

President's Message Troy Delay

As we enter the New Year, we each have our own special things for which we are thankful. By "things" I do not mean those tangible items one can actually lay hands on. I am referring to things of the heart. In this fantastic country in which we live, we are blessed with a great deal of tangible wealth. We are also blessed with many things in our jobs that make coming to work worthwhile. As the President of the Illinois Association for Health Care Quality I am blessed with an outstanding group of individuals that keep this organization going. I am referring to the Board of Directors and to the members of the organization. Our organization has a great deal of talent that keeps us viable. I am happy to report that the committees and individuals of IAHQ provide outstanding support for carrying out the mission. Our Board members are always looking for ways to provide our members with excellent educational tools and are always encouraging and supporting each other for completing all of those minute details. We are looking at some educational programs that will continue to help you in your jobs. I am happy to share with you that IAHQ is financially sound. We are investing some of our funds, and we have sufficient funds for operational expenses.

We keep hearing through the media about the number of hospital related illnesses and deaths of patients due to medical related errors. While all of our organizations are working on improving the care we give our patients, we must remain vigilant in eliminating all hospital related injuries and illnesses. When I work with the nursing units and clinical areas of my facility I like to stress a zero error rate. I feel that each indicator goal should be set at a one-hundred percent compliance rate. Yes, I take a lot of grief over this issue. I am a realist and realize that you are not going to reach perfection all of the time. But, you should not accept error. I believe that you should strive to set your goals for achieving perfection. Once you set a goal at less than one-hundred percent, you have set yourself up for failure. If you have an expectation that people are going to make errors and you accept those errors, then you are increasing your chance for error. I just hope it is not my mother who receives the wrong medication because an error rate is expected to happen. For that matter I hope no patient has a wrong procedure performed because it is accepted that mistakes happen.

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INTERCHANGE

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Save the Date



April 27, 2007.

The **IAHQ 2007 conference** will be held Friday, **April 27th, 2007** at the Holiday Inn Select Naperville. This year's theme is **"Achieving Excellence: Taking quality to another level"** Our key note speaker is Lucille Kuhny, Associate Director JCAHO Standards Interpretation. Other topics include JCAHO Disease Specific Certification, Six Sigma to Reduce Decubitus, VAP Reduction using IHI Guidelines. Look for program brochure mailing the first week of March 2007.



President's Message (continued from Page 1)

In defense of our medical institutions, I believe that our health care staff members have the same goal as I do. That is to give the best medical care that we possibly can. We provide care for individuals in all walks of life and for a vast variety of illnesses and injuries. I have witnessed, literally thousands of times, nurses or clinical specialist administering loving care to patients. I have also witnessed a caregiver calmly taking care of a patient while receiving a barrage of verbal and even physical abuse from the patient or a family member.

How many committees have we served on while we discuss upgrading our medical equipment and training to assure that patients in our community receive the best care? We have the capability in this country of providing outstanding quality care to our patients that is error free. As staff members of the Performance Improvement areas of our institutions, we must continue to push for perfection in all areas. Once again, thank you members of IAHQ for the outstanding role you play in the health care field.

Troy

**Illinois Association for Healthcare Quality
Financial Report**

October through December 2006

Membership	\$ 50.00
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TOTAL INFLOWS	\$ 50.00
OUTFLOWS	
Administrative -Audio Mtg.	\$ 253.35
Alumni Services	392.17
BOND	187.50
IHA Affiliate	125.00
2006 NAHQ Conf. Reimburse	1237.96
Prep 990EZ	215.00
Website	135.00
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TOTAL OUTFLOWS	\$2545.98

IAHQ Website Update

Updated List of IAHQ Board Members!

To find out more, visit our web site at www.iahq.net and click on...



CPHQ?

Are you interested in becoming a Certified Professional in Healthcare Quality?

IAHQ is interested in conducting a preparation course for the CPHQ examination. If you would like more information, contact any one of the Board members listed on the last page of the newsletter for more information.

Seminar Summary: Peer Review Today

Greeley Company, division of HcPro

October 12 -13, 2006

By Kathleen Self, CPHQ, IAHPresident-Elect

It is a known fact that the medical staff is accountable for peer review because it is a democratically organized and self-governing body that reports to the board independent of management. Self-governance is a “societal privilege” not a right. The medical staff dictates that only a physician can evaluate another, so the organizational boards have assigned the responsibility to monitor and improve the quality of care to their medical staffs.

Effective peer review programs are based on performance improvement (not bad apples), and help marginal performers to become good, good performers to become better, and better performers to become excellent. The Physician Performance Pyramid is a common sense approach to creating a physician performance improvement culture. The foundation of the pyramid to the top looks like this:

- appointment of excellent physicians →
- communication of set expectations →
- measurement of performance →
- provision of individual feedback →
- corrective action and management of poor performance.
- The six performance dimensions of the Pyramid (JCAHO’s 2007 six general competencies) are: technical quality, service quality, patient safety/patient rights, resource use, relations, and citizenship. It may be to our advantage to adopt these JCAHO dimensions using the language that physicians are familiar with in medical schools; the categories are: Patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Physicians’ scorecards can be organized in this fashion to promote clarity and understanding of expectations.

It was emphasized that organizations should not wait until the data is perfect to inform physicians. “Perfect should never be the enemy of good”. The bottom line is that physicians have a need to know what their performance looks like (every 3-6 months). The top 5 reasons that physicians don’t use data to change: “I’m mad and refuse to change”; “I’m good enough”; “Don’t tell me how to practice medicine”; “Medicine is not a team sport”; “The data is wrong”. It is appropriate to use benchmark data (internal and external) because physicians are competitive. When a physician is an “outlier” from the rest, start the dialogue with, “why are you different” (not, “what’s wrong with you?”). The contemporary peer review is the evaluation of a physician’s performance for all relevant performance dimensions using multiple sources of performance data. There should be an effective screening process that identifies something to improve in 20 cases/1000 patient admissions (no more/no less).

JCAHO 2007 has added language to reflect continuous performance evaluation, it is called Ongoing Professional Practice Evaluation (OPPE) and by 2008, JCAHO expects a clear proctoring method for Focused Professional Practice Evaluation (FPPE) when there is no data to measure a physician’s performance (i.e. new on staff or new privileges). Peer review is NOT root cause analysis, hospital performance improvement, M&M, a clinical (continued)

Seminar Summary: Peer Review Today

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management conference, or a system's review (determination cannot be made from any of these). A great physician performance improvement program consists of a non-punitive culture (resulting in real physician improvement), effective/efficient committee structure, valid and accurate physician performance measures, timely and useful feedback, and well-designed improvement strategies. Effective peer review is FACE (fairness, accuracy, consistency, and efficiency). Peer review should be standardized, and simplified with a multidisciplinary committee structure, using the right indicators and targets, and providing timely and useful feedback.

Relevant indicators for physician performance should be measured as:

- 1) review (i.e., unexpected death),
- 2) rule (i.e. timeout), or
- 3) rate (i.e. OR delays due to surgeon).

NAHQ 2006 NATIONAL CONFERENCE

By Marisa Santangelo, RHIA, CPHQ

IAHQ Secretary

This year the NAHQ National Conference was in sunny San Diego, California and it was held in the beautiful Manchester Grand Hyatt with a view of the bay.

The main conference opened on Monday morning with keynote speaker Rick Brinkman. He spoke on how to influence others, have successful interactions and how to deal with difficult people. Rick was not only informative, but funny, exciting, motivating, and enthusiastic and a great way to start the conference.

Both general sessions on Tuesday dealt with leadership and culture, the first was on leadership strategies for improving patient safety and the second one was a leadership forum discussion on how to engage senior leadership in quality.



NAHQ 2006 NATIONAL CONFERENCE

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Both were informative and answered many questions from the audience

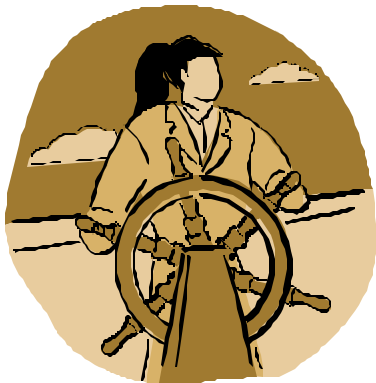
The rest of the conference was 10 break out sessions with 4 sessions for each. They included topics such as Fall prevention: a new model; Physician Score carding/Dashboard; Emergency Dept. Dashboard Indicators, process improvement in Real Time; Disclosing Medical errors to patient;

Performance Improvement Program in home health; and Public Quality Reporting.

There was time for networking with over 1100 attendees, visits to the exhibit hall, and viewing of posters.

During the conference the members from New Orleans and the other areas affected by Katrina last year were acknowledged. Due to the meeting being cancelled last year the awards from last year were presented as well as this years. The State Association winners for Excellence for 2005 were announced: Gold went to Indiana, Florida received the Silver, and the Bronze went to Connecticut. It was a busy 3 days but very rewarding, it is nice to have a chance to find out that the issues are the same no matter what part of the country and to share ideas for improvement and successes.

Thanks to
**Kelly Podgorny, Tammy
Duvendack and Clyde
Groom** for their generous
commitment to the IAHQ as
members of the IAHQ Board
of Directors.



**We'd like to hear from you. If you are
interested in steering the direction of the
Illinois Association for Healthcare
Quality as an appointed member of the
Board of Directors, the following chairs
are available:**

Education

Membership

Technology

**Contact any of the Board members listed
in the newsletter for more information.**



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