



Maryland Association for Healthcare Quality

April - May - June 2011, Issue 40

In This Issue

- President's Message
- In the Spotlight: MAHQ New Secretary
- Save the Date: MAHQ/OI Project Series
- FMEA
- MAHQ Spring Conference
- From NAHQ E-News
- Congratulations
- Did You Know
- Open Board
- 2011 MAHQ Board of Directors Roster

PRESIDENT'S MESSAGE

Dear MAHQ Members,

This year is proving to be one of the most significant transition years for health care quality than ever before - what an exciting time to be a health care quality professional! Billions of dollars are being invested in innovative health care delivery approaches, payment reform, patient safety, health information technology, preventive health, and health care access.



During this period of change, it is critical for us to remain informed and continually educated about new work force needs, new technologies, and new opportunities to improve our health care system. At the national level, the Secretary of Health and Human Services has released the first ever National Health Care Quality Strategy with three broad reaching aims:

- **Better Care:** Improve the overall quality by making health care more patient-centered, reliable, accessible, and safe.
- **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

The National Quality Strategy is available at www.HealthCare.gov/center/reports. Additional background information can be found at www.ahrq.gov/workingforquality/.

In support of that strategy, Secretary Sebelius also announced a national campaign for "**The Partnership for Patients: Better Care, Lower Costs**". This landmark initiative has two basic but fundamental goals: Prevent patients from being harmed while in the hospital, and reduce the number of preventable rehospitalizations that occur after patients are discharged from the hospital. The specific objectives under these goals are challenging, but set goals that by the end of 2013 (compared to 2010) the United States will:

- Reduce cases of preventable harm by 40 percent, and

- Reduce re-hospitalizations within 30 days of discharge by 20 percent.

With advances in science, clinical practice, and health information technology - it is professionally frustrating to know our nation continues to have unacceptable rates of personal harm to patients we intend to heal and protect. In a recent meeting that I attended, when asked how many health professionals had a loved one impacted by a health care acquired condition - at least half of the attendees raised their hands. Personally, I have had three family members encounter preventable health care acquired conditions - one that fell in a nursing home that resulted in complications leading to death within six months. So yes, health care can be very personal - and a driver for positive change.

We are making great progress, but still have a long way to go to be the best health care system possible, and the National Association for Healthcare Quality (NAHQ) is stepping up to that challenge with a recent change to their Vision and Purpose.

NAHQ Vision: To realize the promise of healthcare improvement through innovative practices in quality and patient safety.

NAHQ Purpose: To improve healthcare quality across all points of care through education, certification, and advocacy.

To support that vision and purpose, NAHQ has established strategic pillars that strengthen the roles of state Associations, and thereby provide enhanced support to our own professional development at the local level:

Strategic Pillars

1. **Professional Development:** *To create and promote platforms for developing professional competencies and expand educational opportunities.*
2. **Commitment to Innovation:** *To focus on delivering innovative products and services with proven value and effectiveness.*
3. **Leverage External Relationships:** *To enhance strategic relationship that support overall membership and programmatic development.*
4. **Enhance Communications:** *To develop new and expanded communication platforms for our customers to increase value.*
5. **Association Excellence:** *To demonstrate performance that exemplifies association best practices.*

MAHQ is implementing a strategic planning effort that will further enhance professional development of MAHQ members in support of these national pillars. As a start, our recent Spring 2011 Educational Conference offered attendees sessions that addressed health care acquired conditions, discussed Maryland's efforts in implementing health reform provisions of the Affordable Care Act, and discussed legislative trends impacting quality of care.

As we move into this period of major transition in healthcare, I am pleased to share that Gayle Hurt, President-elect, is leading our strategic planning effort for MAHQ - and we welcome volunteers from our membership to join in that effort. If you are interested in helping to shape the direction of MAHQ as this effort kicks off - please email me at mahq.president@gmail.com. We value the wide breadth of experience, skills, and knowledge base of our members - and count on you to make our Association a success!

Barbara A. Dailey, RN,BSN, MS, CPHQ

IN THE SPOTLIGHT

Cathy Gallo, MAS, RN-BC, CNE, CDONA, CPHQ



Cathy Gallo, MAS, RN, C.N.E., CDONA, CPHQ, began her nursing career approximately 27 years ago as a staff/charge nurse in an acute-care facility. Since that time, she has held a variety of nursing and clinical roles including Vice President of Clinical Services, Nurse Manager, Director of Nursing, Assistant Administrator, Performance Improvement Director, and Healthcare Consultant. Currently, Cathy Gallo is the Vice President of Operations/Chief Nursing Officer at Levindale Hebrew Geriatric Center and provides guidance and oversight to Levindale & Courtland Gardens Nursing and Rehabilitation Center.

In her current role, Cathy is responsible for overall leadership, administration, and coordination of quality patient care as well as leads the development, management and growth of major service lines for post acute services to include, Chronic Hospital, Sub Acute services, Long Term Care and Behavioral Health Services. Cathy is accountable for the quality outcomes and directly supervises the clinical, quality and risk management programs

Cathy attended *Bloomfield College*, in New Jersey, where she earned a bachelor's of science degree in Nursing, and *Farleigh Dickinson University*, in New Jersey, where she earned a master's of science degree in Administrative Science. She is a Certified Professional of HealthCare Quality (CPHQ), Certified Director of Nursing in Long-Term Care (C.D.O.N.A./LTC) and Nurse Executive Certified (C.N.E.).

As an advocate for continuing education, Cathy has contributed to and authored a variety of articles focusing on pain awareness and infection control. Most recently, she co-authored an infection control awareness article which was featured in the March 2006 edition of *Advance for Nurses*. She was also a featured speaker at the *New Jersey Department of Health and Senior Services (NJDOHSS) Antimicrobial Resistance Symposium*, *New Jersey Hospice and Palliative Care Association's Facility Based Hospice Care Seminar*, *Best Practices in Fall Prevention* and a speaker at *Effective Pain Management for the Subacute Patients-Best Practices* at the New Jersey Pain Workshop.

Cathy remains active in the nursing and healthcare industries through her affiliations with many professional. In 2001, the *New Jersey State Nurses Association* awarded Cathy the organization's CARE Award for Education.

Cathy has been a certified professional in health care quality since 2000 and joined MAHQ in 2010. Cathy was an active member of the New Jersey Association for Healthcare Quality before relocating to Maryland. She was elected to the MAHQ Board of Directors as the recording secretary for 2011.

SAVE THE DATE

MAHQ/QI Project Series

The Maryland Association for Healthcare Quality (MAHQ) continues our partnership with the Quality Indicator (QI) Project, a Press Ganey company. The next quarterly one-hour webinar session* geared toward healthcare professionals interested in expanding their quality and performance improvement skills will cover Statistical Process Control (SPC). These sessions are offered at no charge for MAHQ members and for QI Project clients. There will be a \$15 fee per session for non-MAHQ members or QI Project clients. *Mark your calendars for the third session!*

SPC Session

August 24, 2011, 2:00-3:00 p.m. ET

** CPHQ CE credit available for participation in these sessions.*

FAILURE MODE AND EFFECT ANALYSIS

Failure Mode & Effect Analysis Course
Maryland Patient Safety Center
Patrice Spath

Submitted by Patti Klingel, PhD, CPHQ, CRM

A **failure mode and effect analysis (FMEA)** is sometimes mistakenly used in every improvement project. However, an FMEA should be used as an enhancement for proactive problem solving and then incorporated into your performance improvement project. Major steps to an FMEA are as follows:

1. Chose the process to be studied
2. Assemble the team choosing those who have direct input to the process
3. Organize the information about the process under study
4. Conduct a hazard analysis of the process
5. Develop and implement actions
6. Develop action measures to assess the process and show improvement or make corrections

There are a multitude of FMEA examples available today with none labeled as the “best.” The important point is not which FMEA model is used but more of the understanding how the FMEA works and the actions developed to reduce the risk identified by the team.

Key points of the FMEA process include but are not limited to:

- The leader should be someone who has the authority to change the process.
- Someone who has no ownership or investment in the process should facilitate.
- Team members that know, understand and actually perform in the process produce the best failure modes and actions.
- While scoring is used to prioritize, emphasis should be placed on the actions vs.

the scoring of critical areas.

- The actions should be based on reducing risk.
- You may have a desire to set actions for all failure modes, but it is best to choose the high priority items to fix as they will have the highest impact on your ability to provide safety and quality.
- Avoid action items that say “educate on the process” as this is very subjective. Instead consider “hold staff accountable” for those areas training has previous been provided.

Some of the typical FMEA’s are conducted on falls, pressure ulcer prevention and suicide prevention. Ideally, the FMEA should be used as a live document. It should be reviewed regularly, the ranking reassessed when changes are made, and new failure modes added as needed.

MAHQ SPRING CONFERENCE

MAHQ Spring Conference was held May 24, 2011, from noon until 8:00 PM at the Martin L. Doordan Institute (formerly the Health Sciences Institute) of the Health Sciences Pavilion at Anne Arundel Medical Center. The conference began with a lovely buffet lunch and concluded with a delicious buffet dinner provided by the Institute. Reviewing evaluations, participants were pleased with the food and the environment; as spring was in the air; many participants took advantage and ate outside.

MAHQ invited participants to *Spring into Quality* with Dr. Elizabeth ‘Beth’ Sammis, the Acting Insurance Commissioner for Maryland; Pegeen Townsend, the Governmental Affairs Liaison for MedStar Health and Vivian Miller with the American Hospital Association.

Dr. Sammis began the afternoon discussing the Maryland Insurance Exchanges that are due to be fully operational under the Affordable Care Act (ACA) by January 1, 2014. By the time Dr. Sammis had completed her presentation many of those in attendance had gained a wholesome appreciation for the tasks that lay ahead for the Health Insurance Industry in Maryland.

After a break, Pegeen Townsend from MedStar Health, spoke on the recent Maryland Legislative session and brought participants up-to-date on the status of certain legislation at both the State and Federal levels. As Pegeen and Beth Sammis both were discussing the impact of legislation on the healthcare industry, they approached their topics from two distinct approaches allowing for a nice flow of information that complemented each other and was not redundant.

The afternoon concluded with Vivian Miller discussing Hospital Acquired Conditions and summarized the Deficit Reduction Act of 2005, touching on topics such as Quality Reporting, Public Access and Value-Based Purchasing, to name a few. All 3 speakers finished ahead of their designated times, which allowed for a in-depth Q & A session on any and all topics, which by reviewing evaluations, and feedback from individuals at the time, the majority enjoyed.

Majority of feedback from participants via evaluations was positive and the Education

Committee would like to thank everyone who took the time to complete an evaluation; it is from the comments on evaluations that the Education Committee and the Board of Directors plans the next conference.

Finally, many thanks to everyone at the Doordan Institute, MAHQ Board of Directors and MAHQ Members who worked so tirelessly to bring this conference together. Special Kudos to **Gayle Hurt, MAHQ President-Elect** for serving as the Mistress of Ceremonies and standing in for Barbara Dailey who was unable to attend due to a family emergency. Good job, Gayle, and thanks for keeping the day running smoothly.

FROM NAHQ E-News



Blood Stream Infections Eradicated for Up to 2 Years in Michigan ICUs

Intensive care units (ICUs) in both large and small hospitals prevented central line-associated bloodstream infections (CLABSIs) for up to 2 years after using a targeted quality improvement initiative funded in part by the Agency for Healthcare Research and Quality (AHRQ). The initiative, known as the Comprehensive Unit-Based Safety Program, or CUSP, was implemented through the Keystone Intensive Care Unit Project in Michigan hospitals.

Researchers of "The Ability of Intensive Care Units to Maintain Zero Central Line-Associated Bloodstream Infections," published in the May 9 issue of *Archives of Internal Medicine*, found that hospital eliminated CLABSIs for an extended period of time—up to 2 years or more. Of the 80 ICUs evaluated, 60% went 1 year or more without an infection; 26% achieved 2 years or more of zero infection rates. Smaller hospitals sustained zero infections longer than larger hospitals, the researchers found.

A CLABSI is a serious healthcare-associated infection (HAI) that is introduced into the bloodstream through a central line. According to the CDC, one in every 20 hospital patients in the United States has an HAI at any given time. AHRQ continues to support the nationwide implementation of CUSP by reaching more hospitals and other settings in addition to ICUs and applying the approach to various HAIs. The project is ongoing through AHRQ's contract with the Health Research & Educational Trust, an affiliate of the American Hospital Association.

For AHRQ's recently funded HAI projects, go to www.ahrq.gov/qual/haify10.htm. For more information on CUSP, go to www.ahrq.gov/qual/cusp.htm.

The CUSP implementation activities support the Partnership for Patients, a new national public-private partnership with hospitals, medical groups, consumer groups, and employers that will help save lives by preventing millions of injuries and complications in patient care over the next 3 years. HHS has set a goal of decreasing preventable hospital-acquired conditions by 40% (compared with 2010 rates) by the end of 2013. Achieving this goal should result in approximately 1.8 million fewer injuries and illnesses to

patients, with more than 60,000 lives saved over the next 3 years. By preventing injuries and complications and reducing readmissions, the Partnership for Patients has the potential to save up to \$35 billion in healthcare costs by the end of 2013.

The Keystone Project has also produced results. One study, "Impact of a Statewide Intensive Care Unit Quality Improvement Initiative on Hospital Mortality and Length of Stay: Retrospective Comparative Analysis," published in the February 1 issue of the *British Medical Journal* showed that patients in ICUs participating in Keystone were less likely to die. In "Rates of Pneumonia Dramatically Reduced in Patients on Ventilators in Michigan Intensive Care Units," published in the Feb. 17 issue of *Infection Control and Hospital Epidemiology*, researchers demonstrated that hospitals participating in the Keystone project reduced the rate of ventilator-associated pneumonia by more than 70%.

Joint Commission

The Joint Commission Q&A

Question: Our hospital has adopted a smoke-free and tobacco-free campus. Does The Joint Commission have any strategies to help us implement and maintain this new policy?

Answer: Yes. The Joint Commission and the Henry Ford Health System have coauthored "[Keeping Your Hospital Property Smoke-Free: Successful Strategies for Effective Policy](#)," a how-to guide for hospitals and other healthcare organizations dealing with the challenges of implementing and enforcing a successful smoke-free or tobacco-free policy. The guide has seven sections, and each section includes a list and description of successful strategies and provides brief examples that illustrate how the strategies were successfully implemented. The first section, "Before You Implement," is for organizations that have not yet implemented their smoke-free policies. The section is based on various hospitals' successful planning strategies and actions they took or wished they had taken prior to implementing their policy. The guide also covers getting support from leadership and employees, effective communication tactics, enforcement tips, and avoiding common pitfalls.

"Keeping Your Hospital Property Smoke-Free" was developed with input from staff at hundreds of hospitals through Web-based surveys, in-depth telephone interviews, and onsite visits. Examples from their narratives and the lessons they learned are used to highlight important aspects of their experiences. Development and publication of this educational tool was made possible through a grant from the Robert Wood Johnson Foundation and the Flight Attendant Medical Research Institute.

Editor's note: The Joint Commission recently released the 2012 Patient Safety Goals. For more information, [click here](#).



NQF Launches Measure Applications Partnership

The National Quality Forum (NQF) has formalized its agreement with the U.S. Department of Health and Human Services (HHS) to serve as the impartial coordinator of

multistakeholder groups to collect input on selecting measures for use in federal public reporting and performance-based payment programs. To accomplish this, NQF has established the [Measure Applications Partnership \(MAP\)](#).

A [coordinating committee](#) will set the strategy for MAP and provide direction to the advisory workgroups, allowing performance measures to be better coordinated across programs, settings, and payers. MAP's balance of interests—representing consumers, businesses and purchasers, labor, health plans, clinicians and providers, communities and states, and suppliers—will ensure HHS receives well-rounded input on performance measure selection.

The newly released [National Quality Strategy](#) will guide MAP's work with the intention of selecting measures and providing input that addresses our national healthcare priorities and goals, such as making care safer and ensuring that each person and family are engaged as partners in their care.

[Third Annual State Leaders Summit](#)

NAHQ's 3rd Annual State Leaders Summit took place April 29–30 in Rosemont, IL. Attendees gained useful instruction in social media, volunteerism, membership, and strategic planning to assist in developing their state association. Keynote speaker Pat Merryweather of the Illinois Hospital Association presented a session on Quality and Patient Safety in the National Environment. Visit [NAHQ.org](#) to view sessions and [handouts](#) from the summit.



[Effective Disclosure May Reduce Costs](#)

Responding to serious clinical adverse events can be challenging for any healthcare professional or organization. The Institute for Healthcare Improvement's (IHI's) [guidance](#) and [resources](#), as well as the landmark consensus report "[When Things Go Wrong](#)," are all rooted in the firm conviction that honest, timely, and effective disclosure of these events is necessary and expected by patients and their families. However, many healthcare leaders continue to worry about the financial and legal consequences of apologies and full-disclosure policies. A [new study](#) by the insurance and risk management firm Lockton (recently [featured](#) in *American Medical News*) finds that potential financial savings can result from effective disclosure programs. The analysis cites a University of Michigan Health System study published in *Annals of Internal Medicine* that showed that their disclosure policy led to decreases in the number of lawsuits, the time it took to resolve the lawsuits, and the average cost of each lawsuit. (This Week at the IHI, June 20, 2011)

Toolkit for Accountable Care Organizations Now Available



The [Care Continuum Alliance](http://www.carecontinuum.org)—a 200-member industry association for wellness, prevention, and care management—is offering Achieving Accountable Care: Essential Population Health Management Tools for ACOs, a toolkit for accountable care organizations (ACOs) that provides resources on key wellness and health management strategies essential to the emerging care model's success. The toolkit is available free for download at www.carecontinuum.org.

"Providers, [including] physicians and hospitals, will form the backbone of ACOs and will need to develop new areas of service and expertise not typically found in today's primary care practice," Care Continuum Alliance President and CEO Tracey Moorhead said. "This is where population health comes in. This toolkit describes population health resources and tools ACOs can leverage to improve care quality, keep patients healthier, and lower costs."

Supported by significant peer-reviewed literature, the 60-page toolkit shows how four core strengths of population health management—strategies and services aimed at promoting wellness and reducing chronic disease risk and severity—can help ACOs achieve quality and savings goals:

- health-risk assessments and predictive modeling to focus the ACO on patients with the greatest needs and who are at highest risk
- mobile, connected, empowered, and flexible nonphysician-based care that capitalizes on clinical teaming and shared decision-making
- data "liquidity" and analytics to gain insights from health information technology and better understand how to improve outcomes in an ACO population
- management expertise to ensure the intellectual and financial capital necessary to accept various levels of risk transfer.

The toolkit reflects contributions from more than 20 physicians and other experts on the Care Continuum Alliance Physician Engagement Committee, which produced the document. Jaan Sidorov, MD FACP, a highly regarded leader in health management strategies and former Geisinger Health Plan medical director, provided editorial support for the toolkit.

"The document walks the reader through the major components of population health management and shows how each fits within the ACO model," Dr. Sidorov said. "The toolkit is a valuable roadmap to overcoming expected challenges ACOs will face as they come online."

Recent news articles on ACOs:

- ["Highmark, Hospitals from ACO to Reduce Readmissions"](#)
- ["CMS Introduces Plan for Partially Capitated ACOs"](#)
- ["ACO Regs Gain Ally in Consumer Group"](#)
- [Modern Healthcare's ACO Survey](#)

CONGRATULATIONS TO QUALITY PROFESSIONALS WHO SUCCESSFULLY PASSED THE CPHQ EXAM

The MAHQ President Barbara Daily and your Board of Directors want to congratulate the following quality professionals for passing the CPHQ exam:

- Carla Thomas
- John Fox

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 Schwartz at laura.schwartz@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 2011

PRESIDENT

Barbara Dailey, RN, BSN, MS, CPHQ
mahq.president@gmail.com

PRESIDENT-ELECT

Gayle Hurt, MPA
goandjh@erols.com

PAST PRESIDENT &

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

SECRETARY

Cathy Gallo
cg4300@cs.com

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 T. Schwartz, RN, BSN, MS, CPHQ
laura.schwartz@hughes.net

MEMBER AT LARGE

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

MEMBER AT LARGE

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

MEMBER AT LARGE

Elaine Frazier, RN, MS, CPHQ
ecfxplore@comcast.net

MEMBER AT LARGE

Judy Slevin
Judy.Slevin@Medstar.net

EDUCATION COMMITTEE 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@aahs.org

EDUCATION COMMITTEE MEMBER

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

EDUCATION COMMITTEE MEMBER

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

WEBMASTER

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