



News and Views - Fall 2000

President's Corner *By Diane Schallert, RN, MSM, CPHQ*

Fall in Wisconsin is the season for beautiful changing colors in the environment around us, new back-to-school ventures, football games, hiking, charity walk-a-thons, National Health Care Quality Week, and other health care awareness recognition (Breast Cancer, Immunizations).

It was also the NAHQ's annual educational conference, held this year in Dallas, Texas, September 16-19, 2000. The theme "Celebrating 25 Years of Quality". You can visit the NAHQ Website to learn of the events and progress at www.nahq.org.

Fifteen colleagues, including WAHQ Board members attended the conference. Because the states and NAHQ membership represents a diverse group of attendees' professional roles and responsibilities, the conference offered an optimal learning environment to ensure educational content that is practical and relevant. Timely sessions included Balanced Score Card, Medical Errors, Government Relations and Balanced Budget Act.

The tracks and concurrent sessions included federal activities, data measurement, standards and compliance and special interest needs. Please refer to the summaries from our WAHQ Board Members in this newsletter.

The Leadership Council report in this newsletter contains most of the NAHQ news. In an effort to make the state president electronic mailing list or list serve more interactive, NAHQ will post a question for feedback monthly during the State calls. I attended the Presidents Orientation program while in Dallas. The information included my role and responsibilities for keeping our state an active and informed member for national issues, (ie, developing a state-wide Government Relations Group) sharing our state's activity and educational programs, issues on membership. Additionally, there has been an active e-mail exchange with the state president's list serve relative to the qualifications to serve on the NAHQ board. As a follow-up to the newly formed Task Force to meet the Leadership Council goals, we were asked if any of us were interested to join the task force. I submitted my name for this and will keep you posted.

NAHQ Conference

There were three keynote speakers. I will summarize and then refer you to additional references or audio tapes for purchase found on the NAHQ Website.

"Quality is no longer an option", Kenneth Kizer, MD is president and CEO of the National Quality Forum, a new private non-profit organization whose missions proposed by the President's Advisory Commission on Consumer Protection and Quality in Healthcare in 1998 is to improve healthcare by improving the processes and technology for measuring and reporting healthcare quality. One of his quotes includes "Quality is the Holy Grail for healthcare now and forever."

Key Points

- Demands for health care accountability created QI efforts lost 20 years yet continued large gaps between the care that people should and actually receive.
- Findings by 1998 published documents
- RAND report
- Institute of Medicine report
- President's Advisory Commission on Consumer Protection and Quality in Health Care Industry revealed the need for improvement.
- Means to improve quality is to standardize measurements and data reporting
- Public reporting on comparative data; benchmarks can be motivation for providers
- Facilitate completion on the basis of quality
- Promote consumer choice
- Leverage health care purchasing discussions according to quality data

Strategic Goals

- Develop and implement a national agenda for measurement and reporting health care quality
- Standardize measures so data collection is less complex and data adds value (most vital now)
- Build consumer competence for making choices
- Enhance capability of health care providers to use data
- Increase demand for health care data

As the goals are developed, Dr. Kizer pointed out that working with HCFA, JCAHO, NCQA and other agencies is critical. His audio tape is available for order.

Key Note (2)

"Health Care Quality: A Culturally Conscious Approach"

presented by Dr. Campinha-Bocate, PhD, RN, FAAN, President, Transcultural CARE associates.

Dr. Campinha-Bocate was a dynamic and motivating speaker who presented a model of health care delivery to assist health care providers towards the provision of cultural services. To note, in the year 2000, approximately one-third of America's population is from an ethnically diverse group. There are several models of service care delivery to meet the needs of providing health care to a multi-cultural world. "The Process of Cultural Competence in the Delivery of Health Care Services" is a publication that can be ordered through the author and references from the conference. There was no audio-tape available for purchase.

Key Points

Constructs of cultural competence:

- Cultural awareness
- Cultural knowledge
- Cultural skill
- Cultural encounters
- Cultural desire

Each construct is developed in detail in the program book IAPCC: A tool for measuring cultural competence among health care professionals, and was developed by Dr. Campinha-Bocate. This is a 20-item instrument that measured the above mentioned constructs.

The presentation offered the attendees insights and tools for developing cultural services in their settings.

Keynote (3)

"Encouraging the Spirit in the Workplace"

by Eileen McDargh, CSP, CPAE, President, McDargh Communications

This presentation is available on audio-tape for order on the NAHQ Web Site. The presentation contained many known and new methods to "transform, energize, and grow talent in and around you." The author suggested that continual improvement inservices and personal performance requires a deeper level of involvement and commitment to create positive and healthy work environments. She shared many personal experiences that enhanced meaning to the message.

CPHQ Program

There was new information about the CPHQ exam that created numerous discussions with the Wisconsin delegation and others. This newsletter will reach many of you after the November 11 exam date, but you probably did note the changes, which impact less than 8% of the total exam content.

The issue centered on the deletion of the previous sections related to legislation and regulatory agencies. This is noted in the current 2000 handbook, but apparently was not highlighted or recognized by some. I did learn that the reason for deletion is due to the international recognition for the exam, by which the USA regulations are not applied in non-American countries. The additional note is that recertification for CPHQ will not affect the choices for continuing education hours, such as survey prep conferences (ie, JCAHO, NCQA, PRO briefings). These are all vital to many for their work responsibilities. We were also informed that some new questions may include the processes for developing organizational cultural assessment programs, ethics, integrating in the overall strategic goals for the preparation of any external quality reward programs, (ie, Baldrige).

Please refer to the CPHQ link from NAHQ for the information as stated.

Summary of the WAHQ Board Meeting

Minutes Conducted in May, July and September 2000. Many of the action items are shared in the newsletter.

1. Reviewed and assessed and evaluated the Spring 2000 education conference, featuring Dr. Rodney Armstead.
2. Identified key topic areas for Spring 2001 conference, as noted in the current quality issues, and input from WAHQ members and non members March evaluations. Continued to develop the Spring 2001 conference. Title will be "The Wheel of Quality," featuring key "spokes" such as outcomes, managed care, patient safety/medical errors, HIPPA.
3. Developed criteria, then identified two members for Leadership Council representative - Linda Buel and Anna McCarthy.
4. Responded to numerous NAHQ surveys and state membership requirements.
5. Discussed strategy and questions for input to the proposed Leadership Council model.
6. Began the review of strategic goals and timelines.

In this newsletter, we identify the open WAHQ Board positions and other potential opportunities for our membership to play an active role in our state organization. We need your expertise, energy, and creativity to add to the successes towards meeting the mission and goals of WAHQ.

See you soon!

UPCOMING EVENTS
November 11, 2000 CPHQ Examination
November 17, 2000 WAHQ Board Meeting Papa's Place, Baraboo
January 19, 2001 WAHQ Board Meeting
March 1, 2001 WAHQ Board Meeting Crowne Plaza, Madison
March 3, 2001 WAHQ Annual Conference Crowne Plaza, Madison

NAHQ Annual Conference Highlights *By Linda Buel*

Membership Recruitment and Retention

NAHQ Leadership Day, September 16, 2000

The leadership breakout session on membership and marketing offered many "tidbits" on the development and support of state healthcare quality association members. It was identified that the key benefits of membership are networking and education.

Of the 14 pages of ideas offered, it was affirming to see that we do have an active, successful recruitment process and perform some of the activities of an "ideal association". It was also encouraging to see that there are several ways we could improve.

Suggestions were also given on indicators to give your membership program direction. Some of these indicators included: number one reason for joining, average length of membership, types of members who attend conferences, percent of first year members, number of members in each region and each specialty and retention rate at the end of each year.

The handout included the following philosophies and insights of member service excellence:

- A member is the most important person in any association
- A member isn't dependent on you; you are dependent on them

- A member does you a favor when they join; you aren't doing them a favor by accommodating their needs
- Members are a part of your association; they are not outsiders
- A member isn't just dollars in the bank; they are human beings with feelings like your own
- A member is a person who comes to you with needs and wants, and your job is to fill them
- A member deserves the most courteous attention you can give them; they are the lifeblood of your association

An ideal association was described as one that offers quarterly education, a newsletter and opportunities for volunteerism. Though we offer an annual meeting and conference, we also offer educational opportunities through the newsletter. Our newsletter also highlights national and state association news. Opportunities for volunteerism are available through board and committee participation. We also offer a website - www.wahq.org.

All of our members are very important to us - if you have suggestions for improvement, ideas for marketing to build our membership, or would like to get more involved in marketing and membership, please contact myself, your regional representative or another board member.

The Balanced Scorecard: Linking Vision, Strategy, and Performance

NAHQ Annual Conference Highlight

An overview session, two tutorial sessions, and a comprehensive resource guide were offered by two consultant experts in planning and implementing system and operational improvements and creating organizational focus and alignment. The Balanced Scorecard has been successfully utilized in business for several years. Healthcare organizations are now seeing the benefits and restructuring to reap the benefits of this strategic management and measurement system.

Most quality professionals are familiar with dashboard reports, report cards, or performance measurement systems. A dashboard for healthcare might include general measures of financial performance, market share, growth, clinical quality, clinical outcomes, patient and employee satisfaction, and/or community benefit. This does provide important information and can help identify opportunities for improvement. "Éjust like the dashboard of a car or airplane, unless these measures are linked to an organization's unique strategy, they have limited ability to help the organization reach its intended destination". (Foth-Collins, St. Charles, The Balanced Scorecard - Strategic Management System)

The Balanced Scorecard is conceptualized as a more comprehensive approach, and one that is linked directly to the strategic direction of the organization. R.S. Kaplan and D.P. Norton, authors of the book, "Translating Strategy Into Action: The Balanced Scorecard" published in 1996 proposed this definition:

"The Balanced Scorecard translates an organization's mission and strategy into a comprehensive set of performance measures that provides the framework for a strategic measurement and management system."

Development of the Balanced Scorecard requires a systematic process that includes: identifying organization strategy, developing objectives to achieve that strategy based on the cause and effect relationship between each of four perspectives or dimensions of performance, and finally identifying measures and targets. The four perspectives include: financial, customer, internal business, and innovation and learning.

There are four phases suggested in this systematic process of development:

Phase 1: Organizational Readiness - gaining consensus and support of the executive team, assessing organization capacity, building support with key stakeholders, choosing a project architect and support staff.

Phase 2 - Confirming Strategic Alignment, designing initial draft of measures and targets and building organization consensus for objectives, measures, and targets.

Phase 3: Implementation - designing information linkages and processes and developing an implementation plan.

Phase 4: Feedback and Learning - utilizing information to monitor and drive improvement.

Why choose to use the Balanced Scorecard? Because it describes a vision of the future, clarifies and communicates strategy, links performance to results, promotes interdepartmental cooperation, focuses change efforts, and aligns resources. If you'd like more resources on the Balanced Scorecard, please contact me at buelin@newnorth.net.

NAHQ Leadership Day Leadership Council *By Anna McCarthy, CPHQ*

Leadership Council

NAHQ's Leadership Day kicked off with three programs in the morning, Government Relations, Membership and Recruitment, and State Presidents' Orientation. The Leadership Council met in the afternoon; there were 128 voting members of the Leadership Council present, which represented a quorum.

The current NAHQ President, Jennifer Brown opened up the meeting with the adoption of the agenda with some changes. To note, the original agenda was to include a proposed change to the Leadership Council, however, through feedback from Leadership Council conference calls in late August, the NAHQ Board removed the proposal from the agenda. The proposal removed intended to eliminate the Leadership Council as it currently exists, and replace the Leadership Council with an open meeting for all members to vote. The primary concerns expressed in the

conference calls were that the current set-up has only been in place for a couple of years and not all of the design elements of the Leadership Council have been implemented. Additional concerns were related to the potential for chaos in an open forum, which has been experienced by other associations. NAHQ will continue to improve the Leadership Council as it was designed in 1996.

2000 Election Results

After approval of the agenda and the minutes from the 1999 Leadership Council meeting, the 2000 election results were announced. The results are as follows: President-Elect, Faye J. Wilson; Secretary/Treasurer, Marilyn L. Ellicott; Professional Development Director, Marjorie Alderson; Nominating Team, Kathleen Tornow Chai, Anne Huben-Kearney, Jack L. Jefferies. The total number of votes received by NAHQ was 1,246. President Jennifer Brown announced and introduced the newly elected individuals.

Healthcare Quality Certification Board Report

The 1999 CPHQ exam included 987 registrants, 857 individuals sitting for the exam, and 603 examinees passing the exam for a pass rate of 70%. Of the 987 registered for the CPHQ exam, 55 of the registrants were from outside the United States. The current number of active CPHQs totals 6,943.

Some of the projects of the HQCB include a transition to computerized testing. The goal is to provide computerized CPHQ testing in the year 2002. HQCB is also looking to expand the number of test questions in the item bank for computerized year-round test administration. One of the joint projects between HQCB and NAHQ is to communicate the expertise and services offered to international healthcare quality professionals. The HQCB continues to seek international examinees in order to expand the market of individuals reached for the CPHQ certification.

The major issue with the HQCB is the change to eliminate regulation and certification questions as part of the CPHQ exam, beginning with the exam in November 2000. The explanation provided for this change is described in the "President's Corner". Recertification credits will be approved for educational courses and other means that are specific to regulations and accreditation topics. For more information regarding the CPHQ exam and related questions, you can go to the CPHQ website at www.cphq.org.

Secretary/Treasurer's Report

As part of the Secretary/Treasurer's Report, an independent auditor's report was included. Some of the highlights from the reports included that NAHQ has experienced a drop in total liabilities and net assets of 7.8% as of December 31, 1999. As part of this drop, membership is lower than in prior years. Membership in 1997 was at approximately 6900 and has fallen to roughly 6000 in 2000. As the NAHQ Board examined this drop, the recruitment of new members is continuing, however, there has been a drop in the number of members with 2-5 years of membership. In addition to the drop in membership, NAHQ's annual conference and course registrations have also fallen. In response to the experience in 1999, budgets have been curtailed and funding for the Government Relations program, Research Team activities, and International efforts was severely restricted from prior years.

State of the Association

Jennifer Brown, NAHQ President, described the progress of NAHQ over the 1999-2000 year. Highlights from her speech included NAHQ's inclusion as a member of the National Quality Forum, the review of the Leadership Council, and the decision not to eliminate but rather improve how the Leadership Council operates. Some of the improvements to the LC include quarterly mailings to LC representatives, ongoing communication with LC representatives, and the development of a task team to advise the NAHQ Board on improvements to the current LC structure. In efforts to engage the state associations in additional communication, NAHQ has held quarterly State President conference calls and developed a list serve for the State Presidents. Other notable activities from the year include the work of the Government Relations Team, the discontinuation of dual invoicing with the States, and the development of the NAHQ list serve, which currently has 180 subscribers.

Approval of NAHQ 2000-2001 Strategic Goals

The Strategic plan included progress towards the 1999-2000 goals and the proposed 2000-2001 goals. The goals for 2000-2001 are:

1. NAHQ will be a member focused organization
2. NAHQ will provide products and services that increase the value of membership
3. NAHQ will strengthen the practice of healthcare quality and the role of the healthcare quality professional

Some of the goals modified from 1999-2000 were modified to be more member focused and limited expansion of the international role.

Voting Status of Past Presidents

The proposal on the floor was to allow past NAHQ presidents the opportunity to vote as part of the Leadership Council. Discussion on this topic included pros and cons for the proposal. Some felt with their experience, the past NAHQ presidents' votes continue to be valuable. Others felt that the continued vote of past NAHQ presidents is valuable only if the individual continues to be active in the healthcare quality arena. The proposal for past NAHQ presidents to have a vote on the Leadership Council was approved.

Town Hall Forum

Some of the topics discussed in the town hall forum included the change to the CPHQ exam, seeking additional individuals to be nominated for NAHQ positions, and the need for more communication from NAHQ to the Leadership Council. One concern raised by members of the Nominating Team was the lack of qualified individuals provided to the Team for nomination. Many of the members encourage those present to nominate interested and qualified individuals. Another concern was raised regarding the lack of communication provided to the 1999-2000 Leadership Council. The first communication received by the LC was a survey in early 2000, which was met with very negative responses. The Board responded positively to the ideas shared at the open forum and has already incorporated many of the suggestions into the 2000-2001 strategic plan. A positive remark from the floor supported the positions papers provided by NAHQ. Position papers can be read by all

members on the NAHQ website, www.nahq.org.

If anyone would like a copy of the Leadership Council agenda or have questions about the Leadership Council, do not hesitate to contact Linda Buel, Diane Schallert, or myself. It is an honor for us to represent our State as a Leadership Council representative.

Nursing Coalition Meetings Report *By Elaine Kloepfel*

The July meeting was primarily a discussion of health care issues in Correctional Facilities. As one might suspect, there are many quality issues and as in any other facility they are unique to that setting. Communication between the healthcare providers in the private sector and the penal system is difficult, so continuity of care is often lost. The patients are usually poor historians, and many have some mental illness along with a communicable disease such as TB, HIV, hepatitis B or C, and sexually transmitted diseases. There are no required standards of care and guards are usually the ones to determine whether or not a prisoner needs to be seen by a nurse. There are no support service so nurses do it all. Resource limitations affect special diets or snacks for diabetics and the turn around time for getting a medication can be up to 7 days. Presently nurses working in correctional facilities report to the wardens or sheriffs, but there is a study that recommends nursing report to the Department of Health.

Other issues addressed at that meeting had to do with the nursing shortage, the nurses on strike in California and Massachusetts, use of mandatory overtime, and flu vaccine shortage. It was announced that Kathryn May is the new Dean of Nursing at UW-Milwaukee and that Nursing Matters is having their annual Nursing Expo on January 12 in Madison. Nursing organizations, that would like to have a booth, will get a reduced fee.

The September 28 meeting focused on concerns from the Board of Nursing. There have been delays for new grads and nurses moving into WI in getting their Wisconsin licensure. This has created problems for those agencies hiring them as well as for them being employed. The Nursing Council voted to send a letter to the Secretary of Regulation and Licensure, Marlene Cummings, expressing our concern and offering any support we have to prevent this from happening to the December graduates. It was reported that the Department of Regulations and Licensure has hired new staff people recently which may help.

Another concern from the Board is the replacement for Tom Newman. He left to take over as the Dean of Nursing at the Madison Area Technical College. The question is whether or not this position should belong to an RN. The Council felt the qualifications needed for the Board should be spelled out and anyone meeting those qualifications should be considered. Other issues brought up had to do with the Advanced Practice Registered Nurse who has not been included in the recent Nurse Licensure Compact allowing nurses to work in one state while holding a license from another state. The reason has to do with the variation in APRN practices between states - much greater than RNs or LPNs. Since 1997, the APRN's have been

addressing this and now have a proposed Uniform APRN Licensure Practice Requirement paper which they are presenting to the National Council of State Boards. If passed, this will allow them to practice across state lines.

Wisconsin Earns High Ranking in Care of Medicare Patients

By Kay Simmons, MetaStar

Wisconsin ranks 11th in the nation in treatment of Medicare beneficiaries with certain medical conditions, according to an article published in the October 4, Journal of the American Medical Association (JAMA). The study, conducted by the Health Care Financing Administration (HCFA), which oversees the Medicare program, was designed to establish a set of baseline data showing nationwide performance on 24 quality of care indicators related to six medical conditions common in the Medicare population.

Across the nation Peer Review Organizations (PROs) are using these same 24 quality of care indicators to develop health care quality improvement initiatives. The PROs, which are contractors with HCFA, work in collaboration with hospitals, physicians, and other health care organizations to bring about improvement on these indicators. According to Greg Simmons, president and CEO of MetaStar, the PRO for Wisconsin, "the HCFA study provides us with the first-ever national snapshot of care of older Americans in six critical disease areas - heart attack, breast cancer, diabetes, heart failure, pneumonia, and stroke. We are pleased to have this data because it shows where there are opportunities to improve care and it gives us a baseline for measuring our progress."

"It is great that Wisconsin ranked 11th in the nation overall and ranked high on most of the indicators," said Simmons, "but we also realize there are still improvements to be made. While Wisconsin had a compliance rate of 95% in one aspect of proper treatment of stroke patients, we had rates of 17% and 23% respectively in screening hospitalized patients for pneumococcal and influenza vaccinations, an important part of preventing pneumonia in older people." Hospitals, physicians and other health care providers have been working hard to make changes to improve care, which shows in the data, and further improvement in Wisconsin will happen through their continued voluntary efforts.

"We are proud of the work done in Wisconsin to constantly improve the quality of care. The partnerships that hospitals form with their peer review organization-- MetaStar, and with physicians and other providers of health care are making positive changes in these six critical areas of care," according to Bob Taylor, president and CEO, Wisconsin Health and Hospital Association. "As our population ages, our hospitals will strive to continue to improve the already high level of care delivered in Wisconsin."

For more information, contact:

Greg E. Simmons, MetaStar President and CEO, (608) 274-1940, or Mary Kay Grasmick, WHA Vice President, Communications, (608) 274-1820.

NAHQ Leadership Day - Government Relations *By Anna McCarthy, CPHQ*

Judy Kubel and Shelley Voels, co-leaders of the 1999-2000 Government Relations Team, provided a presentation of the activities of the Government Relations Team. The title of their presentation was "Grassroots Approach to Healthcare Legislation." The session included a description of the Government Relation Team's activities, position papers developed in response to proposed/possible legislation, and a how to session for networking and letter writing to government officials.

The major highlight for NAHQ and the Government Relations Team is the inclusion of NAHQ in the National Quality Forum (NQF), a group developed by President Clinton. Jennifer Brown and Shelley Voels represented NAHQ at the NQF meetings in 2000. Inclusion as part of the NQF provides NAHQ an additional opportunity to help shape and develop healthcare quality in the United States.

The three papers developed by the Government Relations Team are: "Reducing Medical Errors and the Need for Immunity from Discovery Position Statement", "Privacy of Individually Identifiable Health Information Background Document", and "Privacy of Identifiable Healthcare Information Position Statement and Policy Recommendations." All three are valuable and informational papers that can be viewed on NAHQ's website at www.nahq.org.

The first statement was developed as part of NAHQ's efforts to help shape any future regulations regarding medical error reporting. As Congress looks at legislation for medical error reporting, NAHQ supports development of a national error database with immunity from discovery. Any error reporting system must include provisions that encourage both reporting a thorough analysis of adverse events. As experienced throughout healthcare, when immunity from discovery is not protected, events often go underreported. "The goal is to correct process problems and other factors that contribute to error, rather than erroneously placing blame on practitioners who work within imperfect systems."

The second two papers related to the privacy of individually identifiable health information are in response to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). NAHQ's position "believes that the majority of transactions involving confidential health information are appropriate and are necessary. However, NAHQ recognizes the potential for errors to occur from unintended carelessness to deliberate malice. With so many groups accessing this type of information there is increased risk of things going wrong." The areas of focus in the recommendation are: access, medical record correction, information utilization, cost consideration, and uniformity of protection. As stated in the position paper, "We (NAHQ) believe that the recommendations set forth above will support meaningful consumer protections, while allowing important quality and health improvement activities to proceed."

After the discussion of the position papers, the presenters went to great lengths to describe how their process of involvement with legislators was developed. Some of the handouts included how to write letter to members of congress and how a bill

becomes a law. The purpose in the how to ideas is intended to promote development of a Government Relation Team in each state. The WAHQ Board is looking at developing a Government Relations Team in Wisconsin. It is our responsibility as healthcare professionals to take on the challenge of developing legislation and shaping healthcare quality in our own State. If you are interested in being involved in a Wisconsin Government Relations Team, please contact Diane Schallert or any other WAHQ Board member.



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:

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

Visit Our Web Site

Looking for the latest WAHQ news? You can visit our Web site at www.wahq.org for the latest information on healthcare activities at home and around the country.

There are links to other healthcare quality resources from our Web page as well as the latest newsletter from WAHQ and our quality conference brochure listing our educational offerings.

We are fortunate to have the expertise of MetaStar to guide us in the development of our Web page. This avenue of networking through the Internet would not be possible without their technical and financial support; we are forever grateful.

So, visit our site and let us know if you find it beneficial. Our e-mail can be accessed through the Web page too. Any suggestions or ideas from our members on the Web page is always welcome.

JOB OPPORTUNITIES

Clinical Quality Specialist

[MetaStar](#), a leader for over 25 years in forging partnerships for health care quality improvement, has an immediate opportunity for a full or part-time, experienced health care quality improvement professional.

Minimum requirements include a general knowledge of health care delivery systems and principles of quality improvement. Exceptional communication skills a must.

Great pay and excellent benefits! Send resume and cover letter to:

MetaStar, Inc.
c/o HR: CQS
2909 Landmark Place
Madison, WI 53713
www.metastar.com
Equal Opportunity Employer

Nurse Consultant

[MetaStar](#), a leader for over 25 years in forging partnerships for health care quality improvement, has a full time opportunity for a nurse consultant to assist in the implementation and maintenance of Medicare's Payment Error Prevention Program (PEPP). Using a Process Improvement approach, this initiative is designed to prospectively reduce payment errors made by PPS inpatient hospitals.

Great pay and excellent benefits! Send resume and cover letter to:

MetaStar, Inc.
c/o HR: PEPP Nurse Consultant
2909 Landmark Place
Madison, WI 53713
www.metastar.com
Equal Opportunity Employer

Regional E-Mail Group?

As WAHQ regional members, would you like to participate in your regional e-mail group? We know there are a lot of interested WAHQ members in participating

regional groups. Short of creating a true list serve, we would like to create e-mail groups for each region. This will provide your regional representative with a quick method to communicate information for all interested members. Each region should determine how they would like to utilize the e-mail groups. Please e-mail your representative with your ideas. You can do this by accessing the WAHQ website and selecting the Board Member Information bullet. Find your representative and e-mail away. You may e-mail Sheri at sdix@fmlh.edu with your name, region and e-mail address to be added to your regional e-mail group list.

Treasurer's Report

by Linda Buel

As of 10/20/2000

Assets

Checking	\$ 1,891.09
Savings	\$ 979.65
Deferred Annuity	\$ 4,043.89
Liabilities	\$ 0
Total Assets	\$ 6,914.63

WANTED! New and Renewed Membership to WAHQ.

Membership Report *By Virginia Wyss*

Our organization needs you, the membership, in order to sustain our mission. Our primary goal is to provide you with quality educational offerings and networking among Quality Healthcare Professionals.

Our membership is dropping and our only source of revenue is through membership dues and conference registrations. The Board is volunteering much time and energy in bringing to you excellent programming at affordable cost and communicating with you on the state and national fronts, what is happening in the quality arena, through WAHQ's "NEWS and VIEWS".

The Board of Directors know how tight the dollars are today in our work environment for professional memberships and continuing education. We all are apart of the tight budgets in healthcare spending, but all the more reason for us to work hard at

providing you with affordable professional memberships and on going educational opportunities.

Your \$35.00 per year membership to WAHQ is vital for us to continue our work. Please consider your renewal today and share the membership application in our newsletter with several of your co-workers and encourage their joining WAHQ.

You can also log onto our web site for more information on our healthcare quality organization in Wisconsin and links to other state and national organizations - www.wahq.org

Enjoy the reading and [fill out our membership application](#) today!

WAHQ Board Position Openings and Election for 2001

The WAHQ Board is looking for WAHQ members who would like to run for a Board position. Positions to be elected in the upcoming ballots are as follows:

- President-Elect
- Treasurer
- South Central Representative
- Northeast Representative
- Northwest Representative

Note that all elected positions have a two year term.

The WAHQ Board is also looking for a member who is interested in becoming the membership coordinator. This position involves coordinating membership renewals, communication with NAHQ regarding dual membership, and coordinating the annual conference registration process.

Another vacated position is the WNA Liaison. This position requires that the individual be a member of the Wisconsin Nurses Association, attend the WNA Board meetings, and attend our WAHQ Board meetings.

WAHQ is also looking to develop a Government Relations Team and a Newsletter Editorial Team. If you have interest in any of the positions or teams mentioned, please contact Diane Schallert or your regional representative.

Address Changes and E-Mail Addresses

We value your membership and would like to make sure we are sending materials to all of our members. If your address changes or you would like to add an e-mail address to our database, please contact Virginia Wyss at (608) 743-0520 or by e-mail at ginnkywyss@aol.com.

[\[WAHQ Home Page\]](#)