful Engine for Change: A self-paced web training course providing a comprehensive introduction to the fundamentals of improvement methods.

▶ *Available at your convenience at www.ihq.org*

FOR MORE INFORMATION ON THESE PROGRAMS AND OTHER OFFERINGS FROM IHI, CALL (866) 787-0831 OR GO ONLINE AT www.ihq.org.

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MEMBER-AT-LARGE/MEMBERSHIP COUNCIL

SPOTLIGHT ON RUSS ELBEL

Meet Russ Elbel, UAHQ Finance Council Chair. Russ is a Salt Lake City native and a graduate of the University of Utah. He has a Master of Science in Public Health & Health Services Administration and is currently the Quality Improvement Manager for the University of Utah Health Plans. He has been in this position for 3 years and enjoys the challenge and the autonomy it brings. Before coming to the University Health Plans, Russ worked as a contracting manager for independent physician associations and as a risk manager for United Healthcare. Previously, he spent over ten years managing worksite health promotion programs. Russ describes himself as self-directed, persistent, and achievement-oriented, all excellent traits for the quality professional!

Russ's family includes his wife and three-year-old twin boys. No pets yet, but he is anticipating pressure from the kids in the near future. When he isn't working, Russ enjoys hanging out with the family, skiing, biking, and hiking. He seems to be putting those ten years in health promotion to good use, and living the advice from his dad, who stressed the importance of physical activity. Russ's favorite movie is *Shawshank Redemption* - the plan came together in the end, and he enjoys a little escape from reality with the *Lord of the Rings*.

Russ's greatest accomplishment is publishing his graduate research; he still can't believe he lived through it! His other greatest accomplishment – children. "They're much harder than publishing my graduate research." He recommends *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*, by Gerald J. Langley, et al., to enhance the quality professional's knowledge, and offers this advice, which he received from a friend: "Whatever you go in to, make sure you are into it." Good advice for all of us!

Hawaii is Russ's favorite place - 80 degrees every day; sunsets; the ocean; hiking; biking – "You get the picture!" He says this in spite of the unique experience he had there. "My wife and I were stranded on a backpacking trip in Hawaii behind a swollen river. We had to live off the land for two days until the water went down. Luckily I had seen *Castaway!*" What could top an experience like that? Well, Russ would like to do a multi-day mountain bike yurt trip. Whew! Where does he get the energy? Maybe he should try out for *Survivor!* We are glad he chose to share his energy with UAHQ, along with his experience and his great sense of humor. Welcome to UAHQ, Russ!

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GETTING TO KNOW MICHELE LEADER



Do you ever wonder who is behind those e-mails, brochures and other UAHQ correspondence? Who really keeps UAHQ running? It takes someone who is kind, humorous and organized. Meet Michele Leader, our UAHQ administrative support person. Michele was born in Mason City, Iowa, and grew up in Northwood, Iowa, a small town of 2,000 people. She is a graduate of Hamilton's Business College in Mason City. In high school, Michele worked in the kitchen of the Lutheran Retirement Home in Northwood and at the Coast-to-Coast Hardware Store as a clerk. She also performed tax return data entry at an attorney's office in Northwood. Since moving to Utah, Michele has worked at the university hospital as a secretary in the Credit Department, and for the last **twenty-two years** at HealthInsight. Starting out as the receptionist, Michele

moved into accounting, then worked with case review for eighteen years. For the last four years, she has been an Administrative Assistant. No wonder she keeps UAHQ in such good shape!

Michele has been married to Doug Leader for four years. She has a sixteen-year old son, Justin, and a stepson who is twenty. She likes to cook and also to paint and remodel. Did you all take note of that? When she isn't working, cooking, painting, or remodeling, Michele is collecting pigs. Pigs are part of the Iowa landscape, but not so in Utah. She gets a little homesick for them now and then, and so she has her own. "My house is a real pig sty!"

Michele loves her job because she works with terrific people and has made a lot of wonderful friends. She also appreciates that HealthInsight emphasizes the importance of family. Without that, she could never have been a room mom for Justin's classes for six years! The real love of her life, though, was her poodle, Dusty, who passed away in 1997. The Leaders now have a beagle-mix, Annie. "She has not been the best of dogs," Michele says, "but she has fur and four legs, we will keep her!"

When she is not working, Michele enjoys relaxing with Danielle Steel books and she loves musicals. Her favorites are *The Sound of Music* and *The Jazz Singer* with Neil Diamond. "I am a HUGE Neil Diamond fan," she says – and it's true. She is the first in line for tickets whenever he comes to town!

A piece of advice that stands out for Michele that she is now passing on to her sixteen year old is, "Never apologize for being safe." This came from her driver's education teacher, and if you think about it, it is excellent advice! Her parents were most influential in teaching her lessons about life. Michele is putting those lessons to good use with her most significant accomplishment – her son, Justin. Her next greatest accomplishment is traveling to rural areas in Utah – alone. "I'm a real big chicken when it comes to going someplace I have never been, and I had to do a bunch of traveling for HealthInsight." She hasn't gotten lost yet!

Michele's favorite place is the Oregon coast. "I absolutely LOVE it there!! It is so beautiful and I cannot get enough of the waves and the smell of the ocean. If I ever won a lottery, I would definitely get a beach house on the Oregon coast." Sounds pretty good to me right now too!

Is there anything left after working, cooking, painting, pig collecting and supporting UAHQ? Yes, Michele has always wanted to work with animals. Does supporting UAHQ qualify?? Maybe, but it's probably not what she had in mind!

**Linda Johnson, Member-At-Large
Chairperson, UAHQ Membership Council**

COMMUNICATIONS COUNCIL

The web site has been updated to include new board members and administrative support. Agendas for all Board meetings are posted as well as a copy of the amended Bylaws for 2006. If you have ideas of other information, topics, etc. that you would like to see published on the website, please contact Jackie Mead or Jan Orton. Jan has been doing a wonderful job updating the website and adding new information. On behalf of the Networking/Communications Council, we thank you!



Brenda DeLaMare has offered to help with a historical perspective of UAHQ. If you would like to join the effort, please contact Jackie Mead.

We are still looking for someone to write a column for the newsletter "Ask an Expert". This individual would not need to have all the answers, but could serve as a contact person to whom members could address questions. Experts could then be located and a written response would follow in the next newsletter. Are you interested in helping others, as well as yourself, by learning more about what you and others want to know???? If so, contact Jackie Mead at Jackie.mead@intermountainmail.org

**Jackie Mead, Chairperson
UAHQ Communication Council**

Match the Author with the Famous Quality Quote ☺

Submitted by Kristine Gilbert, UAHQ Past President

LIST OF PEOPLE
Mark Twain
Thomas Edison
Anonymous
David Garvin
G.K. Chesterton
Anthony Robbins



QUOTE	Write in the PERSON who said the following...
"If you do what you've always done, you'll get what you've always gotten."	
"It isn't that they can't see the solution. It is that they can't see the problem."	
"If we all did the things we are capable of doing, we would literally astound ourselves."	
"High quality means pleasing customers not just protecting them from annoyances."	
"Any time you sincerely want to make a change, the first thing you must do is to raise your standards."	
"There are three kinds of lies: Lies, damn lies, and statistics."	

Answers to be found on page 9.

JOB OPPORTUNITIES

Director of Quality/Risk Management

We are currently seeking a qualified Director of Quality/Risk Management to join the Senior Management team at Utah Valley Specialty Hospital a 40-bed long-term acute care hospital in Provo, Utah scheduled to open November 2006.

Qualified applicants must be licensed as an RN in the state of Utah and have 3-5 years experience in a quality or risk management role. Applicants should have current experience working with JCAHO standards to ensure ability to act as a resource to administration and management staff regarding all regulatory standards.

This position will have direct accountability for the Infection Control/Employee Health Nurse and will work closely with the CEO and Director of Nursing to develop a performance improvement program. Data collection and reporting on findings of required monitoring will be a large function of this position along with managing several medical staff functions.

If interested, please apply in person at 306 W. River Bend Drive or fax resume to 226-8890. If you have questions about the position please call 226-8880.

Senior Director of Quality Improvement

The state of Massachusetts has just embarked on a new program to insure its population. As a result, Boston Medical Center HealthNet Plan in Boston will be virtually doubling its membership in the next 12 months and anticipates serving more than 300,000 members. BMC HealthNet Plan has retained Furst Group to identify a Senior Director of Quality Improvement to assume primary responsibility in managing all aspects of the Plan's quality improvement initiatives to maximize member quality of care and effectively manage costs. This individual will act as an internal consultant in activities related to NCQA accreditation and HEDIS outcome measurement and will also provide strategic leadership and vision for all quality initiatives throughout all levels of the organization.

Boston Medical Center HealthNet Plan (BMCHP) is a non-profit managed care organization fully owned by Boston Medical Center, a major academic medical center and the largest safety-net hospital in New England. BMCHP provides coverage exclusively for MassHealth-eligible individuals and families. Boston Medical Center is a private, not-for-profit, academic medical center with 547 licensed beds. The hospital is the primary teaching affiliate for Boston University School of Medicine. With more than 26,000 admissions and 850,000 patient visits annually, Boston Medical Center provides a comprehensive range of inpatient, clinical and diagnostic services.

For more information or a copy of an in-depth position profile, please contact Christine Lindsten at Furst Group at (800) 642-9940 or via e-mail at clindsten@furstgroup.com.

Senior Director, Lean/Six Sigma Deployment

Witt/Kieffer, the nation's largest search firm dedicated to the search for leadership talent in healthcare and higher education, has been retained to assist in the identification of candidates qualified for the executive position of Senior Director, Lean/Six Sigma Deployment.

University of Minnesota Medical Center, Fairview (UMMC) is among the most respected teaching institutions in the nation, balancing responsiveness to patients' needs and wishes with access to innovative treatments and technology to deliver superior health outcomes. As the core teaching hospital of the University of Minnesota Medical School, their medical center focuses on patient care, which aligns with the medical school's mission of research and education. The result is redefining care delivery through excellence in a wide range of programs and services. Areas of specialization include solid organ and blood and marrow transplantation, heart disease, cancer, neurosciences, pediatrics and behavioral illnesses. The medical center and hospital are a division of Fairview Health Services, a statewide network of hospitals, community clinics, home care and hospice services, pharmacies, senior housing and long-term care facilities.

UMMC has had tremendous success both clinically and financially. However, in order to continue this success the senior leadership team has identified the need to accelerate improvement in both clinical and financial operating performance. As a result, they are aggressively pursuing a culture transformation around process improvement through the use of Lean/Six Sigma. To support this, the position of Senior Director, Lean/Six Sigma Deployment has been created to lead the development and implementation of Lean/Six Sigma for UMMC and University of Minnesota Children's Hospital (UMCH). Accountable directly to the Chief Financial Officer, the Senior Director will be an experienced expert in the application of Lean/Six Sigma tools and techniques, including culture change required to be successful.

Candidates will be considered if they have a minimum of 5 years of progressive management experience, with 5 years of experience leading a proactive quality program with national connections in the field. Subject matter expertise in process improvement with a focus on Lean/Six Sigma tools and techniques, as well as Master Black Belt certification required. A Bachelor's degree is required with a Master's degree in healthcare administration, quality management, or a related field preferred. Nominations or requests for additional information may be obtained by contacting either Beth Nelson or Jim King c/o Witt/Kieffer, 2015 Spring Road, Suite 510, Oak Brook, IL 60523; phone: (630) 575-6101; fax: (630) 990-1382; email:

N6596@wittkieffer.com

ANSWERS to Match the Author Quiz from page 7:

"If you do what you've always done, you'll get what you've always gotten." Anonymous

"It isn't that they can't see the solution. It is that they can't see the problem." G.K. Chesterton

"If we all did the things we are capable of doing, we would literally astound ourselves." Thomas Edison

"High quality means pleasing customers not just protecting them from annoyances." David Garvin

"Any time you sincerely want to make a change, the first thing you must do is to raise your standards." Anthony Robbins

"There are three kinds of lies: Lies, damn lies, and statistics." Mark Twain

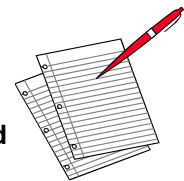
SHARED LEARNING CORNER

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>

WANTED: UAHQ WANTS YOUR MANUSCRIPTS AND PRESENTATIONS

Have you recently completed a QI project that has positively impacted clinical care, customer satisfaction, access to health care, or the bottom line? Maybe it has simply made it easier to do the right thing the first time? Maybe you have learned a new tool and others could benefit from your experience. UAHQ is formally requesting that you share what you are doing, what challenges you are meeting and how you are overcoming barriers to quality in your institution. There is so much to do and so much to learn that none of us has the time to reinvent the wheel. Let's take a minute and share something that we have learned with one another. Send your ideas, experiences, etc. to Jackie Mead at jackie.mead@intermountainmail.org for inclusion in our next newsletter and/or posting on the UAHQ website. Have you given a presentation lately or had an article published? Let us know so we can alert members to listen and read your work. We all know how important teams are in making progress; let's model this team behavior and share what we are learning!!



REFLECTIONS AND RESEARCH

**What's new in Required Hospital Reporting of Quality Data?
By Jan Orton, UAHQ Secretary**

For FFY 2006, a hospital receiving DRG payments reduction for not reporting quality data will be increased from 0.4% to 2%. Additionally, you continue to have to pass your validation with 80% accuracy for 5 charts. Your facility was required to submit a new participation agreement by August 15. The first set of expanded measures applies to discharges beginning 7/1/2006. If you participate in the Hospital Quality Alliance, you have already been publicly reporting on these measures anyway. The measure set now includes the following:

Heart Attack (Acute Myocardial Infarction)

- Aspirin at arrival.
- Aspirin prescribed at discharge.
- ACE inhibitor (ACE-I) or Angiotensin Receptor Blocker (ARBs) for left ventricular systolic dysfunction.
- Beta blocker at arrival.
- Beta blocker prescribed at discharge.
- Thrombolytic agent received within 30 minutes of hospital arrival.
- Percutaneous Coronary Intervention (PCI) received within 120 minutes of hospital arrival.
- Adult smoking cessation advice/counseling.

Heart Failure (HF)

- Left ventricular function assessment.
- ACE inhibitor (ACE-I) or Angiotensin Receptor Blocker (ARBs) for left ventricular systolic dysfunction.
- Discharge instructions.
- Adult smoking cessation advice/counseling.

Pneumonia (PNE)

- Initial antibiotic received within 4 hours of hospital arrival.
- Oxygenation assessment.
- Pneumococcal vaccination status.
- Blood culture performed before first antibiotic received in hospital.
- Adult smoking cessation advice/counseling.
- Appropriate initial antibiotic selection.
- Influenza vaccination (collected but not publicly reported – subject to change).

Surgical Care Improvement Project (SCIP) – named SIP previously

- Prophylactic antibiotic received within 1 hour prior to surgical incision.
- Prophylactic antibiotics discontinued within 24 hours after surgery end time.
- CMS will also determine how to include SIP-2 measures for the appropriate selection of prophylactic antibiotics in the future.

There is a new requirement that hospitals will have to attest that the accuracy and completeness of the data submitted by your vendor is correct. This is in the new participation form signed by your facility in August. They are currently investigating an electronic submission.

Additionally, CMS will now be calculating a 30-day mortality measure for AMI, Heart Failure and Pneumonia patients. This will only be for Medicare patients. A dry run of the data will be tested in late 2006. Hospitals do not have to calculate this measure; it will come from Medicare claims.

CMS will be implementing the HCAHPS® patient survey in October of 2006 to measure patients' perspectives of care including communications with doctors, communications with nurses, responsiveness of hospital staff, cleanliness and quietness of the hospital, pain control, communication about medicines, and discharge information.

**Strategies to Maximize Resources and Maintain Quality Healthcare
By Jackie Mead, Chairperson, UAHQ Communications Council**

In the September/October 2006 issue of the Journal for Healthcare Quality, Ira Moscovice Ph.D., Director of the University of Minnesota Rural Health Research Center, was interviewed regarding the scope and current conditions of quality in rural healthcare facilities. In this article, he outlined 12 strategies that a rural hospital should use to maximize resources and maintain quality of care. After reading over these strategies, I believe that they would also work in urban facilities just as well.

Dr. Moscovice recommended the following strategies:

1. Link quality improvement (QI) to your mission and strategic plan
2. Establish an organizational culture that actively supports QI in a non-punitive environment.
3. Reorient QI strategies from a patient-or-provider centered approach to one that also encourages a community approach.
4. Assess the community health status and health priorities.
5. Define a relevant quality measure set for your hospital.
6. Collect data on patient care processes and outcomes regularly.
7. Report results regularly, using a easy-to-read format.
8. Participate in public reporting initiatives.
9. Invest in a management information system that supports QI.
10. Develop small QI teams in your hospital that address quality and patient safety issues (for example, a proactive medication management team).
11. Implement and monitor JCAHO's National Patient Safety Goals.
12. Work with a support hospital on QI activities.
13. Join or develop a network that facilitates IQ activities for rural hospitals.
14. Work with your QIO, state hospital associations, state office of rural health and universities on QI activities.
15. Apply for QI-related grants.

After making some slight changes to the wording on these strategies, they would fit most any situation. Where do you stack up? Are you actively involved in similar approaches in your facility? If not, can you see how it might be beneficial to you do a quick assessment of your current status and determine if any of these strategies should become part of your own goals.

E-QUALTips from NAHQ News
By Marlyn Conti RN, BSN, MM - Quality/Patient Safety

Tips for Middle Managers

- Team building is dependent on introducing the culture through leadership by example (walk the talk).
- Believe in empowerment and that the more members are empowered, the more they need leaders who can set goals and define a vision for the organization.
- Commitment to education and training is no longer a luxury; it is a vital need for the organization in order to maintain members (including champions) morale, commitment and dedication.
- Identify associate's needs objectively. First, through the organizations assessment and annual evaluation to identify areas of improvement. Second, in consultation with the involved associate.

Gantt Charts

A Gantt chart is an excellent tool to visualize, schedule, and track scheduled and actual progress of projects. Its graphical nature allows you to clearly communicate a project's flow, and to reinforce your oral or written presentations. Gantt charts, developed in 1917 by Henry Laurence Gantt (1861-1919), a mechanical engineer, management consultant, and industrial advisor, simply convey a project plan on one sheet of paper in a manner that anyone could understand by just looking at it.

It works very well to plan complex projects with multiple components containing sequential and parallel activities, or to schedule multiple solitary projects that must be accomplished during a specific time frame with limited staffing.

The links below provide more information about the uses of Gantt Charts, as well as step-by-step instructions to build charts using a spreadsheet format.

<http://peltiertech.com/Excel/Charts/GanttLinks.html>

<http://peltiertech.com/Excel/Charts/GanttChart.html>

<http://pubs.logicalexpressions.com/Pub0009/LPMArticle.asp?ID=343>

http://www.mindtools.com/pages/article/newPPM_03.htm

<http://www.netmba.com/operations/project/gantt/>

Change Management Strategies for Leaders And Facilitators

Last month we talked about Kurt Lewin's use of the 'force field analysis' tool to help teams and staff members understand and respond to change. Some resistance factors include: Fear of losing status or power, fear of the unknown, need for additional resources, new work processes, and/or new work space configuration. As the leader or facilitator of change you will need to use certain tactics and tools to overcome those fears and help the staff members bridge the change. Some leadership behaviors that are helpful are:

- Demonstrate a willingness to be open to criticism and feedback (hold staff meetings, open forums, use feedback mechanisms)
- Use a collaborative decision making process (involve the staff that need to change in the decisions about how the change will occur)
- Be proactive in seeking feedback from stakeholders (get input from other staff members that will be influenced or have an interest in the new processes)
- Provide learning opportunities for staff to acquire new skills that may be needed for the changes (consider use of a formal needs assessment to identify skill needs)
- Use research and best practice models and tools since it provides objectivity
- Focus on super-ordinate goals and strategies to build urgency and objectivity
- See consensus when ever possible (building consensus builds ownership)

French, W.L., et al. (2004) Chapter 4-The Third Wave: Managing and Consulting. Organization Development and Transformation. 6th Edition. [University of Phoenix Custom Edition e-text]. Retrieved on February 28, 2006.

BOOK REVIEW



Title: *All the Right Moves*
Author: C.C. Markides

In *All the Right Moves* Markides (2000) tells us that "no strategic position remains unique forever" (p. 8), that "strategies are not cast in concrete" (p. 21). We have to break the rules, that is, create a new strategic position. We should never settle for the status quo; rather, we should continuously search for a new position. We become bogged down by structure, culture, internal politics, complacency, fear, and a lack of incentive to "abandon a certain present for an uncertain future" (p. 17). We know that healthcare is constantly changing, and still we cling to that certain present. Perhaps we do so because we don't know how to break new ground, how to find that unique strategic position.

So how do we break new ground, find that new position? Markides provides us with a simple, but powerful, 3-step formula. What? Who? How? It's as easy (or hard) as 1-2-3! First we need to know what business we are in. Our perceptions and our mental model of our "business" condition, how we behave, and how we react. If we don't define our business, all our decisions are influenced by a definition of which we are unaware. Think about it in terms of Markides's three steps.

What: What business are we in?

1. Our business is quality improvement, but what does that mean?
2. There is no right or wrong definition. The trick is to find the definition that suits our unique capabilities.
3. Continuously question that definition.
4. Don't be afraid to break the rules. Breaking the rules creates the best competitive advantage.
5. Don't try to imitate. What works for one won't necessarily work for another.

Who: Who are our customers? What do they need and want?

1. By choosing our customers, we also define which customers we will not pursue, or who we won't spend resources on.
2. Consider two different questions: a) Who could be my customer? b) Whom do I want to target? Don't confuse the two.

How: How will we play the game?

1. Develop the necessary skills, resources, and capabilities to carry out the strategy.
2. Develop assets that will sustain a competitive advantage.
3. Identify a long term objective and work backward to develop intermediate goals.
4. Obtain commitment from those who will help implement the strategy. We must create a sense of pride and passion that will generate emotional support for the strategy we choose.

The organizational environment is also important. Consider that structure creates behavior (Senge, 1990). If people are going to support and implement a new strategy, the environment must be right for that to happen. Combine culture, structure, people, and incentives in such a way that they support the strategy and each other. A change in strategy will necessitate a change in organizational environment. Be ready to adapt.

A superior strategic position is created through planning and trial and error. We must continuously question the way we do business, and have processes to evaluate new ideas in a fair and transparent way. This sounds suspiciously like PDSA – what is the aim (unique strategy); how will we know when we’ve reached it (trial and error, evaluate); and, what do we have to do to get there (how we’ll play the game). Whether we are planning strategy for an organization, or for our daily work, Markides’s simple formula can help us to focus on those three elements, who, what, and how. Innovation, creating a unique strategic position, is simply a new who, what or how. Review the who, what, and how until they become second nature.

I believe most of us know our customers, but how often do we think about what they want from us, and which ones we should target? We may even know how to play the game, but do we consciously think about the skills and assets that are necessary to that competitive edge? Probably our weakest link is understanding and defining the “what.” What is our business? How do we define our core business? Is our day-to-day strategy in sync with that definition? Or, is it time for a new definition? In *All the Right Moves*, Markides stimulates us to really think about what we are doing and how successful our current strategy will be. He provides a simple but powerful plan for success. The book is an easy read and these elements, along with the strategic staircase model outlined in it, provide an effective model for making strategic planning come alive.

Markides, C.C. (2000). *All the right moves: A guide to crafting breakthrough strategy*. Boston: Harvard Business School Press.

Senge, P.M. (1990). *The fifth discipline: The art and practice of the learning organization*. New York: Currency Doubleday.

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WHAT’S NEW AT HEALTHINSIGHT??

Hospitals Participating in 100,000 Lives Campaign Have Saved an Estimated 122,342 Lives! Campaign Exceeds Original Goal, Generates Extraordinary Results and Commitment, and Creates a National Infrastructure for Change.



SALT LAKE CITY, June 21, 2006 – On June 14, 2006, the Institute for Healthcare Improvement (IHI) announced that U.S. hospitals taking part in an unprecedented 18-month effort to prevent 100,000 unnecessary deaths by dramatically improving patient care have exceeded that goal. Hospitals enrolled in the 100,000 Lives Campaign have collectively prevented an estimated 122,342 avoidable deaths and, as importantly, have begun to institutionalize new standards of care that will continue to save lives and improve health outcomes into the future. In Utah, an estimated 494 avoidable deaths were prevented.

Initiated by IHI in December 2004, the Campaign has enrolled more than 3,000 hospitals – representing an estimated 75% of U.S. hospital beds – and far surpassed the enrollment original goal of 2,000. The participating hospitals have pledged to implement up to six evidence-based and life-saving interventions. Twenty-nine hospitals in Utah are participants in the Campaign.

“When we decided to launch the Campaign, we didn't know if hospitals could take on another challenge,” said Dr. Donald Berwick, President and CEO of IHI. “But the Campaign has exceeded our highest expectations. The participating hospitals have not only prevented an estimated 122,342 unnecessary deaths, but they've also proven that it's possible for the health care community to come together voluntarily to rapidly make significant changes in patient care.”

As a result of the Campaign, many patients have begun to enjoy a new standard of care. Over 20 facilities nationwide have reported that they have gone over a year without Ventilator-Associated Pneumonia, a leading killer among all hospital-acquired infections, demonstrating that this sort of complication can be avoided and is not inevitable.

HealthInsight, the Medicare Quality Improvement Organization for Utah and Nevada, worked with local hospitals assisting them in their quality improvement efforts. Marc Bennett, President and CEO of *HealthInsight* said, “We applaud the IHI for its leadership in the campaign that resulted in an estimated 122,342 lives being saved We continue to support the hospitals who voluntarily participated in the 100,000 Lives Campaign and the public reporting efforts with the Hospital Quality Alliance. We look forward to continuing our collaboration with IHI to motivate improvement in the quality of health care in Utah.”

Hospitals that participated in the 100,000 Lives Campaign committed to implementing some or all of the following six quality improvement changes:

1. Activate a Rapid Response Team at the first sign that a patient's condition is worsening and may lead to a more serious medical emergency. (1,781 hospitals participating)
2. Prevent patients from dying of heart attacks by delivering evidence-based care, such as appropriate administration of aspirin and beta-blockers to prevent further heart muscle damage. (2,288 hospitals participating)
3. Prevent medication errors by ensuring that accurate and continually updated lists of patients' medications are reviewed and reconciled during their hospital stay, particularly at transition points. (2,185 hospitals participating)
4. Prevent patients who are receiving medicines and fluids through central lines from infections by following five steps, including proper hand washing and cleaning the patient's skin with "chlorhexidine" (a type of antiseptic). (1,925 hospitals participating)
5. Prevent patients undergoing surgery from developing infections by following a series of steps, including the timely administration of antibiotics. (2,133 hospitals participating)
6. Prevent patients on ventilators from developing pneumonia by following four steps, including raising the head of the patient's bed between 30 and 45 degrees. (1,982 hospitals participating)

In Utah, Intermountain Healthcare hospitals developed a rapid response team to examine patients at the first sign of decline. A 17-year-old girl with serious leg fractures was being cared for on the Orthopedic Surgical unit. The rapid response team was called because she had a decline in her level of consciousness, had shallow breathing, high heart rate, and low blood pressure. The team went into action drawing lab work, increasing her IV fluids, and giving her a drug to counteract the narcotics she had been given for her pain. The girl was transferred to the ICU, where she had a series of x-rays and lung scans which showed fatty emboli (a serious condition in which fat can enter the blood stream and block an artery after a long bone is fractured) in her lungs. After transfer to the intensive care unit, the mother complimented the hospital on their foresight to create such a response team. She also stated, “I felt comfortable leaving the room because I knew my daughter would be well cared for by the unit staff and the team of experts who had been called in.”

For a complete list of the Utah hospitals participating in the Campaign, visit www.healthinsight.org.

HealthInsight, the Medicare Quality Improvement Organization for Utah, provides free assistance to physician offices, hospitals, nursing homes, and home health care agencies in Utah. *HealthInsight* has been working with CMS in this capacity for over 30 years—providing information, quality improvement support, and quality review services to Medicare recipients in the region. For more information, visit www.healthinsight.org.

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-41. Questions, contact Dana Hawes, (801) 712-0644 or email at dhawes@healthinsight.org

NEW STUDY ASSESSES QIO EFFORTS IN IMPROVING HEALTH CARE FOR MILLIONS OF OLDER AMERICANS

Intensive efforts by the nation's Quality Improvement Organizations (QIOs), supported by the Medicare program, likely led to nationwide improvements in the quality of health care provided to patients in a wide variety of settings, according to a study released on August 15, 2006, in the online edition of the *Annals of Internal Medicine*.

The study, conducted by federal researchers, assessed improvement in care in areas such as diabetes management, appropriate heart failure treatment, and pain management in nursing home residents.

The findings add to a growing body of evidence that demonstrates the effectiveness of QIO efforts and the increasingly important role the national QIO program plays in health care improvement. For most measures, greater improvement was observed in "the providers with which the QIO worked closely," wrote the authors. "These findings are consistent with an effect of the QIO Program and an effect of QIO technical assistance."

"Assessment of the Medicare Quality Improvement Organization Program," (<http://www.annals.org>) assessed improvements in care using five nursing home quality measures, eleven home health measures, twenty-one hospital measures, and four physician measures. The hospital findings indicated that hospital care improved in nineteen of twenty-one measures studied. The study could not compare hospitals that worked with QIO's with those who did not because QIOs were asked to help hospital providers throughout their state to improve. However, substantial improvement in surgical infection prevention occurred at a time preceding the adoption of surgical infection measures by the JCAHO and public reporting of hospital performance on these measures.

Hospitals that worked closely with HealthInsight, the QIO for Utah, saw improvement as well. Specifically, improving the rate of smoking cessation counseling for heart attack patients by 56% and demonstrating a 58% improvement in performing blood cultures before the first antibiotic administered in pneumonia patients.

In the fall of 2004, the University of Utah Hospitals and Clinics in Salt Lake City began a program to increase the pneumonia vaccination rate, a proven method to reduce deaths in patients age 65 and older. Working closely with HealthInsight and applying human factors principles and root cause analysis, the hospital analyzed its internal process and determined that physicians, who were not opposed to ordering the vaccinations, were not consistently writing the orders to vaccinate. After a discussion with key staff, including nurses, pharmacists, and physicians, the hospital redesigned its process to allow the clinical pharmacist on each unit to evaluate each patient's pneumonia status and, with proper consent, order the vaccine as necessary. The plan was presented and approved by the Pharmacy & Therapeutics Committee, a committee of the medical staff. Within six months, the hospital saw dramatic improvement in the vaccination rate, increasing from 33 percent at the start of the project to 72 percent in the first quarter of 2005.

If you have a story to tell about improving the quality of care in your hospital, we want to know about it! For more information, visit www.healthinsight.org and select "Submit Your Success Story."

This material was prepared by the American Health Care Association (AHQA) and modified by HealthInsight, the Medicare Quality Improvement Organization for Utah and Nevada, under contract with the Centers for Medicare and Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. Pub# 8SOW-PR-TR-37

Learn to Love Your Job: 7½ Secrets for Living a Life You Love

by Allyson Lewis

You have met one or two of them; they are in every company. They pass you on the elevator each morning with smiles on their faces. They grab cups of coffee from the break room just like you. They sit in offices just like yours. They have titles, just like yours. They even receive paychecks, just like yours – but something about them is radically different from you...

THEY ACTUALLY LOVE THEIR JOB!

You can see it in the way they walk; you can see it in their daily activities, and you can certainly see it in their productivity and the quality of their work. Then you find yourself asking, "Why do I feel stuck in this place, while they seem to thrive?" The difference is they are thriving because they are living a life they love.

Here are 7½ secrets for how you can live a life you love:

1. **Be true to your purpose.** Take time to reflect on understanding your strengths and passions. Complete the following statement: "My purpose in life is..." Do you thrive as a leader? As a listener? As an encourager? As a creator? As an implementer? Once you are able to align your passions with your daily activities, your productivity and level of fulfillment at work will soar.
2. **Have an honest conversation with your supervisor and co-workers.** Host a conversation regarding the true vision for where the company is going. It is possible you have not fully understood the real importance of your job? Once you recognize how your talents and skills contribute to the value of the company, you may quickly regain respect for your work.
3. **Re-establish written priorities and boundaries for your life.** For you to live a life you love, you must first determine what parts of life you really value most. What is most important to you? Is it your faith, family, health, financial security, hobbies? When was the last time you made a written list of your priorities? Often we allow the unimportant parts of our life to squeeze out our favorite activities. Re-establish written priorities.
4. **Reclaim your day.** If you had a timer that could go on and off as you worked on productive tasks and unproductive tasks during the work day, how much time would you say you spend accomplishing and completing productive projects and how much time re-arranging stacks of paper? First, make a list of all of the projects you need to complete, then place a ranking of importance beside each task and spend quality time focusing on completing one task at a time. You will love your job more when you have a feeling of accomplishment and control.
5. **Do what you like and delegate what you don't like.** We are all born with individual gifts and talents. Focus on utilizing your strengths. Spend your workday doing what you love to do and learn to delegate your weaknesses. If you work on a team, have open and honest conversations regarding how each of you can be most valuable to achieving your overall objectives.
6. **Clean it up.** Disorganization is one of the biggest causes of dissatisfaction at work and at home. Clutter makes you feel stress in your life. When you drive to work in a trashed-out car, psychologically you start the day feeling out of control. When you sit in a cluttered workspace, it can make you feel defeated before you even start. Make it a top priority to tend to, file, or throw away all of the paper that stands between you and a better work experience.
7. **Make a decision to grow and embrace change.** When was the last time you mastered a new skill? If you want to re-ignite the passion for your work, choose to raise the bar on what you expect of yourself. Come in to work 15 minutes early, read journals and trade magazines to know what is going on in your profession. When you read about a superstar in your industry, pick up the phone and call him/her. Find out who is the expert of the cutting edge concepts and technologies in your company and ask him/her to be your mentor. Consider going back to college. The more you grow, the more you will know and the more valuable you will become - not only to your company, but in your own heart as well.

7½. **The biggest secret of all is that you will live a life you love when you learn to be grateful for the blessings you already have.** Take out a piece of paper and write down ten things you actually love about your job. Think back to your first day at your company. What were you most excited about? Life is full of blessings: sometimes we need to focus on the positive parts of our work and our lives.

The real secret to never having to work begins when we take our eyes off of ourselves and we focus on helping improve the lives of all of those around us. When you give joy, you will find joy. When you love life first, you will love everything that comes with it – including your job.

ABOUT THE AUTHOR:

Allyson Lewis, author of *The Seven Minute Difference: Small Steps to Big Changes*, has spent the last 23 years developing and teaching concrete yet actionable life changing concepts. She is a renowned motivational speaker and strategic consultant and the author of the previous book, *The Million-Dollar Car and \$250,000 Pizza*. (Reprinted with permission. Originally printed in *Utah Business Magazine, UB Daily Newsletter, July 2006.*)

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