

I.A.H.Q.

The Official
Publication of the
Illinois Association for
Healthcare Quality

Number 1, March 2003

President's Message

Jodell Speckhart, RHIT, LPN, BA, CPHQ

The New Year is upon us and many of us often reflect back on the past year as we charge forward into the New Year. IAHQ is no different. In reflecting back over the past year IAHQ has stepped out to meet the challenges of the ever-changing healthcare environment. As a result, we have had many successes such as the educational teleconferences, addition of job postings to the web site, the electronic newsletter and most importantly a growth in membership. These things could not have been accomplished without the devoted time and energy of the board members and **your** input. I would like to take this time to thank each of every one of you.

MARK YOUR CALENDARS AND SEND IN YOUR RESERVATION for the 2003 IAHQ Annual Conference to be held May 1, 2003 at the Holiday Inn in Matteson, Illinois. This year's theme is "Finding and Tying Up Loose Ends". A variety of pertinent topics will be addressed such as; national patient safety goals, JCAHO "tracer methodology", failure mode and effects analysis in healthcare and many others. Be sure to attend this exciting seminar.

IAHQ is continually seeking feedback from its members in order to make this organization the best it can be and meet your ever-changing needs. Please feel free to contact me with any suggestions, questions or concerns at (217)-223-8400 extension 6674; or by e-mail at JSpeckhart@blessinghospital.com. Look forward to seeing you at the conference. One last note please, say a prayer for the family members of the space shuttle Columbia they like us were stepping out exploring new worlds.

INTERCHANGE

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Save the Date!! Finding and Tying Up Loose Ends: Creating the infrastructure for patient safety Thursday, May 1st, 2003

Holiday Inn Conference Center, Matteson, IL

For a conference brochure go to www.iahq.org and click on "Education" tab

Conference Highlights

- Learn about the "Tracer Methodology" that JCAHO will use in 2004
- Learn how to conduct a simplified Failure Mode and Effects Analysis
- Staffing Effectiveness: How to use statistical data
- Using technology to reduce medical errors
- Six breakout sessions on "Best Practices in Healthcare"



Welcome Members
Welcome Members

**Treasurer's Report
 4th Quarter, 2002**

<u>Account</u>	<u>Balance</u>
Inflow	\$2,372.70
Outflow	\$1,516.15
Quarterly Profit	\$ 856.55
INVESTMENT	\$1,113.96
TOTAL ASSETS	\$1,970.51

**Congratulations to SSM Health Care
 for receiving the first
 Malcomb Baldrige Award
 in Healthcare**

Michele Darnell, IAHQ Past President and currently the IAHQ Treasurer, will be a panelist at the national conference QUEST FOR EXCELLENCE March 30-April 2, 2003 in Washington DC. SSM Healthcare is affiliated with 21 acute care hospitals and three nursing homes in four states, Missouri, Illinois, Wisconsin and Oklahoma with nearly 5,000 affiliated physicians and 22,200 employees.

SSMHC has undertaken six collaborative involving 85 teams in 2002. The results for SSMHC's clinical collaborative for patients with congestive heart failure and ischemic heart disease demonstrate levels that approach or exceed national benchmarks.

SSMHC collaborative hospitals have maintained a high level of coumadin treatment for patients who have congestive heart failure and atrial fibrillation to prevent blood clots. More than 80% of SSMHC patients are on coumadin treatment compared to the benchmark of 60%. Also, SSMHC has attained national benchmark levels of patients receiving lipid lowering agents to decrease morbidity and mortality in patients who have suffered a heart attack.

The Baldrige site visits included comprehensive visits to the corporate office in St. Louis and more than 17 facilities in the four states in which SSMHC operates. The purpose of these visits, which took place at all hours of the day, was to verify and clarify information included in the application. Baldrige examiners spoke with more than 800 employees and physicians throughout the system. For more information about SSMHC "Baldrige Sharing Days" visit www.ssmhc.com.

IAHQ would like to welcome our members who joined November, 2002 - February 2003

- Mary Ann Adler, Walgreens
- Christine Dedowicz, Advocate Health Centers
- Jeannette Dragland, St. Joseph Hospital
- Douglas Elden, National Peer Review Corp
- Sharon Englert, Bartlett, IL
- Mary Finley, St. Anthony's Memorial Hospital
- Michele Herron, Triangle Center
- Colleen Hoelzer, Valley Home Health Services
- Ruth Holloway, Sparta Community Hospital
- Cynthia Howry, Zurich North America
- Linda Kennedy, Darien, IL
- Glenda Koeller, Freeport Health Network
- Michele Kuhn, University of Chicago
- Michele McCarthy, St. John's Hospital
- Donna McHale, CAP Gemini Ernst & Young
- Candice Meyler, Anderson Hospital
- Beverly J Nelson, Crossroads Community Hospital
- Watana Parker, St. Joseph Hospital
- Donna Podeschi, St. Vincent Memorial Hospital
- Kelly Podgorny, Alzheimer's Association
- Sandra Otten, Memorial Hospital Chester
- Gabrielle Scaccia, Consultant
- Kathleen Self, OSF St Francis
- Cheryl Simmons, OSF St. Francis
- Deborah Slanicky, Advocate Health Care
- Tina Spector, Alexian Brothers Medical Center
- Barbara Stockton, Katherine Shaw Bethea Hospital
- Bonnie Vagnoni, Highland Park Hospital
- Margaret Weis, St. Joseph's Hospital
- Dorathy White, The Monroe Clinic

Did you know.....? IAHQ members can post job openings free on the IAHQ web page. Go to the "Employment" tab on the IAHQ web page for instructions.

Where are you? We don't want to lose you. If you have a change of mailing address or email address, please contact Janet Stifter at (773) 665-3342 or jstifter@reshealthcare.org or go to www.iahq.org
 Select **Member's Section** button
 User ID: m105 Password: quality
 Enter the new information, check that this is an "update" and then "submit form". It's that easy!

The Lincoln Foundation for Performance Excellence 2003 Applications Are Now Available!

Examiner and Award applications for the 2003 Recognition Cycle are now available on The Lincoln Foundation website at www.lincolnaward.org. We look forward to your involvement as an examiner or applicant during this year's process.

This year we will be holding "Foundation for Excellence" sessions for all first year applicants on April 8, 2003 in Springfield and April 10, 2003 in Naperville. These sessions will teach you how to use the Malcolm Baldrige National Quality Awards criteria. In addition, the training will cover the Lincoln Award application processes and will help you determine if your organization is ready to submit an application. Please check the Award application for more details.

If you have any questions regarding the applications or the recognition process, please contact either Sandy or Donna at The Lincoln Foundation office (630)637-1595.

Upcoming Key Dates:

April 8 - Foundation for Excellence Training - Springfield
April 10 - Foundation for Excellence Training - Naperville
May 2 - Intent to Apply Due
May 16 - Examiner Applications Due
May 21 - First Year Examiner Training - Naperville
June 13 - Award Applications Due
June 17-19 - Examiner Training - East Peoria
June 24-26 - Examiner Training - Naperville

Six Sigma Phone Conference a Big Hit with IAHQ Members

IAHQ hosted a phone conference on "Six Sigma in Healthcare" on January 28, with over 84 participants. Our guest speaker was Patricia Klossner, President of Oriol, Inc. a national consulting firm to coach organizations for successful Six Sigma Projects. Six Sigma is a quality initiative that tries to reduce variation in a system or process so you get a more standardized procedure that reduces costs and time while improving quality.

Six Sigma is an analytic term that means having 3.4 defects per million opportunities. It is heavy on statistical analysis. The idea that if you can measure how many "defects" you have in a process, you can determine how to eliminate them and get close to zero defects as possible.

Typical Six Sigma projects in healthcare are Speed of service; Increased utilization; Improved productivity; Improved quality of services. The major steps of a Six Sigma project are:

- * Define the project
- * Measure the current situation
- * Analyze to identify causes
- * Improve
- * Control

In order for Six Sigma to work, senior leadership should support the effort and the quality improvement leaders are willing to drive the Six Sigma process. The key is to link the quality improvement goals to the organization's strategic goals.

The biggest mistake with Six Sigma is taking on a big project. Start with a project you know can be improved with the right focus and one that will have a material impact on customers on on process performance.

You may have to hire consultants at first but eventually any Quality Improvement professionals can become the in-house expert on Six Sigma and direct projects without outside help.

For more information click on www.orielinc.com

JCAHO Survey of National Patient Safety Goals Beginning 2003 Comments from NAHQ Listserv

Surveyors asked staff about the goals on every single unit! JCAHO was just here in January 2003. We had educated the staff on each unit about what the goals were and actually had each Manager sign them off on a competency-type sheet. JCAHO loved it and all our staff answered fairly well.

One of our hospitals was surveyed early in January. In the patient safety interview, the surveyor talked about each standard and asked what we were thinking about doing to meet each of the goals. We had addressed each one already and simply chatted about what we were doing for each one. When the surveyors were visiting the units there were occasional questions about how we identify the patient etc. It was pretty benign.

We recently had our Survey (December). The surveyors looked for evidence as they walked around...i.e. Look alike meds, drugs stored on unit (KCL and Mg sulfate), amount of drugs stored on unit, method for ensuring pumps are working correctly (free flow). They did not look for evidence of monitoring and evaluation.

We just had a survey middle of Jan. The surveyors really wanted to see how the staff responded to how they have implemented the safety goals in their areas. I had presented to the surveyors a summary of all our actions to address each goal and then they were asking staff what they did. They also asked how we surveyed our staff and patients on their safety needs/issues. Prior to survey I had communicated throughout hospital once again the goals and all our actions so they would be familiar to this discussion. In the safety interview they really only focused on medication safety. Surveyors wanted to see where we described our pt disclosure process...we have a safety plan and it is in there.

We prepared a notebook for each of the goals, which included a copy of the JCAHO documents describing the goals, a summary of what we had done to address each, copies of policies, meeting minutes, etc. to document what we had done. We included these notebooks with the document review. We know they reviewed them, because there were sticky notes on a couple of them with notes they had written to themselves. When they went to patient care areas, they checked to see if the policies in those books were being followed. They also asked staff about processes - like "How do you identify a patient?." They were satisfied with what we had in place. I asked what they would be looking for regarding these goals in the future. The physician told me they would expect to see monitoring that the strategies we put in place were working.

What's New in the House?

PATIENT SAFETY

LEGISLATION APPROVED

The Patient Safety Improvement Act (HR 87) was approved 2/27/03 by the House Ways and Means Committee. This bill lays out a common-sense approach to improving patient safety - a goal that is the heart of every hospital's mission. The bill would help create a national database through which nurses, doctors, and others can voluntarily and confidentially share information when adverse events happen in order to enhance knowledge of how to prevent them.

This bill requires the Secretary of HHS to develop voluntary, national standards that promote the interoperability of healthcare information technology systems within two years of enactment. It would also establish a medical information technology advisory board that would advise the secretary of HHS and Congress on medical information technology issues and best practices. For a copy of the bill, you can access the Library of Congress Legislative **Web site**
<http://thomas.loc.gov>.

MERGERS DON'T DRIVE COSTS

Hospital mergers are not driving up the cost of health care premiums to consumers, former Federal Trade Commissioner Christine Varney told a joint Department of Justice/FTC hearing. Testifying for the AHA, Varney cited a report released by the AHA Tuesday rebutting the Blue Cross and Blue Shield Association's claim that hospital "consolidation" was a leading cause of double-digit health care cost increases. She added that if antitrust agencies are serious about determining whether competition policy or antitrust enforcement has a constructive role to play in reducing the cost of health insurance premiums, they should "broaden their horizons beyond hospitals." The agencies will hold hearings across the U.S. in March and April.

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.

National Federal Patient Survey

CMS and AHRQ are preparing to pilot test a new federal patient survey in preparation for national implementation.

The Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) have released the Hospital-CAHPS draft survey, along with a plan to test it in New York, Arizona and Maryland starting next month. The government survey, developed by AHRQ, is totally new to the industry rather than being an adaptation of any vendor's existing survey and, per CMS, was designed for public accountability, not performance improvement. A copy of the draft federal patient survey can be found at http://www.hospitalconnect.com/aha/members_only/content/cpoesurvey030123attach.doc.

In connection with the latest IOM report, *Leadership by Example: Coordinating Government Roles in Improving Health Care Quality*, on 12/12/02, the American Hospital Association (AHA) hosted an announcement of a plan for the federal government to collect and publicly report 10 quality measures among three clinical conditions: heart attack, heart failure, and pneumonia. Within the same announcement, U.S. Department of Health & Human Services (HHS) Secretary Tommy Thompson announce, "we're going to be developing a patient satisfaction survey for use all across the country." And Dennis O'Leary, M.D., president of the JCAHO stated, "the Joint Commission is also especially pleased that this partnership is committed to the integration of patient experience of care measures into this reporting initiative as soon as the new data-gathering instrument becomes available late next year. This will unquestionably be important and relevant for information from the patient's perspective." (http://www.kaisernetwork.org/admin/healthcast/uploaded_files/ACFECAB.pdf).

This announcement was supported by a landmark change to the Centers for Medicare & Medicaid Services (CMS) Hospital Conditions of Participation. On January 24, 2003, the Federal Register reported that the Centers for Medicare and Medicaid Services (CMS) revised the Conditions of Participation in its Medicare and Medicaid programs to focus on a program of Quality Assessment and Performance Improvement (QAPI) that will demonstrate improvement in patient outcomes and patient satisfaction. CMS' stated goal (according to the revised Conditions of Participation) is to, "assess whether hospitals have all of the components of a QAPI program in place. The SAs [state agencies] will expect hospitals to demonstrate, with objective data, that improvements have taken place in actual care outcomes, processes of care, patient satisfaction levels, hospital operations, or other performance indicators." Within the 1/24/03 Federal Register, CMS defines a "fundamental shift in our regulatory focus for quality from the current approach that identifies and corrects problems in patient care delivery [quality assurance] to an approach that emphasizes improving patient outcomes and satisfaction using a data-driven QAPI [Quality Assessment and Performance Improvement] program." (Federal Register, Volume 68, Number 16, Pg. 3442 <http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/03-1293.htm>).

Hot Links!!

Below are web links that we think are some of the "Best of the Web" resources for healthcare quality. If you know of a site with useful information that you would like to share, please email the link to kwrigley@memhosp.com

- www.QualityHealthCare.org
A new online resource sponsored by IHI and British Medical Journal. Excellent resources for the QI professional. Best viewed in Explorer browser.
- www.safetynext.com The National Association of Safety Professionals excellent resources for safety topics, forms, and checklists
- www.rmis.com Risk Management Internet Service good source of references
- www.healthsafetyinfo.com Healthcare Safety Supersite for examples and resources.
- www.aaham.org American Association of Healthcare Administrative Management
- www.iahss.org International Association for Healthcare Security and Safety
- www.acmaweb.org The American Case Management Association
- www.ashp.org The American Society of Healthsystem Pharmacists - good source for medication prevention tools

2003-2004

IAHQ Board of Directors Nominations

Nominations are now taking place. If you are interested in taking an active role on the IAHQ Board of Directors, contact Janet Stifter, IAHQ Membership/Nomination Chairperson at jstifter@reshealthcare.org to discuss what positions are available to suit your talents.

The Society of
Critical Care Medicine
will present the
Summit on ICU Quality and Cost
May 5, 2003
The Fairmont Hotel
in downtown Chicago
Pre-Summit Course: Coding and
Billing Practices May 4, 2003

Quality issues such as end-of-life care for the critically ill patient, the importance of protocols, data collection and measurement, and sessions on the new JCAHO ICU performance measure sets are just some of the exciting sessions to be held during this 1- day meeting. We will also be discussing issues of nursing shortages and how that will effect the growing critically ill patient population. For more information click on www.sccm.org.

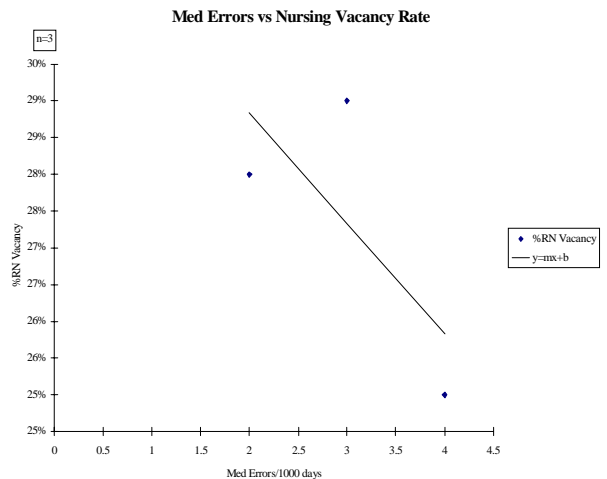
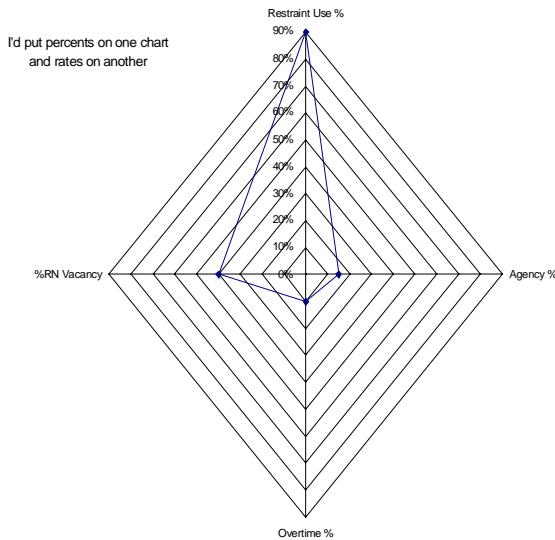
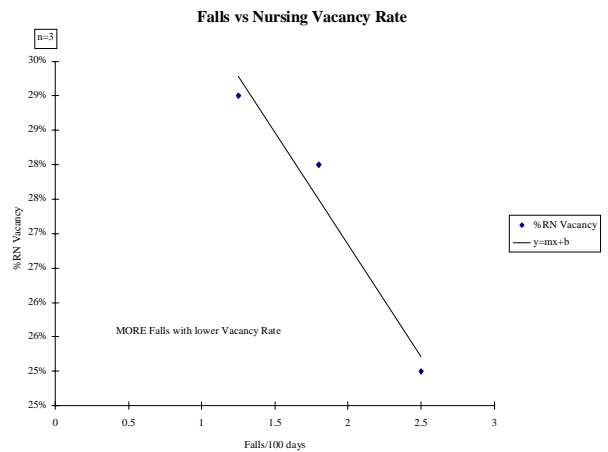
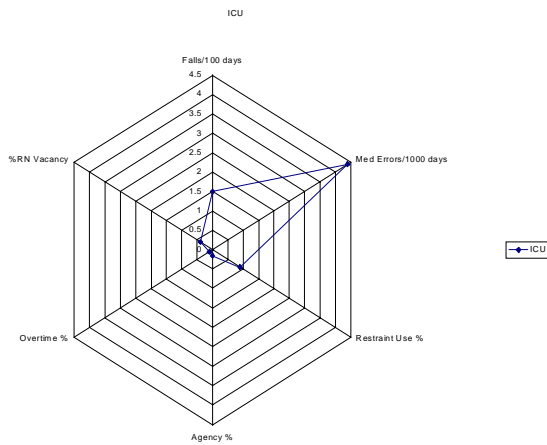
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MAIL BAG.... We have received several requests to find out what the “Experts” recommend to effectively demonstrate correlation between the JCAHO Staffing Effectiveness clinical indicators and human resource indicators.

We put this question to Jay Arthur, Editor of the Six Sigma Ezine and he sent us several sample graphs that he suggests would work. Jay says “You can easily draw the spider diagram using basic Excel charts. For true correlations, I'd like you to consider the scatter diagram: falls vs staff hours or medication errors vs staff hours. If you look on the graphs below for the scatter diagram, you'll find correlation coefficients to determine if staffing is causing patient falls, medication errors, etc.”

We also asked one of our IAHQ members, Clyde Grooms, CNDNet, who will also demonstrate how to do this at the May 1st, 2003 annual conference in the afternoon breakout session using “real” staffing and clinical data from St. Joseph’s Hospital in Chicago. Clyde’s comments on the use of graphs on page 8.



Choosing the Right Graphs for Staffing Effectiveness

Clyde Grooms, CNDNet

1. **Radar diagrams** do a nice job of summarizing information from numerous variables but can be confusing to those that are not accustomed to reading them. They are not what I consider to be "intuitively obvious". I might look for a different method to express the explained variability here. If we need to show contributions of several variables on a single outcome (medical errors for instance), multiple regression or ANOVA may be a better choice.
2. **Scatter diagrams** are a good first step as a way of determining if further analysis is required but never use them to make statistical inferences. For this, we need to resort to a test that includes a measure of statistical significance. The main reason for this is to prevent the assignment of resources to problems that may not actually exist.
3. **Control Charts** - I have found very few tools that are more powerful than Shewhart Control Charts (classic SPC charts with control limits) coupled with a Pareto analysis. The only things that I add to this tool set is actually a post-hoc analysis of a control chart using trends or run rules or a regression analysis to show long-term trends. The advantage to these methods is that they show very clearly what is going on.
4. **Sample Size** - for statistics to work we need a sample size that is sufficient (not too big and not too small). Sample size is not an opinion. Sample size is always calculated based on the variability of the underlying distribution. That's stat-geek talk for saying that we need to do some benchmark work before deciding how many data points it will take to make an inference. Sampling Frequency and methods may need to be addressed.
5. **Data Definitions** - When we set up a study we want to make sure that the data that we collect is beyond question. That means that we need to avoid what I like to call "happenstance data". The reason that I bring this up is that we need to make sure that our data collection process is well defined (i.e. everyone knows EXACTLY what RN Vacancy means) and that the areas collecting this data are reporting it in a highly structured manner.

2002 - 2003 Board of Directors

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