

# I.A.H.Q.

The Official  
Publication of the  
Illinois Association for  
Healthcare Quality

Number 3, November 2002

## President's Message

Jodell Speckhart, RHIT, LPN, BA, CPHQ

Fall and the holiday season are rapidly approaching but that doesn't stop the work of IAHQ. The board and program committee has been diligently planning for the Annual Conference in 2003. As discussed at the 2002 Annual Conference it was decided to move from a two day conference to a one day conference for a variety of reasons that include tight budgets of healthcare organizations and budgetary restrictions of IAHQ. The conference is scheduled for May 1, 2003 at the Holiday Inn in Matteson Illinois. IAHQ is lining up an exciting group of speakers. Stay tuned for more information forthcoming.

The Board also adopted a new vision statement that we feel depicts the direction of the organization more succinctly: **"The Illinois Association for Healthcare Quality will be a leader in providing education, networking and resources to promote the development of professionals in all aspects of healthcare quality."**

November will be the launch of the association's on-line newsletter. This is an exciting time of change for everyone. Any feedback would be greatly appreciated as we strive to provide the highest quality services to you, our **valued** customers. Be sure to check the web site frequently for new information and job postings.

IAHQ will also include a **survey** with this newsletter. Please take the time to complete the survey. This is one way your board can elicit feedback in order to continuously improve the services provided. Always feel free to contact me with any issues, concerns or suggestions at (217)223-8400 extension 6674; or by e-mail at [jspeckhart@blessinghospital.com](mailto:jspeckhart@blessinghospital.com)  
**Happy Holidays!**

**Save the Date!! Finding and Tying Up Loose Ends: Creating the infrastructure for patient safety**

**Thursday, May 1<sup>th</sup>, 2003**

**Holiday Inn Conference Center, Matteson, IL**

### **Conference Highlights**

- Learn about the "Tracer Methodology" that JCAHO will use in 2004
- Learn how to conduct a Failure Mode and Effects Analysis
- Six breakout sessions on "Best Practices in Healthcare"
- See page 5 for more information on the "Tracer

**Methodology"**

INTERNATIONAL  
NATIONAL  
CONFERENCE  
ON  
HEALTHCARE  
QUALITY

### *In this issue....*

President's Message	-1-
Welcome Members	-2-
Treasurer's Report	-2-
NAHQ Conference	-2-
Healthcare Quality Ratings	-3-
Membership Survey	-4-
Tracer Methodology	-5-
Phone Conference	-6-
Hot Links!	-6-
Board of Directors	-7-



# Welcome Members

## Treasurer's Report 9/30/02

<u>Account</u>	<u>Balance</u>
Inflow	\$1,765.00
Outflow	\$2,899.01
Quarterly Profit	-\$1,134.01
INVESTMENT	\$1,113.96
TOTAL Cash and Bank Accounts	<u>\$4,017.50</u>
TOTAL ASSETS	\$2,876.80

## NAHQ 2002 National Conference Carol Myer, RN, BSN, CPHQ IAHQ President-Elect

This year was my first time attending an NAHQ National Conference. It was held in the gorgeous (and huge!) Gaylord Opryland Resort in Nashville, Tennessee. My attendance began on Sunday, so I could learn about the roles and responsibilities of a State President, as well as meet with the NAHQ leaders to discuss ways to increase member satisfaction. The conference officially opened Monday morning with an outstanding motivational speaker, Erik Wahl. Erik talked and drew his way through a very moving presentation on the important role we, as Quality professionals, have in the organizations we serve. Tuesday's speaker was Dr. Carolyn Clancy, who presented information on Evidence-based medicine and Outcomes Improvement. On Wednesday, thoughts turned to the events of September 11, 2001 during a presentation on how one hospital responded to this tragedy. The remainder of the days were filled with Track sessions on topics ranging from the current Health care topics such as the Leapfrog initiation and the Nursing shortage to Data Management in multiple settings and alternatives to JCAHO accreditation. Break time was filled with visits to the Exhibition Hall and lots of networking! During the conference, the State Association winners for Excellence were announced. The gold (1<sup>st</sup> place) award went to our neighbor-Indiana! Arkansas was awarded silver and bronze went to Connecticut. All in all, it was a great time and I would recommend attending the NAHQ national conference if you ever get the chance.

IAHQ would like to welcome our members who joined in August - October 2002

Rosemary Albright, Jackson Park Hospital  
 Lisa Beck, Utlaut Memorial Hospital  
 Ramona Cheek, Carle Foundation  
 Marsha Cummings, St. Margaret's Hospital  
 Kathleen Gardon, Retired Air Force  
 Kathleen Gast, Rush Presbyterian St. Luke  
 Marcia Hargreaves, Rush Presbyterian St Luke  
 Leslie LaBelle, LaBelle and Associates  
 Janet C. Lane, Mendota Community Hospital  
 Deanna McFadden, Elmhurst  
 Kathleen Mika, Crystal Lake  
 Deborah Miller, Northwestern Memorial Hospital  
 Melinda Orlando, The Mihalik Group  
 Mary Schore, Riverside Medical Center

**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](mailto:jstifter@reshealthcare.org)

**You can also update your membership profile on IAHQ's web page.**

Go to [www.iahq.org](http://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!

“Healthcare Quality Ratings and the Consumer”

What’s All the Chatter About? NAHQ’s list-serve has many interesting and thought provoking topics that echoes across the nation. One topic that hit a nerve with NAHQ chatters in the past month was about how consumers view quality ratings.

Tommy G. Thompson HHS Secretary recently wrote “The public values its caregivers. But also wants to make sure that the quality of care at its hospitals is as good as it can be. The more a community knows about its hospital the greater will be its trust. And a major step toward strengthening the public’s trust is to share information with your community about the quality of medical care your hospital provides. It is essential that the information to the public is clear and accurate so that consumers can make better-informed choices about their care, otherwise the public will be confused by conflicting and competing information.”

EXCERPTS FROM NAHQ’S LIST SERVE

According to a study published today by Harris Interactive (the "Harris Poll" people), quality ratings have almost NO influence on consumers’ choices of hospitals, health plans and physicians:

26% health care consumers said they had seen quality ratings for hospitals, but only 3% of the group used the information to make a decision.

22% had encountered quality information about health plans, 3% of whom contemplated changing health plans because of the reports.

10% reported having access to physician ratings, and only 1% of that group considered making a change based on information from the report.

And to make matters worse, the authors of the study note:

".....all students of marketing know that the best products or services often lose out to inferior competitors with superior sales, marketing and advertising programs. This will also be true as health providers compete for patients, and health plans compete for employers or members, and as pharmaceutical companies compete to sell their drugs."

The report is posted on the Internet at:

[http://www.harrisinteractive.com/news/newsletters/healthnews/HI\\_HealthCareNews2002Vol2\\_Iss19.pdf](http://www.harrisinteractive.com/news/newsletters/healthnews/HI_HealthCareNews2002Vol2_Iss19.pdf)

---

I am convinced that collectively we are going to need to develop strategies and methodologies to educate consumers (in general) and our patients (specifically) as to how to easily find, interpret, and use QM information to advance their lives. Is anyone on the list-serve addressing this matter, and having some positive outcomes?

---

It is unfortunate that the statistics are what they are. However, as one who has been teaching a college class in physiology and who has just observed people and who reads the newspapers daily, I can tell you that most people do not use the information provided because they can't. People are not health-literate. In fact, most people are not even literate. The literacy rate in this country is around 50%. We have to have newspapers written to a 6th to 8th grade level, so people can even read the paper. The level of knowledge of health issues and health-related life activity is embarrassingly low. People use anti-bacterial soaps (fear factors, no real information), sanitary wipes in grocery stores, clerks use silly plastic gloves when serving or handling food. You want to educate? Start in grade school and educate the teachers first. Educate teachers to teach them how to educate students. People cannot read well--adults who carry out ADLs, cannot read contracts, newspapers, books, and on and on

---

Judith Hibbard was one of the presenters at the recent NQF meetings. She provided an overview of some intriguing research related to consumer report cards for health care quality. Ms. Hibbard is with the University of Oregon's Department of Planning, Public Policy & Management. Here is a weblink that may interest you.  
<http://www.uoregon.edu/~jhibbard/default.htm>

---

While editing the book, "Provider Report Cards: A Guide for Promoting Health Care Quality to the Public." (Chicago: AHA Press, 1999) I gained a more thorough understanding of the role of data in educating health care consumers. There continues to be a lot of controversy about how consumers use performance data to make health care provider choices. It appears, however, that federal and state regulators (as well as accreditation groups) are bent on creating performance "report cards" on providers and practitioners. Perhaps the individual consumer won't find these useful, but I'm not convinced that regulators are creating these for individual consumers (although the report cards are marketed as such).

# IAHQ MEMBERSHIP SURVEY



Dear Colleague,

IAHQ's strategic vision is **“To be a leader in providing education, networking and resources to promote the development of professionals in all aspects of healthcare quality.”**

To succeed in this vision, IAHQ must regularly identify the issues that affect our members and strive to be the organization that you need.

**You can help us!!** Your comments will give us the important information we need to plan for future services for our members.

**Please PRINT out and complete this survey and Fax to Jodell Speckhart at 217-228-3097.**

Thank you for your prompt response!

Jodell Speckhart, LPN, RHIT, CPHQ, BA  
President IAHQ

\*\*\*\*\*

Please circle your response

## RESOURCES:

- |  |            |           |
|--|------------|-----------|
| 1. Have you ever accessed IAHQ's web page <a href="http://www.iahq.org">www.iahq.org</a> | <b>Yes</b> | <b>No</b> |
| 2. If yes, do you see this web site as a helpful tool                                    | <b>Yes</b> | <b>No</b> |
| 3. Comments on how can we make this web site more useful for you                         |            |           |
| 4. Does the newsletter have relevant articles and helpful information?                   | <b>Yes</b> | <b>No</b> |
| 5. How can the newsletter be improved?   |            |           |
| 6. What is your opinion of the electronic newsletter?                                    |            |           |

## NETWORKING:

- |  |            |           |
|--|------------|-----------|
| 1. Does IAHQ provide a forum for you to network with your peers. | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

## Suggestions for networking:

## EDUCATION:

- |   |            |           |
|---|------------|-----------|
| 1. Do you see IAHQ as a primary source for you to obtain CPHQ recertification hours?        | <b>Yes</b> | <b>No</b> |
| 2. Is a monthly one hour phone conference on a "hot topic" or best practice useful for you? | <b>Yes</b> | <b>No</b> |

## Suggestion for a topic:

## Howard Nussman, Premier, Inc. will be the Key Note Speaker at the May 1, 2003 IAHQ Annual Conference to explain the Tracer Methodology

The **Tracer Methodology** is a new JCAHO survey process for 2004 that will more naturally follow how the organization provided care and services to its patients. To begin with, an assessment of the organizations' patient profile and volume would be conducted. If a hospital has a high geriatric patient population, the medication process may be selected as a **priority focus** because geriatric patients generally receive more medications than other populations. Geriatric patients are more prone to falling so this may be another **priority focus**. An organization would be asked to identify patients that have multiple medications and then the surveyor would review the medical records to follow each patient and services provided through the organization's systems such as patient assessment, prescribing, dispensing, administering and monitoring medication and assess standard compliance in areas of **priority focus**. JCAHO Surveyors will speak with staff members who have been involved in the medication process and review their personnel files including credentials, license, education records. Organizational policies and procedures related to the patient's assessment for risk of falling could be reviewed since falls are a possible side effect of medication in elderly population. Thus the surveyor will follow the **tracer methodology** through other **priority focus** areas for the organization such as cesarean section. If the surveyor identifies a standards compliance issue while tracing one patient, other records of similar patients would be requested to determine if the problem represents an isolated issue. As multiple cases are examined through their actual care process, the surveyor may identify performance issue trends the surveyor will work with the organization to address these trends, provide on-site education on ways to improve, offer best practices from other health care organization, provide guidance as needed. If a trend is identified the surveyor may issue the organization a Type I recommendation and have 30 days to submit a corrective action plan. No final decision will be rendered until the plan is received and approved by JCAHO.

## Good Advice from the NAHQ List Serve: A chatter asked for help with tracking medication errors.....

### QUESTION:

We want to make our medication error report form very user friendly, non-threatening, and non-punitive. For instance, we might ask the question "What flaw in the system allowed this event to happen - or almost happen - to you?" We also want to capture the details and data elements that are useful for thorough evaluation of the event, and for trending.

### RESPONSE:

Our organization created a Medication Variance Report form to achieve the goals you described. However, instead of asking about "flaws in the system", we have a question that asks "Insights/recommendations for performance improvement." In both the documentation guidelines for the form and staff in-services, we emphasized that among other things, staff could note any "process issues" in this section. Since beginning using the form last year, we have had some good suggestions from staff, many of which we have implemented. We mainly track by "reason for variance", to identify trends within the organization.

### RESPONSE:

I know that everyone is wanting to collect data about the cause of medication errors, however I'd be very careful about asking staff to identify system flaws or causes of errors. Often they don't have sufficient understanding of the system or the actual cause and can't provide accurate data to you. It's like when we ask nurses to tell us the cause of clinical path variances. They can report that the variance occurred, but right at the point of care when the variance happens, they don't usually have sufficient information to make a 100% certain judgment about the cause. It's a data collection problem that results in misleading or missing information about causes, whether it's a medication error or a clinical path variance.

## 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](mailto:kwrigley@memhosp.com)

- [www.ahrq.gov/data.hcup.prevqi.htm](http://www.ahrq.gov/data.hcup.prevqi.htm)  
A free tool that detects inappropriate hospital admissions. Prevention Quality Indicators was developed by the Federal Agency for Healthcare and Quality for 15 illnesses that can be treated effectively with community-based primary care
- [www.patientsafety.gov](http://www.patientsafety.gov) The National Center for Patient Safety has excellent resources for safety topics, and RCA/FMEA tool
- [www.ohsu.edu/ethics](http://www.ohsu.edu/ethics) Oregon Health and Science University, excellent resource for advance directives and POLST, physician orders for life sustaining treatment.
- [www.fhs.mcmaster.ca/rehab/ebp/](http://www.fhs.mcmaster.ca/rehab/ebp/)  
Use of evidence-based Rehab indicators along with clinical knowledge and reasoning to implement interventions that are effective.
- [www.mellottandassociates.com](http://www.mellottandassociates.com)  
"Quality Links" to important web sites and a section called "Quality Resources" that has documents that may be of use to you or others in your organization.
- [www.mytapestry.com/qlinks.html](http://www.mytapestry.com/qlinks.html)  
A collection of links related to TQM, CQI, various forms and documents.
- [www.naphs.org](http://www.naphs.org) The National Association of Psychiatric Health Systems has released the "Guiding Principles" for restraint and seclusion.
- [www.acnm.org](http://www.acnm.org) The American College of Nurse Midwives has a section on certification and credentialing non-physician providers and peer review mechanisms.  
[www.ihatoday.com/public/quality](http://www.ihatoday.com/public/quality)  
[www.ihatoday.com/public/patsafety](http://www.ihatoday.com/public/patsafety)  
The Illinois Hospital Association has excellent resources and tools for quality and patient safety.

## IAHQ Phone Conferences

Why pay the high prices for phone conferences? IAHQ has frequent phone conferences on the topics that are most important to you at an exceptional value. **In order to keep costs down and quick notification, phone conferences are only advertised through email notice.** If you would like to be added to the Phone conference Email notification list please forward your email to Kerry Wrigley [kwrigley@memhosp.com](mailto:kwrigley@memhosp.com)

## Highlights from Phone Conferences

### July 2002 The AAAHC and JCAHO Cooperative Accreditation Agreement

- Organizations Accredited by AAAHC are HMOs, IPAs, Large Group Practices, College, Community, Indian, Women's Health Services, Ambulatory Surgery Centers (ASCs), Office Based Surgical Practice
- JCAHO Cooperative Agreement includes core standards that are applied to all organizations seeking accreditation include adjunct standards applied based on the setting/services provided by an organization.
- Core Standards include, Rights of Patients, Governance, Administration, Quality of Care Provided, Quality Management & Improvement, Clinical Records, Professional Improvement, Facilities & Environment
- **August, 2002 AHA Get With The Guidelines** ...is a new guidelines-based hospital program that will help reduce deaths and the risk of recurrent heart attacks and strokes in patients with coronary and other vascular diseases. The Get With The Guidelines program provides tools and resources to assist medical professionals in building hospital systems to translate what we know about vascular disease secondary prevention into what is done in clinical practice. There will be several modules of the Get With The Guidelines program. Currently AHA is implementing the Coronary Artery Disease (CAD) module on a national basis. The Stroke module is in the pilot stage with an anticipated national launch in the fall of 2002.

## 2002 - 2003 Board of Directors

Jodell Stephens Speckhart, President, 217-223-8400, jspeckhart@blessinghospital.com

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

Michelle Darnell, Past President and Treasurer, 618-241-2218, Michelle\_Darnell@ssmhc.com

Mary Lynn Szperra, Secretary, Mary\_Lynn\_Szperra@ssmhc.org

Troy Delay, Member at Large, Acute Care, 217-245-9541 tdelay@passavanthospital.com

Donna Escallier, Member at Large, Home Care, 773-549-5822, escd@sinai.org

Kelly Podgorny, Member at Large, Mental Health, 312-355-5815 kelly.podgorny@alz.org

Elizabeth Weiler, Member at Large, Managed Care, 630-898-7402

Larry Gebraski, Technology Chair, Larry.Gebraski@advocatehealth.com

Mary Lewis, Education Chair, 847-228-9900, ml@plasticsurgery.org

Marisa Santangelo, Bylaws Chair, msantang@uic.edu

Janet Stifter, Membership Chair, 773-665-3342, jstifter@reshealthcare.org

Kerry Wrigley, Publications and Program Chair, 618-257-5328, kwrigley@memhosp.com