



Maryland Association for Healthcare Quality

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PRESIDENT'S MESSAGE

Dear MAHQ Members,

Fall Greetings to members and friends of the Maryland Association of Healthcare Quality. I hope everyone had the opportunity to remember our fallen comrades of September 11, 2001 in your own special way. In honor of the 68 Marylanders who lost their lives, the 2983 total individual victims, and the many survivors, rescuers, first responders and their families - our Board of Directors will have a moment of silence to commemorate their lives at our September 2011 Board



Meeting on September 22, 2011. While there was unspeakable tragedy with many lives lost that day at the hands of terrorists, there was also considerable heroism, patriotism, and simple kindness that we have been fortunate to learn about through various social media and communications over the past month.

It is in that spirit of American honor, service, and value for human life that MAHQ strives to support your professional development for continual improvement of the American health care system. To do so, we encourage your ideas, feedback, and continued support of MAHQ activities. This is possible through your articles to our Newsletter, attending or even speaking at one of our educational sessions, or contacting our Board of Directors with your suggestions as we proceed with strategic planning efforts. Personally, the most rewarding approach for me was to become an active Board member in 2009 and to network with a wonderful group of knowledgeable colleagues.

I must share that you have a truly dedicated team of Board members in 2011. For a few volunteer hours a month, this team has become an incredible, valuable asset to our region. In my observations, the best part - they are working to improve our association with your genuine interests at heart. Innovative strategic planning is currently underway to enhance your professional development and recognition, expand networking and communication with professionals throughout our community and region, and assure more value for your membership with MAHQ in 2012 and beyond. If you are interested in supporting MAHQ strategic planning efforts, you are welcome to contact me at mahq.president@gmail.com, or attend one of our Board meetings. There has never been a better time to be involved with transforming the quality of health care we deliver - starting with the necessary support and training to our ever emerging field.

With that focus in mind, we were fortunate to have a comprehensive Spring MAHQ conference this past May to summarize health care initiatives underway by the State of Maryland from Acting Commissioner Elizabeth Sammis; local and federal legislative activity perspectives from the Corporate Vice President of Governmental Affairs at Medstar Health; and an overview of trends and perceived impact of future reporting of healthcare acquired conditions from the Senior Risk Management Specialist for the American Society for Healthcare Risk Management. I extend a huge thank you to our President Elect, Gayle Hurt, for hosting that conference last minute due a death in my family, and the Board for their ongoing dedication to MAHQ members.

As we enter the 2011 school year for our children and college students alike, we also are looking forward to a fantastic MAHQ Fall Educational Session to further professional development of our colleagues on Wednesday October 19th. Broadening our focus from local to national health care, we have scheduled national speakers from the Agency for Healthcare Research and Quality, and our own National Association of Healthcare Quality. We look forward to important information and great conversation with conference participants on the national Partnership for Patients initiative, and the new National Quality Strategy. Additionally, we are finalizing a speaker from the new Center for Medicare and Medicaid Innovation at CMS. For additional updates on the conference and our speakers, please visit our website:

<http://www.mdahq.org/page/page/3311520.htm>.

This year is truly one of transition, evolution, and opportunity. You are encouraged to attend any of our open Board meetings, our Fall Educational Conference, but more importantly - consider applying in the upcoming MAHQ Fall election for 2012 Board of Director Positions. We anticipate 2012 to be even more exciting as health reform and other national efforts to improve health care really begin to take shape. Just as important, it also marks a historical point for MAHQ as we celebrate our 35th anniversary!

It is during this time of significant health care improvement and reflection that we are working with NAHQ and regional associations to leverage new opportunities to support our members. I am confident you have a great professional organization in MAHQ to support you in leadership development or simply staying informed. We anticipate sending an upcoming member survey in early 2012 to better understand your preferences in receiving continuing education; professional development; engaging in social and other networking opportunities; and linkage to community and national activities so that we can better serve you.

As always, thank you for your dedication and support to improving health care across our nation.

Sincerely,
Barbara

Barbara Dailey, RN, BSN, MS, CPHQ
2011 MAHQ President

Accountability Matters: Reinforcing Responsibility in a Just Culture

Accountability Matters: Reinforcing Responsibility in a Just Culture
Patrice Spath

Submitted by Laura Schwartze, RN-BC MS CPHQ

What is Just Culture?

- Reporting of patient incidents and near misses are encouraged
- A system of shared responsibility between individuals providers, employees and healthcare administrators
- Individuals are encouraged to come forward to help solve a problem
- Individuals know their responsibilities and are held accountable
- Clear expectations of what should be done when something goes wrong

You can not have Just Culture without *accountability*.

What is Accountability?

- Is a mean of ensuring that everyone is aware of and expected to fulfill their patient safety responsibilities
- People are held accountable for things they are responsible for
- Accountability starts at the highest level and extends down to the front lines of patient safety

What are the Key Elements of Patient Safety Accountability?

- Define responsibilities
- Objective evaluation of behavior
- Effective consequences
- Appropriate application

What are the Define Responsibilities?

- Responsibilities = obligations to do assigned tasks
- Employees are responsible for being proficient at their jobs
- Managers/supervisors are responsible for what employees do or fail to do, as well as for the resources under their control
- Note: *Responsibilities should be well-defined and clearly communicated.*

What is the Objective Evaluation of Behavior?

- Measurement is a critical component in the accountability process
- Without measurement there is no accountability
- Evaluation should emphasize compliance to safety practices rather than results
- Evaluation should be objective not subjective

What is Effective Consequences?

- Any consequences that changes behavior toward desired direction
- **Positive consequences** works best for sustaining improvement and focuses on excellence vs. just doing what they need to avoid punishment

What is the Appropriate Application?

- Determine the underlying causes (individual and/or system)
- Apply appropriate and effective consequences (individual and/or system) to improve patient safety
- Fault and consequences should only be determined after carefully evaluating the situation
- It is not desirable to default to the “blameless error” mode; *employees who do not follow safe practices or reckless unsafe practices should receive some type of consequences or discipline*

Organization Committed to Patient Safety

- Everyone is personally responsible and accountable for patient safety
- Leaders demonstrate commitment to patient safety
- Trust permeates the organization
- A questioning attitude is cultivated
- Organizational learning is embraced

Questions About Serving on the MAHQ Board of Directors

Q: What are the benefits of serving on the MAHQ Board of Directors (BOD)?

A: The benefits are significant and include:

- 1) Helping to advance the cause of quality and patient safety in Maryland.
- 2) Giving of your time and talent to a worthy organization.
- 3) Spending time with a warm and engaged group of dedicated quality and patient Safety professionals.

Q: What are the requirements for serving on the BOD?

A: Membership in the Association and enthusiasm and willingness to serve.

Q: What is the time commitment I will be asked to make as a Board member?

A: Attendance at Board of Director meetings, MAHQ semi-annual educational conferences (to the maximum extent possible) and the time necessary to complete the activities specific to the Board position (which can fluctuate during the term of office).

Q: How often does the Board meet?

A: Monthly (on the 4th Thursday of each month) from 6 pm – 8 pm.

Q: Where does the Board meet?

A: In person most months at the Rams Head Tavern at Savage Mill (Howard County). Occasionally, the Board holds teleconferences to conduct meetings.

SAVE THE DATE

Fall Conference Update

Hopefully everyone received the ‘Save-the-Date’ posting that was distributed by the Education Committee, notifying everyone of the Fall Conference October 19, 2011, from 8:00 AM – 4:00 PM, at the Martin L. Doordan Institute at AAMC. Hopefully, you reserved the day and marked your calendars to be able to attend. The Education

Committee would like to apologize for not including an agenda with the announcement, but currently, it remains in draft form pending confirmation of our final speaker.

But, as avid fans of the newsletter, we will let you in on a sneak peek at the agenda, to see if it piques your curiosity. Registration and breakfast will begin at 8:00 AM and after the welcome and introductions by the President, Barbara Dailey, the first speaker, Jacque Cole, RN, MS, CNOR, CPHQ, CMCN, CHC is Director of Compliance/Quality, and Privacy Officer, DAKOTACARE and a Director from NAHQ will be speaking about *NAHQ and its role in the Partnership for Patients initiative*. Jacque will also be available during breaks and lunch to discuss topics of interest with members.

After a break, following Jacque Cole will be William Munier M.D., M.B.A. Director of the Center for Quality Improvement and Patient Safety at AHRQ to discuss, in-depth, the *Partnership for Patients* initiative. Following Dr. Munier is a buffet lunch, and, again, the opportunity for members to be able to visit with Jacque Cole.

After lunch, at 1:00 PM Nancy J. Wilson, M.D., M.P.H., Senior Advisor to the Director, at AHRQ will be discussing the *National Quality Strategy* which she has been responsible for implementing. As always, the speakers will leave time for question and answer period at the end of their presentations and will also be available immediately after their presentations to comments and questions.

The speakers above have all accepted invitations and confirmed their times and presentations. The time from 2:45 PM-4:15 PM is confirmed by Daniel Farmer from the Center for Medicare and Medicaid Innovation. Currently, the Committee is awaiting confirmation of his topic and learning objectives, but as soon as they are available, they will be forthcoming.

The agenda, biographies and learning objectives will all be disseminated to members and posted on the website once all information as been submitted by the speakers. As soon as registration is set-up, notification will also be distributed to members, so keep an eye on inboxes for those announcements to be forthcoming.

If you have questions or comments about this conference or any educational area of interest, please feel free to contact me at pflib@verizon.net or plibby@goeaston.net. Thank you to all of you for your continued enthusiastic support and recommendations for the educational mission of our Association.

FROM NAHQ E-News



The Joint Commission Reports Top Performing Hospitals

The Joint Commission has released its 2011 Annual Report on Quality and Safety, *Improving America's Hospitals*, and for the first time, the report includes lists of hospitals and critical access hospitals that are top performers in using evidence-based care processes for certain conditions, including heart attack, heart failure, pneumonia, surgical

care, and children’s asthma.

The Joint Commission’s report recognizes 405 organizations that attained and sustained excellence on accountability measure performance in 2010, representing approximately 14% of Joint Commission–accredited hospitals and critical access hospitals that report core measure performance data. The list is available [here](#).

“Today, the public expects transparency in the reporting of performance at the hospitals where they receive care, and The Joint Commission is shining a light on the top-performing hospitals that have achieved excellence on a number of vital measures of quality of care,” says Joint Commission President Mark R. Chassin, MD FACP MPP MPH. Drawn from more than 3,000 accredited hospitals, the report also shows areas of vast improvement, such as the dramatically improved percentage of hospitals achieving composite accountability measures greater than 90%. In 2010, 91.7% of hospitals achieved 90% compliance, compared to 20.4% in 2002.

However, the report also shows that, despite high performance on most individual process of care measures, more improvements are needed; only 60.5% of hospitals achieved 90% compliance or better on providing fibrinolytic therapy within 30 minutes of arrival to heart attack patients. Quality, safety, and patient satisfaction results for specific hospitals can be found [here](#).

One effort to help hospitals improve the quality of care they provide is the integration of performance expectations for accountability measures into accreditation standards. Beginning January 1, 2012, Joint Commission–accredited hospitals will be required to meet a new performance improvement requirement that establishes an 85% composite compliance target rate for performance on accountability measures. The new requirement is intended to help improve performance on selected core measures of patient care. This standard will not apply to the critical access hospital program.

To read more about the report, [click here](#).



AHRQ: Closing the Quality Gap, Revisited

The Agency for Healthcare Research and Quality (AHRQ) recently released a new series of evidence reports, *Closing the Quality Gap: Revisiting the State of the Science*.

In 2004, AHRQ originally launched the first iteration of this series of reports on quality improvement strategies, tools, and processes aimed at reducing gaps in quality in a number of areas, including hypertension, diabetes, coordination of care, and other topics. These reports were based on quality improvement opportunities identified by an Institute of Medicine study, *Priority Areas for National Action: Transforming Health Care Quality*.

The 2004–2007 AHRQ collection—*Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies*—summarized the evidence on quality-improvement

strategies related to chronic conditions (diabetes, asthma, and hypertension), practice areas (prevention of healthcare-acquired infections and antibiotic-prescribing behavior), and cross-cutting priorities (care coordination).

The new series continues to focus on improving the quality of healthcare through critical assessment of relevant evidence for selected settings, interventions, and clinical conditions. This series continues to aim to assemble the evidence on effective strategies to close the “quality gap”—the difference between what is expected to work well for patients based on known evidence and what actually happens in day-to-day clinical practice across populations of patients. For every patient who receives optimal care, the evidence suggests that, on average, another patient does not.

This new series not only expands the topic terrain beyond that covered in the initial collection, but also marshals the knowledge of eight Evidence-based Practice Centers that developed the topics, prepared separate protocols for the evidence reviews, and systematically reviewed the literature. The goal is to apply and advance the state of the science to improve the healthcare system for the benefit of all patients.

For more information, [click here](#).

Joint Commission

The Joint Commission Q&A

Question: Has The Joint Commission set a target compliance rate for performance on the accountability measures that were identified in 2010?

Answer: Yes. Effective January 1, 2012, Joint-Commission–accredited hospitals will be required to meet a new performance-improvement requirement (standard PI.02.01.03 EP 1) that establishes an 85% composite compliance target rate for performance on [ORYX accountability measures](#). The new requirement is intended to help improve performance on selected ORYX core measures and drive improvement in patient care. The new standard and element of performance are

- **PI.02.01.03:** the hospital improves its performance on ORYX accountability measures
- **EP 1:** the hospital achieves a composite performance rate of at least 85% on the ORYX accountability measures transmitted to the Joint Commission.

*Note: This standard does **not** apply to the critical access hospital program.*

Compliance with the element of performance, which has been identified as a direct impact requirement, is based on performance on a single composite measure rate for all reported accountability measures. The target rate is based on research of past ORYX performance data that shows increasing levels of compliance with accountability measures. In 2010, 98% of hospitals met an 80% compliance rate, 96% met an 85% rate, and 92% met a 90% target. An organization that is not in compliance with the target rate at the time of the triennial survey would receive a Requirement for Improvement (RFI) in its accreditation report. For more specific information about calculation of the composite rate and failure to meet the target rate, see the June 29 issue of [Joint Commission Online](#).

Since 2002, accredited hospitals have been required to transmit monthly ORYX performance measure data to the Joint Commission on a quarterly basis. However, there is

no requirement for organizations to achieve a specific level of performance on these measures. Accountability measures are performance measures that meet four criteria, including a strong evidence base, proximity of the process being measured to the desired outcome, accuracy in assessing the process of care, and an absence of unintended consequences. For more information about accountability measures, see the June 23, 2010, issue of [Joint Commission Online](#) and the June 23, 2010, online issue of the *New England Journal of Medicine* [article](#), "Accountability Measures: Using Measurement to Promote Quality Improvement."



National Priorities Partnership's Input on National Quality Strategy

Last week, the National Priorities Partnership (NPP) submitted a report to Secretary Kathleen Sebelius of the Department of Health & Human Services (HHS) in response to HHS's request for input on specific goals and measures for each of the six National Quality Strategy (NQS) priorities. The report also lays out a series of highest-value strategic opportunities to accelerate achievement of the three NQS aims of better care, affordable care, and healthy people and communities.

This is the second year NPP has provided such feedback to the secretary. Last year's input formed the framework for the original NQS, which was released in March.

In the report, NPP defined three categories of strategic opportunities critical for making progress. These may serve not only as a catalyst for HHS, but also as a call to all stakeholders to identify opportunities to align and take action, engage others to advance the priorities and goals, and accelerate change.

- There must be a national strategy for data collection, measurement, and reporting that supports performance measurement and improvement efforts of public- and private-sector stakeholders at the national and community level.
- There must be an organizational infrastructure at the community level that assumes responsibility for improvement efforts, often requiring collaboration among healthcare stakeholders and between healthcare and other sectors. All communities will need resources to benchmark and compare performance, and mechanisms to identify, share, and evaluate progress.
- There must be ongoing payment and delivery system reform—emphasizing primary care—that rewards value over volume; promotes patient-centered outcomes, efficiency, and appropriate care; and seeks to improve quality while reducing or eliminating waste from the system.

“The National Quality Strategy was a tremendous first step toward creating a safer, more efficient, and quality-focused healthcare system,” said [National Quality Forum](#) president and CEO Janet Corrigan. “However, we feel there are several major opportunities for greater alignment within that system, which will help make significant gains in health, healthcare, and affordability.” [View the full report.](#)

NQF Eisenberg Awards Nomination Period

Applications for the [2011 John M. Eisenberg Patient Safety and Quality Awards](#) are now being accepted. The awards were established in 2002 by the National Quality Forum (NQF) and The Joint Commission in memory of John M. Eisenberg, MD MBA. Dr. Eisenberg was the former AHRQ administrator and one of the founding leaders of NQF, and sat on the NQF Board of Directors.

In his roles both as AHRQ administrator and chair of the federal government's Quality Inter-Agency Coordination Task Force, he was a passionate advocate for patient safety and healthcare quality and personally led AHRQ's grant program to support patient safety research. The Eisenberg Award recognizes major achievements of individuals and organizations in improving patient safety and healthcare quality, consistent with the aims of the National Quality Strategy—better care, healthy people and communities, and affordable care.

The Eisenberg Awards perpetuate the enduring contributions of this healthcare and community leader by recognizing the achievements of individuals who have made significant contributions to improving patient safety and healthcare quality and individuals and organizations that, through a specific initiative or project, have made an important contribution to patient safety and healthcare quality.

The nomination period ends **Monday, October 3**. The [awards](#) will be presented at NQF's 2012 Annual Conference.

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
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