

President's Message

Kathleen Self RN, BSN, CPHQ

As we bring another year to a close, I would like to take this opportunity to thank the members of the state of Illinois for the opportunity to serve as the President of the IAHQ for 2008-2009. As a previous surgical nurse, nutrition support specialist, quality management specialist, and currently, a quality management coordinator, I have always been faced with new challenges on a daily basis, and yet, never feel like there is quite enough time to spend on everything. I know we all understand that feeling, and are usually spread pretty thin as healthcare professionals in our organizations.

Fortunately, we can support each other and are driven by a need for excellence of care in our facilities, state, and nation. As a longtime quality professional, I understand that there is a gap between the members of our organizations wanting to do the right thing, and actually doing the right thing for every person and every time. I ask that you transition into 2009 with a spirit of hope and an open mind for effective new ways of thinking, understanding, and resolving the issues that trouble us. Whether we are dealing with variation in processes or in human factors, we continue to be humbled everyday and more driven towards perfection.

Please remember that your voice is important to the IAHQ Board, and we would love to hear your suggestions and exchange ideas. There are many opportunities to volunteer and serve on the board, as a committee member, as a future board member, or both.

I am proud to work with the committed and talented professionals in Illinois this year and look forward to opportunities for meeting all of you. I wish each and every one of you a happy and safe holiday season.

Sincerely,

Kathleen Self

INTERCHANGE

In this issue...

<i>President's Message</i>	1
<i>Treasurer's Report</i>	2
<i>Feature article</i>	3
<i>IHI launches new initiative</i>	4
<i>New CPHQs 2007-2008</i>	5
<i>Board of Directors</i>	5



SAVE THE DATE

APRIL 24, 2009

**IAHQ Annual
Education Program**

**Holiday Inn,
Oakbrook,, IL**

**Leading the Charge
for Quality and
Safety**



GOT CPHQ?

***Are you interested in becoming
a Certified Professional in
Healthcare Quality?***

IAHQ is conducting a 1 ½ day preparation course for the CPHQ examination. It will be held February 18th 12:30pm-4:30pm and February 19th 8:00am to 4:30pm at the OSF Center for Health Conference room, Peoria, IL

If you would like more information, contact Susan Hamstra, Education Chairperson at shamst@cghmc.com.

Quality and Safety Resources

Brown-SpathBrown-Spath & Associates offers health care leaders resources on safety and performance improvement
<http://www.brownspace.com>

The Quality Colloquium The leading forum on patient safety
<http://www.qualitycolloquium.com>

Patient Safety and Quality Healthcare
The leader in news, research and opinion
<http://www.psqh.com>

Illinois Association for Healthcare Quality Annual Financial Report Treasurer: Carol Myer

July 1, 2008 – September 31, 2008

Membership	\$300.00
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TOTAL INCOME	\$300.00
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EXPENSES

Administrative	\$ 115.09
Alumni Services	185.49
Bond	188.00
Website	964.59

TOTAL EXPENSE	\$1,453.17
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SAVINGS	\$19,294.48
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Addressing Disruptive Behavior

Joint Commission's new Leadership standards for 2009 require leaders to address disruptive behavior of individuals working at all levels of the organization, including management, clinical and administrative staff, licensed independent practitioners, and governing body members. Some of you may have established processes for dealing with disruptive behavior, others of you may be wondering how to begin.

A good way to get started is to review your organization's written code of conduct. Does it define acceptable, disruptive, and inappropriate behaviors?

Some of you may have a written code of conduct that delineates acceptable behavior but not disruptive behavior. It's important to clearly define disruptive or inappropriate behavior in order to hold everyone equally accountable. Here are some examples of behaviors you may want to consider in your definition:

- Disrespectful language
 - Sexual comments
 - Inappropriate touching
 - Anger outbursts
 - Name-calling
 - Throwing objects
 - Racial or ethnic jokes
 - Attempting to intimidate other caregivers in front of patients or other staff
 - Deliberate failure to follow organizational policies
 - Failure to address safety concerns or patient care needs expressed by another caregiver
- It often takes a number of discussions to reach consensus about what constitutes disruptive or inappropriate behavior. Leaders need to agree on the definition, be willing to hold everyone accountable for their behavior and employ approved consequences.

Joint Commission Requirement Change Frequency of FMEA Projects

We sometimes get calls from our clients asking about a standard that does not exist anymore. Recently, we discussed with one person how new standards and patient safety goals are Announced (kind of), but the requirements that go away, go away silently. We joked that there ought to be a party when things go away. And there are not enough parties.

One example of a change that means less work not more, is a change in the frequency of failure Modes effects analysis (FMEA) projects. The time frame or FMEA projects has changed *from annually to every 18 months.*

Here is the new text for 2009:

LD.04.04.05 EP 10 "At least every 18 months, the hospital selects one high risk process and conducts a proactive risk assessment". (See also EC.02.01.01, EP

Don't forget about a related requirement to report to the Board annually on the results of your patient safety program. That annual requirement has not changed. In 2009 the requirements are "At least once a year, the hospital provides governance with written reports on the following:

- All system or process failures.
- The number and type of sentinel events.
- Whether the patients and the families were informed of the event.
- All actions taken to improve safety, both proactively and in response to actual occurrences."

The standards requirements are found in LD.04.04.05 EP13 in the 2009 HAP standards manual. ***Party on!***

Contact info@propellgroup.com if you have questions or assist you with CMS Conditions of Participations.

Institute for Healthcare Improvement (IHI) Launches New Initiative – “Improvement Map: From Here to Excellence” and includes 3 New Targeted Initiatives

At its Annual Meeting earlier this week, IHI unveiled a new initiative focused on integrating the prior 12 improvement projects under the 100K and 5 Million Lives Campaigns. The new program initiative, ‘Improvement Map: From Here to Excellence,’ provides hospitals with a comprehensive approach to integrating improvement initiatives on a rapid cycle of improvement.

One of the most challenging aspects of quality improvement in hospitals is how to have multiple improvement projects occurring simultaneously with a short time span to demonstrate improvement. As many hospitals implement several rapid cycle improvement projects simultaneously, the Improvement Map will provide guidance and support for hospitals to learn from each other and acquaint hospitals with some of the tools that can be most beneficial to rapid improvement.

IHI Conference Call. IHI will be hosting a nation-wide conference call on the Improvement Map initiative on Thursday, January 22nd from 3:00 to 4:00. The call in number will be announced around the first of the year and IHA will share the information with you. You may also go to the IHI web site at www.ihq.org for additional information



- **IHI Announces 3 New Targeted Improvement Initiatives**

IHI also announced three new improvement initiatives including:
 Preventable Catheter-Associated Urinary Tract Infections
 Link Quality and Financial Management: Strategies to Engage the Chief Financial Officer and Provide Value for Patients
 WHO Surgical Safety Checklist
 As in the past, IHI will provide detailed information, including guidelines for improvement, mentor hospitals, and educational materials and conference calls to assist hospitals in these targeted areas of improvement.

Preventable Catheter-Associated Urinary Tract Infections

As catheter-associated urinary tract infections (CAUTI) are part of the Medicare’s ‘Hospital Acquired Conditions’ targeted for improvement and payment reductions if they occur during a patient’s stay; IHI is taking on this initiative due to its applicability throughout hospitals. CAUTIs occur in all hospital settings and there are precautionary strategies that can be undertaken to reduce them in all service areas of hospitals.

Link Quality and Financial Management: Strategies to Engage the Chief Financial Officer and Provide Value for Patients

As we all are aware, the value based purchasing and pay for performance initiatives are just starting and it is driving conversations and joint improvement initiatives between the clinical and financial areas of hospitals. Additional measurements on efficiency and re-admission will be released this year and that will also lead to payment adjustments. Now, through the payment and public reporting initiatives, the clinical and financial areas are being linked together – however, they both speak a different language and for years have had different goals and objectives. This new initiative will provide clinicians and financial officers with the tools they need to work effectively together as they navigate the fast moving changes under the value Based purchasing initiatives.

WHO Surgical Safety Checklist

The WHO Surgical Safety Checklist is a world-wide effort to reduce infections and complications for patients undergoing surgery. By implementing the checklist, hospitals have seen a reduction in preventable events for Patients.

CONGRATULATIONS ***CPHQs in Illinois 2008***

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2008 - 2009 IAHQ

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