



Maryland Association for Healthcare Quality

January - February - March 2009, Issue 31

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PRESIDENT'S MESSAGE

Dear MAHQ Members,

2009 promises to be a busy year for MAHQ! First, I would like to thank Laura Schwartze for assuming the editorship of the MAHQ newsletter. We still need 1-2 more people to assist Laura with this endeavor.

On April 2, 2009, MAHQ will be hosting an information table at the Maryland Patient Safety Conference, Baltimore, MD.

Maureen McGinty, Education Chair, has been hard at work finalizing details for the Spring educational conference to be held on May 22, 2009 at the Maritime Center in Linthicum, MD. The all-day conference will feature speakers from DNV Healthcare, the first organization to received CMS deemed accreditation status, which uses NIAHOSM (National Integrated Accreditation for Healthcare Organizations) standards. More information will be forthcoming.

All MAHQ members have been added to the MAHQ Google Group. The MAHQ Google Group is intended to provide a forum to discuss current developments in healthcare quality, to brainstorm ideas, and share information. It is expected that the group will:

- a. Serve as a resource on educational opportunities available, current research, and best practices;
- b. Provide networking opportunities for members; and
- c. Provide a forum for the discussion of issues and problems relating to healthcare quality, which affect consumers in all settings.

Subscription to the MAHQ Google Group is a membership benefit. If you have not done so already, please renew your membership by March 1, 2009. After March 1, 2009, anyone who has not renewed will be unsubscribed from the Google Group. In addition, each year, state association presidents must submit a State Compliance Report to NAHQ. In order to meet the mid-March submission deadline, it is necessary to implement a renewal date.

The next Board of Directors meeting will be held on Thursday, February 26, 2009 from 6 p.m.-8 p.m. at a location to be determined. MAHQ members are always welcome to attend. Please contact any Board member for additional information.

Lastly, I and the Board welcome your input in our effort to make MAHQ the premier state healthcare quality association. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Cheri Wilson, MA, MHS candidate, CPHQ
President, Maryland Association for Healthcare Quality (MAHQ)

National Association for Healthcare Quality 33rd Annual Educational Conference

J. W. Marriot Desert Ridge Resort and Spa, Phoenix, AZ.

What the Collapse of American Business Can Teach Us

Kristine Tomzik

Chief Compliance Officer

University of Hawaii Clinical, Education and Research Associates

Submitted by the Education Committee Chair Maureen McGinty RN MSN CPHQ

At the September 2008 NAHQ conference, Kristine Tomzik, the Chief Compliance Officer of the University of Hawaii Clinical, Education and Research Associates delivered a talk entitled "What the Collapse of American Business Can Teach Us About Healthcare Quality". While the conference room was more than half full, I can't help thinking that less than six months later, if she were to present today, there would be standing room only. With the media constantly reminding us of financial losses and the demand for public reporting of healthcare quality and safety measures impacting hospital financial stability, we realize how relevant Kristine's message has become.

Central to Ms. Tomzik's discussion was her assumption that ethical collapse within the organization contributed to the failure of business enterprises. Back in September, her examples were Enron and Worldcom, representing the two largest bankruptcies in corporate history. Today we need only look to the Madoff investments and the banking industry for examples of ethical compromise and the drastic sequelae.

"Bad News + Bad Behaviors = Crisis" according to Ms. Tomzik. She identifies 7 warning signs (bad behaviors) in organizations that can ultimately undermine healthcare quality,

The pressure to maintain the numbers, whether referring to cost containment, profit margin or patient satisfaction, when out of control can contribute to ethical compromise. Fear of retaliation leading to failure to disclose a problem allows bad choices to proliferate. Weak Boards can actually undermine success. While they should have the fiduciary responsibility to ask "tough" questions of the administration they may not have the savvy or level of interest to probe beyond the surface.

Conflicts within an organization when not effectively resolved can derail quality efforts, especially those characterized by competing priorities and strong personal agendas. Ms. Tomzik warned that unprecedented innovation associated with flying below the radar or strategies in conflict with standards and accepted rules of engagement can often have devastating results.

The pursuit of quality in the healthcare industry demands integrity. Rationalizing that the organization's performance should be held to a more flexible standard based on its positive contributions to society while ignoring improprieties is not synchronous with the ethical culture that breeds quality. Ultimately those unhealthy organizational behaviors if left unchecked will result in the loss of public trust and confidence.

Ms Tomzik did not merely provide examples of alarming organizational behaviors that weaken the delivery of safe, effective, timely, efficient and equitable healthcare. She suggested remediation steps that mitigate threats to the achievement of quality in healthcare.

It is important for institutions not only to periodically revisit their mission, vision, core values and strategic goals, but to clearly communicate guidelines and accountability. The Institute of Medicine's aims for a healthcare delivery system must be kept in the forefront.

Developing transparency and the sharing of ideas by providing input at many levels should be encouraged and rewarded.

Board members often have diverse levels of experience and expertise. They need appropriate educational materials and experiences to fully grasp challenges. The tools for reporting both progress and shortcomings need to be direct and unwieldy.

Conflict must be acknowledged. Standards for engagement need to be developed and communicated clearly throughout the organization. We should be wary of results that seem too good to be true. It is critical to recognize that there are limits and rules that should impact performance.

What enhanced the effectiveness of this particular presentation was the case study that was presented. The collapse of the HealthSouth organization was chronicled from inception in 1984 through 1997. Its demise was linked to the 7 warning signs or behaviors associated with ethical collapse. Business improprieties and Medicare fraud led to \$3 million of corporate debt and \$9.2 million in fines. Ultimately unplanned closings resulted in patients left without care, and patients suffering from substandard care. Employees were embroiled in allegations, investigations and prosecutions. Major financial losses were incurred by federal, state and private payers, while loss of income and unemployment extended from employees to vendors.

In conclusion, Ms. Tomzik made a strong argument for the role of personal and corporate responsibility in the quest for quality in healthcare. While success can be associated with trust and confidence, only integrity can lead us to excellence. Excellence drives quality but can only be reached if the barriers such as those described by the warning signs to ethical collapse are eliminated.

**AMDA Foundation Research Network 8th Annual Fall Conference
Reducing Avoidable Hospitalizations
Sheraton Inner Harbor, Baltimore, MD.**

Mary Pat Rapp, PhD, RN
Geriatric Associates of America, PA

Submitted by MAHQ Newsletter Committee Chair Laura Schwartze RN-BC BSN MS CPHQ

Objectives of Ms. Rapp's presentation were to identify the benefits of reducing avoidable hospitalization for nursing home residents; the resources, policies and tools necessary in accomplishing this goal.

Ms. Rapp began by identifying that reducing avoidable hospitalizations represented an opportunity to improve care and reduce cost associated with a hospital admission. She stated that the costs avoided could be reinvested into the nursing home to provide high quality care.

Ms. Rapp reviewed the CMS Nursing Home Special Study. An expert panel developed and conducted a pilot test on tools and strategies to reduce potentially avoidable acute hospitalization of nursing home residents.

According to the CMS Nursing Home Special Study, the highest percentage of admitting diagnoses for potentially avoidable hospitalizations were cardiovascular (21%) and pulmonary (20%), altered mental status/neurological disease (12%) and urinary tract

infections (11%).

The expert panel identified factors and resources important in preventing avoidable hospitalizations.

The factors included:

- The same benefits can often be achieved at a lower level of care.
- One physician visit may avoid the transfer.
- Better quality of care may prevent or decrease the severity of acute changes.
- Better advance care planning is necessary.
- The resident's overall condition may limit ability to benefit from the transfer.

The resources included:

- Physician or NP/PA present in the facility at least 3 days per a week.
- Exam by physician or NP/PA within 24 hours.
- Availability of lab tests within 3 hours.
- Intravenous Therapy

In addition, Ms. Rapp identified that the facility's assessment policies must included the following:

- An appropriate reporting mechanism to ensure that changes of condition are reported appropriately to the right person.
- Ability to start treatment (such as antibiotics, pain medications etc.) in a few hours.
- Sufficient nursing staff coverage to oversee appropriate monitoring over 24 hours.
- Sufficient nursing staffing to ensure daily assessment until the acute behavioral changes has resolved or stabilized.
- Sufficient nursing staffing to recognize and report possible complications of treatment within 24 hours of their identification.

Ms. Rapp completed her presentation by reviewing **Interact** (a tool kit to improve nursing home care by reducing avoidable acute care transfers and hospitalizations). **Interact** was developed based on the data collected and expert panel ratings of importance and feasibility. The tool kits include communication tools, care paths, and advance care planning tools.

1. Communication tools (SBAR communication template for specific conditions).
2. Acute Status Change file cards.
3. Disease specific care paths.
4. Advance care planning communication guide (end of life communication guide for social worker and DON).

Summary

Ms. Rapp stated that reducing avoidable hospitalizations for nursing home residents was an opportunity to improve quality of care and reduce costs. She reviewed the factors and resources identified (by an expert panel) as essential in preventing avoidable hospitalizations. Finally, she reviewed **Interact** (a tool kit to improve nursing home care by reducing avoidable hospitalizations).

For information on **Interact**:

<http://www.qualitynet.org/dcs/ContentServer?cid=1211554364427&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>

Upcoming Events

March 8-14, 2009 - Patient Safety Awareness Week
<http://www.npsf.org/hp/psaw/>

March 9-11, 2009 - Medication Management: Error Elimination Summit 2009, Marriott Baltimore Inner Harbor at Camden Yards, Baltimore, MD
<http://www.decisionhealth.com/mmee2009/home.html>
(Note: MAHQ members receive a \$150 discount off registration. Log into the "Members Only" section of the web site to receive the access code).

March 19, 2009 - Maryland Society for Healthcare Risk Management (MD-SHRM) Educational Session, "Preventing Liability for Hospital Acquired Infections," Sheraton BWI, Linthicum, MD
<http://www.md-shrm.org/>

April 2, 2009 - Maryland Patient Safety Conference, Baltimore Convention Center, Baltimore, MD
<http://www.marylandpatientsafety.org/html/education/040209/index.html>

May 20-22, 2009 - National Patient Safety Foundation (NPSF) Annual Patient Safety Congress, Gaylord National, Washington, DC area
<http://www.npsf.org/npsfac/>

May 22, 2009 - MAHQ Spring Educational Conference, Maritime Center, Linthicum, MD

September 13-16, 2009 - 34th NAHQ Annual Educational Conference, Gaylord Texan Resort Hotel & Convention Center, Grapevine, TX
<http://www.nahq.org/conference/>

Save the Date: Friday May 22, 2009

The MAHQ Spring Educational Conference will be held at the Maryland Maritime Center Linthicum, Maryland (www.ccmmit.org) on Friday May 22, 2009 from 8am to 4pm.

We are delighted to welcome Becky Wise COO and Patrick Horine, Executive VP of DNV Healthcare as our conference speakers.

Recently CMS deemed DNV Healthcare as a new accrediting agency for hospitals wishing to participate in Medicaid and Medicare programs. Find out more about an alternative path to quality and safety, a new strategy for excellence in healthcare, and the ISO 9001 standards

http://www.dnv.com/focus/hospital_accreditation/index.asp

From the NAHQ E-News

Joint Commission Q&A

Question: How often should we review data from the ongoing professional practice evaluation (PPE)? One consultant told us that semiannual reports are not sufficient.

Joint Commission: The ongoing professional practice evaluation process is outlined in

Standard MS.08.01.03. The standard does not specify a time frame for conducting annual reviews or reports. Answers to ongoing PPE frequently asked questions (FAQs) on the Joint Commission Web site include the following: “A clearly defined process would include but not be limited to... how often the data will be reviewed. The frequency of such evaluation can be defined by the organized medical staff, e.g., every 3 months, 6 months, or 9 months. However, as noted in the 2007 teleconferences, 12 months would be periodic rather than ongoing.” More FAQs can be viewed at www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09_FAQs/MS/Ongoing_Professional_Practice_Evaluation.htm.

Editor’s note: Do you have a question for the Joint Commission? Please send it to enews@nahq.org

First-Ever State Leadership Summit

NAHQ state affiliate leaders are strongly encouraged to attend the first-ever State Leadership Summit, to be held May 1–2 at the Westin Chicago North Shore in Wheeling, IL. Program topics will include membership and volunteerism, strategic planning, finance and nonprofit status, and communication. Watch for registration information on the State Leader Listserv. NAHQ will provide to the leadership of each state two registrations, which include hotel and food during the event. Additional state representatives may participate for \$250, plus cost of hotel lodging. All participants are responsible for travel and ground transportation. The educational program was developed by the planning team of Linda Scribner, NAHQ President-Elect; Linda Comer, president of the Michigan Association for Healthcare Quality; Denise Myrick, president of the Oregon Association for Healthcare Quality; and Linda Ostermeier, president of the Indiana Association for Healthcare Quality. For more information, contact Sherry Wallingford at swallingford@nahq.org.

Live Audio Conference on Stroke Center Certification

NAHQ member Chris Thompson, winner of the 2008 Luc R. Pelletier Healthcare Quality Award, will be a speaker at “Joint Commission Stroke Certification Update,” an HCPro-produced audio conference on April 30, 1–2:30 pm Eastern Time. NAHQ is sponsoring the audio conference, which will offer updates on changes to stroke center certification and provide resources for facilities wishing to improve existing stroke programs. As more information becomes available on the audio conference, it will be posted on the NAHQ educational calendar on www.nahq.org. Registration information will also be available on the calendar. NAHQ members can register at the discounted price of \$199.

Spotlight – MAHQ President

Cheri C. Wilson, MA CPHQ

From Russian Studies to Healthcare Quality

In high school I would have been surprised if someone had suggested a career in healthcare quality to me. My world revolved around languages—I studied French and Spanish and was denied a request to take up yet another language, Russian. I began studying Russian in college, however, and I remember watching Mikhail Gorbachev’s speech signaling the dissolution of the Soviet Union on television and seeing how much of the Russian I could understand. After a Russian studies internship during my senior year in 1992, I studied abroad in Russia and completed my bachelor’s degree in Russian. My plans called for completing a master’s degree in Russian studies and pursuing a law



degree.

On the advice of my graduate school advisor, I combined my interests, pursued a doctorate in Russian history, and specialized in Russian legal history. I received a master's degree in 1997. I later conducted research in Russia, taught college-level Russian history, and published and presented papers in the U.S. and abroad. With only the dissertation remaining, I withdrew from the doctoral program in 2006 following the deaths of my two advisors. In 2003, while pregnant with my daughter, I decided to embark on a career change. I started a temporary job as a data coordinator at Johns Hopkins Hospital (JHH) and completed an online medical terminology course. However, I encountered a major barrier: the skills I had honed in my previous career—analytical and critical thinking, and presentation, research, technological, and writing skills—were not considered applicable to the healthcare field. Over a 2-year period, I applied for more than 200 positions at JHH but received only three interviews. After my daughter's birth, I returned to work and was soon hired as a project coordinator to coordinate and manage quality improvement and safety projects, analyze data, and create reports from hospital information systems. In 2005 my boss and I attended a Lean Six Sigma course and then spent the next year coordinating two Lean projects: (1) calls for new patient appointments returned with a definitive answer within 24 hours, and (2) discharge time by 12 pm.

The following year I took a position as patient safety analyst at JHH. Among other things, I reviewed all near-miss and adverse event reports, assisted in the dissemination of systems improvements, and conducted in-service educational presentations. As a nonclinician with an academic background, I had struggled to gain credibility in the healthcare field. I had mixed feelings about which educational degree to pursue—BSN or MHA. With the encouragement of my boss and other mentors, I am completing a master's program in health finance and management.

I started my current position in 2007 as a quality improvement team leader for pathology, pharmacy, and radiology. The same year I joined the Maryland Association for Healthcare Quality (MAHQ) and was appointed to the board's membership committee. I was elected president-elect in 2008 and served as Webmaster. In January I began serving as MAHQ president. Meanwhile, I passed the Certified Professional in Healthcare Quality exam in September 2008.

Given my background, I hope to serve as a role model for others new to the quality field, particularly other nonclinicians. My personal interests lie in the intersection of quality improvement, safety, cultural competence, health disparities, and health literacy to create patient-centered care. When one thinks of the six aims of quality from the Institute of Medicine report *Crossing the Quality Chasm*, it is clear that equitable care has received little attention. Now, however, prominent quality organizations such as the Joint Commission and the National Quality Forum have targeted culturally competent patient-centered care, so the landscape will soon be changing.

DID YOU KNOW.....

.....We encourage you to submit an article, which may be about an interesting session or seminar that you have attended, your recent experience with JCAHO, project results, study or research results, or anything that would be of interest to quality professionals.

Free MAHQ Membership!! If your article is accepted for publication, your next annual dues are free! Please email your submission to the Newsletter Committee Chair Laura Schwartze at laura.schwartze@hughes.net

BOARD MEETINGS OPEN TO MEMBERS

Board of Director's meetings is held monthly, ten months of the year. Meetings are

usually held on the fourth Thursday evening of the month in rotating locations, for the convenience of the Board members. Some meetings are now conducted via teleconference. We welcome the attendance and input of the general membership, at all meetings. Contact any Board Member by email for information and directions. Verify the location and time on the morning of the meeting.

Next meeting is scheduled for 6:00 PM on Thursday, February 26, 2009 (location TBD).

Q Solutions 2nd Edition

Q Solutions: Essential Resources for the Healthcare Quality Professional, 2nd edition, establishes and extends foundational knowledge for healthcare quality professionals across the care continuum. It covers the breadth and depth of the areas critical to professional development and leadership: frameworks for quality management, the linking of science with practice, and the translation of data into information that can be used and understood by both practitioners and patients.



Developed by a team of experts and members of the National Association for Healthcare Quality (NAHQ), *Q Solutions* provides quality professionals with the tools they will need to measure, monitor, and determine actions and interventions that produce sustainable or improved healthcare quality while controlling costs. A fifth module on healthcare safety culture has been added to the second edition to correspond with the addition of patient safety to the Certified Professional in Healthcare Quality (CPHQ) examination. Modules 1-4 have also been updated to reflect recent changes in national healthcare safety initiatives.

Contents

Module One: Foundation, Techniques, and Tools

Module Two: Strategy and Leadership

Module Three: Continuous Readiness

Module Four: Change Management and Innovation

Module Five: Healthcare Safety Culture

CPHQ Exam Preparation: *Q Solutions* is a valuable resource for any healthcare quality professional seeking certification as a CPHQ, particularly in conjunction with the Healthcare Quality Management: Review and Study Session offered by NAHQ.

Q Solutions is the official text of this course. Healthcare quality professionals, along with students, teachers, professional development directors, and administrators, will find *Q Solutions* to be an exceptional resource.

Q Solutions is available for order at www.nahq.org or by phone at 800/966-9392.

For additional information contact:
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Q Solutions: Essential Resources for the Healthcare Quality Professional
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