

President's Corner

WAHQ President



Matt Wahoske

Just as the seasons are changing from summer to fall, I am working closely with WAHQ president-elect Paul Frigoli to ensure the transition into his two-year term goes smoothly. While I'll admit to a certain level of melancholy about this being my last President's Corner column for News and Views newsletter, I am supremely confident in handing over the reins to Paul next March. I also want to extend my sincere gratitude to the Board of Directors for their support, direction and total commitment to this association. I've been privileged to fill this leadership role for the past two years while working with the Board to allow WAHQ to evolve. There is no greater reward than being part of a fantastic team. I encourage the readers of this column to consider joining the leadership group and making a difference for WAHQ and its loyal members.

Speaking of our president-elect, Paul recently distributed a membership survey to all WAHQ members to measure your perceptions of the organization and to guide the Board in developing the resources you need to achieve your professional development goals. The 46% response rate to the survey exceeded our wildest expectations - (75 responses to 160 surveys distributed). I look forward to Paul's analysis of the survey at the next WAHQ Board meeting on November 14. Please consider joining us in person or via conference call.

Speaking of the Board, please join me in congratulating Katie Spiegel of Langlade

Save the Date – February 27, 2015 WAHQ Annual Conference Glacier Canyon in the Wisconsin Dells

(* Please note the date change from the previous newsletter.)

Hospital in Antigo, who recently filled the vacant North Central Region Representative position previously held by Val Freundl. Welcome aboard, Katie!

There's more good news to share: We will be collaborating with Metastar (<http://www.metastar.com>) to offer a CPHQ study session on October 27 and 28 at the American Family Insurance Conference Center in Madison. Dr. Susan Mellott will lead the one and a half day session to provide the attendees with the knowledge to guide them on their journey to CPHQ excellence. It also is an ideal opportunity for those currently holding the CPHQ designation to refresh their knowledge in the world of quality.

In recognition of 2014 Healthcare Quality Week (October 19 - 25), we are planning to offer a free webinar to all members. WAHQ Treasurer Tim Kamps is planning to speak about using the Excel Data Analysis ToolPak for basic QI data analysis. In addition, the Board would like to hear about the Healthcare Quality Week activities at your facility – please share them with any Board member and we will include them in the next newsletter.

FREE MONEY! Do I have your attention? I was more than a little surprised when not one WAHQ members applied for the Virginia Wyss Memorial Career Development Grant. In this era of tightening professional education budgets, this is a great opportunity for you to expand your repertoire of quality skills and have WAHQ cover up to \$1,000 of your travel and tuition costs. We have extended the

deadline to December 1, so hop to it, and carve a place in the WAHQ history books by becoming the first recipient of this grant.

Last but certainly not least, we are almost ready to finalize the brochure for the 2015 WAHQ Annual Conference. Program Chair Gail Weitor and her planning team pulled together a spectacular panel of speakers for the February 27, 2015 conference at the Glacier Canyon Resort in the Dells. I encourage you to read Gail's article about this event on page 5. I feel that we should be able to exceed the stellar grade we obtained from the 2014 Conference where 95% of the attendees stated that their expectations were met and 98% would recommend the conference.

As I finish drafting this column, I can't believe how swiftly my two year term is coming to an end. It has been an honor and a privilege serving as your President. I will leave with many fond memories and new relationships – THANK YOU!

Fall 2014 - What's Inside

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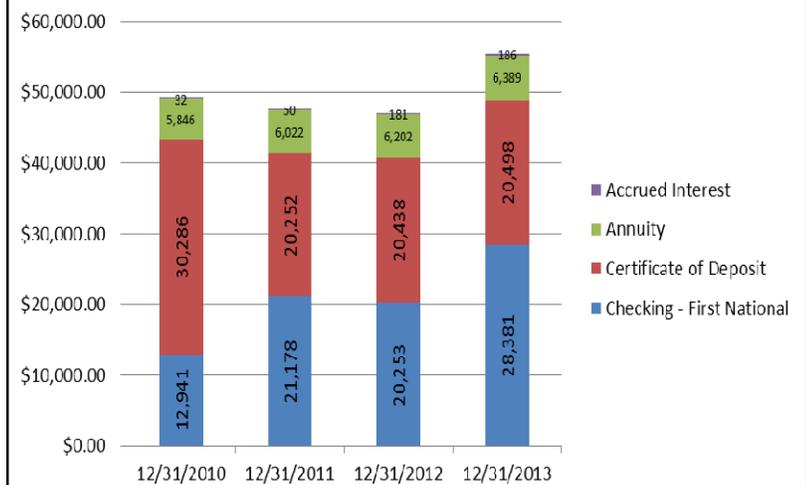
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Treasurer's Report

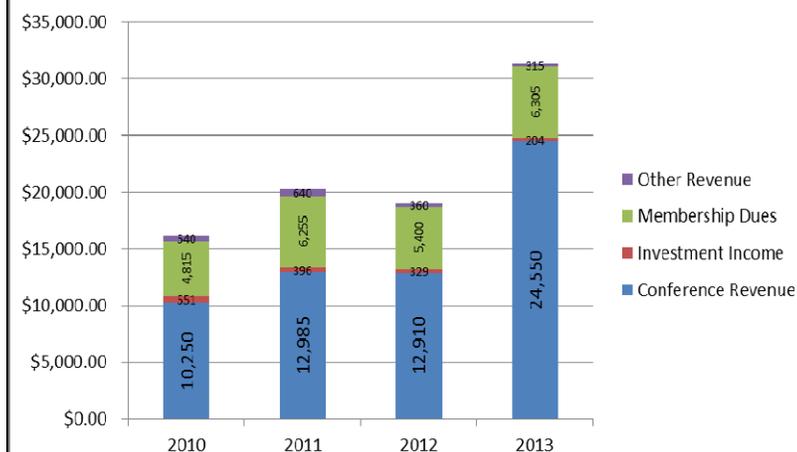
WAHQ Financial Charts

Submitted by Timothy Kamps, Treasurer August 2014

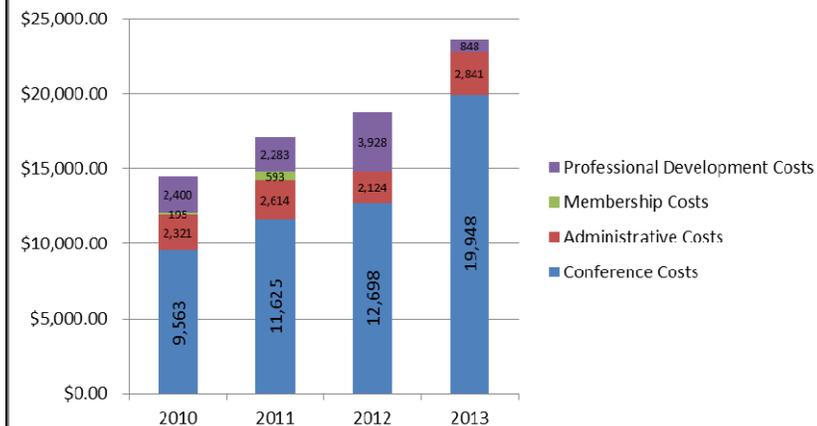
4-Year History: WAHQ Assets By Type



4-Year History: WAHQ Income By Source



4-Year History: WAHQ Expenses By Type



ACCOUNT BALANCES

As of August 2014

- Checking \$ 28,380.89
- Savings \$ 20,497.83
- Annuity \$ 6,388.55
- Interest \$ 111.80

Total Assets \$55,379.07

CPHQ Education Session

[Register online today!](#)

Quick Links

www.metastar.com

www.wahq.org

October 27th (8-5:00) & 28th (8-Noon)

American Family Insurance Conference Center

6000 American Parkway
Madison, WI 53783

Co-Sponsored by MetaStar & WAHQ

Registration Open
Quality Essentials for the Health Care Professional

Join Us!

October 27 & 28, 2014

American Family Insurance Conference Center
6000 American Parkway
Madison, WI 53783



CPHQ Education Session

[Register online today!](#)

Event details

- Are you new to quality?
- Looking for a comprehensive review of quality concepts?
- Thinking about taking the exam to become a Certified Professional in Healthcare Quality (CPHQ)?
- Wanting to earn credits toward CPHQ recertification?

Quick Links

www.metastar.com

www.wahq.org

Questions?

Please email continuing-ed@metastar.com

MetaStar, Inc., in collaboration with the Wisconsin Association for Healthcare Quality, invites you to a 1.5 day education session on essential quality concepts for your health care practice. This session will feature nationally known speaker Susan Melhott, PhD, RN, CPHQ, FNAHQ.

Join health care providers from long term, acute, and ambulatory care settings responsible for quality improvement, risk management, health information management, information technology, patient safety, infection prevention, administration, and direct care.

"2014 WAHQ Conference Session Report"

Monitoring Change Using A "Dashboard"

by Therese (Tracy) Dodd, BA, MBA, RN, CPHQ, WAHQ Southeast Region Rep

Increasingly, *healthcare* organizations are adopting dashboards to provide “at-a-glance” ongoing visibility of key metrics and performance indicators.

Accelerating this trend was publication of “Driving for Quality in Acute Care: A Board of Directors Dashboard”

<<http://oig.hhs.gov/fraud/docs/complianceguidance/RoundtableAcuteCare.pdf>>, a 2008 roundtable cosponsored by the Department of Health and Human Services Office of the Inspector General (OIG) and the Health Care Compliance Association (HCCA), which recommended dashboards as a means to assess and oversee an organization’s performance based on quality of care metrics.

Briefly, conclusions and takeaways from the roundtable included:

- Measuring quality can be challenging
- The Board of Directors must lead the way in committing to quality
- Dashboards can be an important strategic tool to ensure system-level goals are met
- Dashboards can assist to establish the business case for quality, directly linking quality and patient safety to financial health
- Dashboards can be used to educate the Board on quality, especially when presented with human case examples
- Responsibility for quality should permeate the organization
- Establish a culture of quality; dashboards can support how directly each individual feels his/her job contributes to core quality goals
- Transparency is essential for a dashboard to raise awareness and create learning opportunities
- Sharing data is helpful in order to share best practices in quality & patient safety

The purest goals of monitoring healthcare quality and patient safety are to determine the effects of care delivery processes on preferred outcomes and to evaluate the level to which the organization holds fast to best practices, ideally derived from scientific evidence or consensus and which holds true to patient preferences. When high quality patient care and safety are delivered, financial efficiencies will follow.

On a practical side, in addition to internal benefits provided by the ability to track quality of care and patient safety, maintaining dashboards can assist in response to requests for information and evidence of quality management from external bodies, e.g. governmental, regulatory, payer/referral, and accreditation agencies.

Each organization must determine its own key performance indicators (KPIs); these should be linked back to system-level strategic goals although these often may not be detailed in a dashboard. Internally, dashboards can be developed at all levels within operating departments of the organization. To be effective, departmental goals and KPIs in each of these should remain true to core system goals.

It’s best to adopt a “less is more” approach to selecting dashboard metrics and keep it simple. The purpose of a dashboard is to provide high level monitoring. If a monitor on the dashboard begins to trend negatively or spikes outside of acceptable limits, that is the time to drill down into more detailed data to determine root causality for change and opportunities for improvement. As the “Driving for Quality in Acute Care: A Board of Directors Dashboard” explains, although financial metrics can often be easily obtained, measuring/quantifying quality for a dashboard can be difficult. Linking the

two can be especially challenging. A few examples of administrative KPIs for quality could include comparisons of lengths of stay vs. unplanned readmission rates, patient safety events with injury in relation to staffing ratios and staff competency levels,

laboratory test/diagnostic imaging utilization in relationship to level of development and use of “smart” electronic health records to reduce unnecessary procedures. Some clinical performance KPIs are rates of levels of patient and staff/provider commitment to increase loyalty, rates of unexpected ICU admissions and lengths of stay/cost of care, adverse event monitoring and infectious disease surveillance and control, e.g. preventable central line infections or facility-acquired pressure ulcers.

Based on the needs of the organization, the format for dashboards can be flexible and negotiable and, over time, measures may be added, dropped and/or revised. A typical dashboard model includes a series of graphs, charts or other visual indicators to provide an overview of performance or outcomes trended over time (usually preferable) or a snapshot of current performance/outcomes with or without an indicator of past experience. Metrics in a dashboard can usually be classified into four categories: productivity, quality, time, and cost-related. Each organization must determine its own measurements to monitor and this is usually best accomplished by a team of key participants and customers to assure they are meaningful.

Ideally, dashboard metrics will also include goals and/or benchmarks which indicate desired levels of achievement. Quoting the Institute for Healthcare Improvement (IHI), “Improvement requires setting aims. An organization will not improve without a clear and firm intention to do so.” Organizations should develop (continued on page 4)

"2014 WAHQ Conference Session Report"

Monitoring Change Using A "Dashboard" (Continued from page 3)

strategic objectives and, from these, targets for performance and outcomes are derived. To be effective, these targets must be meaningful, measurable and achievable. While a long-term “stretch” goal (a term created by Jack Welch from General Electric, to describe asking workers to reach beyond what they had previously thought possible to achieve higher and higher results every year) is commendable, often the inclusion of incremental goals in a dashboard can help keep staff engaged and motivated during the short-term.

<<http://www.ih.org/resources/pages/howtoimprove/scienceofimprovementsettingaims.aspx>>

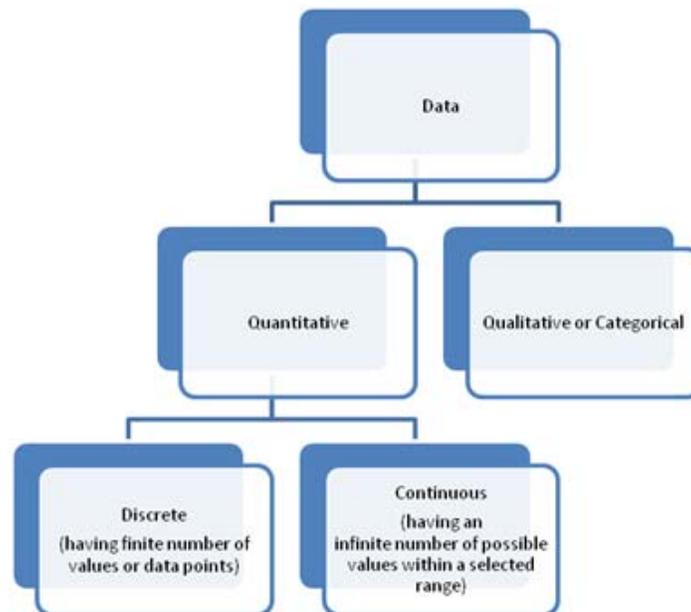
Methods of benchmarking against best practice and/or improvement over time include comparison:

- Of functions within an organization against other areas internal to the organization, e.g. % hand washing procedure compliance in different hospital units or this year’s % compliance for a unit compared to its compliance % from the previous year.
- Against other like organizations and/or direct competitors providing similar products and services. Data on healthcare organizations are increasingly publicly available, e.g. [Healthcare.gov](http://www.healthcare.gov), which can be used to identify best practice thresholds.
- With other organizations which may have a similar function but otherwise is a different type of business, e.g. payroll and purchasing process in the healthcare and manufacturing sectors. The foundations for much of quality and performance science around safety in healthcare owe its genesis to the automotive and aeronautical industries.

Often, the process or outcome which the organization is attempting to benchmark will determine measurement type(s).

The essential goal for displaying data and information in a dashboard is to make them meaningful! The adage that a picture is worth a thousand words holds true here. Compared to a data table which includes lists of numbers, the right graph can more effectively communicate information, highlight relevant data features, demonstrate relationships, and compare different sets of data.

Deciding which graph type to use for a measurement will depend on the type of data which will be displayed.



Qualitative data can be arranged into categories that are not numerical, for example, the genders in a group of patients – male, female, transgender, unknown, etc. Quantitative data are numerical and derived by counting or measurement, for example, the % of genders in a group patients – 51% male, 46% female, 1% transgender, 2% unknown. For the purposes of using dashboards to monitor change over time, displaying quantitative discrete or continuous data utilizing time trended bar or line graphs, or run/control charts will generally be most meaningful.

In summary, the organization can be creative in creating a dashboard...remembering that a dashboard is an effective and dynamic element in the performance improvement toolbox however it is not a replacement for a robust quality management program.

5 Whys: A Quick Root Cause Analysis

By Paul Frigoli, Ph.D.(c), R.N., C.P.H.Q., C.S.S.B.B.
Quality Consultant, WAHQ President Elect

A root cause analysis is a useful tool because it provides a process for identifying the factors that created a variation in performance. Not only does it focus on the systems and processes involved, but it also identifies the improvements that can prevent recurrence.

But do you ever need a quicker process that can be done in a matter of minutes, and can help you find the root cause of a problem? Then I suggest you try the “5 Whys” tool. Originating from Toyota’s Lean methodology, it is a question-asking method used to explore the cause and effect relationships underlying a particular problem. The goal is the same as a root cause analysis, but is simpler and less formal. It consists of asking the word “why?” five times. There is nothing magical about five, but generally that is enough to reach a root cause. In other words, keep asking “why?” until the root cause is determined.

Here is an example of how the 5 Whys can help get to the root cause of a fall in the parking lot:

- ▶ Why did the person fall in the parking lot? (#1)
 - ▶ Because the sidewalk was icy.
- ▶ Why was the sidewalk icy? (#2)
 - ▶ Because it had not been salted that morning.
- ▶ Why had it not been salted? (#3)
 - ▶ Because we had run out of salt.
- ▶ Why did we run out of salt? (#4)
 - ▶ The bad winter had depleted our supply and we didn’t buy more the evening before.
- ▶ Why do we wait until the last minute to give the discharge instructions? (#5)
 - ▶ There is no universal standardized approach for the delivery of discharge instructions for all nurses to follow (root cause)
 - ▶ The discharge instructions are given at the very end of their admission when the patient is ready to go out the door.

Once the root cause is determined, interventions can be developed to address the problem and prevent it from recurring. I challenge you to try the 5 Whys the next time you have a fall, or a variance, and are wanting a quick way to determine the root cause.

Health Systems Engineering at UW Health: Partnering to Redesign Care

by Elizabeth Strutz

Nationally, there is growing recognition of the value of industrial and systems engineering expertise to lead healthcare redesign efforts. Academic health centers affiliated with universities with industrial engineering (IE) departments have a unique opportunity to develop partnerships. University of Wisconsin improvements in clinical and non-clinical processes, with a range of topics from job analysis, workflow redesign, and schedule optimization. In total, 362 projects have been completed by 629 students since 2006. Survey results show high

satisfaction by students, project leads, and ISyE faculty Health, an academic medical center employing 1,255 primary and specialty care physicians, has recognized the importance of encompassing industrial engineering concepts and tools to improve quality within the health system. UW Health leverages the skills of industrial engineers by partnering with the UW-Madison Department of Industrial and Systems Engineering (ISyE) to promote innovation and facilitate improvement in the healthcare setting.

The goals of the program are to provide real world health care project experience to UW-Madison Industrial Engineering (IE) students and to provide quality improvement project support to UW Health. Projects have shown measurable

WAHQ 2014 Evaluation 2015 Conference Plan

by Gail Wietor, WAHQ Conference Chair

The 2014 conference is past and we are planning for 2015, but first this is what we were told by 101 of the 164 Healthcare colleagues that shared the day. Overall 95% thought the program expectations were met, and 98% would recommend the conference to others. Negatives, very hospital and nurse focused. High praises were given to Kathleen Bartholomew; “very thought provoking, dynamic, engaging and her real life examples held attention.” Several mentioned they like hearing the legislative update, which we will have again in 2015.

Fun was had with the Silent Auction and the PayPal feature was well received, even with the minor hiccups that occurred. Both features will be part of the 2105 Conference that will feature Dr. Roger Resar from Mayo Health and IHI. Other speaker will include a follow up from Dr. Amy Kind on her work with Care Transitions and the elderly in Southeast WI and how to let Data talk to You. Ronda Hughes, PhD, will share how she works with data. Her book Patient Safety and Quality: An Evidenced – Based handbook for Nurses is available at the AHRQ website.

Mark your calendars for February 27, 2015

Call for Storyboards for the 2015 Annual WAHQ Conference

If you are interested in presenting a Storyboard that demonstrates efforts related to Quality & Outcome improvements, please email a brief description (80 words or less) to **Sheri Krueger Dix - - Due by February 1st**

email: sheri.kruegerdix@froedtert.com

Phone: 414-805-2801 (call or email with any questions.)

Storyboard presenters will receive a 1-yr. transferable annual WAHQ membership.

1. Please submit a brief description (80 words or less) to Sheri Krueger Dix.
 - a. Download the Storyboard Submission Summary template from the website at <http://wahq.org>
2. You will be asked to submit an article for the WAHQ newsletter that describes your project and tells your story.

Storyboard topic/ title:	Contact person(s):
Summary: (80 words or less)	

Call for Vendors for the 2015 Annual Wisconsin Association for Healthcare Quality (WAHQ) Conference

Please join us as a vendor for the 2015 WAHQ Annual Conference on Friday, February 27, 2015 in the Wisconsin Dells

Would you be interested in being a vendor at our annual conference or know someone that would?

Our organization focus is education, we accept 6-8 vendors and have educational storyboards displayed.

For more details on the conference, please check the WAHQ website for the brochure and conference objectives at WAHQ.org

For conference details check our site for regular updates - <http://wahq.org/conf> - please scroll to the bottom for the vendor application and information.

If you are interested in being a vendor, please go into the 2015 conference link and scroll to the bottom,

There are 3 documents for your review:

- Letter to Exhibitors
- Exhibit Space Rules and Regulations
- Exhibit Space Application (You can email or USPS mail me the information and bring payment to the conference if that is easier.)

- \$500 for a table, and if you have materials to donate for drawings for our attendees, we are always thankful.

Year after year, the conference highlights hot topics for Healthcare Quality education and as always, promises to be an interesting event!

Thank you for your support,
Please feel free to contact me with any questions.
Sheri – Sheri.Kruegerdix@froedtert.com

SAVE THE DATE - WAHQ 2015 Annual Conference

**Quality: How
It Matters to Me ...**
“Yes, That Includes YOU”



SAVE THE DATE

Feb 27th, 2015

**WAHQ ANNUAL
CONFERENCE**



PRESENTATIONS

“Moving to a Dyad”

*Roger Resar, MD
Mayo Clinic Healthcare
IHI Fellow*

“Data: Let it Talk to You”

*Ronda Hughes, PhD,
MHS, RN, FAAN
Marquette University
Associate Professor*

“ An Update – Transitional Care for Vulnerable Elderly Patients”

*Amy J. H. Kind, MD, PhD
Middleton VA Medical
Center*

Legislative Update

*Laura Leitch, JD
Law Firm of Hall, Render,
Killian, Heath & Lyman*

**GLACIER CANYON
LODGE**

AT THE WILDERNESS

Wisconsin Dells



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Wisconsin Association for Healthcare Quality (WAHQ) www.WAHQ.org 2015 Membership Application

Name _____ Credentials _____ (CPHQ, RN, LPN, RRA, ART, Other)

Title _____ Business Phone () _____ - _____ Home Phone () _____ - _____

Organization _____ FAX () _____ - _____ Email _____

Business Address _____ City _____ State _____ Zip _____

Are you a member of NAHQ? ___ Yes ___ No (Please check) Send more information regarding ___ NAHQ

Annual Conference (already member) \$130 Annual Conference (Non-Member) \$195

WAHQ Conference with New or Renewal Membership \$175

WAHQ Annual Membership Only \$45

Mail completed Registration to:

Make check payable to **WAHQ**

Gloria Field
3740 River Drive
Plover, WI 54467
Email: jgfield@charter.net
Phone: (715) 346-5257

Conference CANCELLATION POLICY- Cancellations received more than 10 days prior to the dates of the program will be completely refunded. Cancellations received after that time will be refunded less a \$50 cancellation fee.

To avoid the cancellation fee, a facility may substitute another attendee. All cancellation requests must be in writing.

To cancel, contact Gloria Field.