News and Views - Fall Issue, 1997

PRESIDENT'S CORNER *by Virginia Wyss*

It is the start of a beautiful Wisconsin fall. The weather is cooling, leaves are turning, and my annual wish is that this season would last a bit longer than it does. During my return flight from the NAHQ 22nd Annual Education Conference in Orlando, I found myself reflecting as to how health care will be delivered and impact us as quality professionals in the years ahead. Even though our futures seem unclear at times we must strive to forge ahead and determine where we need to go, and to define what quality health care means to us as individuals, as part of our organizations and as part of our communities.

The NAHQ Conference was excellent, the networking was invaluable, and as Leadership Council representatives for Wisconsin, we were part of the first meeting of the organization under the new transformational leadership. *(See NAHQ News Section.)*

WAHQ hosted a CPHQ study session or July 25 and 26 in Brookfield, Wisconsin. There were 29 participants, including or from Hawaii! The location and accommodations were exceptional.

The CPHQ exam will be held on November 8, 1997. We wish everyone good luck on their exam and a reminder to all active WAHQ members - we will send a check for $75 to you on successfully passing the CPHQ exam.

At our July Board meeting we met with Liaison members from MetaStar and WNA. We found the dialogue to be most beneficial and feel our opportunities for networking is enhanced, we continue to improve on timely educational offerings to our membership and enlarge our scope of agency understanding. We will continue to share ideas and resources with all the agencies we have met with over the last several years.

Mark your calendars now for our Spring Conference, to be held on **March 6, 1998** at the Crowne Plaza, East Towne, Madison, Wisconsin. We are finalizing our speakers and will focus the conference on Data Management/Outcomes.

One of our organizational goals for this year was to develop our own Web page and

have an e-mail address. I am happy to report that we will be going on-line this month. **Our address is http://www.wahq.org.** Our Board is very excited and hope this will increase our visibility as the leading resource for health care quality in Wisconsin.

Keeping in mind that one of our primary purposes is the development of the health care quality professional, we will continue to make the development and/or promotion of educational programs a priority. However, due to the change in dates for the NAHQ Conference and other quality programs planned for this fall, we were unable to plan a second conference this year.

In keeping with our mission to be an organization providing good educational offerings and networking opportunities, we put out a call for articles and storyboards to our members in our last issue.

I am pleased to report (and you will have the pleasure to read) a number of quality articles that were received. Please provide us with input on this issue and consider submitting your own articles, as well as storyboards (see *Call for Storyboards),* quality successes, or other features of interest to our membership.

Remember, your input is valuable and our Board is always eager to listen.

Upcoming Events

October 24-25,1997 WNA Annual Convention, Holiday Inn West, Madison, WI
December 5,1997 WAHQ Board Meeting, Black Wolf Lodge, Wisconsin Dells
March 6,1998 WNA Annual Conference, Crowne Plaza, East Towne, Madison, WI (See "Call for Storyboards".)
May 5-6,1998 WNA Annual Convention, The Healthcare Quality & Cost Connection, Wyndham Hotel, Milwaukee, WI
Reservations/info, call 1 (800) 362-3959
(See "MetaStar to Host Forum".)

MetaStar Quality Projects *by Carol Ferguson*

"Wisconsin Adult Immunization Coalition Project"

MetaStar has an ambitious goal of increasing the influenza immunization rate of Medicare beneficiaries to 85% and the pneumococcal immunization rate to 60% by the end of the year 1999, To this end, MetaStar organized and is coordinating the Wisconsin Adult Immunization Coalition, which has made increasing influenza and pneumococcal immunizations a top priority. The coalition is composed of health care providers and representatives of senior organizations. It has worked on a number of initiatives for the 1997 flu season and will begin planning for the 1998 season this fall.

Some of the coalition interventions for this season include:

Nursing Homes: Materials developed and distributed by the Wisconsin Health Care Association, the Wisconsin Association of Homes and Services for the Aging, and MetaStar encourage nursing homes and other group homes in rural areas to sponsor public immunization clinics in order to increase access. Facilities are also encouraged to promote immunizations among their patients, staff and visitors.

Community Based Residential Facilities: A packet was developed by MetaStar and reviewed by the State Bureau of Quality Assurance. The packet contained immunization information, a sample letter for family members or guardians to obtain consent for influenza and pneumococcal immunizations, consent forms, and informational handouts the facility could copy for distribution. This packet was mailed to 1,257 facilities. Initial response has been overwhelmingly positive.

African American Population: African Americans are only half as likely to obtain influenza immunizations as Caucasians. A sub-coalition of organizations representing the African-American community, health care providers, and public health departments in Milwaukee and southeastern Wisconsin has been working to identify barriers, to make educational presentations. to coordinate immunization sites, to set up new sites if needed, and to develop other plans to improve the low immunization rate among this targeted population.

People at High Risk Due to Recent Hospitalization: All Wisconsin acute care hospitals receive a Quality Kit from MetaStar and the Wisconsin Health and Hospital Association encouraging them td take an active part in protecting their patients from future pneumococcal disease and influenza. Thirty-four hospitals are actively working on this project this year.

Increased Public Awareness: Beneficiary and aging organizations will increase public awareness with educational articles in newsletters. Educational posters and handouts will be available from MetaStar for distribution as requested.

Some additional interventions conducted by MetaStar this year include:

Governor's Proclamation: The Governor's office, at the encouragement of MetaStar, has issued an adult immunization proclamation. The proclamation proclaims the months of October, November and December as "Wisconsin Adult Immunization Season". A public signing, which should take place in September, will help promote statewide immunization. In attendance will be: coalition members, representatives from Medicare beneficiary groups, and possibly members of the Governor's Cabinet.

Public Awareness: MetaStar has developed a media kit, which includes materials suitable for use by newspapers, radio and television. Four

hundred of these kits were mailed at the end of August. A smaller version of the kit has been mailed to senior organizations, health care coalitions, aging groups and Medicare beneficiary representatives.

Internet Intervention: Information specific to the influenza/pneumococcal immunization project will be on MetaStar's Web site at www.metastar.com.

"Project to Improve Antibiotics Use for Postoperative Infection Prevention"

Twenty-eight hospitals in Wisconsin have participated in a project to ensure that patients undergoing surgery receive their prophylactic antibiotic in the optimal time frame. A 1992 NEJM article by David Classen et al. showed that a prophylactic antibiotic given within two hours prior to surgery is more effective in preventing postoperative wound infection than one given earlier or after the start of surgery. Dr. Classen's hospital achieved a rate of administering the antibiotic within the two-hour window of more than 98%. Additional studies have shown that postoperative antibiotics are generally not necessary, and may be detrimental by increasing microbial antibiotic resistance.

With follow-up data missing from only two hospitals, the results show that efforts to improve antibiotic administration within the hospitals have been very successful.

The first set of six hospitals to complete the project increased their rates of giving prophylactic antibiotics within two hours prior to surgery from 61% to 82%.

The latter project with 20 of the 28 hospitals analyzed, showed an improvement from 86% to 93%. Twelve of those hospitals ended the project at 100%.

Stopping antibiotics appropriately also showed improvement in most of the hospitals.

For the general surgical procedures used in this project (hysterectomy. colon resection, and clolecystectomy), the proportion of hospitals stopping the prophylactic antibiotic within 24 hours after surgery completion increased from 56% to 65%. For CABG and hip and knee arthroplasties, the proportion stopping the antibiotic prior to 48 hours increased from 89% to 96%.

METASTAR TO HOST FORUM *by Kay Simmons*

Mark your new 1998 calendar to learn more about this connection! MetaStar's Quality Forum, "The Health Care Quality & Cost Connection" will be held May 5-6 at the Wyndham Milwaukee Center. This forum will bring together providers, quality improvement professionals, health care purchasers, health plan representatives, business leaders and others interested in health care quality and costs. Attendees

will be challenged to think about and discuss the connection between value, quality improvement, cost and outcomes in health care.

The 2-day conference will feature David Nash, MD, MBA, FACP as keynote speaker. Dr. Nash is Director, Office of Health Policy and Clinical Outcomes at Thomas Jefferson University, Philadelphia. He is a nationally-recognized speaker known for his work in outcomes management, quality of care improvement and medical staff development.

In addition to Dr. Nash, the conference will feature speakers and panelists from business/purchaser coalitions, health organizations, NCQA, the American Medical Association, hospitals involved in quality improvement projects that have been conducted to increase quality in specific areas of health care; containing costs and maintaining quality; the role of accreditation in quality; and the use of data and information to control health care costs and increase quality. WAHQ members who have had successful quality improvement projects, especially those in collaboration with MetaStar, are being sought for breakout session presentations. If you are interested, please contact Virginia Wyss.

The cost has not been finalized at this time, but watch for further information. Please contact me with any additional questions at MetaStar, (608) 274-1940.

Treasurer's Report *by Linda Buel*

Checking Account	**$ 3,533.42**
Savings Account	**$ 6,773.99**
Deferred Annuity	**$ 5,652.71**
Total Balance	**$15.960.12**

Process Evaluation for Rural Hospitals *by Kay Dahlka*

Small hospitals in particular can utilize many concepts involved in process evaluation. Examples to achieve this are through budget cuts, decreased length of stay and DRG's. As a small rural hospital, we needed a means of improving quality to our customers, meeting Joint Commission standards - while not Increasing our FTE's.

We knew process evaluation was the answer, but we wanted a unique means of evaluating processes that would educate employees on how processes can be improved. We accomplished this through the 6 W's: What to study, Ways to improve, Work at the collation of data. Weigh the results, Weave the improvements into the process, We start again by evaluating improvements.

From here we implemented a Priority Worksheet. This would enable us to look at the possible impact we could expect. We could fill in what dimensions of performance

would be involved, customer information, how factors would coincide with our strategic plan, etc.

Once the worksheet was completed, we could decide if we needed a CQI team, task force or no further action at that time. If action is deemed appropriate, the second phase of the worksheet is a progress sheet that enables us to see where the team or task force is in the evaluation process - very similar to our storyboards. The Joint Commission liked our approach, in fact, we received a 99%!

Most hospitals and nursing homes are well into their own programs, but for those of you who are not, try developing your own process evaluation.

Long Term Care Quality Indicators Project Update *by Wanda Planchecki*

The Center for Health Systems Research & Analysis (CHSRA) QI project is going very well. Over eighty long term care facilities currently participate in this project which has recently been approved by JCAHO for use as a quality monitoring system. Feedback from participating facilities has been very positive. Reports generated from submitted data provide valuable information to enrolled facilities about the quality of care being provided. Because of the positive response to this project, the Wisconsin Association of Homes & Services for the Aging (WAHSA) has encouraged all its member facilities to enroll.

Based on the twelve (12) Quality Care Indicator Domains identified in the CHSRA QI project, quality monitoring pathway tools have been developed by WAHSA's Health Issues Task Force on Quality Indicators. These pathway tools are being used by many facilities in conjunction with reports from the CHSRA QI project to provide a means to objectively measure the quality of resident care.

These efforts by the Center for Health Systems Research & Analysis at the University of Wisconsin - Madison and the Wisconsin Association of Homes & Services for the Aging helps provide a consistent framework for collecting and analyzing data related to quality of care in long term care settings.

JCAHO Orynx Initiative *by Carla Gorski*

Oryx is the final step in JCAHO's decade long "Agenda for Change" and will eventually allow JCAHO to integrate performance measures into the accreditation process.

The Oryx vision is to establish a data-driven, continuous accreditation process: to increase the relevance and value of accreditation, to support organizational process improvement, to enhance comparative evaluation, to strengthen and focus the standard development process.

The vision as stated by Deborah Nadzam, PhD, JCAHO, will allow JCAHO to move away from a "snapshot" type performance evaluation once every three years to a performance process using a video camera, continuous view.

Oryx requires all acute care hospitals and long term care facilities to select and participate in a performance measurement system that has been listed by the JCAHO as an acceptable system. Use of performance measure data in the accreditation process in the future may factor into the accreditation decision and may be included in performance reports.

Oryx is a new accreditation requirement for hospitals and long term care organizations. Oryx is not a standard and there are no standards that include Oryx. Surveys during the next three years will not be affected by Oryx; accreditation decisions will continue to be standards driven.

Tips to Evaluate & Select a Performance Measurement System

Determine if the hospital currently participates in a listed performance measurement and decide if the system is meeting the hospitals needs for trended and comparative data. JCAHO believes many hospitals are already enrolled in appropriate systems.

Does the system have defined clinical performance measures? Some systems manipulate/utilize claims data to create indicators, other systems offer financial/administrative measures, but no clinical measures.

Does the system have an automated database?

Does the system control for accuracy and completeness of data and provide support to hospital staff? Some systems that utilize claims data use purchased data, such as OHCI and MedPar.

Does the system provide hospital specific and comparative feedback? Some systems do not provide any reports back to participants.

What does the system use as the comparative data base? Is the hospital comfortable with the data used for comparisons? Some systems will compare individual facilities to purchased data, such as MedPar.

Is the system committed to meeting future Oryx requirements? Indicators measuring patient satisfaction and health status will be required in the future. Some systems are not capable of adding such measures. While it is possible to utilize more than one performance measurement system to meet the Oryx requirement, this may be less efficient for staff.

Revised Performance Measurement Requirements for Small Hospitals

(Dear Colleague letter sent to all accredited hospitals with less than 100 beds by Dennis O'Leary, dated 7/1/97)

Hospitals with average daily census of less than 30: report quarterly data to performance measurement system.

Average daily census less than 10 and ambulatory care population of greater than 150 visits per month: select two ambulatory care measures.

Average daily census less than 10 and ambulatory care population less than 150 visits per month -- temporarily excused from current requirements.

JCAHO looks at data for the most part by control charts, the type depends on the indicator or measure.

JCAHO responds to trends/outliers in hospital data:

- JCAHO will call or write to the facility indicating a trend/outlier has been noted. The facility does not need to respond.
- Trend continues, JCAHO re-contacts facility asking for a written progress report.
- Trend continues, no facility response, a focused survey could be scheduled. If the indicator or measure is a sentinel event, a different process will be followed; first level contact could be an on-site survey.

Status of RWHC Quality Indicator Program and the Oryx Project

- RWHC submitted letter of intent to participate in the Oryx project on April 22, 1997.
- RWHC application due to JCAHO July 21. Includes acute care, ambulatory care and long term care indicators.
- JCAHO Council on Performance Measurement meets and reviews applications November 2, 3.
- JCAHO will notify RWHC of outcome of review within 5 to 7 days.

Other Systems

1st cycle review (3/96): 67 systems applied, 62 approved
2nd cycle review (7/97): 42 systems being reviewed
3rd cycle review (11/97): 149 systems being reviewed

To contact JCAHO

Oryx Information Line: (630) 792-5085
Intemet: www.jcaho.org

For Oryx Timeline Info: Carla Gorski, Rural Wisconsin Health Cooperative, (608) 643-2343

CALL FOR STORYBOARDS

ANNUAL SPRING CONFERENCE March, 1998

Do you have an exciting project to share, a unique problem-solving example using QI methods, or arc you considering publishing an article?

If so, please consider presenting a storyboard at our annual conference in March. We are again offering a FREE registration to next year's annual meeting if your storyboard is selected for display. If you are interested in presenting a project/process, please:

- Complete a one-page abstract describing the project, presenter, organization, & any bibliography (optional).
- Submit abstracts by December 1 to:

Ginger Katzman
W7889 Reliance Road
Whitewater, WI 53190
or fax to: (414) 473-6252

If you have any additional questions, please contact Ginger directly at (414) 473-1836.

NAHQ News

NAHQ's LEADERSHIP ORIENTATION
Sept. 30,1997, Buena Vista, Florida

Morning Session *by Gloria Field*

The 1997-98 Leadership Council was the first to convene during this transformation period for NAHQ and opened with an orientation program outlining the roles and responsibilities of the council members.

This council is the first toward accomplishing NAHQ's Leadership goal of ongoing representation throughout the year versus once a year through the House of Delegates.

The function of the council is to represent and communicate the interests of the members of their respective states through on-going interactive communication with the NAHQ Board of Directors. The expectations are to provide feedback to the NAHQ Board at least quarterly.

The estimated number of meetings/conference calls involve: participation at the annual educational conference, commitment to review quarterly reports and provide feedback (approx. 4 hours per quarter via mail, fax, or conference calls) and commitment to the state as defined by the state.

The specific functions will include:

1. Input and direction to the operational and strategic plan.
2. Input and direction to implementing plans to meet the evolving role of the quality professional.
3. Input to assessing and addressing member needs.
4. Information sharing regarding the educational offering plan, financial status, Board briefs, and legislative/regulatory issues.
5. Voting responsibilities for approval of strategic goals and operational plan, by-law changes, and resolutions throughout the year.
6. Responsibility for feedback to the Board at least quarterly.

Leadership track sessions followed the Role and Function Orientation and focused on:

Leadership NAHQ Style: This track addressed principles, customer focus, systems improvements, association alliances, and management issues.

How to Build a Better Conference: Networking and ideas were exchanged on this subject with hints on contracts, planning, materials, etc., essentially focusing on developing a well-managed educational conference.

Membership Recruiting and Retention: This track was enlightening with a fruitful exchange of ideas on whom to attract where they are located, best timing, the "how to", where and when does member retention start, etc. An interesting quote "Two members must be recruited to replace one lost member".

Finance and Budgeting: This session addressed the logistics of becoming corporations, applying for tax exempt status, filing tax returns, and pay mg sales tax. A budget format was also presented.

NAHQ Leadership Council

Afternoon Session *by Diane Shallert*

The following summarizes the Leadership Council agenda items from the afternoon session:

Key issues from the NAHQ Strategic Plan Status Report:

Leadership - completed an internal mentorship program, presented information at this conference, revised by-laws for the reorganization eliminating all references to regions.

NAHQ National & International Global Presence - completed and implemented an aggressive national and international marketing plan via advertisements, membership drive campaign; completed by-law changes regarding international affiliation membership category; partnered with National Managed Healthcare Congress, co-sponsoring a session at the Fall 1997 NMHCC; developed ISQua partnership via a presentation at the ISQua/JCAHO joint meeting.

Membership - garnered 51 new members, thus increasing membership to approximately 6,600 health care professionals and institutions; increased corporate membership (i.e. QHR); approved Alaska for NAHQ state affiliation.

Technology - created, marketed, and established on-line job search firms, database, and job opportunities; completed links to other Web pages in Aug./Sept. 1997; drafted the developmental plan of CEU offerings for JHQ Home Page; explored CPHQ certification via Internet (http://www.cphq-hqcb.org/); presented six sites for the two day Health Care Quality 201 courses.

Government Relations - developed and presented courses on policy development and process at the September Annual Conference; developing a paper "NAHQ Principles of Health Care Quality"; identified with key Senate representatives for health care policies and wellness issues (i.e. "Pt's Right to Know" policy).

Research and Development - drafted a strategic plan for R & D, Think Tank, and grant process.

Reports

HQCB Annual Report (Healthcare Quality Certification Board) - reported 5,800 current certified professionals in the U.S. and overseas; achieved 90% retention rates in the 1996 cycle recertification program; approved participation as a charter member of the Washington; D.C. based Coalition on Professional Certification (CPC).

Financial/Treasurer's Report - completed the consolidated financial statements on 12/31/96 for NAHQ and subsidiaries, deemed satisfactory by an independent

auditor.

The 1997 NAHIQ Resolutions that were voted upon include:

Resolution #1
Section 1 Membership (g) Emeritus Members.
Emeritus may be granted to any individual over age 60 who has retired from full time employment and has been a voting member of the Association for at least five years immediately preceding the initial application for emeritus membership. Action: discussion, clarification, approved.

Resolution #2
Amend Article X, Section 1 to eliminate the language of Regions to align with the new Leadership Council representation. Amend Article XI, Section 1 of the NAHQ by-laws to read:

(b) Nominating Team. The Nominating Team shall prepare a slate of acceptable nominations for officers and directors for submission to a vote of the voting members.

The Nominating Team shall consist of six current members who shall be elected by mail ballot of the members currently with the election of the officers. Nominating Team members shall have served on any Board of Directors, as a member on an association team, or at least two years on the Leadership Council.

Members of the Nominating Team shall be elected for two years staggered terms. When a vacancy occurs, it shall be filled by the candidate with the most votes of the previous election. The President-elect shall appoint the chairperson from its members. Action, discussion, secondary amendments, approval.

Resolution #3
Amend Article X, Section 2 (b) Other Affiliated Associations.
Any association with an interest in health care quality whose mission, purpose, and bylaws are consistent with those of NAHQ, other than a state association as described in Article X, Section 1, may be affiliated with NAHQ if that association fulfills criteria as established from time to time by NAHQ. Action: discussion, clarification, approval.

Resolution #4
Resolved that the 1996 House of Delegates be applauded for their visionary thinking and risk taking, and that the 1997 Leadership Council acknowledges their dedication to the future of NAHQ. Action: no discussion or amendments; approval.

Conclusion

Please note: the NAHQ newsletter will also summarize key issues from the

conference. It is our intent to provide you with a preview of the comprehensive efforts and observations from our perspective as participants. It was indeed a valuable and exciting experience to represent the WAHQ membership in this first and historical Leadership Council session.

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