



# Maryland Association for Healthcare Quality

October-November-December 2008, Issue 30

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## PRESIDENT'S MESSAGE

Josephine Howard, RN, MS, CPHQ

Less than two months remain in 2008 and the MAHQ Board of Directors (Board) continues to work diligently to provide quality services to our membership. We are fortunate to have a Board that is dedicated and works tirelessly to accomplish the goals and mission of MAHQ. We value each of our eighty-eight members. You help the organization thrive! Our efforts to continue offering valuable activities and services to our membership require the participation of all of our members.

Whether you are a seasoned quality professional or new to the quality arena, we share common goals and all have much to offer. We appreciate the challenges we contend with in our roles, including: regulatory requirements, public reporting, ensuring data integrity, educating staff, inadequate time, and shrinking resources. However, positive goals, which include a passion for quality performance improvement and patient safety, make our common journey very rewarding.

The Board has been busy planning and executing educational events. Thanks to Janet Spinks for facilitating a CPHQ review course in western Maryland on September 26. We hope that you were able to attend the November 10 General Membership Meeting and Fall Conference entitled, "Patient Safety: Walking the Tightrope to Safety". We had an excellent roster of presenters. We are also offering a CPHQ review course on November 21-22 with the editor of the Q-Solutions book, Christy Beaudin, as the facilitator. Thanks to Robin Barringer for preparing the conference brochures and attendee packets. Additional information and PayPal online registration can be found at the MAHQ website: [www.mdahq.org/](http://www.mdahq.org/). Thanks to our President Elect, Cheri Wilson for working tirelessly to make the MAHQ website and PayPal excellent resources and a model for other state organizations. Thank you Maureen McGinty, Member at Large, for agreeing to assume the role of Co-Chair of the Education Committee. Thanks also to Misa Ewing for securing conference space at Anne Arundel Medical Center site for the Nov 10 conference. Thanks to Member at Large Brigid Krizek for helping to secure a conference speaker.

One of the goals this year for the Board was to provide a Listserv to our members. A personal email invitation has been sent to members with information and guidelines for accessing and participating in this MAHQ Google Group. The MAHQ Google Group is intended to provide an additional forum to discuss current developments in healthcare quality, brainstorm ideas, and share information. Thanks to Camille Dobson and Terri Kapetanovic, Members at Large, for developing the Google Group

and guidelines. Thanks to Sally Morris for coordinating membership activities and sending the important blast emails to the membership.

Another goal this year was to survey our membership for input on how we can better meet the needs of our membership. We did not receive the number of responses we hoped for from our last survey. Thank you Mary Whittaker, Member at Large, for tabulating the results. Soon we hope to send another brief survey by email and hope to have a greater response. The new Board of Directors starting in January will be able to use your responses in setting goals for the upcoming year.

You will soon know the results of the MAHQ annual election. Thank you Mary Gruver-Byers, Member at Large, for coordinating the nominating and election activities. The Board offers its congratulations and full support to the incoming Board who will start in January 2009. We are continuing to recruit for dedicated dynamic persons to fill needed positions. You have received and hopefully submitted your ballots, but we are always looking for additional members at anytime to serve on our active Education and Newsletter committees. Please feel free to contact any Board member if you have a desire to serve on one of these MAHQ committees.

It has been my pleasure to serve as your president in 2008 but I have not taken this journey alone. I want to extend humble gratitude to our Board Members. Words cannot express my appreciation for the assistance of each member of the MAHQ Board. These persons serve as volunteers and all have other demanding professional and family responsibilities. The time and energy the Board members provide makes this organization work, and it has been my pleasure to work along side each of them. It is also with great sadness that some of our Board members will be retiring. Leaving the MAHQ Board will be: Secretary and Newsletter Chairperson Sandy Reinhard, who has faithfully served for 7 years; Katie Berry who had faithfully served as treasurer for many years, retired and agreed last year to fill the vacant Treasurer's position; Robyn Barringer, Immediate Past President and Newsletter Co-Chairperson; and Barbara Shoemaker, Newsletter Committee Member. Ms. Shoemaker also assisted with obtaining conference speakers. We are all proud of how they efficiently and faithfully handled their roles. We could not pay them enough for the services they provided. On behalf of the entire Board I thank them sincerely for a job well done and hope they will be continue to participate with MAHQ in some manner.

Our newly elected President of the United States of America has promised health care reform. **Accessible, Safe, Quality Healthcare** is a high priority for all of us, as either a health care recipient or a provider. It will be exciting for us all to be a part of the changes to take place. Enjoy your upcoming holidays and we hope to see you in person at an upcoming MAHQ sponsored event or communicate with you on the MAHQ Google Group.

## **ELECTION RESULTS**

President Elect-Robin Craycraft

Secretary-Mary Gruver-Byers

Treasurer-Hilary Sporney

Members at Large-Barbara Dailey, Linda Keldsen, Mary Whittaker, Terrie Young-1 year term, replacing Mary Gruver-Byers

## **KUDOS**

Congratulations to MAHQ President Josephine Howard and MAHQ President Elect Cheri Wilson, who both recently achieved the status of CPHQ!!

Please inform any Board of Directors' member of your (or a friend's) recent

promotion, graduation or any other achievement, so we can acknowledge it.

## **ANNOUNCEMENTS**

MAHQ membership renewal reminders will be sent to members by December 1 for 2009 membership.

May 1, 2009—MAHQ Spring Educational Conference. Save the date! More information will follow.

## **MAHQ GOOGLE GROUP**

The Board of Directors invites all paid members to participate in MAHQ's Google Group. Google Groups are all about helping users connect with people, access information, and communicate effectively over email and on the web. The MAHQ Google Group is intended to provide a forum to discuss current developments in healthcare quality, to brainstorm ideas, and share information. We expect that the group will serve as a resource on educational opportunities available, current research, and best practices; provide networking opportunities for members; and provide a forum for the discussion of issues and problems relating to healthcare quality that affect consumers in all settings.

Participation in the group is limited to paid members of MAHQ; please encourage friends and colleagues to join and participate in the dialogue.

Instructions for activating your membership in the MAHQ Google Group can be found on our website at: [www.mdahq.org](http://www.mdahq.org)

## **DISRUPTIVE BEHAVIOR**

Submitted by MAHQ Membership Committee Chairperson Sally Morris, RN, BSN, CPHQ

Disruptive Behavior: The New Leadership Imperative

Paul L. Green, MS, RN, CPHQ, Director Performance Improvement at Scripps Memorial Hospital in La Jolla, CA presented a session at the September NAHQ Conference on Disruptive Behavior: The New Leadership Imperative.

Mr. Green related the experience of a disruptive physician at Scripps Memorial Hospital.

*From the San Diego Times Tribune, March 28, 2008:*

LA JOLLA – State health officials have levied the maximum fine of \$25,000 against Scripps Memorial in La Jolla because of an August incident in which cardiologist Maurice Buchbinder repeatedly struck a patient under his care at the hospital.

In a statement yesterday, the California Department of Public Health said Scripps Memorial “failed to protect a patient’s right to considerate and respectful care.”

Another experience at Boston Children’s Hospital:

*From Modern Healthcare September 25, 2003*

In the wake of medical mistakes that led to three patient deaths, the Massachusetts health department announced last week it would conduct a review of the state hospital license for Boston's Children's Hospital.

The announcement followed a highly critical report issued by CMS investigators that cited a pattern of poor communication among clinicians and blurred lines of authority for the care of children with complex problems, which contributed to the deaths.

The presentation focused on Joint Commission Standards that address these issues by requiring organizations to define and support a work environment where conflict is managed successfully:

- LD.2.40. The organization management conflict between leadership groups to protect the quality and safety of care.
- LD.3.10 Leaders create and maintain a culture of safety and quality throughout the hospital.

Effective January 1, 2009 the Joint Commission has a new Leadership standard (LD.03.01.01) that addresses disruptive and inappropriate behaviors in two of its elements of performance:

- EP 4: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.
- EP 5: Leaders create and implement a process for managing disruptive and inappropriate behaviors.

He also noted the Medical Staff Standards for credentialing focus on the evaluation of experience, ability, and current competence based on general competencies, which include interpersonal skills, communication skills, and professionalism.

Mr. Green reviewed the results of a 2003 VHA Upper Midwest Workplace Interaction Survey. Over 5000 surveys were returned, 67% indicated they experienced/witnessed disruptive behavior from a physician; 53% indicated they witnessed/experienced disruptive behavior from a nurse. Respondents also indicated:

- 70% indicated it causes job turnover
- 55% indicated it causes mistakes
- 40% indicated it causes patient safety problems
- 30% indicated it causes more lawsuits
- 30% indicated it causes more workers comp problems.

Possible causes:

- Stress
- Past experience with abuse
- Discipline segregated teaching programs
- Workplace silos

Strategies:

- Code of conduct

- Training
- Coaching and mentoring
- Mechanism for review of infractions
- Consistent enforcement
- Monitoring and feedback
- Alignment of incentives (reward good behavior)

To be successful you need to clearly define and identify inappropriate behavior address problems and define consequences that apply to everyone.

**National Association for Healthcare Quality 33<sup>rd</sup> Annual Educational Conference**

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

The Role of Home Health in Care Transitions & Reducing Hospitalizations

Marian Essey, RN, BSN

Vice President Performance Improvement

Celtic Healthcare Inc.

Submitted by Josephine Howard, RN, MS, CPHQ, President, MAHQ

Objectives of Ms. Essey's presentation included: Identify current challenges in Home Health Quality Improvement; Utilize "Care Transitions" strategies in improving quality of care; and Reduce avoidable hospitalizations.

There are approximately 8,800 Medicare certified home health agencies in the United States. Home health received approximately 3.5% of the Medicare dollars in 2006. Statistics indicate the 17.6 % of patients admitted to Home Health are readmitted within 30 days, and 6% within 7 days. Also more than one in four patients in home health received acute care hospitalization (ACH) within the home health episode.

ACH best practices include completion of a hospitalization risk assessment, patient emergency care planning, front-loading visits, telehealth/teletriage, falls prevention, medication management, physician communication, disease management and transitional care coordination.

Ms. Essey reviewed the current QI challenge that included whether the quality of care should be measured by the provider setting or by the patient. What about transitions of care between provider settings? Who owns the patient? How is quality measured? Contributing to the challenge is older adults with complex care needs who frequently require care in multiple settings. Health professionals in most settings function independently from one another. Care is disjointed and fragmented. Patient safety and quality are compromised.

Ms Essey noted that Care Transitions is patient movement between health care practitioners/settings as their condition and care needs change during the course of an illness. There are complicated versus uncomplicated care transitions. Uncomplicated Care Transitions are sequence of transfers from high intensity care environments to lower intensity ones with recidivism. Care patterns of more than

one transition occurring in the reverse order are complicated.

It is important to remember that older patients at risk for complicated care patterns can be identified using information routinely available at the time of discharge. Research has indicated that patients are inadequately prepared for the next care setting. Often conflicting advice is given for illness management. Often there is inability to reach the right practitioner.

An Adverse Event occurring after discharge is defined as an injury resulting from medical management rather than from underlying disease. The errors related to discontinuity include: medication continuity, test results follow-up and work-up.

The Care Transitions Program Goal: To improve care transitions across multiple sites and the approach involves patient-centered interdisciplinary team function.

Program Components:

1. Patient-Centered Record- facilitates interdisciplinary communication during the care transition.
2. Checklist of Critical Activities – empowers patients to enlist interdisciplinary providers.
3. Nurse Transition Coach – facilitates activation and self-management sessions.
4. Nurse Transition Coach – follow-up visits.

Program Pillars:

1. Medication Self-Management
2. Patient-Centered Record
3. Primary Care and Specialist Follow-up
4. Knowledge of Red Flags.

Program Tools:

1. Personal health record
2. Discharge Preparation Checklist
3. Medication Discrepancy Tool.

In summary, Ms. Essey noted that today we look at Home Health Quality but in the future we will look at Patient-Centered Quality. We should be working on how we can facilitate the move to Patient-Centered Quality to make a difference in the lives of the people we serve.

### **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](mailto: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.

Next meeting is scheduled for 6:00 PM on Thursday, January 22, 2009 at the Savage Mill Rams Head Tavern Dining Room in Savage, Maryland.

**MARYLAND ASSOCIATION FOR HEALTHCARE QUALITY  
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