



Maryland Association for Healthcare Quality

June 2007, Issue 25

In This Issue

- Presidents' Message
- Announcements
- Program Evaluation
- National Patient Safety Foundation
- Tips for Reducing Stress
- NAHQ Press Release
- MAHQ Website at www.MDAHQ.org
- MAHQ Board

Presidents Message

Robyn Barringer RN MS CPHQ

Here we are at the halfway point of the year and are working hard towards carrying out the goals that we established at the beginning of the year. What have we been doing so far?

On April 13, we had our first educational program of 2007. In addition to the interesting conference on personal publication and Pay for Performance, we conducted our Annual Meeting and hosted a visit from NAHQ President-elect Thom Smith. At the Annual Meeting we approved minor changes to the bylaws and discussed the three-year rental from NAHQ of the CPHQ Review course. From this meeting a focus group was formed to review content of the course, teaching materials, instructors, possible costs and suggestions for presentation and location.

While at the April conference, we were able to recruit an Education Chairperson. One of the attendees Missa Ewing from Anne Arundel Medical Center graciously accepted the position of Education Chairperson. The Board of Directors is very pleased that Missa is joining us. She has a full schedule planning our fall program and participating in the focus group for the CPHQ review course.

The Education Committee is busy securing speakers for the fall program scheduled for Friday, November 9, 2007. The conference topic is Patient Safety (a topic mentioned in program evaluations), and is already looking like an exciting, interesting program. If you attended the April conference, we announced the **fall program** as October 25th. Due to a scheduling conflict at the Conference Center, we had to move the program to **November 9th**, so save the new date.

The Board of Directors is trying to move MAHQ into the 21st Century and has been investigating electronic methods of communication and payment. As a result, you will be able to respond to the member survey electronically and vote for Board members. We are still deciding about electronic payment, so look for information in future newsletters. Because of this investigation, we held the member survey until we had the technology. Please take a few minutes to respond to the survey, and return it within two weeks of receipt. We are very interested in learning about your needs, and how we can improve the organization.

As mentioned earlier, we are working on a CPHQ review course. The course is planned for Saturday, November 10, 2007. The location, times and cost have not yet been determined. Please look for information on the Web site at www.mdahq.org or in a program brochure. The course is limited to 30 participants.

In the previous newsletter, Camille Dobson, Legislative Chairperson, provided a summary of the Legislative session, the bills presented and the issues considered. It was very helpful to have someone provide this information clearly, and concisely.

We currently have 66 MAHQ members, and would like to recruit more members. Please consider renewing your membership during the October membership campaign, and sharing information about MAHQ with others who might be interested in joining.

Remember: Save the date for the November 9th Patient Safety conference; Save the date for the November 10th CPHQ review course; and, please respond to the survey, your opinion is important to us.

Newsletter Announcements:

1. MAHQ is federally exempt! FINALLY!!! Thank you, Katie Berry, for your tireless efforts in working with the IRS. This process has taken Katie 4 plus years!
2. The National Association's (NAHQ) 30th Annual Educational Conference titled, "Quality and All That Jazz" will be held September 17 - 20, 2005 at the New Orleans Marriott, New Orleans, Louisiana. You may register online at www.nahq.org or call NAHQ's headquarters at 800-966-9392 for a conference brochure.

Resources:

Go to www.mhhc.org for Core Measures.

Go to www.md-shrm.org and then to News and Events for legislative updates.



Program Evaluation Results

Submitted by: Barbara Shoemaker, RN, CPHQ
MAHQ Board

Ratings: 1=Not Met 2=Partially Met 3=Met 4=Exceeded

	1	2	2.5	3	4
1. How would you rate the overall quality of the program?	1	1	0	6	16
2. How would you rate the relevance and value of the program?	1	0	0	6	18
3. To what extent were the learning objectives achieved?	1			5	17
4. How would you rate the speakers Writing for Publication Lecia Albright	1			5	18
P4P: A Component of Value-Based Purchasing John Miller	2	2	1	6	12
Medicaid Value-Based Purchasing Jean Moody-Williams	1	1		6	16
HSCRC's Quality-Based Reimbursement Program Marva Tan		1		10	12
5. How would you rate the handout materials?	1	2		12	9
6. How would you rate the Maritime Institute facility?	1	2		7	14
7. How would you rate the program date?	1			6	17
8. How would you rate the program time?	2	2		5	14
24 Evaluations submitted:	12	11	1	76	160
Speaker Totals (broken out)	4	4	1	27	58

* One attendee rated Thom Smith as a #3.

Comments:

1. Excellent conference, relevant, good information.
2. Program needs to start on time, was too long and not enough breaks. Time way out of whack.
3. Comments regarding the speakers ranged from “great job in presenting the topic in a concise manner and getting the timing back on track” to “poor time management” and “speaker full of” oneself.
4. Comments regarding handouts ranged from “good” to “poor”. Also, “It would be helpful to distribute the conference materials electronically either before or after the conference or place them on the state association website with the permission of the presenters.”
5. End the time of the conference earlier, especially on a Friday afternoon due to the early Friday rush hour.
6. I appreciated having the business meeting first. My own schedule makes it difficult to participate in one more organization, so it helps to know what’s going on.” And, “Like having business meeting on day of meeting or program as I can’t attend business meetings on week nights except Friday. “
7. Some great suggestions were raised during the business meeting and during the NAHQ presentation: bring a friend membership drive, lengthening conference and poster presentations from members.
8. Comments regarding the facility: 1.)Too cold. 2.)Snacks and restrooms too far from meeting room. At least coffee and fresh ice should have been available in the meeting room. 3.)Breakfast food could be more healthy. 4.)Seat cushions on chairs worn out. Very uncomfortable sitting for a long time. 5.) Have enough tables and chairs.
9. Really appreciated having someone from National come and speak.

Topics for Future Seminars:

1. Sharing Best Practices
2. More on Patient Safety
3. ER – Avoid risk
4. LTC – CMS
5. Need speakers from Patient Safety Center, ie; Vivian Miller
6. Need speakers from DHMH-OHCQ, ie; Wendy Kronmiller
7. Is there any work on outpatient settings that could be presented ?

NAHQ Website:

Did you know that if you go to the NAHQ Website, you can enter programs and conferences that you have attended and the associated CEUs and a running tally of CEUs will be kept on the website for you?

To keep track of CEUs and to recertify, go into the NAHQ Website at www.nahq.org. This is the home page. There is a blue bar going across the page with categories on them; click on Certification. When you click on this topic, it takes you to the website for the Certification Board. There is a message from the Certification Board Chairperson on the right hand side with information on recertification and tracking of CEUs. If you don't care to read this section, click on Recertification from the column on the left. This will tell you that you can recertify and also track your CEUs. Click on the recertification phrase and it will take you to another screen to log in with user name and password.

MAHQ Survey:

The MAHQ Member Survey has recently been posted on the MAHQ Website at www.mdahq.org. Please take a few moments to complete the survey as we on the Board would like very much to know what type of information, educational programs, etc. you would like from our organization. We welcome suggestions.



"National Patient Safety Foundation (NPSF)
Congress Wrap Up"

by Cheri Wilson, MA, MHS candidate
Patient Safety Analyst, The Johns Hopkins Hospital
Email: cwilso42@jhmi.edu

The Tenth Annual National Patient Safety Foundation (NPSF) Congress, "Learning from the Past, Creating the Future," was held May 2-4, 2007 at the Marriott Wardman Park Hotel in Washington, DC. On May 2, 2007, a pre-Congress, consisting of a Leadership Day and Patient Safety 101 Course, was held. The Congress opened on May 3, 2007 with a plenary discussion of "The Ten Faces of Innovation" by Tom Kelley, the General Manager of IDEO (see: <http://theartofinnovation.com/>). The day concluded with the Fourth Annual Distinguished Advisors Town Hall Meeting, which included: Donald Berwick (CEO and President, Institute for Healthcare Improvement), Carolyn Clancy (Director, Agency for Healthcare Research and Quality), James Conway (Senior Fellow, Institute for Healthcare Improvement), David Lawrence (Retired Chairman and CEO, Kaiser Foundation Health Plan and Hospitals), Dennis O'Leary (President, The Joint Commission), with special guest Sir Liam Donaldson (Chair, WHO World Alliance for Patient Safety). On the second day of the Congress, Pulitzer prize-winning author and historian Doris Kearns Goodwin discussed her recent work, *Team of Rivals: The Political Genius of Abraham Lincoln*, and the applicability of Lincoln's leadership qualities to patient safety. The Congress adjourned with a plenary on "Tort Reform: Reflections from Stakeholders," which included Paul Barringer III (General Counsel, Common Good), Richard Bucilla (Senior Executive, AIG Healthcare), Dennis O'Leary (President, The Joint Commission), and Susan Sheridan (President, Consumers Advancing Patient Safety).

Breakout sessions were divided into eight tracks:

- Medication and Device Safety - addressed this issue across the continuum of patient care, not limited to hospitals, but physician's offices and community pharmacies as well.
- Partnering with Patients and Families - stressed the importance of partnering with patients and families to improve patient safety, e.g. through the use of patient advocates, patient and family councils, etc.
- Innovative Solutions - discussed the use of technology and unique approaches with demonstrated improved outcomes to solve such issues as workflow and process improvement.
- Engagement towards a Shared Vision - used practical approaches, tools, and methods with case examples to create and foster engagement, teamwork, and collaboration.
- Research Future - presented new research related to patient safety and the reduction of patient harm.
- Leadership and Accountability - encouraged the active involvement of trustees and executives in patient safety efforts.

- Achieving Reliability through Process and Culture - shared the perspective of assessment, design, teamwork, communication, and culture as a tool for bridging the gap between evidence-based care and practice.
- Tension, Trust, Transparency - focused on how better patient outcomes can be achieved through transparency, not limited to price, but including quality, safety, and clinical outcomes.

During the World Health Organization (WHO) World Alliance for Patient Safety briefing session, nine patient safety solutions were introduced, including:

1. Look-alike, sound-alike medication names
2. patient identification
3. communication during patient hand-overs
4. performance of correct procedure at correct body site
5. control of concentrated electrolyte solutions
6. assuring medication accuracy at transitions in care
7. avoiding catheter and tubing misconnections
8. single use of injection devices
9. improved hand hygiene to prevent health care-associated infection.

See the World Alliance for Patient Safety web site at:

<http://www.who.int/patientsafety/en/> for additional information about these solutions as well as the WHO's efforts to improve the safety of the healthcare delivery system internationally. I also recommend viewing WHO's video, "Patient Safety: Patient Partners," at:

http://video.who.int/streaming/patientsafety/patient_safety_patient_voices.wmv.

In addition, attendees had ample opportunity to exchange ideas with colleagues. In 2005, the Agency for Healthcare Research and Quality (AHRQ) awarded over \$9 million in two-year grants through the Partnerships in Implementing Patient Safety (PIPS) program. The seventeen grant recipients were available for "Meet the Expert" sessions on subjects ranging from medication reconciliation, patient partnerships, prevention of venous thromboembolism (VTE), and hand offs to safe discharges. Moreover, thirty-five research and 111 solutions poster presentations on a plethora of patient safety-related topics were displayed in the exhibit hall.

The highlight of the Congress was the announcement of the creation of the Lucian Leape Institute. According to the press release, "Dr. Lucian Leape is a physician and Adjunct Professor of Health Policy at the Harvard School of Public Health, and is internationally recognized as a founder and leader of the patient safety movement" (see: <http://npsf.org/pr/pressrel/2007-05-3.php>). If you were unable to attend the Congress, audio downloads of the breakout sessions are available for a fee at:

<http://www.softconference.com/270503>. The 2008 NPSF Congress will be held May 14-16, 2008 at Gaylord Opryland in Nashville, Tennessee.



6 Tips for Reducing Stress

Make time to do something good for yourself.

If you are feeling stressed out and overwhelmed, it's time to take action. There are several simple steps you can take to battle the fatigue and anxiety caused by stress. Start by adding activities into your schedule that help you relax. Then try these six suggestions:

- **Get moving.** Believe it or not, exercise not only helps relieve your tense muscles, but helps your mood too! Before and after your workout your body makes certain chemicals, called endorphins, which relieve stress and improve your mood.
- **Talk to friends.** Talking to a friend can help you work through your stress. Find someone who will let you talk freely about your problems and feelings — it can do a world of good. It also helps to hear a different point of view, if your friend has one. And friends will remind you that you're not alone.
- **Talk to a therapist.** A therapist can help you work through stress and find better ways to deal with problems. For more serious stress related disorders, like post-traumatic stress disorder (PTSD), therapy can be helpful. There also are medications that can help ease symptoms of depression and anxiety and help you sleep better (poor sleep can be a contributor to stress or a side effect of it).
- **Compromise.** Sometimes, it's not worth the stress to stand your ground in an argument. Give in once in awhile.
- **Write down your thoughts.** Have you ever typed an email to a friend about your lousy day and felt better afterward? Writing is a good way to organize your thoughts and relieve anxiety. Grab a pen and paper (or sit at your keyboard) and write down what's going on in your life! Keeping a journal can be a great way to get things off your chest and work through issues.
- **Set limits.** When it comes to the never-ending list of tasks you need to accomplish for your work and family, it's easy to feel overwhelmed. Don't just race through the list as fast as you can. Instead, figure out how much you can realistically accomplish. There are only so many hours in the day. Set limits with yourself and others. Don't be afraid to say "No" to requests for your time and energy.

PRESS RELEASE
For Immediate Release
Contact: Laura Givens
Phone: 804.747.9698
Email: lgivens@aamcn.org

Preparing for Accreditation Teleconference to be Held August 24, 2007

Richmond, VA- June 25, 2007- The American Association of Managed Care Nurses (AAMCN) Leadership Institute announces that a teleconference entitled "Preparing for Accreditation" will be held on August 24, 2007 from 1:00 p.m. - 2:00 p.m. EST. The featured presenter will be Cheryl Slagle, RN, CMCN, CCM, Director of Medical Management, CareSource Management Group.

Attendees will include nurses working in all facets of managed care including case management, utilization management/review, disease management and quality improvement. Upon completion of the program, participants should be able to discuss the value of accreditation, describe the steps for attaining accreditation from a medical management perspective and review the onsite requirements of accreditation. Participants will receive CEU credits for attending the teleconference.

Cost for attending the teleconference is \$10.00 for AAMCN members and \$15.00 for non-members. Nurses interested in participating should contact Laura Givens at 804.747.9698 or lgivens@aamcn.org. They may also register online at the AAMCN website www.aamcn.org.

Ways to Nurture Staff Growth FROM NAHQ News

Long-term care facilities interested in providing leadership from the ground up may be interested in reading Joanne Kaldy's article Providers Nurture Staff Growth, which appeared in the March 2007 issue of Provider Magazine.

PRODUCTIVE INTERACTIONS

Marlyn Conti, CPHQ

How can we give appropriate, timely feedback and make our interactions more productive? Here are five tips for productive interactions. Sharing feedback challenges managers partly because, if poorly received, their comments can spark a negative and unproductive exchange, says Sharon Daniels, CEO of Achieve Global, a company that provides training in leadership development. Negative outcomes can be prevented with a little up-front planning and the right approach. Use these five guidelines when giving feedback to employees, peers, teams, and leaders to help keep the conversation objective, fact based, and collaborative.

1. Communicate your positive intent. Preface feedback with a positive goal and intent.
2. Describe what you've observed with as much specificity as possible. Describe behavior, actions, and occurrences using the words when, how, and where.
3. Discuss the impact of the observed event or behavior. Describe the impact of the observed event or behavior on peers, work groups, the department, the system, or the affected entity.

4. Ask for a response from the employee, team, or peer. Ask for and allow feedback, including others perceptions and observations concerning the other side of the story. Two-way communication is necessary.

5. Seek solutions jointly. Work with the staff member, team, or committee for a joint solution, action plan, or resolution.

Source. AchieveGlobal. (2007). 5 tips for more productive interactions.

INDICATORS: VICE OR VALUE

Martie Pryde

What clinical or nonclinical indicators are used? Where and when they are employed? And how many are considered? These questions about indicators are not the right ones, and they do not really give the answer either. Can one download samples of indicators off the Web? Yes, but using them just as they are may not align well with your organization mission. The best place to start is at the beginning with your organization mission statement.

1. The vision or guiding philosophy is what we want to be. The mission statement is focused on what we want to achieve. For example, We continuously improve healthcare using the most current medical technology and equipment. A Safe comprehensive healthcare is delivered by highly skilled healthcare professionals.

2. Our next step is to determine the critical success factors (CSFs), or strategic factors, relating to the mission and objectives. CSFs A are connected to what the organization must accomplish to achieve its mission and succeed A relate to stakeholder expectations. A are criteria used by stakeholder to assess business success (Kenny, 2001) are driven by internal processes and capabilities (Kenny, 2001) concern the whats, not the are not directly manageable but provide direction.

The critical success factors for the delivery of safe, comprehensive healthcare by highly skilled healthcare professionals are A primary, secondary, tertiary, and rehabilitation healthcare services A a comprehensive ambulatory healthcare system a safe patient care environment highly skilled healthcare professionals

3. To determine how to achieve a CSF, we determine the core processes that must be in place. Core processes are the core functions in the scope of service that should be written for each department. Core processes contain subprocesses, tasks, and actions. The key performance indicator (KPI) measures the success of the core process.

4. A subprocess for standard precautions would be the writing of the overall standard precautions policy; the task would be to write the hand-washing policy; the action would be to train the staff. The KPI indicates how successful the process was.

CSF A Core Processes Key Performance Indicator

We must have a safe patient care environment. Establish an infection control department.

Monitor disease profiles.

Establish standard precaution policies. Percentage of surgical infections in the total number of surgical admissions

Percentage of respiratory infections in the total number of medical admissions

Percentage of nurses who pass the hand-washing competency. Establish a fire and safety procedure. Number of staff who attended fire and safety training

Number of successful department evacuations

We must have highly skilled healthcare professionals. Recruit highly skilled professionals. Percentage of nurses who pass their competencies

during orientation

The process may seem long, but it is necessary at times when indicators in a service differ from indicators used in other institutions.

References

Kenny, G. (2001). Strategic factors: Develop and measure winning strategy. Sydney, Australia: President Press.

Oakland, J. S. (2000). Total quality management. Text with cases. Oxford, England: Butterworth Heinemann.

MAHQ WebSite

Judy Doland, R.N.

Quality Assurance Coordinator/
Corporate Compliance Officer

Ginger Cove

4000 River Crescent Drive

Annapolis, MD 21401

(410) 224-8144

doland@gingercove.com

If you have not visited our MAHQ website www.MDAHQ.ORG, please visit the site when you can. We have had 3700 visitors to our site since we went live on the internet July 2006. Feedback and recommendations on our site are appreciated.

You can email me with comments at any time. I am sending an email to all members of MAHQ to inform you of our new members only area on the www.MDAHQ.ORG website. In order to access the "members only" area when you click on it, you need to enter the password that will be available for members only to view.

In addition you can see the minutes from the annual membership meeting held on April 13, 2007.

I hope you are all enjoying being a member of MAHQ.

Thanks for participating in expanding the horizons of Performance Improvement in whatever arena you work.

Regards,

Judy

**MAHQ BOARD MARYLAND ASSOCIATION FOR HEALTHCARE QUALITY
BOARD OF DIRECTORS
PO Box 703 Arnold, MD 21012 03/16//07**

<p><u>PRESIDENT</u> Robyn Barringer, RN, MS, CPHQ 8353 Cypress Mill Road Baltimore, MD 21236-5574 Home: 410-933-1471 Work: 410-528-7828 Fax: 301-470-5802 Robyn.Barringer@carefirst.com</p>	<p><u>PRESIDENT-ELECT</u> Josephine Howard, RN, MS 15907 North Thalmes Court Accokeek, MD 20607-2050 Home: 301-292-4802 Work: 301-618-2749 Cell: 301-641-7922 Fax: 301-618-2375 jocarhoward@comcast.net</p>	<p><u>PAST PRESIDENT</u> Nisha Madhavan, RN, MS, CCRN 7503 Surratts Road Clinton, MD 20735 Cell: 301-755-7215 Pager: 301-553-0127 Nisha7400@aol.com nishamadhavan@southernmarylandhospital.com</p>
<p><u>TREASURER</u> Eva Miller, RN,BS, CPHQ 788 Blenheim Court Severna Park, MD 21146 Home: 410-544-7792 Work: Fax: emmiller@annapolis.med.navy.mil</p>	<p><u>SECRETARY</u> Sandy Reinhard, RN, BSN 2607 Love Point Road Stevensville, MD 21666 Home: 410-643-8154 Cell: 410-739-5759 Fax: 410-643-3939 sandyr@friend.ly.net</p>	<p><u>MEMBER AT LARGE</u> Robin Craycraft, RN, BSN, CPHQ 5601 Loch Raven Boulevard Baltimore, MD 21239 Home: 410-360-0942 Work: 410-532-4244 Fax: 410-532-4262 Robin.craycraft@medstar.net</p>
<p><u>MEMBER AT LARGE</u> Mary Ann Kowalczyk, RN, CPHRM, CPHQ 6634 Baltimore Pike Littlestown, PA 17340 Home: 717-359-5103 Work: Fax: mak@carrollhospitalcenter.org</p>	<p><u>MEMBER AT LARGE</u> Brigid Krizek, RN, MGA, CPHQ 2403 Glenmore Terrace Rockville, MD 20850 Home: 301-424-6385 Work: Fax: Krizek@aol.com</p>	<p><u>MEMBER AT LARGE</u> Janet Spinks, RN, BSN, MS, CPHQ, CAAMA 8335 Layton Court Frederick, MD 21704-8034 Home: 301-874-1841 Cell: 301-639-3443 Fax: 301-874-1841 spinksj@msn.com</p>
<p><u>MEMBER AT LARGE</u> Camille Dobson, MPA, CPHQ 1409 Burton Avenue Lutherville, MD 21093 Home: 410-453-0225 Work: 410-786-7062 FAX: 410-786-5882 Camille.Dobson@cms.hhs.gov</p>	<p><u>MEMBER AT LARGE</u> Mary Whittaker, RN, CPHQ 6683 Loch Hill Road Baltimore, MD 21239-1645 Home: 410-828-0245 Work: Fax: Mwhittaker1@comcast.net</p>	<p><u>EDUCATION CHAIR</u> Brenda Code, LPN, BSME, MBA 7403 Kathydale Road Baltimore, MD 21208 Home: 410-653-5249 Work: Fax: brenda_code@yahoo.com</p>
<p><u>MEMBERSHIP CHAIR</u> Sally Morris, RN 200 Riverhouse Lane Queenstown, MD 21658 Home: 410-827-8533, Cell: 443-891-4274 Work: 443-481-4140 Fax: 443-481-4151 smorris@aahs.org</p>	<p><u>NEWSLETTER Chair</u> Inca Cox, RN, BS, CPHQ, CCM 2618 Chestnut Woods Court Reisterstown, MD 21136 Home: 410-683-4837 Work: 410-528-7066 Fax: 410-683-1497 Inca.Schultz@carefirst.com IncaSch@comcast.net</p>	<p><u>NEWSLETTER CO-Chair</u> Barbara Shoemaker, RN, CPHQ 13909 Molly Berry Road Brandywine, MD 20613 Home: 301-888-1326 Work: 301-856-8384 Cell: 301-717-6368 barbarashoemaker@southernmarylandhospital.com</p>
<p><u>WEBMASTER</u> Judy Doland, RN, BS 4430 Cobalt Drive Harwood, MD 20776 Home: 410-867-4339 Work: 410-224-8144 Fax: 410-266-6144 doland@gingercove.com</p>	<p><u>LEGISLATIVE CHAIR</u> Camille Dobson, MPA, CPHQ 1409 Burton Avenue Lutherville, MD 21093 Home: 410-453-0225 Work: 410-786-7062 FAX: 410-786-5882 Camille.Dobson@cms.hhs.gov</p>	<hr style="border: 1px solid blue;"/>