



News and Views Spring Issue, 1999

PRESIDENT'S CORNER *by Ginger Katzman, RN*

The Board of Directors is pleased to announce an educational opportunity to learn how to use statistical process control charts for analyzing healthcare data presented by Raymond Carey, Ph.D. Dr. Carey is a national speaker, additional information regarding Dr. Carey is highlighted in the conference article. He presented a very informational, well attended workshop at the NAHQ conference in San Diego last September. He is offering an intensive one day workshop for our annual conference titled, "Measuring Quality Improvement in Healthcare: A Guide to Statistical Process Control Applications." This seminar is timely given the current direction of JCAHO. If you have any questions or need additional information on this workshop, please contact any Board member or contact Linda Buel, WAHQ Treasurer, for a brochure. We encourage you to take advantage of this opportunity offering and to invite co-workers or colleagues to attend this workshop.

Our annual conference will present with a few changes this year. We will be having our annual meeting on Thursday evening, March 4th. Feedback from WAHQ membership has expressed interest in having additional contacts and want to be more involved with Board members. This, along with District Representatives wanting a chance to meet with their area members and the fact that Dr. Carey states this is an intensive workshop, led us to move our annual meeting to the evening before the educational seminar. After our annual meeting there will be regional round table discussions. At this time, membership will be given a chance to meet their District Representative and review a draft of a five-year strategic goal plan for their input. The Board invites feedback and input as this is one of our 1999 goals to complete a five year strategic plan. As in previous years, we will again have several

storyboards on display and will have a few vendors this year. Mark your calendars for the annual meeting and conference! We are looking forward to seeing you next month.

Education Update by Anna McCarthy

"Measuring Quality Improvement in Healthcare: A Guide to Statistical Process Control Applications" is the title and subject of our Spring Conference to be held on Friday, March 5, beginning at 8 am at the Crowne Plaza - East Towne in Madison, Wisconsin.

The seminar is a one day intensive workshop with the purpose of focusing on measurement and where CQI efforts often break down. Using case studies from the healthcare field, this course demonstrates how Statistical Process Control (SPC) theory and methods can be used to analyze and interpret process variation and to assess the impact of clinical pathways, protocols, and other interventions designed to improve healthcare delivery processes.

The learning outcomes of the course include:

- ▶ How to manage more effectively using SPC theory
- ▶ An understanding of basic control chart theory
- ▶ How to decide which SPC charts are appropriate for different process improvement opportunities
- ▶ How to analyze and interpret control charts
- ▶ How to use control charts to evaluate process "improvement plans" and new clinical protocols

The course is designed to address a broad audience, including physicians, trustees, senior healthcare leaders, nurses, healthcare quality professionals, analysts, accreditation specialists and others who want to learn how to use control charts for measuring process improvement and for monitoring key performance indicators. Control charts as they relate to performance measurement is an area of focus in many accreditation surveys, including surveys by JCAHO and NCQA.

Conference Speaker Raymond G. Carey, Ph.D.

As the Vice President, Quality Measurement and Director of Clinical Effectiveness Research for Lutheran General Hospital, Advocate Health Care (Park Ridge, IL), Dr. Carey provides in-house technical expertise in the application and interpretation of quality improvement tools and strategies. As a member of Lutheran General's Performance Measurement Team, he assists managers and physicians to use statistical process control charts for analyzing healthcare data. In addition, he serves as primary faculty for teaching TQM/CQI theory and tools to LGH managers and

physicians. Dr. Carey is also President Emeritus of Parkside Associates, Inc., a corporate subsidiary of LGH, which provides ongoing patient, employee and physician survey reports to over 300 hospitals in 47 states.

Dr. Carey received his Doctorate in Social Psychology from Loyola University of Chicago. He has published over 40 articles in medical and hospital journals and has co-authored an internationally recognized textbook in evaluation research, as well as a book on statistical process control theory and tools. He has made frequent presentations at national and regional meetings of the American College of Healthcare Executives and the Institute for Healthcare Improvement.

For registration information, contact WAHQ Past President, Virginia Wyss, (608) 752-3911

Hospitals Improving Use of Vancomycin

by Diane Schallert RN, MS, CPHQ, MetaStar Project Coordinator

Vancomycin is an antibiotic that is being overused in the United States, resulting in the development of new strains of bacteria that are resistant to all antibiotics. Since 1997, twenty hospitals have been collaborating with MetaStar in a project to improve or institute processes to assure that this powerful antibiotic is used appropriately.

The first follow-up data show that hospital vancomycin use that is appropriate, as defined by the guidelines from the Center for Disease Control and Prevention (CDC) has increased.

The indicator, proportion of uses of vancomycin that met CDC guidelines, increased from 54% in 1996-1997 to 63% in August and September 1998.

The quality improvement strategies that were implemented in most of the hospitals include the use of infectious disease specialists as a consult prior to the use of vancomycin; antibiotic ordering forms that require justification for vancomycin; chart reminders; one-to-one discussion with pharmacist/physician at time of order; internal and external education updates and newsletters.

A second group of 8 hospitals agreed to participate, beginning in August, 1998. There will be follow-up remeasurement for both groups in the summer and fall of 1999.

MetaStar has worked closely with infection control specialists, pharmacists, nursing, and medical staff for identifying those interventions that best meet the needs of their organizations. In addition, there are a number of infection control state-wide educational conferences and meetings that are taking place this year in which MetaStar is participating.

The MetaStar Vanco Team recently presented at the conference entitled "Advances in

the Control of Nosocomial Infection-1999," held in Madison. There were approximately 162 healthcare professionals sharing and learning about the latest efforts in controlling infections and the use/abuse of antibiotics.

The vancomycin project was heralded as one of the efforts to work with hospitals toward improving care for Medicare beneficiaries. MetaStar will be presenting at two additional conferences this year.

Ensuring Critical Care Patient Satisfaction *by Mary Conti, RN, Quality Assessment Coordinator*

A Critical Care Continuous Quality Improvement team at Froedtert Memorial Lutheran Hospital, located in Milwaukee, WI has developed a Critical Care Unit Patient Satisfaction tool to evaluate the patient's perspective. This survey is conducted after the patient is transferred from the Critical Care Unit to the Patient Care Unit. Trained Volunteers visit the patient and ask if they are willing to provide feedback regarding the care they received in the Critical Care Unit. If the patient agrees, the thirteen-question survey is conducted and the volunteer completes the survey form with the patients' response to the level of satisfaction and level of importance.

This methodology was initiated two years ago after a literature search confirmed the Patient Care Directors concern regarding mailed survey validity. The hospital routinely mails patient satisfaction surveys however, some of the Critical Care responses were found to be inconsistent when the Patient Care Director follow up on various issues. This left managers wondering how they could gain valid information to assure patient satisfaction in the Critical Care Units. A literature search supported their experience citing patient recall and patient physical weakness as a limiting factor to obtaining patient satisfaction information. One research study found Critical Care recall to be limited to 3 days post Critical Care. FMLH experience has also found this to be true.

The experience with this tool has yielded valuable information, which has validated the high level of patient satisfaction with the FMLH Critical Care Units. The use of this tool has also supported the overall hospital mission to ensure high levels of patient satisfaction.

One area, which has proven to be challenging for the staff, is the issue of noise in the Critical Care Units. Some patient's have been dissatisfied with the level of noise in some of the Critical Care Units. This was not surprising to most staff working in Critical Care Units without wall barriers. It has provided an opportunity for the staff in these areas to identify solutions to this issue and has opened communication with the patient's in these units. This has resulted in staff offering the patient a choice of whether they would like to use soft earplugs.

It has also prompted staff in the Critical Care Units, which include door barriers, to more consistently close the doors. These improvement measures have increased the

level of satisfaction related to noise in the Critical Care Units. The staff continues to remind themselves that noise is an issue they may not recognize as a problem, because they learn to filter dangerous noise from routine noise related to the various alarms and monitor noises. They recognize the patients are sensitive to all levels of noise in the Critical Care Units and therefore the staff must make an effort to assist the patient to decrease this level of noise during the patient's stay in the Critical Care area.

An article was published in the September issue of Nursing Management further explaining the methodology and use of the patient satisfaction information. If you are interested in reviewing the entire article, you may order it from Nursing Management.

The internet site is: <http://www.nursingmanagement.com> The article is: [nursmanage1998:29(9):40B,40D-40E]. Or you may E-mail Mary Conti at mconti@fmlh.edu.

A Call for Quality Week Celebration Ideas

We know there are a lot of educational, creative and fun activities that were done for Quality Week to increase 'Quality' awareness and promote team approaches to Quality Improvement. We would like to hear about some of your ideas and activities.

Please submit your Quality Week Celebration activity or idea for a vote of the TOP TEN Quality Week Celebration Ideas. Submit your activity or idea to Sheri Krueger Dix, one of the Southeast WI representatives listed at the end of the newsletter. You may E-mail Sheri at sdix@fmlh.edu with your ideas.

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:

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Diabetic Screening Pilot Project: A Community Affair **by Diane Schallert RN, MS, CPHQ, MetaStar Project Coordinator**

In May of 1998, MetaStar conducted a community-based Diabetes Screening pilot project using two distinct areas in Wisconsin. One objective of this project was to diagnose previously undiagnosed diabetics from the Medicare population in high risk groups who are likely to fit the criteria for diabetes mellitus. Another objective was to reduce episodes of new diabetic complications by earlier diagnosis and intervention towards stabilizing glucose control, thus reducing medical costs and increasing the quality of life. Catching the disease in its early stages could help reduce the high morbidity and mortality associated with the complications of the disease. This project also served to educate and inform individuals in these high-risk groups about the seriousness of diabetes and the importance of preventive care.

To meet these objectives, MetaStar helped form coalitions using a community-based organization (a hospital and a clinic, respectively) as the "hub" and drawing in other businesses and community organizations. This project was conducted in two locations as a pilot to determine the feasibility of identifying previously undiagnosed diabetics in order to start regular medical care aimed at preventing secondary complications.

MetaStar worked with clinics in each area to set up screening sites and dates. Each setting chose to send a brochure that included dates, times, risk assessment criteria, and general invitation to attend the screening to Medicare beneficiaries age 65 and older in the project's zip code areas.

The mailing indicated that the person was at risk of having diabetes and should go to a screening site on a date listed in the brochure for testing. Free gifts of food items and other specialty items were offered at both sites as an enticement to attend.

To assess the Diabetes Screening Pilot Project quantitatively, MetaStar used three main quality indicators. These were: (1) the number of undiagnosed beneficiaries screened; (2) the percent screening positive who subsequently present to a physician; and (3) the number of newly diagnose diabetics.

For the first area, data indicated that of the 826 clients screened, 87 were referred to the primary physician based on the positive glucose results at the time of screening. Seventy-five of the 87 clients completed the follow-up visit and were identified with a positive or negative diagnosis for diabetes. An equal number of clients were (a) diagnosed as a new diabetic, or (b) were previously diagnosed, that is, 16 for each group. In the second area, 164 clients appeared for screening and 42 screened positive and were referred for follow-up. Fifteen of the 42 clients completed the follow-up visit and were identified with a positive or negative diagnosis for diabetes. Ten clients were previously diagnosed with diabetes. There have been no new diabetics thus far.

The collaborators deemed the project a success, in terms of working collaboratively with multi-discipline groups for a common goal and in terms of the amount of individuals that were given diabetes educational materials. Both areas had a much

greater than expected turn out for screening. The first area expected to screen 200-300 and the second area 30-50 Medicare beneficiaries. As the numbers show, there was a much greater response in both communities.

Based on the number of mailers sent out, the first area had a greater than six percent response rate and the second area has a three percent response rate. A one to two percent response rate from a mailing is considered good and three percent is considered excellent by marketing industry standards. In both communities, returns exceeded expectations based on the number of people the mailings were sent to and the amount of people that attended the screenings.

As for the identification of new diabetics, the first area achieved this in part because of the high follow-up rate for those who screened positive. In this community, 16 newly diagnosed diabetics and 16 previously diagnosed diabetics were incorporated into the local medical system. These 32 Medicare beneficiaries now have the opportunity for better diabetes management with a much greater change of living longer and healthier. The second area assessed the success for them based on the Medicare beneficiaries response to the screening, and the opportunity to educate and inform their community.

The evaluations from the participants in both areas were unanimous in rating the effort worthwhile, the experience rewarding and that they would readily participate in future projects with MetaStar.

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