

President's Message

Troy DeLay, MSA, Passavant Hospital, Jacksonville, Illinois

I believe I can speak for each of the members of IAHQ by thanking Carol Myer for her outstanding reign as President. Carol has provided the organization with much valuable and appreciated leadership not only as President but also in prior IAHQ Board positions. We are all looking forward to continuing to work with Carol as she maintains her membership on the Board of Directors. The organization will continue to benefit from Carol's input.

It is an honor to serve as your new President, and I would like to thank each of you for installing your trust in me. Fortunately, IAHQ has an excellent Board of Directors, and they are all making my job quite easy. The IAHQ Board will continue to strive to provide our members with programs and information that will be educational and useful in improving health care.

We value the input of our members. Your requests will help the organization conduct research and present programs that can assist you with your job. Please feel free to contact the members listed on our web site with your suggestions and request.

A good deal of my background is in direct patient care. I therefore, as with all of our members, have a special interest in patient care and in the caregivers. Much of the work we do in the area of Performance Improvement is data driven. In fact, the majority of our work is data driven. As health care providers, the main focus of our profession is often overlooked because we are worried about meeting regulatory deadlines and avoiding lawsuits. Sometimes, we look at the numbers we are providing for CMS, JCAHO, IDPH, and to a mind-boggling number of committees, and we forget the purpose of why we are evaluating whatever it is we are looking at. The patient that occupies our spaces too often is thought of as another statistic. Let us regard the improvement in statistical data as a result of an improvement in the care our patients receive.

While we are gathering data, let us not forget the staff members who are in the patient rooms and doing their best to take care of the needs of the patient. Let us give them the tools and the time they need for doing their job. It is not always an easy task to set in an office and review records and statistical information. However, it is an even harder task to meet the demands of taking care of the medical needs of patients, as well as providing statistics to the numbers crunchers.

I hope the information you glean from our organization will provide you with tools to make your job easier and lighten the load of our front line health care providers.

In closing, the Board of Directors and I would like to thank you for being a part of this great association.

INTERCHANGE

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Mark Your Calendar



The NAHQ 30th Annual Education Conference will be held at the New Orleans Marriot in New Orleans, Louisiana from September 17-20, 2005. This year's theme is "Quality and All That Jazz!".



Legislative Update Legislative Update

By Pat Merryweather, Senior Vice
President, IHA

I just wanted to update all of you on some developments related to performance measurements and quality that occurred in the last few days of the Illinois Spring Legislative session. These bills have all been approved by the House and Senate and are awaiting signature by the Governor.

ASTC Public Reporting

Similar to the requirements of Illinois hospitals, free-standing Ambulatory Surgical Treatment Centers (ASTCs) will now begin reporting their administrative data for billing or encounter purposes for outpatient surgeries. This information, along with hospital information, will be shared in the Consumer Guide (HB 2202 passed two years ago). ASTCs are expected to begin reporting by January 1, 2006 with an anticipated internet Consumer Guide by no later than January 1, 2007. There is also a provision to study national reports and recommend to the Legislators on any national methodologies for drawing conclusions about the quality of the services or organizations. This is HB 2345.

Modifications to SB 59 for Infection Reporting

In response to the HICPAC advisory to CDC and in coordination with the Hospital Report Card Advisory Group, the portion of SB 59 (AKA Hospital Report Card Act) that deals with the infection reporting has been modified. Hospitals will now be required to report on 2 or more of selected measurements including Surgical procedure outcome measurements (wound infection) surgical procedure infection control measures (surgical infection measurements of CMS) Outcome of process measures related to ventilator associated pneumonia Central vascular catheter-related bloodstream infection rates in designated critical care units.

Please keep in mind regulations still need to be drafted, reviewed, and finalized for all of SB 59. It is the expectation of the State that this process will begin in earnest soon with hospitals reporting on 2 of the 4 above by January 1 2006.

This is SB 1862 and passed both House and Senate and is awaiting the Governor's signature.

Medical Error Reporting

As part of the Medicaid 2006 Hospital Assessment Act and modeled after Minnesota, requires hospitals and ASTCs to begin full reporting of NQF "Never Events" to IDPH by no later than January 1, 2008. Also requires hospitals to submit corrective action plans, root cause analysis, and info on any adverse event. The Illinois Department of Public Health (IDPH) will release by hospital the number of reported events and prepare info on events and corrective action plans under the guidance and advice of a 9 member Health Care Event Advisory Committee. This is SB 157 was approved by both House and Senate and awaits the Governor's signature.

All of these bills were passed in the very last week of session. Over the next few weeks, we will probably need to meet at least by phone to discuss some of these bills so we can meet the targeted deadlines of compliance.

If you have questions, please let me know.

Pat Merryweather, Senior Vice President

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Illinois Association for Healthcare Quality 3rd Quarter FY04-05 January-March 2005

INFLOWS

| | |
|----------------------|-------------------|
| Conference 2004 | \$ 300.00 |
| Interest | 7.47 |
| Membership | 1,100.00 |
| <hr/> | |
| TOTAL INFLOWS | \$1,507.47 |

OUTFLOWS

| | |
|--------------------------------|-------------------|
| Administrative | \$ 146.33 |
| Administrative – Audio Meeting | 139.84 |
| Annual Fee | 125.00 |
| Conference 2005 | 485.51 |
| Data Processing | 324.10 |
| General Education Expense | 500.00 |
| Miscellaneous | 0 |
| Postage | 135.74 |
| Telecommunications | 80.00 |
| Web Site | 110.00 |
| <hr/> | |
| TOTAL OUTFLOWS | \$2046.52 |
| OVERALL TOTAL | \$(539.05) |

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.



Imagine---A new approach to Quality Department Organization

How many people out there do you know with a Bachelor of Science in Quality degree? Yeah, me neither. The fact is that most of us have entered the field from other disciplines and I am no exception. When I was first tapped on the shoulder to head up the quality department as "Interim Manager", I was managing an engineering department in an automotive electronics aftermarket company. I was relatively happy where I was and I enjoyed creating new electronic gizmos. Since my experience in quality was limited to the inspection tag found in the pocket of a new pair of slacks, I was not exactly an expert. My impression was that quality departments consisted of a bunch of bespectacled moles whose sole mission in life was to hide in the dark recesses of the organization and point out other people's mistakes. Boy was I excited to join that group!

But, being the good soldier and meticulous engineer that I was, I dug in and started to learn. Know what? I found out that my impression was not too far off. Because the company for which I worked had government agencies as its major customers, many of the requirements were tied to Military Standards. And these were arcane in the extreme. The whole quality process at that time can be summed up in the following phrase.

Make it...Inspect it...Ship it

If anything was found to be wrong in the "Inspect it" phase, the person that was involved in the "Make it" was blamed. If they made too many mistakes...adios amigo.

Not long after starting my exciting new "interim" position, I happened to read some of the latest and greatest that was being kicked around in the industry. There was this guy, W. Edwards Deming, who had been sent to Japan after WWII to help them rebuild their manufacturing infrastructure. And some of the stuff that he was talking about struck a chord with me. Things like...

- Create a constancy of purpose in organizations...AND
- Cease dependence on mass inspection...

In fact, Deming had 14 points that he listed and guess what? These were aimed at organizational management, not the grunts that do stuff on a daily

basis. "Try harder, do better," was not in Deming's list.

I started to get the idea that maybe there could be a better environment in which to operate. At the time I had this hazy vision but it had to include things like:

- A different approach to the quality department organization
- A change in the way the organization viewed responsibility for quality
- Shifting the "police" view of quality to a "resource" view.
- Training in the proper tools to do the job

As I started work on crystallizing my approach, I realized that this was going to be a long-haul proposition. Before I could have an impact on the organization I needed to get to work on my own department. I had to be ready to strike when the iron was hot.

A different approach to the quality department:

At the beginning I had a whole bunch of "inspectors" finding mistakes of others, one person that worked on policies and procedures and one person that made sure stuff coming in the door was OK. In other words, most everyone was focused on catching mistakes. I needed a serious change.

I laid out a plan where over the next three years I would work to change the skill set within the department. This would require re-education in some instances, shifting of staff in others and a flat out reduction/rehire in others. "Sometimes we must make the sad decisions." (G. Taguchi). But I clued my boss in on what I was up to and he was supportive.

A change in the way the organization viewed responsibility for quality:

About a year into the quality department upgrade, I started a marketing campaign. I started to "sell" the idea that quality was not the responsibility of the quality department. This was an entertaining time. Many times departmental managers' support could be "bought" by telling to them that I would give them the inspectors that were finding mistakes. Giving away resources along with the budget to support them is virtually unheard of so when it happened, the managers were only too happy to agree.

My role in this whole thing was to make sure that they read the fine print. That is, when a problem occurs, it would now land on their door step, not mine. But I also wanted to assure them that when the problems started to drop, my folks (from my now upgraded department) would be there to support their efforts.

The Quality Toolbox, continued from page 4

Shifting the "police" view of quality to a "resource" view:

With the personnel change that I just described along with the shift in responsibility, all of a sudden the resources in the quality department became a valuable commodity. Instead of having to "push" quality people on other departments, we were "pulled" into customer complaint resolution, problem solving and process improvement activities in other departments at an alarming rate. Two years later I even had the unprecedented scenario where, while sitting in a budget planning session with my fellow directors and VP's, two of the operations guys volunteered to give one of their head count to me so that I could add a quality engineer to support them. WOW!

Training in the proper tools to do the job:

The final step in the metamorphosis came as we evolved from a "doing resource" to a "teaching resource". There is a story that we frequently used to help with understanding on this point. It involved a woodsman that was very focused on cutting down trees with his axe. A fellow woodsman happened by and noticed that our hero was working really hard but not getting very far. The buddy said, "Listen, I don't want to interrupt your work but I couldn't help notice that your axe is very dull." The hard working guy simply grunted, "Uh huh." And he kept swinging away. "Well, you could knock a lot more trees down if you took 10 minutes to sharpen your axe." The industrious but dull lumberjack breathlessly replied, "I can't stop, I have too many trees to cut down."

As more and more quality skills were required by other departments, it became apparent to those managers that they could actively support improvement themselves IF they had those skills WITHIN their department. So, instead of pulling resources from the quality department every time an FMEA was required, we trained key people within the departments on how to do it and cut them loose to be fruitful and make good quality.

I titled this article "Imagine" because when I started the journey I could only imagine an organization that valued quality improvement tools, data collection and analytical skills. Each organization presents unique challenges. But as Stephen Covey reminds us, "Start with the end in mind." IMAGINE what can happen.

If you would like more information on how to accomplish a similar change in your own organization, please don't hesitate to call. My phone number is 1-847-820-2443 or you can contact me by email at ClydeG@cndnetweb.com.



Technology Update

New Board Members!

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



IAHQ Educational Program 2005

Comments and pictures from the Educational Program on April 28, 2005 will be posted on the website starting July 15. Please take a look and get primed for next year's conference. Go to www.iahq.net and click ...



Congratulations to the Winners of the 2005 IAHQ Conference Door Prizes:

- Marie Buckley
- Nikki Kramer
- Jan Halkovich



CPHQ Corner

Congratulations to the most recent Illinois Quality Professionals who are now **CPHQ** (*Certified Professional in Healthcare Quality*):

Clyde Grooms, Naperville

Cheri Mattison, Barrington

Anthony Veasey, South Holland

Robert Durkee, Oakbrook.

The CPHQ certification recognizes professional and academic achievement by individuals in the field of healthcare quality management. The comprehensive body of knowledge includes quality management, quality improvement, case management, utilization management and risk management at all employment levels and in all healthcare settings. The CPHQ program is fully accredited by the National Commission for Certifying Agencies of the National Organization for Competency Assurance in Washington, DC, the only national voluntary program in the field to achieve this accreditation.

Please visit the [CPHQ and HOCB web-site](#) to receive detailed information about this distinction of excellence.

Call for IAHQ Member Volunteers

Call for IAHQ Member Volunteers

Looking for a way to get *involved* with your peers regarding quality with minimal time investment?

If so, consider serving on the IAHQ Board of Directors.

For more information about this great opportunity, please call Tammy Duvendack at Methodist Hospital in Peoria at 309-672-5627 or email at tduvendack@mmci.org.

IAHQ Program Report

IAHQ Program Report

By Kerry Wrigley, RHIT, BS,
Program Chairman

The Quality Challenge Program held April 29th, 2005 was a huge success thanks to our loyal members. We had 95 participants attend the program.

Dr. Richard Croteau, MD, Executive Director for Strategic Initiatives JCAHO, started the program off with a presentation on how to implement and measure the JCAHO National Patient Safety Goals.

Pat Merryweather, Senior Vice President, Illinois Hospital Association, informed us about the performance improvement developments that will impact healthcare facilities strategically and operationally.

Jan McNeilly, Premier Inc., provided an overview of the hospital quality incentive project and initial results and key lessons learned from top performers. The project focused on 5 inpatient populations: AMI, CAP, Heart Failure, CABG, Hip/Knee replacement. Participating hospitals have the opportunity to receive additional Medicare reimbursement if they are a top performer.

Marla Slock, RN, BSN, Education Specialist, OSF St. Francis Medical Center, discussed how St. Francis has implemented the Rapid Response Team at their facility.

Amy Panagopolous, Director IFQHC, previewed the CMS 8th scope of work requirements.

Clyde Grooms, CNDNet, Inc., and Kerry Wrigley presented tips on how to define and design a performance measurement dashboard report for the governing board and how organizations can strategically use the approach to help drive and support improvements initiatives. If you would like more information on dashboard ideas please contact Kerry Wrigley at kwrigley@memhosp.com or 618-257-5328.

IAHQ wishes to extend a "BIG" Thank You to the Program Committee members for organizing this year's program:

Kerry Wrigley, Memorial Hospital, Belleville, IL, Program Chairperson,
Carol Myer, Illinois Valley Community Hospital, Peru, IL,
Troy Delay, Passavant Hospital, Jacksonville, IL,
Michelle Darnell, St. Mary's Good Samaritan Inc., Mt. Vernon, IL,
Kelly Podgorny, University Healthcare Consortium, Chicago, IL,
Thomas Sifner, VA Medical Center, Chicago, IL,
Kristy Geil, CGH Medical Center, Sterling, IL,
Kathy Self, OSF St. Francis, Peoria, IL,
Clyde Grooms, CNDNet, Inc., Naperville, IL

