

President's Message

Carol Myer, RN, BSN, CPHQ

Greetings All:

It is hard to believe it is August all ready. It seems like the summer just flies by. I hope this finds all of you safe and healthy. As we start our next fiscal year, the incoming Board is excited about the new opportunities we hope to develop for all of our members. Among these are more teleconferences. Please share your ideas with any of the Board Members for topics, or even other things you would like to see from this organization. Remember, this is your Association! My facility started our summer with a 5 day JCAHO survey! It really is a new experience. For those who are interested, we are planning a teleconference to discuss the new survey process as well as other accreditation options this fall. And don't forget, it's not too early to start planning for National Quality Week October 10-16!

Carol Myer

INTERCHANGE

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Mark Your Calendar



IAHQ is proud to be a co-sponsor of the 2004 Quality Forum:
Reaching the Summit Through Quality Improvement.

September 1st , Crowne Plaza Hotel, Springfield and September 2,
Lisle Wyndham Hotel, Lisle Illinois. The program is being organized
by the Illinois Foundation for Quality Healthcare.

Welcome Members

Welcome Members

MEMBERSHIP REPORT

IAHQ would like to welcome our members who joined or renewed their membership during 2003-2004
 IAHQ has 167 active members at this time. **You can check the status of your membership by going to www.iahq.net and click on Member log in. Your Login ID and password will be sent to you via email providing you gave one. You can update your profile on this page.**

First Name	Last Name	Membership Due	Company
Mary Jane	Acardo	4/1/05	Swedish American Hospital
Mary Anne	Adler	4/1/05	Hospice of Northeastern Illinois
Mary Ellen	Aishton	4/1/05	Northwest Community Hospital
Theresa	Alberico	4/1/05	Riverside Medical Center
Rosemary	Albright	4/1/05	Jackson Park Hospital
Leslie	Allen	7/1/05	St. Mary's Good Samaritan, Inc.
Cathy	Amedeo	4/1/05	Palos Hospital
Gloria	Anslow	5/1/05	
Robert	Archer	4/1/04	
Karen	Balich-Reitz	4/1/05	MacNeal Hospital
Ruth	Barchfeld	3/1/04	Northwest Community Hospital
Darralynn	Beard	3/1/05	Crawford Memorial Hospital
Lisa	Beck	8/1/04	Utlaut Memorial Hospital
Tina	Bernstein	4/1/05	Southern Illinois Healthcare
Helen E.	Bohn	3/1/05	American Family Insurance
Sandie	Bojak	4/1/05	St. James Hospital & Health Centers
Ella L.	Bolam	4/1/04	
Nancy	Bracken	4/1/05	Illinois Foundation for Quality Health Care
Linda S.	Breen	4/1/05	Blue Cross Blue Shield Association
Kathleen P.	Bretz	1/31/05	Good Samaritan Hospital
Kathleen	Brown	7/1/05	St. Joseph Hospital
Naomi	Brown	4/1/05	Ada S. McKinley Community Services, Inc.
Marie D.	Buckley	3/1/05	
Linda	Burt	4/1/04	St. Margaret's Hospital
Angela	Butler	8/1/04	Oak Forest Hospital
Darlene C.	Battagna	4/1/05	Northwest Community Healthcare
Myra A.	Celestin	4/1/05	VA Chicago Health Care System
Diane	Cesarone	3/1/05	University of Chicago Hospitals
Ramona	Cheek	10/1/04	Carle Foundation
Rebecca	Cohen	4/1/05	
Mary Ann	Coleman	4/1/04	Barnes Jewish Hospital
Jackie	Conley	4/1/04	Our Lady of the Resurrection Med Center
Rebecca M.	Covemaker	4/1/04	
Paula J.	Cozzo	7/1/04	Advocate-Good Samaritan Hospital
Marsha	Cummings	10/1/04	St. Margaret's Hospital
Michelle	Darnell	3/1/05	St. Mary's Good Samaritan, Inc.
S. Troy	DeLay	3/1/05	Passavant Area Hospital
Christine	Dedowicz	1/31/05	Advocate Health Care
Cindy	Deuser	4/1/05	Little Company of Mary Hospital
Marty J.	Dietrich	4/1/05	Advocate Good Samaritan Hospital
Patti	Dominy	3/1/04	Illinois Valley Community Hospital
Cindy L.	Dougherty	3/1/05	Northwest Community Hospital
Jeannette	Dragland	12/1/04	St. Joseph Hospital
Laura	Duffey	1/1/05	Kishwaukee Community Hospital
Karen F.	Eberhardt	3/1/05	Rush University Medical Center
Lee	Egherman	4/1/05	Health Alliance Medical Plans
Deborah	Eipert	4/1/05	Press Ganey Associates, Inc.
Jodi	Eisenberg	4/1/04	Northwestern Memorial Hospital
Sharon	Englert	1/1/04	
Donna	Escallier	3/1/05	MAL-Home Care
Vicki	Felger	7/1/04	Genesis Medical Center
Mary	Finley	12/1/04	St. Anthony's Memorial Hosp.
Carol	Fodge	1/1/05	St. Joseph Hospital
Gail	Francis	8/1/04	Our Lady of the Resurrection
Judy	Friedrichs	4/1/05	Rush Pres. St. Lukes Med. Ctr.

Tina	Garrison	4/1/05	St. Mary's Good Samaritan, Inc.
JoAnne	Gasienica	8/1/04	University of Chicago Hospitals
Kathleen	Gast	8/1/04	Rush University Medical Center
Lawrence J.	Gebraski	5/1/05	Advocate Illinois Masonic Medical Center
Kristie	Geil	4/1/05	CGH Medical Center
Dr. Alice D.	Giese	3/1/04	
Linda M.	Gonia	4/1/04	OSF Health Plans
Vada A.	Grant	3/1/05	Foster Mcgaw Hospital
Tammy	Gray	7/1/04	Childrens Memorial Hospital
Clyde	Grooms	7/1/04	CNDNet
Beth	Hackman	7/1/04	Illinois Foundation for Quality Health Care
Carrie	Hagen	4/1/04	Galesburg Cottage Hospital
Mary	Haik	7/1/05	Rush North Shore Medical Center
Susan E.	Hamstra	4/1/05	CGH Medical Center
Gertrude	Hanrahan	1/1/04	Elmhurst Memorial Hospital
Marcia B.	Hargreaves	8/1/04	Rush University Medical Center
Criste J.	Hicks	4/1/05	CGH Medical Center
Colleen M.	Hoelzer	12/1/05	Valley Home Health Services
Ruth P.	Holloway	12/1/04	Sparta Community Hospital
Jean	Holm	3/1/04	Swedish American Hospital
Cynthia L.	Howry	2/1/04	Zurich North America
Pamela	Hyziak	4/1/04	Saint Mary of Nazareth Hospital Center
Janis	Ingebrigtsen	4/1/05	Northwest Community Healthcare
Beth	Jelesky	4/1/05	Linden Oaks Hospital at Edward
LaWanda	Jones	4/1/04	Advocate Trinity Hospital
Laura	Josephson	4/1/05	Alexian Brothers Medical Center
Linda	Juhant	4/1/05	Morris Hospital
Mary Ellen	Kamprath	7/1/04	Blessing Hospital
Cheryl	Kapacinskas	7/1/04	CGH Medical Center
Anne C.	Kaufman	4/1/04	
Carol	Kelly	4/1/04	Illinois Valley Community Hospital
Linda F.	Kennedy	4/1/05	
Sarah	Klenske	3/1/05	Northwest Community Hospital
Deborah	Knight	3/1/05	DVAIHCS
Glenda	Koeller	12/1/04	Freeport Health Network
Kevin M.	Krout	7/1/05	VA Illiana Health Care System
Leslie J.	LaBelle	8/1/04	LaBelle & Associates, Inc.
Janet C.	Lane	8/1/04	Ill. Foundation for Quality Health Care
Judy	Laube	4/1/05	Gottlieb Memorial Hospital, QMR Dept.
Marlene	Lebron	4/1/05	Morris Hospital
Janet K.	Leers	4/1/05	
Mary K.	Lewis	4/1/05	ASPS
Susan	Livvix	4/1/04	Paris Community Hospital
David J.	Lohnes	7/1/05	VA Medical Center
Letty	Losurdo	4/1/04	Advocate Christ Medical Center
Maureen E.	Lydon	4/1/04	Veterans Health Administration
Susan	Maciejczyk	5/1/04	Alexian Brothers Medical Center
Charlene	Massarolo	4/1/05	Hammond-Henry Hospital
Beverly	McAdam	3/1/05	Gottlieb Memorial Hospital
Mary	McCarthy	3/1/05	Swedish American Hospital
Michelle	McCarthy	8/1/04	St John's Hospital
Ginger	McCullough	4/1/05	St. James Hospital & Health Centers
Deanna	McFadden	10/1/04	
Donna	McHale	6/1/05	Consultant
Candice	Meyler	4/1/05	Anderson Hospital
Deborah	Miller	9/1/04	Northwestern Memorial Hospital
Paulette J.	Miller	4/1/04	Illinois State University
Jerry	Molumbo	7/1/05	Gateway Foundation
Kimberly	Mulquin	4/1/05	Rest Haven Christian Services
Ismene	Munch	4/1/05	Marianjoy Rehabilitation Hospital
Susan	Murray	7/1/04	Memorial Hospital of Carbondale
Carol J.	Myer	1/1/05	Illinois Valley Community Hospital
Joyce A.	Nicklas	4/1/05	OSF St. Anthony Medical Center
Sue	Nowak-Small	3/1/05	Blue Cross
Amy C.S.	Ogarek	7/1/04	Good Samaritan Hospital
Carol	Ohm	4/1/05	Advocate Healthcare
Melinda L.	Orlando	8/1/04	The Mihalik Group
Ellen	Otomo	7/1/04	Chicago Read Mental Health Center
Sandra	Otten	12/1/05	Memorial Hospital

Barbara	Palese	4/1/05	Elmhurst Memorial Hospital
Sister Joan Marie	Paris	4/1/04	OSF Healthcare System
Sue	Peterson	4/1/05	
Micah	Phillips	4/1/05	
Kelly	Podgorny	12/1/05	University Healthcare Consortium
Renee C.	Potter	7/1/04	
Sandra K.	Pryor	4/1/05	Methodist Medical Center
Jamie	Rowden	4/1/05	MacNeal Hospital
Lana	Royse	3/1/04	Richland Memorial Hospital
Naomi	Rubinstein	3/1/05	Palliative Care Center. of the North Shore
Marisa	Santangelo	3/1/05	University of Illinois Hospital
Ann	Sarpolis	4/1/05	Rush North Shore Medical Center
Arlene	Sattler	8/1/05	AOA Healthcare Accreditation
Gabrielle M.	Scaccia	12/1/04	Consultant
Sandra	Schlager	7/1/04	Dept. of Veterans Affairs
Mary	Schore	9/1/04	Riverside Medical Center
Karen	Schrimmer	4/1/04	Rush North Shore Medical Center
Judy K.	Scott	7/1/04	OSF St. Mary Medical Center
Kathleen S.	Self	2/1/05	St. Francis Medical Center
Thomas	Sifner	4/1/05	VA Chicago Health Care
Cheryl	Simmons	12/1/05	OSF St. James-John Albright Medical Center
Deborah	Slanicky	4/1/05	Ill. Foundation for Quality Healthcare
Cheryl	Smith	3/1/04	IFQHC
Janet L.	Smith	3/1/05	Gateway Regional Medical Center
Sheryl	Smothers	4/1/04	Memorial Hospital
Jodell	Speckhart	3/1/05	Blessing Hospital
Tina	Spector	12/1/05	Alexian Brothers Medical Center
Evelyn	Springer	7/1/04	CIMRO
Lynn E.	Stambaugh	4/1/04	Sarah D. Culbertson Memorial
Teresa	Stewart	3/1/04	Kindred Hospital Northlake
Janet	Stifter	1/1/05	St. Joseph Hospital
Barbara	Stockton	12/1/05	Kathrine Shaw Bethea Hospital
Barbara	Swanson	3/1/05	Alexian Brothers Medical Center
Mary Lynn	Szperra	5/1/05	St. Mary's Good Samaritan Hospital
Mary Ellen	Totzke	4/1/04	
Olga B.	Tzakis	1/1/04	Alexian Brothers Medical Center
Kathleen	Vipond	3/1/04	Abraham Lincoln Memorial Hospital
Nancy E.	Webster	3/1/05	Care Education Group, Inc.
Elizabeth	Weiler	3/1/05	
Terry	Wepprecht	5/1/04	Eureka Community Hospital
Charlotte A.	Whiteside	4/1/05	Advocate Illinois Masonic Medical Center
Damita P.	Wilson	7/1/04	Cook County Hospital
Arlene M.	Witte	4/1/05	Kindred Hospital Chicago Central
Kerry	Wrigley	3/1/05	Memorial Hospital

Kudos to Four Illinois Hospitals: HealthGrade's Distinguished Hospital Award for Patient Safety

HealthGrade's first annual Distinguished Hospital Award for Patient Safety™, honored hospitals with the best records of patient safety. Eighty-eight hospitals in 23 states were given the award for having the nation's lowest patient-safety incidence rates.

There were four hospitals in Illinois recognized for best safety practice

- Good Samaritan, Mt. Vernon
- Blessing Hospital, Quincy
- Advocate Good Samaritan Hospital, Downers Grove
- Resurrection Medical Center, Chicago

The Patient Safety Award was released in conjunction with a study by HealthGrades on August 4, 2004 that suggests little progress in efforts to improve patient safety in American hospitals. In their report, HealthGrades researchers analyzed CMS MedPAR data for approximately 37 million Medicare discharges nationwide from 2000 to 2002, using AHRQ software to evaluate incident rates for 16 patient safety indicators. The complete study, "Patient Safety in American Hospitals" including the list of AHRQ patient-safety indicators, can be found at www.healthgrades.com

IAHQ Annual Program April 29th, 2004



Mission Impossible: Crew Resource Management John Whittington, MD Patient Safety Officer OSF Healthcare System, Peoria, IL Patient Safety Faculty IHI

How is the aviation industry different from healthcare? Aviation industry has **three pillars of safety** for airlines: Standard operating procedures, Crew Resource Management and professional culture. The healthcare practice has little standard operating procedures, no Crew Resource Management and a professional culture that is committed but it tries to deny the existence of human weakness.

We can redesign the work place in several ways. Put better systems in place that decrease human errors (medication dispensing machines, CPOE, bar coding, reconciliation, etc). Implement nationally recognized practices Teach humans how to be more effective at communicating.

One method employed at OSF Healthcare to effectively communicate critical patient information is using SBAR. Below is an In-Patient Example of Situational Briefing Model:
*Situation *Background *Assessment *Recommendation

Situation: Dr. Jones, I'm Paul, the respiratory therapist. In my human factors training, I was told to get help if I am worried about a patient. There's a man downstairs in serious respiratory distress.

Background: He has severe COPD, has been sliding downhill, and is now acutely worse

Assessment: His breath sounds are way down on the right side ... I think he has a pneumothorax and needs a chest tube pronto before he stops breathing.

Recommendation: I'd like you to come with me now and see him...I really need your help...this guy's in real trouble.

Doing Your Own Situational Brief Key Elements

- Get the person's attention
- Make eye contact, face the person
- Introduce self
- Use person's name
- Ask knowable information
- Provided information
- Explicitly ask for input
- Talk about next steps
- Encourage ongoing monitoring and cross-checking

Quality Tools for Today's Healthcare Professional



Digging for Root Cause.

A few weeks back I wrote an article about the Eight Disciplines of Problem Solving and, more specifically, Is-Is Not Analysis. My e-zine readers responded so enthusiastically that I thought I would share it with my fellow IAHQ members.

The mention of this tool prompted several discussions one of which was with well-known healthcare quality consultant and author, Janet Brown. Those of you that have pursued CPHQ have undoubtedly found her *Healthcare Quality Handbook: A Professional Resource and Study Guide** an invaluable resource in your preparation for the exam. Anyway, my comments captured Janet's interest and she has decided to mention the 8D or Eight Disciplines of Problem Solving in the 19th edition that will be hitting the shelves in July 2004.

I cannot claim authorship of 8D or Is-Is Not (I wish I could). Credit for the original development is generally given jointly to Ford Motor Company and Kepner-Tregoe. It has gained widespread acceptance in the automotive and other industries mainly because it provides a systematic approach to problem solving that quickly drills down to the "short list" of potential causes and then sifts through the chaff to find the kernel of truth. How does it work? Let's take a look.

FRAMEWORK

Is-Is Not provides a framework or outline for digging into the facts about a problem. Some techniques call for creation of process flow diagrams, fishbone diagrams and other visual aids to problem solving. Unfortunately, I have found that these "big picture" tools have some disadvantages when the team's goal is to quickly get to the root cause.

- They are too broad in scope
- They provide too much information
- They encourage the team to go off on tangents

With Is-Is Not, the team stays focused on the problem at hand and will utilize other analysis tools ONLY when they are necessary for clarification. That's a big step forward!

What it "IS"

The five W's and two H's are the starting point. Zeroing in on a problem description depends on answering the Who, What, When, Where, Why and also the How and How Much questions. Getting things rolling by identifying all of the particulars about what the problem "IS" gives the team a highly descriptive outline of the exact circumstances of the failure.

What it "IS NOT"

This step provides clues as to where the same (or similar) failure could easily have happened BUT DIDN'T. This is an extremely important step because there are generally many possible causes but only a couple that actually apply to the exact circumstances of what something "IS" and also meets the criteria of what it "IS NOT".

Distinctions

I don't know about you but when I see a list of particulars about what a problem "IS" and then circumstances that could have caused the same thing to happen but didn't, I would probably like to know something about what makes them different. That's what the DISTINCTIONS part of the Is-Is Not analysis is all about. Contemplating the side-by-side "Is's" and "Is Not's" and developing statements about what distinguishes them can provide the team with support for some potential root causes and quickly eliminate others.

Changes

Many times the reasons for differences in the "Is" and an "Is Not" is a change that was made at some point in the past. That's why we look for Changes. Sometimes changes, even ones that seem insignificant, can be the straw that breaks the camel's back. A CHAOS Theory example might be a butterfly flaps it's wings over the South China Sea and two weeks later Florida has a hurricane. A bit extreme but you get the idea.

It would take a significantly longer article to describe all the ins and outs of Is-Is Not but hopefully I have given you a flavor for how it can help get your team quickly and efficiently to a high probably root cause.

If you would like more information about Is-Is Not and/or 8D, please don't hesitate to call. My phone number is 1-847-620-

Web Site Hot Links!

If you know of a site with useful information that you would like to share, please email the link to clydeg@cndnetweb.com

The Cognitive Technologies Laboratory (CtL) located in the Department of Anesthesia and Critical Care of the University of Chicago maintains a web site of information about the research the group is doing in the area of human factors engineering and patient safety. Much of their work centers on the human-machine interface, including infusion devices. Dr. Richard Cook, one of the CtL principles, is a physician, educator, and researcher at the University of Chicago. He has been involved with the National Patient Safety Foundation since its inception and sits on the Foundation's Board. Excerpts of Dr. Cook's work and other CtL project materials can be found on their web site <http://www.ctlab.org/>

Center for Clinical Effectiveness Loyola University Health System

This website offers a wealth of resources for the quality professionals that offers access to their Quality and Safety Improvement Plan, QI Reporting Forms, and Quality and Safety Fair Storyboards ie, Inpatient Fall Prevention, Influenza Vaccination Campaign, Telephone Triage - Acute Calls, Heart Failure Core Measure Project, Patient Sensitive Pain Management. The web address is www.luhs.org/cce/



Illinois Association for Healthcare Quality 4th Quarter FY03-04 April 1, 2004 – June 30, 2004

INFLOWS

Conference 2004	\$10,350.00
Interest	7.52
Membership	3,350.00

TOTAL INFLOWS \$13,707.52

OUTFLOWS

Administrative	\$253.90
Annual Fee	5.00
Audio Conference	112.03
Conference 2004	5,554.72
Data Processing	158.60
Internet Service	25.00
Miscellaneous	12.95
Postage	4.82
Telecommunications	45.75

TOTAL OUTFLOWS \$6,172.77

How IAHQ Protects your personal information

IAHQ receives requests for mailing labels periodically. It is our policy to only release the mailing address you have provided. No phone numbers or email address will be released to anyone. Although the membership information is posted on our website, it is password protected for active IAHQ members only. This information is provided for networking opportunities within the IAHQ association.

Phone Conferences 2004

For more information or to suggest a topic contact Kerry Wrigley at kwrigley@memhosp.com or 618-257-5328

- A Hospital's Experience with changing from the JCAHO accreditation to the American Osteopathic Association Healthcare Facilities Accreditation Program.
- JCAHO Accreditation Survey - A Hospital's Recent Experience
- The Quest for the Baldrige Award: Foundation for Excellence



Technology Update

The Pictures are in!

The latest addition to the IAHQ Website features a visual tour of the Educational Conference that was held on April 29, 2004.

Please check out the  link to look at the great your IAHQ colleagues in action.



2004 - 2005 Board of Directors

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Michelle_Darnell@ssmhc.com

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Kimberly Mulquin, RN, MBA, CPHQ
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Member at Large Mental Health
and Program Chairperson

Linda Breen
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312-297-5518
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www.IAHQ.net

New look and New web address

Check it out!

IAHQ's Technology Chairperson, Clyde Grooms, has redesigned our web page to make it more useful for our members. You can maintain your membership profile on-line under the Members Section. The phone conference and annual program educational materials will be available for download under the Educational Opportunity page. Members will be able to advertise employment opportunities openings for free. If you have any questions about the web site please direct them to Clyde Grooms at clydeg@cndnetweb.com

IAHQ Home Page - Netscape

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PDF Files

About IAHQ

Since 1976, the primary purpose of the Illinois Association for Healthcare Quality (IAHQ) has been to provide healthcare professionals with a forum for education, networking and opportunities for professional growth. IAHQ is a not-for-profit association

Our Mission

To promote quality healthcare through education and professional collaboration.

Our Vision

IAHQ will be a leader in providing education, networking and resources to promote the development of professionals in all aspects of healthcare quality.