Maryland Association for Healthcare Quality

April -May-June 2008, Issue 28

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PRESIDENT'S MESSAGE

Josephine Howard, RN, MS

Spring Greetings to all Maryland Association of Healthcare Quality members!

I am pleased and excited to serve as President of MAHQ for 2008, and I look forward to continued growth of our organization. MAHQ's mission is to advance the practice of quality improvement in healthcare across the continuum of care and to support the memberships' professional development. I am working with a dedicated group of quality professionals who volunteer their time to serve as the MAHQ Board of Directors. However, our membership helps the organization to thrive. Maintaining a strong organization requires the participation and support of each member. Whether a seasoned quality professional or new to the quality arena we all share some common goals: to monitor quality initiatives, ensure data integrity, and use effective analysis/interpretation in our roles. Our jobs can sometimes be overwhelming with public reporting, regulatory requirements, all the data, and mountains of paperwork. The Board has been meeting regularly and is planning initiatives and activities to enhance the benefit of participation of each member of MAHQ.

Recently, we sent to you notification of our Spring Conference, entitled "Transparency in Healthcare: Bringing Quality and Cost in Focus." As indicated in the conference brochure, the 2008 Annual General Membership Business meeting will be held in conjunction with the May 9th conference. Proposed By-Law Amendments that you also received will be voted upon at that meeting. We encourage your attendance and greatly value your input and participation. There have been challenges with the MAHQ website but through performance improvement, board perseverance and guidance of our new webmaster, issues have been resolved. We believe everyone will be pleased with the benefits that the updated website offers. We have responded to the request of many members for the opportunity of electronic payment of fees. The website now offers PayPal for electronic acceptance of membership dues, conference and CPHQ review course fees. This year is off to a good start and some of the exciting initiatives planned include:

- A listserv for our members
- Applying for a NAHQ education grant for our fall conference
- Fall Conference scheduled for November 10, 2008
- Plans to offer Organizational Memberships to MAHQ
- Plans to offer free MAHQ membership to Nursing students, in order to mentor, spark interest and increase awareness of Quality/Patient Safety
- Offer another CPHQ Review Course in 2008
- Seek the support of sponsors for our educational offerings
- Research methods to enhance and keep the website user friendly and

informative.

- Plans to offer a "Meet and Greet" for MAHQ members and potential members at the NAHQ Conference in Arizona in September.

As you can see, 2008 is shaping up to be a great year for our organization and its members. I want to thank all of you for your continued support of MAHQ and I encourage each member to attend events. Our board meetings are open to all members and we encourage your participation. Please contact any board member to express your desire to attend. Contact information for all board members is posted at the end of this newsletter, as well as on the website. I hope to see each of you at the conference on May 9th.

WELCOME TO NEW MEMBERS

Along with greeting all who have renewed their MAHQ membership for 2008, President Jo Howard and your Board of Directors extend a hearty welcome to the following new members:
Susan Amrose, Denice Arthur, Patricia Brand, Sheila Cason, Candy Ciamillo, Barbara Dailey, Renee Demski, Olukemi Esan, Kathleen Friedel, Mary Jozwik, Joyce Kane, Linda Keldsen, Brenda Knox, Kathie Lester, Cathaleen Ley, Bijoy Mahanti, Valencia McCree, Pat Mlynarski, Janice Novak, Phyllis O'Day, Wanda Kathleen O'Neil, Laura Schwartze, Patricia Stevens, Eileen Thompson, Mary Lou Watson, and Terrie Young.

ANNOUNCEMENTS

MAHQ's Spring Conference "Transparency in Health Care: Bringing Quality and Cost in Focus" will be held on Friday, May 9th. The agenda includes the Annual General Membership Business Meeting. Visit our web site for the brochure and to register.

Tentative plans call for a CPHQ review course to be offered in the near future. Contact Janet Spinks at: spinksj@msn.com for more information.

NAHQ 33rd Annual Educational Conference September 14-17, 2008 at the JW Marriott Desert Ridge Resort in Phoenix, Arizona

Save the Date for the MAHQ November 10th Fall Conference

DID YOU KNOW.........

.........That you will receive a complimentary registration to a MAHQ Conference when the article you submit for Newsletter publication is accepted? MAHQ reserves the right to decide upon acceptable submissions. Please email your submission to Newsletter Co-Chairperson Sandy Reinhard at sandyr@friend.ly.net

BOARD MEETINGS OPEN TO MEMBERS

Board of Directors' meetings are 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.

HOSPITAL ACQUIRED URINARY TRACT INFECTIONS (HAUTI)

Submitted by MAHQ Member Terrie Young, RN, BSN, MS, MA
Director of Quality and Outcomes, University Specialty Hospital, Baltimore, MD

Issue:

Hospital acquired HAUTI's account for 40% of hospital-acquired infections and annual costs exceeding $1.8 billion nationally have been attributed to HAUTI's. One HAUTI increases a patient length of stay by 3.84 days to a cost of $3803. In the third quarter of FY 05 (January – March 2005) data showed an increase in hospital-acquired device related urinary tract infections. Rates for the previous two quarters were also above benchmarks (MHA 2.70 acute care rate) raising concern regarding urinary catheter care, catheter insertion procedures, equipment and specimen collection procedures. A focus team was formed to review practices, policies and equipment. Our goal was to achieve our vision of safe, high quality care and improve patient outcomes by reducing reduce rates.

Plan:

The Infection Control Department would lead the initiative with the assistance of the Service-line Managers, Admissions Coordinator, Training and Development, Physician representative and Quality Department representative. The plan included a comprehensive review of all processes involved with catheter care and insertion as well as all equipment used. The team's goal was to reduce rates by 50% over the next year.

Do:

- Review best practices for HAUTI's
- Review policies related to urinary catheter care and specimen collection
- Observe staff practices for urinary catheter care and specimen collection
- Quiz staff to denote variation in understanding of policies and procedures
- Review all equipment related to catheterization and catheter care
- Coordinate educational presentations on indwelling catheters for all staff
- Review rates with Medical Executive Committee and encourage discontinuation of urinary catheters as soon as appropriate
- Establish date to launch hospital-wide
- Revise lab slip

Check:

- Data management by Quality Department to monitor progress
- Establish unit rates with feedback to the Team monthly.
- Mandatory participation in educational in-service
- Review lab slips weekly for source of specimen collection
- STAR awards to reinforce compliance

Act/ Review:

FY 05
Device related UTI rates reached a high of 7.54/1000 device days-- the highest rate to date. Past initiatives focused on decreasing rates were not successful for various

reasons. The Infection Control Practitioner (ICP) cited multiple reasons for the increase, with inconsistent practices cited most frequently. The Team was assembled including Training and Development, Quality, Infection Control and Service Line Managers. They began by brainstorming to determine the best approach to reduce rates and established a target of 2.70/1000 device days (established by Maryland Hospital Association (MHA) for acute care). The ICP decided to enlist the assistance of the Training and Development Department to conduct training sessions for staff to review catheter care, insertion and specimen collection. Eighty–five percent of the staff attended the in-service, but rates were minimally impacted, noting a slight decrease. By quarter four of FY 05 rates decreased to 6.29/1000 device days, but remained above target.

FY06
The ICP noted rates were improving but the specimen collection process still needed work. Staff continued to check the incorrect source on the lab form. The Infection Control Committee decided to revise the form to separate specimen source into three distinct options: catheterization, clean catch and supra pubic in an effort to reduce errors. The ICP monitored the forms and made corrections once positive specimens were received to ensure the integrity of the data. The Service Line Managers (SLM) were charged with observing staff practices, encouraging compliance and identifying individuals who would need assistance with practices. Staff from all shifts received educational handouts, some received one-to-one instruction and examples of lab requisitions were posted on the units. Results were shared with the staff monthly to encourage communication and participation in the initiative. The SLM were responsible for reporting progress and developing corrective action plans, which were shared in Clinical Operations, Infection Control, Quality Forum and Medical Executive meetings.

Again, the first and second quarters of FY 06 showed improvement but still we remained above target at 4.82/1000 device days. By quarter three rates soared to 7.93/1000 device days and we were struggling to determine where our efforts had failed. We immediately pulled the team back together but this time we added a physician to the Team. We discussed at length the issues involved with the spike in the rates and the repeated pattern noted over the past two FY. We again focused on our rates, compliance with practices and education of staff. Physicians began to discontinue urinary catheters and nurses increased assessment of catheter needs to encourage discontinuation. Quarter four showed a decreased rate of 3.12/1000 device days, which was the lowest rate to date. We were on the right track finally.

FY07
We were eager to maintain our momentum and looked at the composition of the Team. We began discussing the basics of catheter insertion and the steps involved. We added the Product Committee chairperson to the Team. Once we reviewed all the steps involved with catheter care and specimen collection, we discovered the tools the staff had to work with were outdated and antiquated. We stocked catheters, urine bags and insertions kits, which were all, separate.

Research showed a closed system was most effective in reducing HAUTI's so we met with our supply representative and changed our supplies to include a closed system. Again, the Training and Development Department took the lead to provide education for all staff on all shifts with return demonstration using the closed system. This was implemented in quarter one FY 07 and rates were reduced to 1.90/1000 device days.

We also established a 30-day change cycle for all urinary catheters. Due to the average length of stay (ALOS) for our facility (51 days) our patients had extended device days. Although literature did not support any specific period of time to

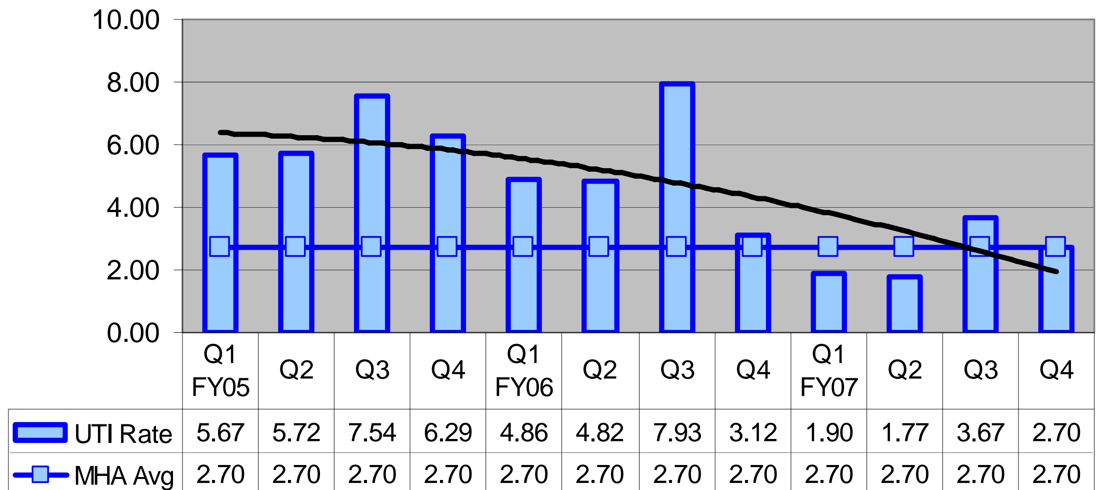
change catheters, we decided once monthly would be our protocol. We sought input from Dr. Jack Warren, Professor of Medicine, Division of Infectious Disease at the University of Baltimore, who sanctioned this practice indicating there was no established best practice for time frames related to changing urinary catheters. We decided all urinary catheters would be changed on the first Wednesday monthly. New admissions with urinary catheters dated within 7 days of the first Wednesday of the month would be changed the following month unless otherwise indicated. The staff embraced the changes and was eager to see the results, which were posted in our Town Meeting.

By quarter two FY 07 the Chronic Medical Program had succeeded in reducing HAUTI's to 0.9/1000 device days. The program, comprised of three units, actually had one unit with no HAUTI's for the third quarter. The hospital rate for quarter two was 1.8/1000 device days; we were on the right track and well below target. The Team continued to meet and discussed the best practices identifying the latest tools to fight HAUTI's, which included the silver impregnated catheter. The silver impregnated catheter has been proven to reduce rates by inhibiting the adherence of microorganisms to the catheter preventing extraluminal access of organisms into the bladder. We decided entering quarter three to change to the silver impregnated catheter. We researched products selected one and implemented the new catheter on all units.

Early in quarter three we noted a problem with the catheters. Several patients had catheters fall out with the balloons still inflated. We sought advice from the product representative and reviewed practices. The representative met with our staff, provided education and demonstration of insertion but we continued to have problems. Patients had several catheter changes as a result and we saw rates begin to climb again. We pulled the product after 30 days and changed to another silver impregnated catheter (suggested by one of our system hospitals), which resolved the problem. This resulted in a slight increase in HAUTI's for quarter three above our target rate (3.1/1000 device days).

We continue to monitor HAUTI's and our trend has shown a consistent decrease with projections indicating continuation of this trend over this next quarter. Patient safety remains our first goal as hospital acquired infections account for increased morbidity, extends the hospital stay and increases the cost of health care. At University Specialty Hospital, we are committed to our vision of providing safe, high quality care to our patients and we will continue to strive to achieve our goals.

Team Participants
Kelly Coleman, RN, Service Line Manager Chronic Medical Unit
Kimberly Kidd-Watkins, RN, MSN, Service Line Manager Pulmonary Care Unit
Aravind Chaudhari, Infection Control Practitioner
Marice Beatty, RN, BSN, Employee Health and Laboratory Services
Seblu Yohannes, MD, Chief Medical Officer
Cheryl Landry, RN, MSN, Training and Development Coordinator
Shawn Travers, RN, BSN, Clinical Specialist
Coralene Quimby-Worell, LPN, Admission Coordinator
Clarence Hutton, BS, Information Systems, Health Information Analyst
Terrie Young, RN, MA, MS, Director of Quality



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
UTI Rate	5.67	5.72	7.54	6.29	4.86	4.82	7.93	3.12	1.90	1.77	3.67	2.70
MHA Avg	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70

4th Qtr – April – May only

PAYPAL

Submitted by Katie Berry, RN, BS

PayPal is frequently the payment of choice when shopping on the Internet. As MAHQ does not accept credit or debit cards directly, PayPal is a convenient way to use plastic and to obtain a record of your purchases. Since February 2008, MAHQ has offered online payment via PayPal, which allows for the payment of membership dues, conference registration, CPHQ review course, and position vacancy posting fees. PayPal accepts a variety of payments:

- your credit card,
- Visa or MasterCard debit card,
- transfer from your bank account,
- PayPal buyer credit offered by GE Money Bank, and
- eBay gift certificates or similar redemption codes

You, as a member, or prospective member, can access PayPal via our web site at http://www.mdahq.org. You can purchase an item by clicking on the "Add to Cart" button in the relevant section of the web site. Best of all, you can select multiple items at the same time, e.g. membership dues and conference registration, and purchase them in a single transaction. Click "Continue Shopping" to return to the MAHQ page and select additional items for purchase. You will receive an email confirmation of your payment.

In order to finalize your transaction, you must also complete the online form associated with your transaction, e.g. membership application, conference registration, and CPHQ review course. A memo will then be relayed to MAHQ containing the details of your completed transaction.

NAVIGATING THE MAHQ WEB SITE

Submitted by Cheri Wilson, MA, MHS Candidate

HOME - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address http://www.mdahq.citymax.com/page/page/3311520.htm

Home
About Us
Board of Directors
Membership
Newsletters
Education
CPHQ Review Course
Calendar of Events
Position Openings
Members Only
BOD Only
Resources
MAHQ Survey

HOME

Welcome to the Maryland Association for Healthcare Quality (MAHQ) website.

We are a non-profit 501(c) 3 organization dedicated to:

- Advancing the practice of quality improvement in health care across the continuum of care and
- Supporting the memberships' professional development.

Page Views (Hits)

- As of May 1, 2007, we have had **3,703** page views (hits) on our website.
- As of August 5, 2007, we have had **5,643** page views (hits) on our website.
- As of October 22, 2007, we have had **7,784** page views (hits) on our website.
- As of November 28, 2007 we have had **9,350** page views (hits) on our website.
- As of February 10, 2008, we have had **10,765** page views (hits) on our website.
- As of April 11, 2008, we have had **16,468** page views (hits) on our website.

If you have any questions about MAHQ or edits to this site,
please contact Cheri Wilson, President-Elect and Webmaster, cwilso42@jhmi.edu.

Upcoming conference, "Transparency in Health Care: Bringing Quality and Cost in Focus," May 9, 2008

PayPal VERIFIED

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The web site is divided into the following sections:

- About Us
  - MAHQ's Purpose
  - MAHQ's Objectives
  - History
  - Activities
- Board of Directors
  - Board of Directors' roster and email contact information
- Membership
  - Membership application form

    - Online membership application form
    - Online payment via PayPal
- Newsletters
    - Quarterly newsletters dating back to September 2005

- Education
    - Upcoming and past conference brochures
    - Online conference registration form
    - Online payment via PayPal
    - Conference presentations are posted for one month following the conference.
- CPHQ Review Course
    - Upcoming and past CPHQ review courses
    - Online course registration form
    - Online payment via PayPal
- Calendar of Events
    - Calendar of upcoming events
- Position Openings
    - Policy on Posting Position Vacancies
    - Position Postings
- Members Only
    - Password-protected
    - Current membership roster
    - Annual Membership Meeting Minutes of April 13, 2007
- BOD Only
    - Password-protected
    - Materials for Board members
- Resources
    - Links to web sites of interest to healthcare quality professionals
- MAHQ Survey
    - MAHQ Survey to provide continuous feedback and to improve the membership experience

Feel free to contact Cheri Wilson, President-Elect and Webmaster at cwilso42@jhmi.edu if you have any suggestions for the web site.

2008 Maryland General Assembly Legislative Session

Bills that Passed - Physician Recruitment/Retention *Credentialing*—SB 595—Health Insurance - Carrier Credentialing - Reimbursement of Providers of Health Care Services—Requires insurers to reimburse providers who have joined an existing group practice and are awaiting an insurer's credentialing decision for services provided from the date the credentialing application was submitted.
Requires insurers to reimburse the non-participating provider at the participating provider rate for services provided if: (1) the provider is employed by or a member of the group practice; (2) the providers has applied for acceptance on the carrier's provider panel; (3) the provider has a valid license; and (4) the provider is credentialed by a hospital or has professional liability insurance. Insurers may require the provider to provide notice to the patient and have the patient acknowledge the disclosure.

***Cram Down*–SB 811/HB 1219—Health Insurance - Health Care Provider Panels - Provider Contracts—**Specifies that a provider contract may not contain a provision that requires a provider, as a condition of participating in a non-HMO provider panel, to participate in an HMO provider panel. If a provider contract includes more than one fee schedule, the contract may not require a provider, as a condition of participation, to accept each fee schedule.

***Network Adequacy*–SB 719/HB 1161—Health Insurance - Carrier Provider Panels - Standards for Availability of Health Care Providers—**In lieu of legislation, the Maryland Insurance Administration will revise and strengthen its current regulations. The regulations will require insurers to annually review, update, and submit their network adequacy standards and performance assessment to the Maryland Insurance Administration (MIA); allows the MIA to order corrective action for failure to meet network adequacy standards, including ordering insurers to increase the number of providers by specialty or geographic area in the insurer's network and paying for services at the provider's billed charges rate so that consumers are not balanced billed; and require insurer's report annually to the MIA on the number of hospital based physicians serving on the insurer's provider panel for each hospital.

***MCO Payment for Ancillary Services*–SB 774/HB 1104—Maryland Medical Assistance Program - Managed Care Organization – Hospital Ancillary Services—** In lieu of legislation, the Department of Health and Mental Hygiene will propose new regulations requiring Medicaid Managed Care Organizations (MCOs) to comply with the requirements in the commercial insurance market regarding payment for ancillary services, i.e. independently review ancillary services provided on a denied day and requiring payment for ancillary services provided as part of an emergency department visit to comply with the requirements of EMTALA.

Rural - **SB 459—Task Force to Review Physician Shortages in Rural Areas—**Establishes a task force (which will include MHA, Med Chi, and rural primary care physician and pediatrician representatives) to study the impact of physician shortages in rural areas, particularly as they relate to primary care physicians. Report due by 6/30/09.

***Physician Reimbursement Task Force* -SB 744/HB 818—Task Force on Health Care Access and Reimbursement – Additional Duties—**Requires the Task Force to develop recommendations on: (1) whether there is a need to provide incentives for physicians and other health care providers to be available to provide care on evenings and weekends; and (2) the ability of primary care physicians to be reimbursed for mental health care services performed within their scope of practice.

***ED Downcoding*–HB 1081— Health Insurance - Reimbursement of Providers of Health Care Services – Claims—**In lieu of legislation, Amerigroup changed its policy to allow emergency physicians to elect to be reimbursed for services in accordance with the CMS 95 Guidelines for Evaluation and Management Services.

2008 Interim – Issues

- Continue work with the Governor's Task Force on Health Care Access and Reimbursement to:
    - Adopt recommendations to make physician reimbursement rates in Maryland nationally competitive.
    - Create State loan forgiveness program to attract and retain residents in areas with existing and/or growing specialty shortages.
    - Make Maryland competitive from a medical liability perspective with those states that are currently attracting physicians.

Other Passed Bills of Interest

HB 216—Hereditary and Congenital Disorders – Newborn Screening—Beginning January 1, 2009 requires the 35 newborn screening tests be conducted only at the DHMH Public Health Laboratory. The Department is allowed to charge hospitals for the cost of the newborn screening tests, as well as for follow up communication with the newborn's health care provider and locating infants with abnormal test results.

HB 393—Communicable Disease or Conditions – Reporting—Removes the current list of 68 reportable diseases or conditions that must be reported to the Secretary of Health and Mental Hygiene and, instead, allows the Secretary to specify in regulation what conditions and diseases must be reported.

HB 1407 – Birth Options Preservation Study – Boards of Nursing and Physicians required to conduct a study to determine whether there is an appropriate alternative written protocol to replace the current signed written collaborative agreement requirement by 12/1/2009. Study to be conducted in collaboration with OB/GYN Society of MD, American College of Nurse Midwives of MD, and MHA.

SUMMARY OF NAHQ BOARD MEETING

February 29 – March 1, 2008

Submitted by,
Barbara Shoemaker, RN, CPHQ MAHQ Board Member

The National Association of Healthcare Quality (NAHQ) Board has made a commitment to keep the association leadership informed of the discussions and actions that take place at the board. Thomas Smith, President of NAHQ, provided a written outline of the board's discussions and actions to the State and Team Leaders and to the HQCB. The following is a summary of those deliberations.

Strategic Discussion: The board reviewed and approved the 2008-2010 strategic

plan. The 3 strategic goals are:

- **Leadership Influence:** NAHQ will be a valued participant in the development of sound healthcare policies and standards. The tactics will focus on national and state activities with regulatory, accreditation and standards organizations and professional and national healthcare associations.
- **Membership:** Strengthen NAHQ through a diverse and engaged membership base with a passion for quality and safety. Recruitment will be focused on 6 major areas: non-acute (managed care, behavioral health, home care and long-term care), non-traditional quality professionals (non-nurses), quality buddies, non-member CPHQs, non-member state association members and acute care. A second focus will be through enhanced communications and access to timely information.
- **Professional Development:** NAHQ's professional development activities will prepare the quality professional to influence initiatives within the healthcare environment. 1. Increase CPHQ certifications by enhancing NAHQ's current CPHQ preparation offerings including Course in a Box to make them more accessible and revise Q-Solutions. 2. Increase accessibility of educational offerings. 3. Enhance skills of members through the identification of core competencies and a plan to address leadership development for entry level, intermediate and advanced practitioners. The Leadership Team will first address the leadership needs of the entry level and intermediate professional.
- **2008 Operational Plan:** Reviewed and approved.

The board has approved the revision of the current Course in the Box and has determined that all future courses will be conducted over at least one and a half days. Revisions should be completed in late May for distribution in early summer.

The board approved to revise the current edition of Q-Solutions to include patient safety information and some other quick edits. This revision is scheduled to be completed by September 2008.

Get an Early Start on Your Continuing Education!

There's no time like the present to take advantage of new CE opportunities available to you from NAHQ. Take your pick among valuable audio conferences, Webcasts, regional courses, and the Healthcare Quality Management: Review and Study Session.

Click **here** to find out more.

- **Tuesday, April 29, 1–2 pm (Central Time)**
  Audio Course: *"Transformation: Achieving 'Zero Defects' and 100% Compliance with Best Practices"* (1 CE hour)
  Donna Truesdell, MS RNC CPHQ, Cooley Dickinson Hospital, Northampton, MA
  Gain extra CE hours by signing up for the April 29 audio course! How does a hospital move from being a poor performer to a top performer regarding quality of care in less than 4 years? Learn how to change the culture of your organization into one with 100% compliance with best practices and "zero defects." **More...**

  Click **here** to register!

***Cancellation Policy: All cancellations must be made in writing. A $50 cancellation fee will be charged for all cancellations after April 22, 2008.**

- **Thursday and Friday, May 8–9**
  ***Healthcare Quality Management: Review and Study Session* (7 CE hours)**
  Thursday, May 8, 8 am–4:30 pm, and Friday, May 9, 8 am–Noon (Eastern Time)
  American Heart Association
  New York, NY
  This day-and-a-half workshop is designed to help those who are planning to take the Certified Professional in Healthcare Quality (CPHQ) examination. The course will follow the exam matrix and will help you focus your study efforts. **More...**

  Click **here** to register!

***Cancellation Policy: All cancellations must be made in writing. A $50 cancellation fee will be charged for all cancellations after May 1, 2008.**

- **Friday, May 9, 8 am–5 pm (Eastern Time)**
  ***Quality Boot Camp* (7 CE hours)**
  American Heart Association
  New York, NY
  Key approaches are necessary for a successful healthcare quality management program. This workshop will introduce you to the basic concepts of organizational improvement. You will learn leadership skills necessary to establish a culture for quality, focus on the needs and expectations of the customer for quality, and use data and analyses that support process improvements. **More...**

Click **here** to register!

***Cancellation Policy: All cancellations must be made in writing. A $50 cancellation fee will be charged for all cancellations after May 2, 2008.**

Additional CE Opportunities

For more information on continuing education, please go to the **NAHQ Web site** or call our member services department at 800/966-9392. Stay tuned—more courses will be coming!

NAHQ Calendar

Special dates to jot on your calendar—and remember that CE articles and descriptions are always accessible on the **NAHQ Web site**! Also, don't forget to visit the **NAHQ Online Store** for valuable educational products and our enhanced logo items!

April 26: Healthcare Quality Foundation grant applications due

April 29: *Transformation: Achieving "Zero Defects" and 100% Compliance with Best Practices*, 1 CE hour (audio course)

May 8–9: *Healthcare Quality Management: Review and Study Session*, 7 CE hours (New York)

May 9: *Quality Boot Camp course*, 7 CE hours (New York)

Sept 14–17: NAHQ's 33rd Annual Educational Conference: *Collaboration: The Spark Behind Quality.* Join NAHQ and more than 1,000 of your colleagues in sunny Phoenix, AZ, as we learn about the latest in educational trends and field practices and gain insight from the top leaders and speakers in the quality field. Click **here** to learn more!

NAHQ. Together we define excellence in healthcare quality.

A message from the NAHQ Office
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