

President's Message

Carol Myer, RN, BSN, CPHQ

Happy Holidays to All:

As the holidays rush to meet us like our loving pets after a long day at work, it seems appropriate to remember to try to find time for yourselves and your families this season. Much easier said than done, not only in our profession, but in our society as a whole! Most experts say that taking that time away actually makes you function better when you return. As I hurry to finish shopping, and then wait in the checkout lines, the magazines' covers flash statements like this over and over. If only I had the time to read them! I know I am digressing from the purpose of our newsletter, but I do believe it is important to remember to take time for what is important this time of year.

During the annual COMPdata meeting held in November, I had the opportunity to hear some wonderful speakers talk about the coming trends in quality and safety, especially in terms of public accountability. James Orlikoff spoke about the proposed NQF Board guidance related to Quality, using terms such as Quality Literacy. Representatives were also present from AHRQ to discuss their efforts to improve quality and patient safety. How are you all educating your Board on the issues of Quality and Patient Safety? Direct presentations? Reports? Statistical displays? Please share what works, or what areas you would like help in, with the members of the Board.

On behalf of the Board, I wish you and yours health, peace, and joy in 2005.

Carol Myer

INTERCHANGE

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Mark Your Calendar



IAHQ is proud to announce the educational conference will be held April 29th, 2005 at Holiday Inn Select Naperville. This year's theme is "Optimizing Data Analysis to Drive Improvements".

Welcome Members

Welcome Members

IAHQ welcomes the following members who have joined or renewed membership with IAHQ during July - September, 2004. To check the status of your membership or to update your profile, go to www.iahq.net and click on the Membership icon and follow the instructions.

There are currently 176 active members in our association.

Allen, Leslie RN, BS	St. Mary's Good Samaritan, Inc.
Beck, Lisa RN	Utlaut Memorial Hospital
Brown, Kathleen BS CPHQ	St. Joseph Hospital
Butler, Angela CPHQ	Oak Forest Hospital
Duvendack, Tammy RN PhD	Methodist Medical Center
Gray, Tammy BA, CPHQ, MCSM	Condell Medical Center
Grooms, Clyde	CNDNet
Haik, Mary RN, PI	Rush North Shore Medical Center
Hoelzer, Colleen M. RN	Valley Home Health Services
Kamprath, Mary Ellen RN BSN CPHQ	Blessing Hospital
Kapacinskas, Cheryl RN RHIA CPHQ	CGH Medical Center
Krout, Kevin M. BS	VA Illiana Health Care System
LaBelle, Leslie J. MSN MBA RN	LaBelle & Associates, Inc.
Levitt, Cindy CPHQ	Utilimed
Lohnes, David J. BSN	VA Medical Center
McCarthy, Michelle RN MSN	St John's Hospital
Miller, Deborah CPHQ	Northwestern Memorial Hospital
Molumby, Jerry MSW	Gateway Foundation
Murray, Susan RN BSN CPHQ MS	Memorial Hospital of Carbondale
Orlando, Melinda L RN CPHQ MA	The Mihalik Group
Otten, Sandra	Memorial Hospital
Podgorny, Kelly MSN	University Healthcare Consortium
Potter, Renee C. CPHQ	
Sattler, Arlene	
Schlager, Sandra RN BA	Dept. of Veterans Affairs
Schultz, Randall	
Self, Kathleen S. RN BSN CPHQ	St. Francis Medical Center
Simmons, Cheryl RN CPHQ MS	OSF St. James-John Albright Medical Ctr.
Spector, Tina	Alexian Brothers Medical Center
Stockton, Barbara, RHIA	Kathrine Shaw Bethea Hospital
Stambaugh, Lynn E. RN, BS	Sarah D. Culbertson Memorial



Making Your FMEA Work Easier

I hear a lot of comments about how Failure Modes and Effects Analysis (FMEA or FMECA) is very involved, resource intensive and basically a pain. I think the reason for this is that many approach it by going through the target process step by step from start to finish. While this is certainly a thorough way to identify potential problems, it has a few consequences.

- It takes a long time
- It doesn't consider required outcomes
- It limits the scope of the process being considered

I've always heard that if *everything* is a priority then *nothing* is. So, what can we do?

I'm glad you asked. Recently, I had the opportunity to facilitate an FMEA for a client. The target process was fairly large and had we used the typical step-by-step approach, we would have had over 160 combinations consider. By spending a little time using the planning tool that I'm about to describe, we were able to cut that down to just 43. That's about a quarter of the work.

How? Remember back in school when you had to write a paper? I do. My teacher made me create an outline to plan my work. After that the paper nearly wrote itself. The same concept applies here.

Let's take a look at a medication administration example. As Stephen Covey would say, "First things first." First thing with this tool is to identify the requirements.

Medication Administration Requirements

- Right Medication
- Right Time
- Right Patient
- Right Route
- Right Dose

OK, now for each requirement we need to establish its relative rank with respect to the others. I know what you're thinking, "How can we say any of these requirements is more or less important than any other?" I run into this question a lot.

Here's the key.
RANKING THE REQUIREMENTS MAKES NO STATEMENT ABOUT THEIR ABSOLUTE IMPORTANCE!

What it means is that we use our data to identify which of the requirement(s) our current process has the most difficulty satisfying. It simply helps us prioritize our work so that we address the areas that need it most.

Once we get past the fact that all requirements are not satisfied equally, we can focus on whether or not a process step actually plays a part. To do this we need to create a correlation matrix. An example is shown below.

Requirements	R	Process Steps										Score		
		Verify order on MAR	Retrieve medication	Calculate dose	Prepare dose	Check appearance	Identify patient	Contraindications	Deliver medication	Monitor effects	Contact doctor			
Right time	10	10	10	1	5	1	1	5	10					430
Right medication	8	10	10	1	5	5	1	5	10				5	416
Right dose	4	10	1	10	10	5		5	10					204
Right route	2	10	1	5	5	1		5	10					74
Right patient	1	10				10	10		10					40

We use the relationships identified here to create our prioritized outline for the FMEA. And here's how the final product looks...

Priority	Requirement	Process Step	Detail
430	Right time		
10		Verify order on MAR	Ensure that time on MAR and order match.
10		Retrieve Medication	Get medication from storage at time required.
10		Deliver Medication	Medication is given at time specified.
5		Prepare dose	Medication dose is available at time specified.
5		Contraindications	Patient checked before scheduled medication.
1		Calculate Dose	Dose calculated before scheduled time.
1		Check Appearance	Verify that medication appearance agrees with PDR and no precipitates are visible in IV meds before scheduled time.
416	Right medication		
10		Verify order on MAR	Ensure that med on MAR and order match.
10		Retrieve Medication	Get medication from specified storage location.
10		Deliver Medication	Give specified medication to patient.
5		Prepare dose	Dose of correct medication is prepared.
5		Check Appearance	Appearance of medication agrees with PDR and no precipitates are visible in IV meds.
5		Contraindications	No contraindications are present for specified med.
1		Calculate Dose	Dose of correct med is calculated.
1		Identify Patient	Patient ID is verified to match that for the medication.

By following the outline and concentrating on the 10's, we reduce our FMEA work from 55 combinations to 16. That's a 70% reduction. Sound like it might be worth looking into? If you would like more information on how to make your FMEA's easier, please don't hesitate to call. My phone number is 1-847-620-2443 or you can contact me by email at ClydeG@cndnetweb.com.

From The Field...A Product Review of *The QI Macros for Excel*

Susan Murray RN BSN CPHQ, Memorial Hospital of Carbondale, susan.murray@sih.net

- There are few of us who can honestly say they are NOT challenged by *statistical process controls*. Sure, we all took STATS 301 in college and walked away with an A (well, maybe a B). We have had training in it since we've gotten into Quality Management. Then why is making a control chart so difficult?
- Many of us have come upon the product *The QI Macros* by Jay Arthur – The KnowWare® Man. It's a software product that integrates effortlessly into Excel and, with a minimum of hassle, sets up control charts and other QI tools like Pareto charts, bar charts, and histograms.
- I'm a skeptic by nature and I don't have a strong ITS department but I needed help. This inexpensive product was very easy to install and use. It came with a good instruction manual that is practical and offers good cues to chart selection.
- In addition, a long list of QI matrices (FMEA, Ishikawa diagram, Fault Tree Diagram) that we use during our root cause analyses are available as templates.
- With all the complexity of our jobs, we can use help wherever we find it, and this software has proven to be so!

Web Site Hot Links!

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

There are numerous online resources that may assist your organization to develop policies, procedures, and communication tools that will enhance continuity of care. Several of these online resources are listed below:

* Power Point presentation of talk entitled, "The Continuity of Care Record" (July 2004, ASTM International Conference).
www.astm.org/COMMIT/E31_CCRJuly04.ppt

* Guidebook, "Discharge From Hospital: Pathways, Process and Practice", developed by the UK Department of Health.
www.publications.doh.gov.uk/hospitaldischarge/index.htm#cont

* Power Point presentation entitled, "Challenges of Discharge Medication Safety for Older Adults", nursing department at the University of Pennsylvania.
www.nursing.upenn.edu/centers/hcgne/PowerPoint/foust_gsa03_ppt.ppt

* Hospital discharge planning checklist for patients with schizophrenia (UK). www.bcsc.org/information_centre/hospital_discharge_list.html

There is a link to more website archives of at the bottom of the Brown-Spath and Associates' Home Page www.brownspace.com

The Massachusetts Coalition for the Prevention of Medical Errors has excellent resources for the following at www.macoalition.org/initiatives.shtml

- * Reconciling medications
- * Communicating Critical Test Results
- * Defining Accountability in Patient Safety
- * Reducing Ambulatory Medication Errors
- * Reducing Medication Errors in Acute and Long Term Care Facilities



Illinois Association for Healthcare Quality

1st Quarter FY04-05

July 1, 2004 – September 30, 2004

INFLOWS

Interest	7.60
Membership	1,300.00
Other Miscellaneous	50.00

TOTAL INFLOWS \$ 1,357.60

OUTFLOWS

Annual Fee	15.00
Bond	188.00
Miscellaneous	13.98
Postage	4.96
Telecommunications	30.00
Web Site	110.00

TOTAL OUTFLOWS \$561.94

OVERALL TOTAL \$795.66

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.

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.....

Contact

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.....

Employment

A "MUST READ" for the Quality Professional!

The Bell Curve "What happens when patients find out how good their doctors really are?" by Atul Gawande

Every illness is a story, and three year old Annie Page's began with the kinds of small, unexceptional details that mean nothing until seen in hindsight.

Go to:

http://newyorker.com/fact/content/?041206fa_fact

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