



Maryland Association for Healthcare Quality

July - August - September 2010, Issue 37

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PRESIDENT'S MESSAGE

Dear MAHQ Members,

I hope you are enjoying some rest and relaxation this summer. The MAHQ Board members will not meet in July to provide members with a well deserved break. We will resume our monthly meetings in August to continue planning for our Fall Educational Conference. Be on the alert for a date most likely to be held in late October or early November.



Our spring educational conference "Building Blocks to Quality Improvement" was held on **May 19th** at Anne Arundel Medical Center's beautiful new Health Sciences Institute. We had approximately 40 attendees who had wonderful things to say about the speakers and the venue. Participants also gave us helpful information on topics they were interested in learning about in the future. Hopefully you participated in our recent electronic survey to show us your interest level on the following suggested topics:

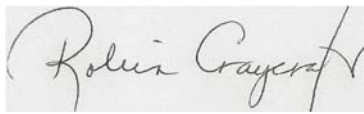
- New Joint Commission Core Measures
- Maryland's Patient Centered Medical Home initiative
- The impact of electronic medical records on safety
- Ethics in health care
- Joint Commission Patient Centered Care Standards
- Performance improvement success stories from our association members

From **October 18th through the 21st**, the MAHQ will be a conference series partner with DiversityRx at the 7th annual National Conference on Quality Health Care for Culturally Diverse Populations. The Conference will take place at the Renaissance Baltimore Harbor place this year providing another convenient venue for our MAHQ members to develop as quality healthcare professionals. Conference attendees will learn about the implications of healthcare reform on culturally diverse populations; how to implement new Joint Commission standards on culturally and linguistically appropriate services; and how to respond to health IT and demographic data collection recommendations from the Institute of Medicine and federal health agencies. Information about registration will be provided as the event draws closer.

We are also planning for a future **CPHQ Review Course** with an NAHQ instructor, so if you are thinking about taking the CPHQ exam and you want to increase your chances of success, please consider signing up. We hope to announce a course date in the next quarterly newsletter.

Please consider attending a future Board meeting as we are open to your ideas and suggestions for educational offerings. The Board meetings are held on the 4th Thursday of each month from 6pm-8pm at Rams Head Tavern in Savage, Maryland. The food is terrific and the Board members are friendly and open to new ideas....come join us!

Sincerely,



Robin Craycraft, RN, MSN, CPHQ

SAVE * THE * DATE

The MAHQ Fall Education Conference will be *October 27, 2010.*

Complete details to follow but check your calendars and we look forward to seeing you there.

2010 Second Annual State Leadership Summit

April 30-May 1, 2010

Hosted by the National Association for Healthcare Quality

The National Association for Healthcare Quality (NAHQ) hosted the 2010 State Leaders' Summit at the Hyatt Rosemont in Rosemont IL. The summit goals were to strengthen the relationship between NAHQ and the State Associations and provide State Associations with tips to more effectively run a membership organization.

The Maryland Association for Healthcare Quality (MAHQ) sponsored three board members to attend the Leadership Summit. Below are some highlights from the summit.

Agency for Healthcare Research and Quality (AHRQ) Webcast

- Current challenges concerning quality include:
 - Health spending
 - Translating scientific advances into clinical practice
 - Having usable information for patients and clinicians
- Priorities include:
 - Safety
 - Research
 - Sharing information on effective health programs

- The Presidential administration is focused on improving quality and has increased the AHRQ's annual budget to 397 million in fiscal year 2010 and \$611 million in 2011
- There is a new focus on outcome improvement instead of process
- Comparative effectiveness is a focus used to reduce clinician chances of making mistakes so decisions can be more uniform.

Marketing and Communication, presented by Susan Graim, President, PROCEED by Design, Chicago, IL.

- Ms. Graim stressed the importance of assessing basic marketing platforms and following a discovery process to align your brand and marketing plans with business goals.
- Use of a checklist as a tool for reviewing your project to insure important areas are not overlooked is invaluable.
- Following a discovery process to align your brand and marketing plans with business goals is critical.

Leadership,

Marie Senioris, President and CEO National Center for Healthcare (NCHL)

- Vision- Optimize the health of the public through leadership and organizational excellence.
- Ms. Senioris explained the Delivery System Reform is here to stay
- Electronic health record (EHR) will become a necessary component for a delivery system that can provide coordinated and cost effective care.
- With advances in performance measurement, organizations will need to be transparent and accountable.
- Federal funding will promote the development of patient centered medical homes as a reform strategy.
- Accountable care organizations will develop in response to reimbursement changes-global payments.
- Evidence based medicine will be the gold standard
- Physicians as partners at risk with hospitals.

Changing Pace of Volunteerism, Linda Ridge

- Associations are always resource challenged - relying heavily on volunteers
- More volunteers can equal more capacity which can also mean more capacity for programs/services and especially more value to members.
- Make it easier for volunteers: Make it personal, orientation with quick how to info
- Provide mentoring.
- The success model includes:
 - Lots of people only required to do a little
 - Flexible fluid groups - people come and go as needed
 - Let people work on work that interest them and fits their talents/passions
- The Benefits
 - Compelling Outcomes
 - Great Experiences
 - Minimal commitment

Leadership Development and Succession Planning, Linda Ridge of OnPoint Solutions, Inc

- Three components of leadership development
 - Succession planning – identify future leaders
 - Replacement planning, recruitment and selecting
 - Leadership development – preparing, improving, mentoring
- Succession Planning is creating a long-term sustainable line of emerging leaders.
- Replacement Planning to find the next in line successors for specific positions.
- Position Descriptions with an eye to the future define leadership positions
 - Include skills and experience requirements
- Create applications that recruits are put in an online Leadership Opportunity Store
 - Description of current soon to be leadership openings
 - Include time, travel and work commitment info
 - An application for members to nominate or recommend someone.
- Incorporate and empower new recruits ASAP to maximize their potential.
- New Leadership Preparation should be hassle free, orientation and include leadership skills building info.

Building Blocks to Quality Improvement May 19, 2010 MAHQ Spring Education Conference

The spring educational conference, *Building Blocks to Quality Improvement*, was May 19, 2010, at the Institute of Health Sciences on the campus of Anne Arundel Medical Center. Based on recommendations of attendees at previous conferences, the session began at 12 noon and lasted until 8:00 PM. Participants traveled from as far away as Richmond, Virginia to attend the conference.

After a wonderful buffet lunch, the conference began with Mr. Gaither Pennington. Mr. Pennington, with his knowledge of data and small number analysis, spoke to the group about the process of data analysis in Performance Improvement. Mr. Pennington also spent time discussing successful identification of small numbers and their impact on data analysis. He wrapped up his presentation with an overview of appropriate use of control charts, comparison charts, scatter plots and other forms of graphic analysis of performance data.

Overall evaluation by participants rated Mr. Pennington's presentation "excellent" and indicated he provided clarification for several participants "New working with graphs and charts."

Dr. David Sharp from the Maryland Health Care Commission followed to discuss Health Information Technology (HIT). A significant piece of his presentation focused on the Health Information Technology for Economic and Clinical Health (HITECH) Act. Discussion centered on the five major components of the new HIT strategy; incentives for physicians and hospitals and how grant funding is being utilized in Maryland. Dr.

Sharp also spent time explaining the HIT Policy and HIT Standards committees' purpose and mission to further clarify the rationale for much of the HIT conversions occurring. Dr. Sharp finished his presentation discussing Center for Medicare and Medicaid Services (CMS) *Meaningful Use of Stage I* criteria for eligible physicians and hospitals. Describing Meaningful Use providers as entities that have Health and Human Services (HHS) approval and certification for electronic health record programs.

Feedback on evaluations from participants include: "Great job"; "Excellent Speaker" and "Good and timely topic".

After a second break, Camille Dobson and Barbara Dailey, members of the MAHQ Board of Directors and employed at CMS, provided valuable insight that aided in demystifying the *Patient Protection and Affordable Care Act* (PPACA) recently signed into law. Ms. Dobson began the presentation outlining the process of bringing the vision to fruition and elaborating on the impacts of the law. The law impacts insurance companies by way of expanding and improving existing coverage; while highlighting future impacts that include provisions regarding pre-existing conditions and lifetime caps. Ms. Dobson and Ms. Dailey both spoke in terms of the implementation timeline, which participants felt very beneficial as not all portions of the law are enacted immediately.

After discussing the impact on the insurance companies, Ms. Dobson elaborated on the impact on providers – hospitals and nurses. The majority of hospital impact occur in the year 2012, and consist of issues such as bundled payment pilots, hospital readmission reduction program and reporting of demonstration projects for Accountable Care Organizations and Patient-Centered Medical Homes, to name a few. Impact to nursing, which occur over the years 2010-2015, include nurse-managed health clinics, nurse education and retention grants and graduate nurse education demonstration projects.

Ms. Dailey continued the discussion of impacts by focusing on quality impacts. Some of the areas discussed were: 1) New national quality strategy [2011], 2) quality measurement [2010-2014], 3) data collection and public reporting, 4) quality improvement and patient safety, 5) patient centered outcomes research [2010-2013] and 6) new procedures for collection of data to assess health disparities.

Quality impacts provide the benefit of enhancing the care individuals receive. Processes for this will be: Improving outcomes for patient- and family-centered care, a streamlining and reporting of care standards, addressing gaps in care and consultation and participation with organizations such as Agency for Healthcare Research and Quality (AHRQ), CMS and National Quality Forum (NQF), etc., so quality measurement development will advance. Clinical decision making will be aided by public reporting that indicates where care standards are based on latest evidence and health care research assists in developing new and innovative strategies for quality improvement.

Ms. Dobson and Ms. Dailey both received very high marks on conference evaluations and were, again, associated with phrases such as: "Excellent"; "Great job" and "enjoyed the presentation and am excited about these new positive changes".

Throughout the afternoon and evening, participants were encouraged to raise questions; feedback indicated that this enhanced the learning process by creating an environment of open dialogue and idea exchange that all present could benefit from. After the speakers were finished, a buffet dinner was available with an opportunity to eat,

meet and greet.

Overall impressions of the conference, gleaned from the evaluations, were very complimentary of the location and the setting where the conference was held. Speakers were thought to be very knowledgeable and topics timely and appropriate to current practice environment. Four individuals were attending a MAHQ conference for the very first time and were complimentary of everything from the registration fee and process, to the topics and flow of the program and the outstanding food, service and setting.

Copies of the conference presentation are located on the MAHQ web-site www.mdahq.org located under the heading “**What’s New**”.

Thank you to all MAHQ members that assisted in making the conference a success.

From NAHQ e-news

Joint Commission Q&A

Question: Is there a way to comment on existing Joint Commission standards and not only standards in a field review?

Joint Commission: Yes. The Joint Commission website now includes a [new online form](#) that allows accredited organizations and other interested parties to comment on existing standards. The online form will be a permanent feature on the Joint Commission’s website, facilitating ongoing customer and stakeholder feedback on the standards.

The Joint Commission is particularly interested in knowing which standards are most highly valued and which bring questionable value to the delivery of quality healthcare. An online feedback form is available for all accreditation and certification programs.

This new feature is a product of the Joint Commission’s Robust Process Improvement initiative to improve the efficiency and effectiveness of internal processes and better meet customer and stakeholder needs and expectations of value.



NQF Forms New Health IT Advisory Committee

To guide its ongoing work in health information technology (HIT), the National Quality Forum (NQF) has formed a new Health Information Technology Advisory Committee (HITAC). Members of the new advisory committee represent a wide range of healthcare stakeholders, including consumers, providers, clinicians, purchasers, suppliers, and public and community healthcare organizations.

The NQF Board of Directors approved the creation of HITAC, charging the body with

- developing a strategic plan and providing ongoing guidance for NQF’s HIT portfolio

- offering input on HIT projects, such as maintenance of the quality data set and specification of testing requirements for eMeasures
- reviewing electronic specifications for NQF-Endorsed and candidate standards
- making recommendations on the endorsement and maintenance of HIT-related consensus standards.

HITAC is a standing committee of the NQF Board of Directors and includes nonvoting federal liaisons from the Agency for Healthcare Research and Quality, Centers for Medicare & Medicaid Services, Indian Health Services, the Office of the National Coordinator, and the Veterans Health Administration. Members of HITAC are eligible to serve 3-year terms. To stagger the future appointment cycle, inaugural HITAC members will serve 1-, 2-, or 3-year terms.

[Learn more about HITAC and see the committee's roster.](#)

Joint Commission Alert: Violence Rising at Healthcare Facilities

A new Joint Commission Sentinel Event Alert warns that healthcare facilities today are being confronted with steadily increasing rates of crime, including assault, rape, and murder. The Sentinel Event Alert urges greater attention to the issue of violence and to controlling access to facilities to protect patients, staff, and visitors, noting that assault, rape, and homicide are consistently in the top 10 types of serious events reported to Joint Commission. The alert cautions that the actual number of violent incidents is significantly under-reported and advises organizations to mandate the reporting of all real or perceived threats. [Click here](#) for more information.

Save on NAHQ's Annual Conference in 2010



Registration is open for NAHQ's 35th Annual Educational Conference in Kansas City, MO, September 30 – October 3. Save \$100 when you register before August 23 and enter in a drawing to win a complementary registration to NAHQ's annual conference in 2011! Visit NAHQ's [Conference Central](#) for complete event, hotel, and travel details. [Register online](#) and save today!

A Call for Evidence-Based Leadership

Evidence-based leadership will drive U.S. healthcare organizations' performance in coming years, said Marie Senioris, president and CEO of the National Center for Healthcare Leadership (NCHL), in her recent address to NAHQ state leaders at the State Leadership Summit in Chicago.

“Ten years ago, the Institute of Medicine (IOM) made a challenge to have 80% of all healthcare evidence-based. We need to do the same in



management,” she said. “Is our approach to changing leadership behaviors grounded in science? Does it actually change organizational climates and individual behaviors?”

NCHL is a not-for-profit organization with the mission to be a catalyst for high-quality healthcare management leadership for the 21st century. The organization conducts research in areas such as identifying competencies necessary to transform the healthcare industry.

AHRQ Study on Bar-Code Technology with Electronic Medication Administration Record

Using bar-code technology with an electronic medication-administration record (eMAR) substantially reduces transcription and medication administration errors, as well as potential drug-related adverse events, finds a new study funded by the Agency for Healthcare Research and Quality (AHRQ). The study is published in the May 6 issue of *The New England Journal of Medicine*.

Bar-code eMAR is a combination of technologies that ensures that the correct medication is administered in the correct dose at the correct time to the correct patient. When nurses use this combination of technologies, medication orders appear electronically in a patient's chart after pharmacist approval. Alerts are sent to nurses electronically if a patient's medication is overdue. Before administering medication, nurses are required to scan the bar codes on the patient's wristband and then on the medication. The bar-code eMAR will issue a warning if the two bar codes don't match the approved medication order or it is not time for the patient's next dose.

Researchers at Brigham and Women's Hospital in Boston compared 6,723 medication administrations on hospital units before bar-code eMAR was introduced with 7,318 medication administrations after bar-code eMAR was introduced. Reductions in errors related to the timing of medications (e.g., giving a medicine at the wrong time) and nontiming medication administration (e.g., giving a patient the wrong dose) were attributed to having bar-code eMAR technologies in place.

Researchers documented a 41% reduction in nontiming administration errors and a 51% reduction in potential drug-related adverse events associated with this type of error. Errors in the timing of medication administration, where a patient was given medication 1 hour or more off schedule, fell by 27%. No transcription errors or potential drug-related adverse events related to this type of error occurred.

The findings have important implications because bar-code eMAR technology is being considered as a 2013 criterion for meaningful use of health information technology under the American Recovery and Reinvestment Act of 2009.

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. If you submit an article that is published in the newsletter, you will receive a complimentary conference registration to be used during the upcoming year (excluding the CPHQ review course). 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.

MARYLAND ASSOCIATION FOR HEALTHCARE QUALITY BOARD OF DIRECTORS 2010

PRESIDENT

Robin Craycraft, RN, MSN, CPHQ
robin.craycraft@medstar.net

PRESIDENT-ELECT

Barbara Dailey, RN, BSN, MS, CPHQ
barbara.dailey@cms.hhs.gov

PAST PRESIDENT & WEBMASTER

Cheri Wilson, MA, MHS candidate, CPHQ
chwilson@jhsph.edu

SECRETARY

Mary Gruver-Byers, MT, (ASCP) SBB, CPHQ
mary.gruver-byers@medstar.net

TREASURER

Bijoy Mahanti, RN, CNA, BC
bmahanti@msn.com

MEMBER AT LARGE

Eileen Curran-Thompson, RN, BSN, CPHQ
eileen.thompson@kp.org

MEMBER AT LARGE AND NEWSLETTER COMMITTEE CHAIR

Laura Schwartze, RN, BSN, MS, CPHQ
laura.schwartze@hughes.net

MEMBER AT LARGE

Linda Keldsen, RN, MBA-HC, CPHRM
linda.keldsen@va.gov

MEMBER AT LARGE AND EDUCATION COMMITTEE CO-CHAIR

Terrie Young, RN, MA, MSA
eyoung@umm.edu

MEMBER AT LARGE

Mary Whittaker, RN, CPHQ
mwhittaker7@verizon.net

MEMBER AT LARGE AND EDUCATION COMMITTEE CO-CHAIR

Peter Libby, RN
PFLIB@VERIZON.NET

LEGISLATIVE COMMITTEE CHAIR

Camille Dobson, MPA, CPHQ
cidobson@comcast.net

MEMBERSHIP COMMITTEE CHAIR

Sally Morris, RN, BSN, CPHQ
smorris@aaahs.org

MEMBERSHIP COMMITTEE MEMBER

Nancy Stojinski, RN, BSN
stojinski35@hotmail.com

EDUCATION COMMITTEE MEMBER

Denice Arthur, RN, MHA, CPHQ
darthur2@jhmi.edu

EDUCATION COMMITTEE MEMBER

Josephine Howard, RN, MS, CPHQ
jchoward1@verizon.net