



News and Views Fall Issue, 1998

PRESIDENT'S CORNER *by Ginger Katzman, RN*

Several WAHQ Board members and State members attended NAHQ's annual conference last month in San Diego. The conference not only provided high quality educational sessions but offered many networking opportunities. See articles in this newsletter. I attended the Presidents' breakfast where NAHQ's Leadership Mentoring Program was reviewed. NAHQ's objective for their Leadership Mentoring Program is to foster and develop new leaders within the Association. The Program was developed to provide mentoring from experienced NAHQ leaders in order to share knowledge, information and expertise with a promising NAHQ member who wishes to further develop leadership skills and serve as a volunteer leader within the Association. The Leadership Mentoring Program provides a great opportunity for developing new NAHQ leaders.

Our spring conference will be held on Friday, March 5, 1999 at the Crowne Plaza in Madison. The Board is pleased to announce the R. G. Carey, Ph.D. will be our presenter. Feedback from WAHQ membership who attended our annual conference this spring in regards to future educational requests indicated a need for measuring data and data management. Dr. Carey will be conducting an entire day seminar titled, "Measuring Quality Improvement in Healthcare: A Guide to Statistical Process Control Applications."

Dr. Carey is an internationally recognized speaker and author. He received his Doctorate in Social Psychology from Loyola University of Chicago. He has many publications in the field of statistical processes and evaluation. Dr. Carey was a presenter at NAHQ's 1998 annual conference in San Diego. Both of his two and 1/2

hour sessions were very well attended with excellent evaluations. I had the opportunity to speak with him briefly at NAHQ's conference and he is looking forward to coming to Wisconsin next March for our conference.

Dr. Carey has requested a full day for his one-day intensive minicourse. The Board will be discussing and determining how to conduct our annual meeting. Several options are being reviewed including the possibility of having our annual meeting the evening before. Details will be finalized at our November Board meeting so stay tuned. I encourage everyone to mark your calendars for March 5, 1999. Brochures for our annual conference will be out by the end of the year.

UPCOMING EVENTS
November 13 WAHQ Board Meeting Papa's Place, Baraboo
November 14 CPHQ Examination
January 22, 1999 WAHQ Board Meeting Papa's Place, Baraboo
March 5, 1999 WAHQ Annual Conference Crowne Plaza, East Towne, Madison

NAHQ's 1997-98 Leadership Council by Virginia Wyss and Gloria Field

1997-98 was the transitional year for NAHQ, moving from the traditional form of leadership and management of the national healthcare quality organization to one that is customer driven. The House of Delegates was replaced with Leadership Council members appointed from each affiliated state. The Leadership Council is to meet through-out the year and focus on the strategies as well as the operational changes for the first year of transition in governance.

Our Leadership Council members appointed by the WAHQ Board to serve this past year were: Virginia Wyss, Gloria Field, & Diane Schallert. The NAHQ Leadership Council meets quarterly by phone conferencing with Sarah Tackett, Past President, leading the group as our facilitator. The telephone conferences were held in January, April, and July. Each telephone conference was followed up with feedback from our written surveys and evaluations along with updates on the Organization's progress of the strategic plan - Vision 2006.

One of the changes of the Leadership Council was to review the 1997 Financial Audit of NAHQ and the July meeting was devoted to the audit review conducted by Kathy

Clinefelter, Board treasurer.

The goals that were set for the first year of transition leadership were:

Goal 1: NAHQ will adopt the philosophy of transitional leadership.

Goal 2: NAHQ will adopt a global perspective and presence.

Goal 3: NAHQ will increase and diversify its customer base.

Goal 4: Communication and education are achieved through state-of-the-art technology.

Goal 5: NAHQ will influence healthcare policy to improve health status.

Goal 6: NAHQ will commit to research and development in applied healthcare quality.

NAHQ's intent with these ambitious goals was to focus on the customer, our members, as well as prospective members. The progress of the strategic plan - Vision 2006 was reviewed by the Council at the 1998 Annual Leadership Council meeting, held in San Diego on September 26, 1998. A key part of the process was a review of critical information covering all aspects of NAHQ, including Leadership Council feedback, initial results of the market research project and data from the conference calls conducted this past year by Sarah Tackett, Past President. Also reviewed was the 1998 Journal for Healthcare Quality reader survey results, conference and course attendee surveys, vendor feedback, and certified professional in Healthcare Quality (CPHQ) customer information from the HQCB.

In review of the goals set at the 1998 Leadership Council meeting, you will notice that the strategic goals have changed significantly, both in number and topic. Those goals and objectives that were not completed, but still had significant strategic significance, were incorporated into the new strategic plan of four goals. The complexity of "Vision 2006" may look different, but it continues to represent the major strategic commitments and directives for the Board, teams, and staff for the next two to five years.

Summary of NAHQ's Member & Non-Member Market Research Survey Reported at 1998 Leadership Council by Virginia Wyss and Gloria Field

This year NAHQ undertook a market survey of both members and non-members. The objectives were to assess the needs of the Healthcare Quality Community in the areas of continuing education, perceptions about NAHQ, and how to enhance NAHQ's position as a leader in healthcare quality. The results are based on four focus groups among members and non-members, 388 mail surveys to members and 300 surveys to non-members.

Findings reinforced the strategic direction taken by NAHQ in "Vision 2006". Findings suggested that NAHQ could do more in achieving leadership status in the healthcare community in terms of communication and promotion within the healthcare industry (i.e. - CPHQ and the role of the healthcare quality professional). More local and regional conferencing was an issue identified. Conferences and courses remain the most preferred methods of obtaining CEU's but it was identified that there were many competing opportunities for education and the purchase of products from other organizations. There was growing interest expressed in computer based learning. Extreme interest was expressed by both members and non-members in performance measurement and improvement. There was some interest in specific topics areas such as long term care, home health, and behavioral health. NAHQ recognizes that they need to examine future needs in these areas. Both members and non-members expressed similar interest in having regulatory information, advanced level information, and project searches on NAHQ's online Resource Center.

Rising costs and the ability to assure quality and access with limited resources (i.e. - funding, downsizing, and cutbacks) was identified as important issues by both members and non-members. Other specific issues facing healthcare quality professionals expressed in the survey included: Aspects of managed care and outcome measurement, HMO quality, payment structure, decreased length of stay, and the need to be physician driven.

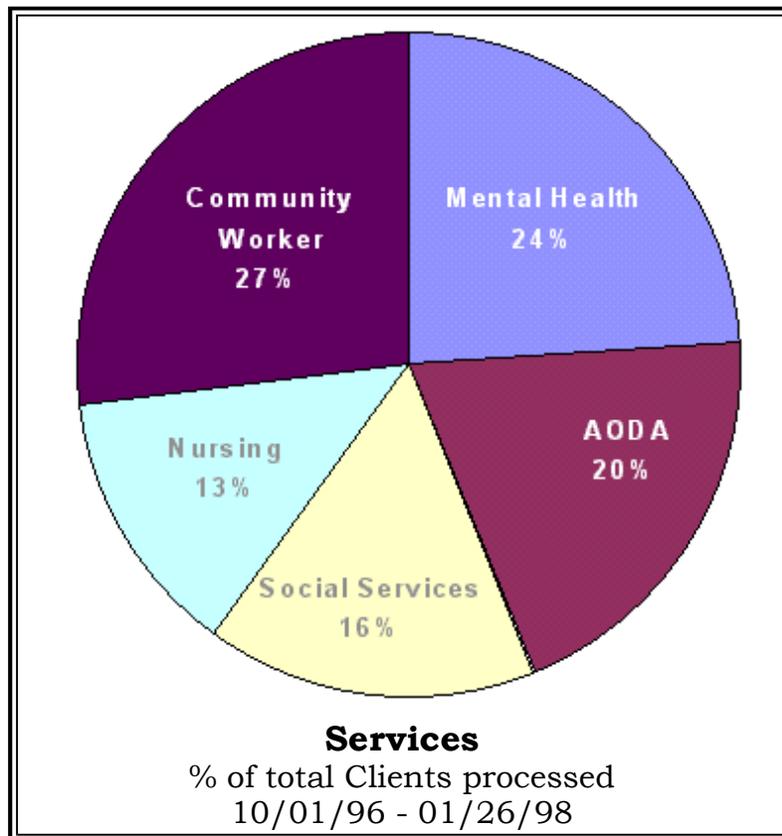
Respondents rated educational courses, networking with other members, and journals as the most important benefits of membership in national associations. The "Journal for Healthcare Quality", NAHQ's publication rated best against other associations in quality, reputation, and usefulness.

Overall, NAHQ's need to advertise and promote itself in order to enhance it's reputation as a leader in healthcare quality, gain support for CPHQ and the healthcare quality professional as a whole, was a very strong theme that carries throughout member and non-member responses alike. These and many more insights were gained through the market research that have been addressed in NAHQ's strategic planning.

Federal Grant Provides In-Home Services for Seniors and Disabled *by Linda Buel*

For the past two years, seniors and people with disabilities have been able to see alcohol and drug abuse counselors, mental health therapists, social workers, nurses, and community outreach workers in their homes thanks to the "On Different Ground" grant. "On Different Ground" is a three year rural health outreach grant funded by the Office of Rural Health Policy and guided by Koller Behavioral Services (a department of Howard Young Medical Center), The Human Service Center and the Northern Area Agency on Aging. Other partners include the Tri-County Commissions on Aging, Social Service Departments and Health Departments, Lac du Flambeau Family Resource Center, St. Mary's Hospital Mental Health Center, Dr. Kate Newcomb Home Health, Nicolet College, and the Potawatomi Health & Wellness Center.

"On Different Ground" brings services to older adults or persons with disabilities of any age who need AODA or Mental Health services and are unable or unlikely to access traditional services. It provides in-home AODA and Mental Health services for residents of Oneida, Vilas and Forest counties, linking mental health, alcohol and other drug abuse and physical health providers into an innovative and extensive outreach service. This new approach brings counselors to the clients targeting a greatly undeserved population that experiences barriers to traditional services. This service coordinates a comprehensive elderly network, enhancing a network of peer helpers for volunteer support services, and is developing an AODA/mental health "Home Health Model" which has the potential for implementation in similar rural areas.



The overall goal is to improve the quality of life for seniors and persons with disabilities (physical or functional disability that provides a barrier to life), by acting as an advocate for comprehensive, accessible, quality mental health/AODA services through a collaborative system of care. "On Different Ground" supports older adults, persons with disabilities, and their families, while respecting the strengths and dignity of the individual. It supports a cooperative working relationship with other health care providers in offering strength-based services and offers older adults and people with disabilities the hope and opportunity for an improved quality of life. Clients enrolled in "On Different Ground" have access to a wide array of needed services and receive individualized, least restrictive services guided by a plan of care. They participate in all aspects of planning and delivery of services, and are provided with, and participate in, service coordination.

Population served: Adults residing in Vilas/Oneida/Forest Counties, or adult

members of Lac du Flambeau Chippewa, Forest County Potawatomi, or Sokaogon Chippewa who meet the following criteria and have agreed to services:

Adults over 60 years of age that require in-home services re: AODA or Mental Health prevention/wellness/support or treatment.

Tribal adults over 55 years of age that require in-home services re: AODA or Mental Health prevention/wellness/support or treatment.

Disabled adults over 18 years of age that require in-home services re: AODA or Mental Health prevention/wellness/support or treatment.

Referrals are received from physicians, provider agencies, family members and friends, and discharge planners of area hospitals. Following a preliminary review of screening information and a determination that the referral meets initial criteria, a staff member visits the client (preferably with the referent), to make an initial assessment of physical, mental health, substance use/misuse, and safety issues. With the client, appropriate direct care providers are identified as well as other key members of the coordinated care team and a comprehensive assessment is completed. The outreach team coordinates services with existing caregivers to improve the individual/family level of functioning and improve overall physical and mental health. They will also work with family members to educate them on mental health and/or AODA intervention strategies and issues.

Federal funding began in October of 1996. the grant amounts to approximately \$200,000 per year. To date. 202 clients have been served by AODA counselors, Mental Health therapists, Social Workers, Nursing, and Community Outreach Workers with the following outcomes:

- ▶ 82% of clients surveyed reported a better understanding of drug/alcohol issues.
- ▶ 97% of clients surveyed reported that they would recommend this service to their friends and family.
- ▶ 100% of clients surveyed reported that they felt better as a result of being involved in this service.
- ▶ 30% of clients surveyed reported their emotional health as good or excellent prior to their experience with the services; 73% after experience with the services.
- ▶ 17% of clients surveyed reported their physical health as good or excellent prior to their experience with the services; 51% after experience with the services.
- ▶ Client focus groups were conducted on July 8, 1998 - results demonstrate verbalized client satisfaction and improved quality of life (i.e., reduced hospital stays, reduced emergency room visits, reduced physician office visits, greater socialization and involvement in community, renewed outlook on life and self worth.)
- ▶ Provider and partner agency focus groups (as part of the external evaluation) were conducted on July 22, 1998 - favorable comments were made regarding service collaboration and opportunities for improvement were identified.
- ▶ Information related to Quality of Life is currently being gathered at 6 month intervals utilizing the Quality of Life Index for Adults developed by Quality of Life Assessment Project at the University of Wisconsin-Madison.
- ▶ A new outcomes evaluation methodology based on scoring of anecdotal stories

called results Mapping has been initiated. This methodology provides information regarding how well a program is moving it's target population toward difficult to reach, long term outcomes.

Throughout September and October, On Different Ground is presenting as a model program at regional conferences of the State of Wisconsin Coalition on mental Health, Substance Abuse, and Aging.

For more information regarding funding, referrals, or any other aspects of the services, please contact Linda Buel at (715)356-7574.

Achieving Global Quality

A Participant's Perspective

by Linda Buel

Having the privilege to attend a NAHQ National Conference is an opportunity with many benefits. There are the obvious benefits associated with programming and vendor exhibits, but less obvious benefits are as meaningful and beneficial to the growth of the Healthcare Quality Professional. Networking - a frequently used word to describe free time, but what does it really mean and what does it really offer. First of all, as you are aware, each state has representation on the national Leadership Council which meets prior to the scheduled conference. They are eager to share the information they have received at those meetings and what a perfect opportunity to visit with them at the conference when the information is fresh and enthusiasm high. MAKE CONTACT. Secondly, upon conference registration, you are given a list of all registered attendees. You can immediately scan the list for participants from your state as well as those from other states you may have acquaintances with. Leave them a message on the message board, leave a message on their hotel room voicemail, stop them in the hallway between sessions, have breakfast or afternoon coffee, take a shuttle to the mall-whatever activity you choose - MAKE CONTACT. Sharing information, challenges, professional and personal hopes and dreams can provide you with a new diverse support group whose benefits have no end.

Thirdly, take the opportunity to say "hi" to the peer sitting next to you in sessions, standing in line with you at the continental breakfast table, sitting with you on the steps outside during breaks, sharing an elevator with you, or sitting by the pool - there are no mistaken identities when it comes to conference attendees - you're usually brandishing a large name tag - some with multiple ribbons taking up the left side of their chest, and/or carrying a large brightly colored tote. again, MAKE CONTACT. Relationships established with peers from other states last throughout the years as long as you can share a passion for quality, whether or not you are fortunate enough to attend a national conference.

Finally, what a revelation to sit back and realize that you have 1200 peers within easy reach for at least two full days. Take advantage of this gift.

1998 NAHQ Conference by Diane Schallert RN, MS, CPHQ

Key Note Speaker:

Emily Friedman, Independent Health Policy & Ethics Analyst, Chicago, Illinois.

"Scar Wars, The Fight Over Health Care Quality"

Summary

"With the rapid restructuring of the US health care system & a massive increase in managed care enrollment, it was probably inevitable that a backlash would occur..." Ms. Friedman continued to discuss the issues over the anti-managed care backlash, and what she sees as a "distorted debate". She has authored many articles in JAMA, USA Today, and large newspapers, concerned with managed care and quality.

Highlights

(commentaries from Ms. Friedman)

- ▶ Consumer dissatisfaction with levels of quality
- ▶ Lack of confidence (66% of Americans feel there is no access to care; 75% cannot afford insurance)
- ▶ Health plans need to assure quality so as to avoid more regulation and legislation of activities.
- ▶ Government gets hit from both sides - critics of managed care claim government does not do enough; supporters fear government will cripple the movements success.
- ▶ Fee for Service versus Managed Care cost/quality trade-offs in the above have great variation.
- ▶ Improving quality and affordability (quality should be objective and based on empirical clinical and similar evidence).
- ▶ Equity and social justice (to allay public skepticism about managed care, public needs

Key Note Speaker:

David Nash, MD, MBA, FACP is a board certified internist, Associate Dean for Health Policy at Jefferson Medical College, Pennsylvania.

Nationally recognized for his work in outcomes management and medical staff development. Authored numerous articles in journals and 10 edited books.

"Report Cards for Quality: Friend or Foe?"

Summary

"Performance-based information (report cards) will be relied upon by purchasers and consumers of health care. Comparative information may guide the future of health care systems".

Highlights

- ▶ Recognize that hospital past and hospital future is different.
- ▶ Who reads report cards? Public, providers, purchaser.
- ▶ Consumers learn most from satisfied friends and relatives.
- ▶ Why public report cards? Despite limitations, helps to drive health care market place.
- ▶ Imperatives of the 90's: accountability; global budget targets; incentives; seamless care.
- ▶ Top attributes to integration include:
 - ▶ wide primary care base.
 - ▶ integrated information system.
 - ▶ aligned financial incentives.
 - ▶ unified contracting capability.
- ▶ Three faces of quality: Continuous Quality Improvement, Statistical Process Control, Outcomes and

to know why care is rationed, to what end, to whose benefit and to what expense).

- ▶ Commandments for Managed care:
 - ▶ services are convenient
 - ▶ courtesy treatment
 - ▶ culturally sensitive
 - ▶ protect confidentiality
 - ▶ integrate clinical and social needs
 - ▶ respect dignity
 - ▶ listen; be compassionate

Disease Management plus Guidelines/Case Management.

- ▶ Effective case management is "right time, right place, right referral, right intervention"
- ▶ Outcomes management = 3 tiered definition
 - a. traditional (morbidity/morality)
 - b. modern (patient satisfaction, functional status)
 - c. linking a and b to payment

(Quality as a competitive advantage)

- ▶ No direct evidence linking report cards to improvement of care (author Greene, Maskowitz)
- ▶ Report cards should be accompanied with tools for improving care/practice.
- ▶ Goal would be to collate all types of report cards to better serve consumers, providers, and systems.
- ▶ Future of report cards - focus on access, communication, coordination of care and follow-up.

JOB OPPORTUNITIES

Director Quality Resource Management

Jewish Hospital, the flagship hospital of Jewish Hospital HealthCare Services (JHHS), is a prestigious 442-bed regional referral teaching medical center located in Louisville. Jewish Hospital is seeking the Director, Quality Resource Management. The ideal candidate qualifications include a Bachelor's degree in a healthcare related field with a Master's degree preferred. A minimum of five years experience in a management level position with a minimum of three years experience as a case management and quality improvement, and participation at a leadership level in a recent JCAHO survey are desired.

If interested, please contact:
Jami Stittsworth, Senior Associate, MSA
Executive Search,
at **(816) 373-9988**,
fax (816) 478-1929 or e-mail
stittswo@mgmtscience.com

NAHQ's 1998 Leadership Council *by Virginia Wyss and Gloria Field*



The 1998 Leadership Council resolved into a "committee of the Whole" allowing further discussion and recommendations prior to final votes on "Vision 2006", NAHQ's strategic plan representing major commitments from 1998 - 2006.

Goal 1: RELATIONSHIP WITH STATE ASSOCIATIONS

This goal was originally stated as "Transform NAHQ as an organization while strengthening relationships with affiliated state associations". It was amended to read "Continue transformation of NAHQ as a member driven organization while strengthening relationships with affiliated state associations".

Major short range objectives include formalizing input from state presidents and Leadership Council meetings, supporting the state educational program, and developing leadership and mentoring programs. Improving the dues invoicing process is both a short and long term objective with a long range objective of NAHQ becoming the vendor of choice for dues invoicing.

Virginia Wyss will participate with NAHQ in further development of the invoicing process.

Goal 2: PRODUCTS AND SERVICES

"Increasing the value of NAHQ membership through focused products and benefits for specific markets" is the essence of this goal. A short range objective includes the development of an alternative education product with the long range intent of having 50% of education programs offered by alternative method (i.e. - resource center, publications, video, and satellite conferences) as well as traditional conferencing. The Resource Center concept will be defined to include expanding the speaker's bureau, determining the need for a live resource person and expanding information online. Other initiatives included partnering for conferences, provision of NAHQ News over the internet, and developing a process for book publication. Ultimately, NAHQ wants to be recognized as the premier source for healthcare quality information and to have the "Journal for Healthcare Quality" be recognized as the premier journal for healthcare quality issues.

Goal 3: STRENGTHENED NATIONAL PRESENCE

NAHQ's goal is to "Strengthen it's national presence through strategic partnerships and government relations." One of the objectives is to enhance the Government

Relations program with the ultimate vision of having NAHQ recognized by legislators, consumers, and other groups as a leader and expert resource in healthcare quality. Formation of strategic partnerships among organizations concerned with healthcare quality is key to this goal. Other efforts related to this goal include having NAHQ members well informed and actively involved in healthcare policy issues, developing a market strategy to increase visibility of CPHQ and having CPHQ valued by all members.

Goal 4: GLOBAL PRESENCE

These objectives are to develop a "global perspective and presence". They are based on continuing a collaborative relationship with ISQua including marketing or exchanging key products with ISQua (i.e. - membership lists), identifying potential partnership countries, defining a program on international wellness and other topics of interest and advertising in three international journals. NAHQ plans to have a well established international education program as well.

Call for Storyboards

Annual Spring Conference March 5, 1999

Do you have an exciting project to share, a unique problem-solving example using QI methods, or are 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, and any bibliography (optional).

Submit abstract by January 10, 1999 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 (608) 755-5332.



Call for Articles

We are always on the lookout for articles to share with our membership. If you can assist us with our goal to produce newsletters with useful information, please submit any articles, storyboards, quality successes, or newsworthy features to the Newsletter Editor, Anna McCarthy.

Advertising

WAHQ News & Views is the official publication of the Wisconsin Association for Healthcare Quality. WAHQ News & Views is published 3 times a year and distributed (approximate circulation 300) to all members of WAHQ, NAHQ members who reside in Wisconsin, and other professionals in healthcare quality. The primary mission of the WAHQ News & Views is to provide educational information about healthcare quality to healthcare quality professionals. Advertisers will supply a camera-ready copy or information for the editor to create the advertisement. The publisher reserves the right to refuse advertising. Appearance of an advertisement in the WAHQ News & Views does not imply endorsement by the WAHQ Board.

Deadlines for receipt of advertisement are the 1st of the month of publication.

The WAHQ News & Views is published on the 15th of February, July, and November. The editor may change the "months of publication" as necessary. Editor may reject ads determined to be inappropriate for the publication.

Invoices will be mailed to the advertising individual or organization with a copy of the advertisement as printed. Invoices are due upon receipt.

Checks should be made payable to "WAHQ."

For additional information or to place an ad, contact the WAHQ Newsletter Editor:

Anna McCarthy
2229 Pioneer Rd.
Janesville, WI 53546

Phone: (608) 757-5495

Fax: (608) 757-5010

E-mail: mccarthy@co.rock.wi.us

Treasurer's Report
by Linda Buel

Assets

Checking	\$ 3,025.46
Savings	\$ 2,876.13
Deferred Annuity	\$ 5,901.02
Liabilities	\$ 0.00
Overall Total	\$11,891.61

Year to date
expenses

Administrative Costs	\$ 1,371.17
Conference Expenses	\$ 6,320.74
Membership Expenses	\$ 277.04
Networking	\$ 2,303.17
Newsletter	\$ 389.18
Professional Development	\$ 973.00
Total	\$11,634.30

Year to date income

Conference	\$ 6,355.00
Interest Income	\$ 36.12
Membership	\$ 4,290.00
Education In	\$ 55.00
Total	\$10,736.12

1998-1999 WAHQ BOARD OF DIRECTORS

OFFICERS

President

Ginger Katzman
(608) 757-5332

Past President

Virginia Wyss, RN, BS, CPHQ
(608) 752-3911

Secretary

Gloria Field
(715) 346-5257

Treasurer

Linda Buel
(715) 356-2029

LIAISONS**MetaStar Representative & Membership Coordinator**

Virginia Wyss
(608) 752-3911

Newsletter Editor

Anna McCarthy, CPHQ
(608) 757-5495

REGIONAL REPRESENTATIVES**North Central**

Kathryn Noe
(608) 847-6161

Northeast

Karen Oskey, UR Chief
(920) 498-4535

Northwest

Kay Dahlka, BSN
(715) 568-2000 Ext. 204

South Central

Diane Schallert, RN, MS, CPHQ
(608) 274-1940

Southeast

Mary Conti
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Southwest

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