

President's Message Troy Delay

Along with the Board of Directors I would like to welcome all new members who have joined the Illinois Association for Healthcare Quality. We would also like to thank all of our loyal members who continue to renew their memberships. I would like to pay a special thank you to our outgoing Board members: Mary Jane Acardo our outgoing Secretary, Michelle Darnell our outgoing Treasurer, and Kim Mulquin our outgoing member at large for Home Health Care. We are fortunate to have had the service of these individuals in the roles they played. Our new Board members are President elect Kathy Self, Secretary Marissa Santangelo, member at large for Acute Care Michelle Darnell, member at Large for Critical Access Hospitals Carrie Lejewski, and member at large for LTC Kevin Krout. We would like to welcome each of you to your Board of Directors' positions. Your Board of Directors will continue to strive to provide service and education for each member of the Illinois Association for Healthcare Quality. Please feel free to contact your Board members with any questions or suggestions regarding the organization.

Each year the number of reports and the amount of details in these reports grows. It is difficult to remember that the reason for this data is for improvement in patient care. Demands placed upon us by Medicare's Central Management Services (CMS) and our regulatory agencies oftentimes taxes our resources to and beyond our limits. When we are reviewing the core measures required by CMS, JCAHO and other regulatory agencies, it is important to keep separate records of our own data. The feed back reports we receive from CMS is several months old by the time we get it. The Board of Directors, administration and the medical staff want the most current information possible. Let's face it we cannot evaluate everything. However, we can provide up to date information with data that is pertinent to safe patient care. I have found that it is easier to meet these demands if I manage my time and pick and choose the most important items for internal evaluation and internal reports. By working with the medical staff, we can keep them informed regarding new requirements and give them their required data.

At the pace our regulators are going, we will soon need one staff member gathering statistical data for each staff member providing care. It is important that we continue to let our regulators know how much of an impact they are having on our budgets. I am a firm believer in assuring that patients deserve the best care and treatment they deserve. I have stated in the past that the data we gather is important for providing patients with the highest quality of care possible. I also believe there has to be a compromise with the review processes we must now accomplish. We have strayed from reviewing basic data that is pertinent to safe patient care to reviewing microscopic bits of information. I believe our goal must be to utilize the data that we now have on hand and work on the processes that have been identified as needing improvement. It is difficult to conduct comparative analysis when the rules of engagement keep changing from quarter to quarter. It is also difficult to know what the change are to be if we do not receive them until we are into the second month of the quarter in which these changes are to take place. (Continued on page 4)

INTERCHANGE

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IAHQ Bylaws Rules and Regulations

The IAHQ Bylaws are now available on www.iahq.net * for the members to review and comments on as cited in bylaws **ARTICLE XIII - AMENDMENTS**

Revisions to the Bylaws shall be posted on the IAHQ web site for review and comment.

Select the **Bylaws** tab and then select "Updated Bylaws for Member Review".

If you have any comments regarding the IAHQ bylaws, click on the icon to email your comments to the Bylaws Chairperson.

* www.iahq.net best viewed using Internet Explorer



Technology Update

New Board Members!

With the start of our new fiscal year in July, the IAHQ Board of Directors was changed. To find out which of your colleagues has generously donated their time, visit our web sit at www.iahq.net and click on.....



Employment Opportunities

Is your organization looking for qualified individuals? Listing an employment on the IAHQ website is **FREE** to members. Just go to www.iahq.net and click.....



**Illinois Association for Healthcare Quality
Financial Report
April 1, 2006 – June 30, 2006**

INFLOWS

| | |
|-----------------|----------|
| 2006 Conference | 1,126.87 |
| Membership | 1,800.00 |

TOTAL INFLOWS \$ 12,926.87

OUTFLOWS

| | |
|--------------------|-----------|
| Administrative | 1,395.76 |
| Data Processing | 288.50 |
| Postage | 23.09 |
| Telecommunications | 34.25 |
| 2006 Conference | 10,119.86 |
| Miscellaneous | 13.58 |

TOTAL OUTFLOWS \$11,880.04

OVERALL TOTAL \$1046.83

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.



Stick to your statistical guns!

This article may also be found in the July 2006 issue of CNDNet Monthly. To obtain a PDF version, type the following link into your browsers address line.

<http://www.cndnetweb.com/Newsletter/PDF/Newsletter0706.pdf>

Answering a question! That's what statistical analysis is all about. But sometimes I run into those who want an answer before they have formulated the question. Or, if they know and understand the question, they don't have the data. Finally, if they know the question and are ready with the data, they want to skip a few steps in the analysis to get there quicker. I tend to be a bit of a stick-in-the-mud when it comes to stats. To illustrate the hazards of taking short cuts, I decided to pose my own hypothetical question and see what answers we might come up with.

OK, here we go. The problem at hand is one of choosing the optimum process for answering a call light. The team's goal was to set up a systematic process by which call lights would be answered in no more than 5 minutes. Current performance had the call light being answered in 9 minutes. Two alternative processes were developed and trials run. Of the 6 units in the hospital where call light performance was an issue, 2 ran a trial with process #1, 2 ran with process #2, and 2 were the control group. Before you even ask, let me fill in the following blanks. 1. The sample size for the study was calculated based on the variability of the current process and the effect size that we are trying to detect (how big of a change do we need to see to consider this a success). 2. The study design is a Pre-Treatment, Post-Treatment, Control Group experiment with the appropriate pre-treatment/post-treatment statistical studies to ensure validity. 3. Normality was tested for each data set. OK, here's what we found.

First, let's see if we can state (in English) the questions that we are trying to answer before we get started. Question #1: Which of the new processes provides us with the lower call light response time? Seems pretty easy.

After all of the gyrations and manipulations of the statistical analysis, process #1 averaged 3.37 minutes and process #2 averaged 3.79 minutes. That settles that! process #1 was nearly half a minute faster than #2. We pick #1 and call it a day...right? Not so fast.

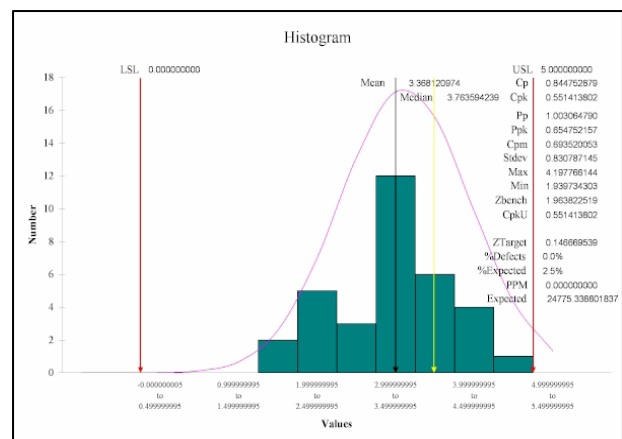
What if I told you that the cost to implement Process #1 was \$20 higher than Process #2? Now what would you say? Let's see. Maybe we might consider asking another question. Question #2: Is there a statistically significant difference in the average response time between process #1 and process #2. Answer: Yes, the average response time for process #1 is significantly lower than that of process #2.

Hmmmm. Seems like our first impression was correct. Process #1 is still looking good despite the extra cost. Now what? I know, let's try this one on.

Question #3: Is there a statistically significant difference in variability between process #1 and process #2 and how much of the time might we expect answering call lights to fall outside our 5 minute maximum limit. In other words, what is the process capability of each one. Here's where it gets interesting. For process #1, the standard deviation is calculated to be 0.83. This puts the process capability or $Cpk = .55$. This means that we can expect about 2.5% of the call light requests to be answered in over 5 minutes. For process #2, the standard deviation is 0.25. This puts the $Cpk = 1.74$ which effectively places the number of call light requests answered at over 5 minutes effectively at zero. Another way of thinking about this, in Six Sigma terms, process #2 operates at about 4.25 sigma which is very good performance.

Just because some of us are more visual learners, the histograms for process #1 and process #2 are shown below. I also included one that shows process #2 superimposed on process #1 so they can be compared directly. Take a look and I'll have a few comments to wrap things up. (continued on page 4)

Process #1

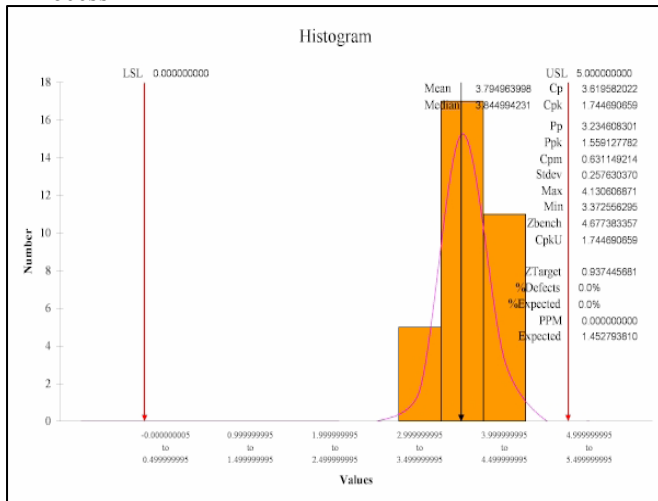


And don't forget, CNDNet is your link for resources and support when it comes to Performance Excellence. Resources are available to you on my website <http://www.cndnetweb.com>.

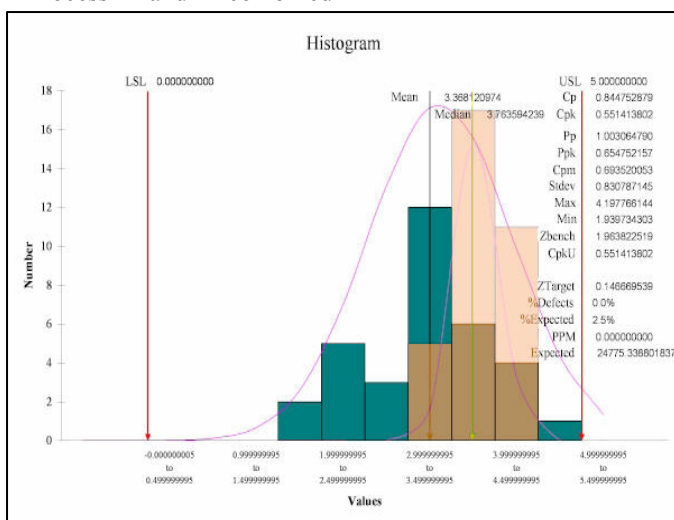
President's Message (continued from page 1)

Stick to your statistical guns (continued from page 3)

Process #2



Process #1 and #2 combined



Adding a little rigor to your statistical analyses is always a good idea. Most organizations depend on their quality staff to provide accurate, timely and most importantly, credible analysis of data. Doing so always begins with knowing what questions to ask and making sure that ALL of them get answered. If you found some resonance from your own experience and think you can use this example, please do so as long as you mention where you got it. If you need some help translating it into your organization's vocabulary, please don't hesitate to contact me. My phone number is 1-847- 620-2443 and my email address is ClydeG@cndnetweb.com.

I believe as an organization we must strive for process improvement but we must also let our regulators and representatives know that we cannot provide for the needed changes if the majority of our staff is busy trying to figure out what the changes are.

Sir Winston Churchill stated "A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty". I may have sounded

a little pessimistic in my statements however, I am optimistic in my viewpoint to believe that a number of outstanding changes in healthcare have come about as

a result of the core measures. I also believe that additional challenges for improvement lie ahead and these challenges can and will be met. This is due mostly to the dedicated healthcare workers in facilities throughout the country.

Northern Illinois Healthcare Quality Professionals Networking Group

Next Meeting Date: September 27, 2006

Location: Mendota Community Hospital

Time: 10:30 am – 3:30 pm

Suggested Agenda Items:

Leapfrog & P4P

Larry Borghis @ Midwest Business Industries

For more information contact

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Legislative Report
Pat Merryweather, Senior Vice President
Illinois Hospital Association

Focused Attention on Hospital Data: Performance Measurement and Public Accountability

Hospital data is continuously relied upon for public reporting, hospital payment and accountability, performance assessment, and soon to be for value based purchasing. Given the focused attention on hospital information and its usage and application, many hospitals have re-evaluated their internal processes and have centralized many of these activities to ensure information conformity and compliance with state and federal requirements.

Given some of the future initiatives and reporting requirements, many hospitals are reviewing and redirecting their attention on the following reporting requirements:

- Hospital Quality Alliance – Complete reporting of required measurements and timely submission of medical records for validation
- Hospital Administrative Data for Illinois Department of Public Health – Complete and accurate reporting of inpatient and outpatient surgical data and reported cases by month

Hospital Quality Alliance

For the past few years, the Medicare Market Basket increase has been linked to participation and public reporting of the Hospital Quality Alliance measurements that are used for the Quality Improvement Organization programs and the public Hospital Compare web site.

Validation of Hospital Information. As you might be aware, there are current federal proposals that call for awarding Medicare Market Basket increases to PPS-Inpatient hospitals that achieve an 80% or greater score for four quarters. While this is a proposal by CMS and one in which the Illinois Hospital Association (IHA) and the American Hospital Association (AHA) are opposed due to the inconsistent scoring standards, we do anticipate that some form of accurate medical record information will become a basis in the future for payment. In the near future, the validation scores for each hospital will be added to the publicly available Hospital Compare web site.

Hospitals Not Responding. Currently, there are several different hospitals each quarter that fail to submit the randomly identified (paper or electronic) medical records for CMS to validate their data abstraction. Failure to submit the medical records results within the prescribed time frame or the correct medical records covering the specific episode of care will result in the hospital getting a score of zero. If CMS institutes this policy retroactively as they have proposed, more than a dozen Illinois hospitals would not receive their Medicare Market Basket increase of 2%. Again, while IHA and AHA have opposed this proposal, we strongly encourage hospitals to better monitor this reporting requirement as this proposal may be delayed, but will not fade away.

Suggestions for Improvement.

- √ Identify staff responsible for checking the HQA “mailbox” and stress the importance of routine monitoring (at least twice a week as there is no formal announcement when the cases selected are listed in your hospital’s HQA “mailbox”).
- √ Always have a back-up person assigned to perform this task in the event of vacation or unplanned time off of primary staff person

Legislative Report (continued from page 5)

√ Prior to submission of medical record information for the validation process, have someone verify the medical records pulled by your hospital staff and to be submitted are the ones requested by CMS (every quarter one or more of our hospitals fail due to submission of incorrect episode of care medical records).

√ Monitor results and if hospital feels resulting score is incorrect, appeal results. Unfortunately at this time, hospitals are only allowed by CMS to appeal results to CMS if their scores are below 80%.

Hospital Administrative Data For Illinois Department of Public Health (IDPH)

Hospital administrators are encouraged to reinforce the many current and planned uses of the hospital inpatient and outpatient surgical data. While the information will be utilized in the upcoming Illinois Consumer Guide, it is currently used by IDPH in Certificate of Need applications, ongoing disease management, capacity studies, and overall hospital performance monitoring.

In the proposed Consumer Guide rules reviewed by the Health Facilities Report Card Advisory Group, specific rules on compliance were cited for accuracy, completeness, and timeliness. The proposed rules also called for the hospital administrator each quarter to sign a form attesting to the accuracy and completeness of the information submitted by the hospital.

Suggestions for Improvement

√ Always have a back-up person assigned to perform this task in the event of vacation or unplanned time off of primary staff person

√ Submit and correct information routinely – do not wait until end of quarter to submit accurate and complete information as many hospitals end up running out of time.

√ Monitor results and correct errors based upon internal hospital review and Reports prepared by the Illinois Hospital Association as IHA is the collection agent for IDPH.

√ Accurately complete the forms on the number of cases for both inpatient and outpatient for the given months within a quarter. In the proposed rules, these reported case counts will also require the hospital administrator to sign the form attesting that the hospital has accurately reported these case counts.

IHA Support

Illinois hospitals can either contact the COMPdata Helpline or Hotline at comp_data@ihastaff.org for specific information on ongoing educational opportunities and support.

Additionally, during October, IHA will be providing an educational program on the current and future performance reporting initiatives by state and federal regulatory agencies. IHA will also present suggestions on how best to prepare for additional reporting requirements, such as Present on Admission Code and performance measurements for Surgical Care Improvement Program (SCIP).

IAHQ Education Program

Kerry Wrigley, Chairperson

IAHQ wishes to extend a “BIG” Thank You to the Program Committee members for organizing an outstanding 2006 Educational program:

Kerry Wrigley, Memorial Hospital, Belleville

Carol Myer, Illinois Valley Community Hospital, Peru

Troy Delay, Passavant Hospital, Jacksonville

Michelle Darnell, St. Mary's Good Samaritan

Mt. Vernon

Kelly Podgorny, University Healthcare Consortium, Chicago

Thomas Sifner, VA Medical Center, Chicago

Dottie Cubley, Hamilton Memorial Hospital

Kathy Self, OSF St. Francis, Peoria

Clyde Grooms, CNDNet, Inc., Naperville

If you are interested in participating on the Program Committee for planning the 2007 Education Program contact Kerry Wrigley at kwrigley@memhosp.com

Photo's from the 2006 Educational Conference are available for viewing on the IAHQ web site www.iahq.net under the Educational Opportunities tab then click IAHQ Educational Program tab.

2006 - 2007 Board of Directors

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