Dear MAHQ Members,

This year marks the 35th anniversary of the Maryland Association of Healthcare Quality. We have exciting plans to celebrate the member activities and contributions that make MAHQ strong. This year also marks a year of investment – investment in education activities, in professional recognition programs, investment in infrastructure to provide greater member benefits – in short, investment in our membership.

We started with a new membership management module that links to our education registration software solution. This new module allows you to set up a profile and track your membership while making it easier for us to offer member discounts for our educational programs.

We are also launching our CONNECT MAHQ! campaign. Our organization is run entirely on the volunteer service of our members. We have many new committees and activities to enhance our Association. Commitment can range from an hour or so before a conference at the registration table to several hours a month working with colleagues on activities. All of which provide great opportunities to network with others with similar interests in improving healthcare quality.

We have volunteer opportunities in several areas noted below.

Strategic Planning (Guide our organization into the future)  
Education (Support our conference and webinar activities)  
Communications (Help with our newsletters and social media presence)  
Legislative (Keep up to date on legislative, regulatory, and advocacy initiatives)  
Membership (Support our membership activities)  
Board (Positions include: member at large, treasurer, secretary, president elect, and president).

If you are interested, please e-mail: CONNECTMAHQ@gmail.com.
SAVE THE DATE

- CPHQ Review Course, April 12-13, 2012 with Susan Mellot
  - Anne Arundel Medical Center, Martin L. Doordan Institute
  - Registration now open
  - Registration deadline, April 5, 2012

- Spring Educational Conference, May 15, 2012
  - Featuring Melinda Sawyer discussing the Comprehensive Unit Based Safety (CUSP) program and Monica Cooke speaking on Bullying in the Workplace.
  - Anne Arundel Medical Center, Martin L. Doordan Institute

- Fall Educational Conference, October 16, 2012
  - Celebrating MAHQ's 35th Anniversary
  - Anne Arundel Medical Center, Martin L. Doordan Institute

ASSESSING AND IMPROVING SAFETY CULTURE

Assessing and Improving Safety Culture
The Essential Guide for Patient Safety Officers
Frankel A, Leonard M, Simmons T, Haraden C (editors)
Joint Commission Resources with the Institute for Healthcare Improvement

A culture of safety includes the attitudes and behaviors that are related to patient safety and that are expected and appropriate to promote patient safety (Agency for Healthcare Research and Quality [AHRQ], n.d.). It is important that hospital leaders adequately assess the safety culture in their workplace and clearly communicate a framework to guide personnel as they work to increase safety within their work settings.

1. Why assess the culture of patient safety?
   - A weak safety culture correlates with the following red flags for patient harm:
     - Hospital acquired pressure ulcers
     - Delays in operating room and intensive care unit
     - Bloodstream infections in the ICU
     - Wrong-site surgeries
     - Postoperative sepsis
     - Postoperative infections
     - High nursing turnover
     - Absenteeism
     - Low incident reporting rates
     - Staff burnout
A strong safety culture has more satisfied patients and staff.

Assessing the culture of patient safety is a Joint Commission Requirement.

Assessing the safety culture is important for the following reasons:

- To get a baseline data prior to an intervention.
- To get a multidimensional profile of the culture strengths and weaknesses within a clinical area.
- To assist in selecting intervention that is most appropriate for improving quality and safety.
- To allow quality, safety and risk leadership to prioritize which clinical areas needs help and which do not.
- For clinical areas that are struggling, to diagnose specific issues that need to be addressed.
- To build awareness about the important of patient safety, teamwork and quality improvement opportunities.
- Re-measuring at 12-18 months intervals to track changes in patient safety over time.

2. What tools are available for measuring safety culture?

To effectively assess safety culture involves utilizing a validated instrument that meets a variety of theoretical and statistical tests. It is important to perform assessment across the entire hospital while capturing the information and tracking response rates at the clinical area level.

- **Safety Attitudes Questionnaire** has been validated instrument and is a valid instrument for capturing frontline caregiver assessment of themes such as:
  - Teamwork
  - Climate
  - Job satisfaction
  - Perception of management
  - Safety climate
  - Working conditions
  - Stress recognition

  The survey also includes demographics such as a job position, years experience and primary specialty. The survey has 30 questions, uses a five point scale and takes about 5-7 minutes to complete.

- **Hospital Survey on Patient Safety Culture** is widely used and available to the public through AHRQ. The survey has 51 questions and takes about 10 minutes to complete. Most of the items use Agree/Disagree or Never/Always. There is also room for written comments. The survey places an emphasis on patient safety issues and error and events reporting. The survey allows hospital comparison.

  It measures:
  - Supervisors/managers expectations and actions promoting safety
  - Organizational learning/continuous improvement
  - Teamwork within units.
  - Communication openness
  - Feedback and communication about error
• Non-punitive response to error
• Staffing
• Hospital management support for patient safety
• Teamwork across the hospital units
• Overall perceptions of safety
• Frequency of event reporting
• Patient safety grade (of the hospital unit)
• Number of events reported

3. How to select and effectively utilize a survey instrument?

When choosing a survey instrument, keep in mind:
• Versatility – can be used across clinical areas and caregiver types
• Psychometric validity – needs to stand up over time and correlate with what’s being surveyed. Survey results should not be difficult to interpret.
• Predictive validity – Correlate survey results with operational and clinical outcomes
• Ease of use
• Benchmarking capability

4. How should the survey be implementing?

• Given to a large group during staff meeting, in-service or other education training sessions.
• Electronic administration through the internet.
• The response rate needs to be high (at least 60% or greater) to obtain reliable data. Traditionally, electronic administration of the survey has resulted in a low response rate. Administrating the survey to a captive audience has facilitated a higher response rate.

5. How do I respond to the assessment data?

• Safety climate or teamwork score less than 60% agreement is a signal a clinical area in need of interventions.
• Safety climate or teamwork score of 80% or greater shows a level of excellence.
• A 10 point difference between a current patient safety culture assessment and a previous assessment shows a statistically significant difference and demonstrates that your intervention is working.

FROM NAHQ E-News

The Joint Commission Q&A

Question: Wrong-site surgery has been a problem in healthcare for many years. Does The Joint Commission offer any solutions for addressing and reducing this threat to patient safety?
**Answer:** Yes. In February, the Joint Commission Center for Transforming Healthcare launched its second project in the Targeted Solutions Tool™ (TST) called TST for Wrong Site Surgery, which focuses on the Center’s Wrong Site Surgery Project. Reducing the risk of wrong-site, wrong-procedure, and wrong-patient surgery is critical to patient safety and the reputation of any healthcare organization that performs these high-risk procedures. While wrong-site surgery events are rare, they can be life altering for the patients who sustain them.

Because the occurrence of wrong-site surgery is rare, with most organizations going years without an occurrence, it could take a long time to monitor the incidence of wrong-site surgery for a project. However, it is possible to monitor surgical cases for weaknesses that might result in wrong-site surgeries, and that is exactly what this tool does. The TST for Wrong Site Surgery identifies specific areas of weakness on which improvement can be focused, and enables management to measure those weaknesses both initially and over time.

The wrong-site surgery solutions provided via the TST are the culmination of the work started in July 2009 by The Joint Commission Center for Transforming Healthcare along with the Lifespan system in Rhode Island. In 2010, four additional hospitals and three ambulatory surgical centers joined the project.

Over the course of the project, the original participating organizations were able to reduce the number of cases with risks by 46% in the scheduling area, 63% in pre-op, and 51% in the operating room. Many other hospitals and ambulatory surgery centers across the country collaborated with the Center to test the work of the original organizations that participated in the project and provide guidance on the development of the tool. These organizations experienced the same gains as the original participating organizations.

The TST is accessible via accredited organizations’ Joint Commission Connect™ extranet at no additional cost. Data entered into the TST are confidential, and will not be shared with The Joint Commission. The TST is not tied to accreditation; it is voluntary. For more information about the TST, including FAQs, fact sheets, and demonstration videos, please visit the TST website.

**Web-Based Training Modules Help Improve Health Literacy Concepts for Safer Pharmacy Care**

The Agency for Healthcare Research and Quality (AHRQ) has released a set of web-based curricular modules designed to help improve medication safety and patient care. Pharmacy faculty can now integrate health literacy quality improvement into coursework, experiential education, and PharmD thesis or pharmacy residency.
Advancing Pharmacy Health Literacy Practices through Quality Improvement: Curricular Modules for Faculty is free to use and includes
• four sets of PowerPoint slides
• more than a dozen activity guides to encourage active learning
• other resources to provide both faculty and students with information and references on the topics covered in the modules.

Health literacy is a vital component of high-quality, safe patient care. Studies document a correlation between low health literacy and poor health outcomes. Pharmacy health literacy is an important part of that equation.

Pharmacy health literacy is the degree to which people can obtain, process, and understand basic health and medication information, as well as the pharmacy services needed to make appropriate health decisions. According to the 2003 National Assessment of Adult Literacy, only 12% of adults have proficient health literacy. This means the vast majority of adults are unable to interpret prescription labels correctly.

Medication errors can occur more often when patients have limited health literacy. Such individuals are more likely to misinterpret prescription label information and auxiliary information.

Pharmacists are responsible for making sure patients obtain the maximum positive health outcomes from their medications. They care for patients with a wide variety of education levels, incomes, and races, any of whom may have limited health literacy. The new AHRQ tools can help pharmacists serve patients better. Addressing health literacy in general—pharmacy health literacy in particular—is an important AHRQ quality improvement effort. The pharmacy modules are available at www.ahrq.gov/pharmhealthlit/index.html#pharmlitqi.

National Quality Forum Safe Practices Help Improve Surgical Outcomes

Since 2003 the National Quality Forum (NQF) has maintained a set of Safe Practices for Better Healthcare, evidence-based recommendations designed to help healthcare systems provide the safest care possible. A new study shows that full adoption of these safe practices helps hospitals better manage surgical complications and prevent death from them. The study, published in the January 2012 issue of Surgery, assessed hospital compliance with NQF’s safe practices as measured through the Leapfrog Group’s Hospital Quality & Safety annual survey. Involving almost 80,000 patients at 658 hospitals nationwide undergoing one of six high-risk operations, the study found that 41% of hospitals had fully implemented all 27 of NQF’s safe practices and 59% had partially adopted them. Hospitals that fully implemented NQF’s safe practices
were more likely to diagnose complications in surgical patients, but had lower risk-adjusted surgical mortality.

A Shift from Nursing Homes to Managed Care at Home

Many nursing home operators are shifting to an emerging model of care that allows patients to remain at home but still receive the same care available in institutions. The number of such programs has grown quickly, from 42 programs in 22 states in 2007 to 84 programs in 29 states today. Studies suggest that this system can be less expensive than traditional nursing homes, but can provide better medical outcomes. The shift comes in light of soaring healthcare costs and shrinking financing for Medicare and Medicaid (The New York Times, February 23).

Proposed Cuts to Critical Access Hospitals

The President’s budget, which was released February 13, includes cuts to critical access hospitals (CAHs) and proposes to eliminate the CAH designation for those closer than 10 miles from the nearest hospital. These budget cuts will particularly affect rural hospital care, eliminating access for millions of rural Americans (ruralhealthweb.org, February 14).

Study Shows Medicare Hospital Quality Reporting Brings Little Mortality Improvement

A recent study in the March issue of Health Affairs found that hospitals reporting data under Hospital Compare, Medicare’s public reporting initiative, led to no reductions in mortality beyond existing trends for heart attack and pneumonia and led to a modest reduction in mortality for heart failure. The study, however, only looked at 30-day mortality and no other outcome measures (Health Affairs, March 6).

Joint Commission Resources Selected as a Hospital Engagement Network Organization

Joint Commission Resources (JCR) was selected by the Centers for Medicare & Medicaid Services to serve as a Hospital Engagement Network organization—part of Partnership for Patients, a nationwide public-private collaboration sponsored by the U.S. Department of Health and Human Services, to improve the quality, safety, and affordability of healthcare for all Americans. NAHQ is a member of this partnership. Learn more about JCR’s role as a Hospital Engagement Network organization and the core areas of focus.

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 Terrie Young at eyoung@umm.edu or the Newsletter Committee Co-Chair Laura Schwartze at laura.schwartze@hughes.net

Please take advantage of utilizing the MAHQ website for information on upcoming events, job postings, Board Member, and resources.

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<th>BOARD MEETINGS OPEN TO MEMBERS</th>
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<td>Board of Director’s meetings is held monthly, ten months of the year. Meetings are usually held on the last week of each 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 the MAHQ President by email (<a href="mailto:mahq.president@gmail.com">mahq.president@gmail.com</a>) for information and directions.</td>
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