

President's Message

Troy Delay

During this past year, there has been a number of tragedies throughout the world. As with all Americans, and indeed most of the world, our prayers, thoughts, and hearts go out to the victims of the recent hurricanes, earthquakes, tsunami, and other tragedies. These tragedies set the perspective of how fragile life is. It has also demonstrated the compassion we Americans, as well as many people throughout the world, show for each other in time of need. As health care providers, we often see the suffering and needs of our fellow men women. During this Christmas season let us look at our surroundings, realize our blessings, and make ourselves available to help those in need due to tragic situations. These incidents can also be lessons for our hospitals, clinics, and other organizations and can serve as a reminder to our leaders of the importance of being prepared for any natural or man made disaster that could occur in our areas. I trust each health care institution in our organization will review their disaster plans and prepare for the worst case scenario that could happen.

There is a book that is titled "Everything I Need to Know, I Learned in Kindergarten". I am sure everyone has read it or the poster. This simple list of rules does provide us with the basic necessities of daily living. If only the health care community was so simple. We must continue to advance from these simple rules and continue to learn more rules if we are to keep up with the ever increasing changes required of us in the health care game. The majority of us are required to provide more and more data to the respective groups such as CMS, JCAHO, IDPH, and other authorities to which we report. Although the data search at times seems overwhelming, the end result is the improvement of health care. While we may become rather frustrated at the ever-changing requirements, it is what we do with that information that is important. If we use it for the sole purpose of statistical comparison, then we are not playing the game correctly. If we are using the data for improving patient care, then we are following the rules listed in the previously mentioned book.

We all have physicians who may state, "You are not going to tell me how to practice medicine". And some may say "My patients are sicker." If we present the necessary information properly and gain the support of physicians, our institutions can be better assured of providing patients with the recommended methodology of care. It is not the goal of the review process to tell providers how to practice medicine, rather our goal is to provide the best-known care science and compassion has to offer. Our jobs in the performance improvement field are to do just as our titles indicate. That is, to continue to provide performance improvement for the patients in our communities.

"And now we interrupt this message for a brief word from our sponsors." We have heard these words spoken many times throughout our lifetime. However, without bits of commercials, organizations cannot continue to provide programs. So, therefore, I am going to do a commercial. Our goals at IAHQ are to provide you, our members, with quality programs, meet your professional needs, and assist you in your individual organizations. In order for us to do this, we need some of you to step forward and assume leadership roles in our organization. If you would be willing to help us meet our goals and commit to a leadership position, please contact our membership chairperson, Tammy Duvendack (tduvendack@mmci.org) or me (tdelay@passavanhospital.com) Ph 217-245-9541 EX 3610. We have an outstanding program committee which is always looking for new ideas. We would appreciate any suggestions you may have for program presentations for next year's meeting.

As always, thank you for your continued support and commitment to IAHQ and to patient quality care. May God bless each of you during this Christmas season.

INTERCHANGE

In this issue....

President's Message	1
Education Program	1
Treasurer's Report	2
Quality Toolbox	3
Accreditation Programs	4
Medical Error Disclosure Act	4
Legislative Report	5
Choosing the Right Metric	6
Board of Directors	7

Mark Your Calendar



IAHQ is proud to announce the educational conference will be held **April 28th, 2006** at the Holiday Inn Select Naperville.

This year's theme is "Top Performer's in Healthcare: What does it take?"

Key note speaker

Rhonda Keating,
National Director Clinical
Quality, Solucient, Inc.,

Other topics include
JCAHO PPR process,
Six Sigma project on
communication hand-off,
and Medication Safety.

Look for the program
brochure mailing the first
week of March 2006



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 July 1, 2004 – September 30, 2005

INFLOWS

Interest	7.66
Membership	700.00

TOTAL INFLOWS \$ 707.66

OUTFLOWS

Administrative	226.21
Bond	188.00
Data Processing	65.60
Postage	1.34
Telecommunications	30.00
Web Site	110.00

TOTAL OUTFLOWS \$511.15

OVERALL TOTAL \$196.51

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.



S.A.V.E. the process!

I published this article a couple of months ago in my newsletter and it got such positive feedback that I thought I would share it with you here.

Imagine that, during the course of an improvement project, your team identified areas that required change, developed a plan of attack and created the revised steps in your process. GREAT! With your new process implemented, you sit back and fully expect that things will operate as smoothly as silk. Then, reality sets in.

You find that, while the process seems to be working, you really don't have a good way to know if key aspects are performing as expected. Also, right in the middle of your first month of operation, someone you depend on leaves and another needs to be brought up to speed quickly. Oh no! And to top things off, a group of folks that are highly necessary to success have arbitrarily decided that they would just rather not participate.

What went wrong?

Don't beat yourself or your organization up too much. What you are experiencing is actually fairly typical. While some of this syndrome has gone away as a result of adopting tools like Failure Modes and Effects Analysis (FMEA/FMECA), the way we go about developing a process is generally the root cause.

So, what does S.A.V.E. stand for and why do we need another darned acronym anyway? OK, here goes. S.A.V.E. stands for Support/Administrative/Value-add/Education.

My experience tells me that if the only thing I do when I create a new process or come up with modifications to an existing one is focus on the process steps, then I'm missing at least 75% of the picture. Keep in mind that the actual steps in our process only describe how we add value. Granted this is a critical part. But there are many other things that enable these value-adding steps to "happen" on a consistent basis and at a known level of performance. This is where S.A.V.E. comes into play.

Support

When I am working with a team to develop process steps, questions surface about the methods we will use to ensure that the process operates smoothly. These are usually answered with a procedure or policy. This form of *support* ensures that the process is documented for all to see. In my world, a standard part of procedure writing is the creation of a measurement system. How else can we know if we are getting what we expect out of it?

What else goes into the *support* category?

Listing expectations from various groups within the organization, creating report formats and data collection tools, anything that will support the implementation of our new process.

Administration

This is a not so gentle way of saying that supervisory and human resources issues also have an effect on successful implementation. Let me give you a for instance. Let's say that you have an individual working in your department on whose performance the success of the process greatly depends. However, this person is not a direct report to the manager of that department. All organizations have this arrangement for one function or another. Unfortunately, many times the department manager does not have input into this person's performance evaluation. This can be a problem especially when you depend on them for things to work properly.

In addition to things like supervision and reporting structure, we also consider how well the complete organizational structure supports the process. So, if you think that your improvement project may do better if things are rearranged slightly, make it part of your proposal right up front.

despite the organizational changes that inevitably take place. So my teams identify not only what it takes to get the process initially deployed but also what it takes to keep it going in the face of personnel changes.

(continued on page 4)

Save the process (continued from page 4)

Value-add

This is where most teams spend their time. We are generally pretty good at coming up with the process steps. It's all of the side stuff that doesn't get considered.

Education

"But we already train people in the changed or new process. Why do we need a completely separate section just for education?"

Maybe because the initial training is just one small piece of the puzzle. Generally, all of my teams make a statement just like the one above. It's at this point that I play devils advocate and ask, "OK, it's now 6 months later and a key member of your team leaves for a trip to South America. What do you do?"

The point is that we need to develop materials that will continue to ensure that we have well trained people involved in the process despite the organizational changes that inevitably take place. So my teams identify not only what it takes to get the process initially deployed but also what it takes to keep it going in the face of personnel changes.

Put the S.A.V.E. system into effect, add a bit of project management and you have a formula for highly successful improvement implementation. If you would like to learn more about this tool or any others that can support your QI/PI efforts, please don't hesitate to give me a call. My phone number is 1-847-620-2443 and my email address is ClydeG@cndnetweb.com.

Quote of the day

There is no greater joy nor greater reward than to make a fundamental difference in someone's life

SISTER MARY ROSE MCGEADY

Children's advocate

More Choices in Hospital Accreditation Programs

Kerry Wrigley, RHIT, BS

Most of us are aware of the three hospital accreditation programs that have deemed status with the Centers for Medicare and Medicaid Services; Illinois Department of Public Health, JCAHO and AOA HFAP. But were you aware of a fourth organization that has applied to CMS for deemed status? The TUV Healthcare Specialists, headquartered in Cincinnati, Ohio joins two quality-focused organizations offering the National Integrated Accreditation for Healthcare Organizations. The NIAHO hospital accreditation program's mission is "To improve the quality of healthcare, one organization at a time".

NIAHOSM integrates the internationally recognized ISO 9001 Quality Management System standard with Medicare's Hospital Conditions of Participation. Hospitals that are interested in learning more about NIAHO certification should visit their website at www.tuvhs.com

New Bill Introduced to the 109th CONGRESS 1st Session S. 1784

To amend the Public Health Service Act to promote a culture of safety within the health care system through the establishment of a National Medical Error Disclosure and Compensation Program.

**IN THE SENATE OF THE UNITED STATES
September 28, 2005**

Mrs. CLINTON (for herself and Mr. OBAMA) introduced the following bill and referred to the Committee Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to promote a culture of safety within the health care system through the establishment of a National Medical Error Disclosure and Compensation Program.

SECTION 1. SHORT TITLE.

This Act may be cited as the 'National Medical Error Disclosure and Compensation Act'

Legislative Report: Public Reporting and Infection Control

Pat Merryweather, Illinois Hospital Association

This update will respond to many questions posed to the Illinois Hospital Association on the impending implementation of the Hospital Report Card Act and increasing attention on hospital and community acquired infections. Hospital acquired infections are the focus of many federal health agency initiatives; federal inquiries such as Federal House Committee on Energy and Commerce Request for Information from select hospitals and CDC; Illinois legislators and agencies; and increased media attention.

Hospital Report Card Act. As many of you are aware, under the Hospital Report Card Act, hospitals will be required to report selected infection process control and outcome measurements. The law requiring reporting of infections has been enacted in a hand full of states with many more facing similar legislation as noted on the Association for Professionals in Infection Control and Epidemiology (APIC) web site at www.apic.org and then clicking on Hospital Acquired Infections – Public Reporting; then clicking on state legislation.

The rules for Illinois are being drafted with anticipation that they will be submitted by the Illinois Department of Public Health to the Joint Committee on Administrative Rules (JCAR) by the end of this year. JCAR is the legislative support agency that ensures the General Assembly is adequately informed on how laws are implemented through agency rulemaking and that facilitates public understanding of agency rules.

As with all state laws requiring hospital information, rules for reporting the information are necessary to establish data reporting standards and expected reporting time frames. Once the rules are reviewed through a public comment period, hospitals will need to implement the reporting requirements. Pending the public comment and review cycle, it could be a short lead time or a six month lead time to implementation once approved.

Infection Control and Prevention.

Participation in Surgical Infection Prevention (SIP). Many Illinois hospitals have already started to participate in Surgical Infection Prevention measurements through IHA's Comparative Performance Initiative and that of the Hospital Quality Alliance. As with all measurement initiatives, once a hospital can assess their performance, they then move into developing intervention strategies and launching the quality improvement cycle to improve their performance.

Hospitals already reporting to the Hospital Quality Alliance (HQA) or IHA's Initiative have started to make great strides in improving compliance with the standards for surgical infection prevention of starting and stopping prophylactic antibiotics and for administering the right antibiotic for select surgical procedures.

Participation in Surgical Care Improvement Project (SCIP). The goal of SCIP participants through the HQA is to reduce surgical complications and infections by 25% by 2010. SCIP focuses on process measurements including SIP measurements, but SCIP expands and also includes outcome measurements; such as surgical infections, mortality, and ventilator associated pneumonia (all requirements of the Hospital Report Card Act). While SCIP will not be available for reporting until 1st quarter 2006, hospitals can sign up and commit to participation by completing a form on the American Hospital Association's (AHA) web site at http://www.aha.org/aha/key_issues/qualityalliance/index.html

International Movement on Health Care Hand Washing. As October 17 – 23, 2005 is the International Infection Prevention week, many campaigns were kicked off to prevent infection through the simple task of hand washing. While this is the least complicated infection prevention approach and is a critical factor in controlling hospital infections, it is one that is difficult to maintain 100% compliance in health care settings. However, it is one in which many hospitals are pursuing with increased enthusiasm as alcohol handrubs are an easy and less disruptive alternative to hand washing in many settings. For more information and links to international sites, please visit the CDC at http://www.cdc.gov/ncidod/hip/prevention_week.htm

Public Reporting of Flu and Pneumococcal Vaccination. Please remember that hospital performance measurements are currently reported on pneumonia patients as to the hospital's compliance in providing flu and pneumococcal screening or vaccination. While the flu immunization measurement is only assessed during the 'flu season' – it is just about upon us and a great opportunity to review the Centers for Disease Control (CDC) and Prevention guidelines on flu immunization at <http://www.cdc.gov/flu/>

Hospital guidelines call for pneumococcal screening and/or immunization of all hospitalized pneumonia patients under the Hospital Quality Alliance and Medicare QIO initiatives. CDC has material on their web site at

<http://www.cdc.gov/nip/vaccine/pneumo/default.htm>

that will help hospitals and clinicians better understand the reasoning behind administering the pneumococcal vaccine to select hospitalized patients.

Legislative Report (continued)

Screening for Community Acquired MRSA. A couple of weeks ago, a Chicago area newspaper was reporting on community acquired [Methicillin Resistant Staphylococcus Aureus \(MRSA\)](#) and how hospitals are screening incoming patients for MRSA. CDC has some suggested guidelines that might be helpful for hospitals to review in light of reported increases in community acquired MRSA (CA-MRSA). Information on screening for CA-MRSA can be found at

<http://www.cdc.gov/ncidod/hip/ARESIST/mrsa.htm>

Shift in Perspective – Thinking of Infection Control as Cost Savings Center as Opposed to Cost Center. Many hospitals are in the process of evaluating their approach to infection control (IC). Not only are many hospitals seeing it as their mission to prevent and control infections, but they are finding that it makes business sense to support IC preventive initiatives.

Shifting the Perspective – Proven Success Stories. Last week at the APIC Chicago Annual Meeting, Charles Edmiston, Ph.D., CIC presented evidence based research on intervention strategies and methods on reducing surgical site infections. Dr. Edmiston also discussed the analysis conducted at his hospital on the financial losses due to **hospital acquired infections (HAI)** and the rewards to patients, practitioners, and the hospital in bringing them under control. He discussed the patient care and financial opportunities to be gained by investing in infection control and staff resources as one starts to shift the perception of IC from cost to cost savings.

This changing perception of IC is now being documented in many studies, including a hospital demonstration program in California with Blue Shield of California Foundation modeled after the Alabama Hospital Quality Initiative. Also, a joint effort with grant funding between the Michigan Hospital Association and John Hopkins Quality and Safety Research Group, known as the Keystone: ICU, effort has resulted in significant savings of lives and dollars as noted in Modern Healthcare's October 17th, 2005 publication.

Your Own Analysis. Several hospitals are now conducting an analysis of their dollars lost to preventable infections. By comparing revenues and costs on patients being treated for a DRG with complications and co-morbidities (excluding HAI) compared to the same DRG with complications and co-morbidities including HAI, the lengths of stay are much higher for those with HAI. The opportunity of DRGs with HAI shifting to an outlier status with reimbursement moving to a percent of the cost of care significantly increases as the number of HAI cases increase.

Choosing the Right Metrics

"© 2005 Jay Arthur, the KnowWare®

Man, (888) 468-1537, lifestar@rmi.net."

In Marcus Buckingham's new book, *The One Thing You Need to Know*, there's a section on knowing your "core score." What's the one thing you need to know about your business?"

Core Score for Prisons

Buckingham interviewed General Sir David Ramsbotham who was in charge of Her Majesty's prisons. He says that he knew he couldn't make wardens change. In order to make things happen, he had to change the way they measured success.

- Old metric: number of escapees
- New metric: number of repeat offenders

The old goal was to keep prisoners in, but the General started thinking: Who is a prison designed to serve? Answer: the prisoner!

"The main purpose of a prison should be to serve the prisoner. By which I mean that we must do something for the prisoner while he is in prison so that when he is released back into society he is less likely to commit another crime." Armed with this new score, he turned the prison world upside-down.

Core Score for Health Care

In the old world of health care, the measure was based on "outcomes"--did the patient get better no matter how long it took. I am coming to believe that the new world of health care is measured on speed.

- Door-to-Doctor time in the Emergency Room of under 30 minutes
- ED Length of Stay (under 2 hours)
- ED-to-Nursing Floor for admitted patients of under 30 minutes
- Length of stay (2-3 days based on diagnosis)

- Discharge-to-Disposition (patient transferred) of under 60 minutes

Most of these times can run two-to-four times longer at present. Patients are used to being served in minutes everywhere else, why not in health care? Of course, health care will need a few metrics of patient safety as well:

- ED returns within seven days
- Hospital returns
- Poor outcomes (infection, death, etc.)

Continued on page 7

Choosing the Right Metrics

(continued from page 6)

Education's Core Score

I recently worked with a school district. The school district gets money based on *attendance*.

Who do school systems serve? The student! So I'm wondering if a school's core score shouldn't be the *dropout rate*. Dropouts are more likely to struggle with finding work and resorting to crime. It's an indicator that we've failed to prepare that student for life.

Attendance is a *predictor* of dropout rates; it's what I call a *process* indicator. The dropout rate is a *quality* indicator that measures the end result.

What's Your Core Score?

Who do you serve? What do they want? How can you measure that you deliver what they want?

Here's my point:

Measurements drive behavior. Bad measures will drive bad behavior. Good measures will drive good behavior. If you aren't getting what you want from your business, adjust what you measure and how you reward it. The system will change!



2005 - 2006 Board of Directors

Troy Delay, President
217-245-9541

tdelay@passavanthospital.com

Carol Myer, Past President
815-780-3397
Carol.Myer@ivch.com

Michelle Darnell, Treasurer
618-241-2218
Michelle_Darnell@ssmhc.com

Mary Jane Acardo, Secretary
815-961-2493
macardo@swedishamerican.org

Kimberly Mulquin, RN, MBA, CPHQ
Member at Large Home Care
708-342-8100
kimm@provinet.com

Kelly Podgorny, MS, CPHQ
Member at Large Mental Health
and Education Chairperson
podgorny@uhc.edu

Kathleen Brunsman-Self, RN, BSN, CPHQ
Member at Large - Acute Care
309-655-6872
kathy.s.brunsmann-self@osfhealthcare.org

Clyde Grooms, Technology Chair
CNDNet
847-620-2443
clydeg@cndnetweb.com
www.cndnetweb.com

Marisa Santangelo, RHIA, BS, CPHQ
Bylaws Chair 312-996-7789
msantang@uic.edu

Tammy Duvendack
Membership Chair
tduvendack@mmci.org

Kerry Wrigley, RHIT, BS
Program Chair
618-257-5328
kwrigley@memhosp.com

Susan Murray, RN, BSN, MS, CPHQ
Publications Chair
618-549-0721
susan.murray@sih.net