

President's Corner

WAHQ President



Matt Wahoske

I do believe that consummate healthcare quality professionals are wired to identify opportunities for improvement, and then work tirelessly to address them. As with Olympians, this drive requires focus, discipline, conviction, courage, and passion. Whether progress is achieved through individual effort, collective team approaches or some of each, encouraging and cheering one another on along the way helps to keep us going despite inevitable obstacles and setbacks encountered.

Perfection is elusive, and the fact that this awareness does not deter Olympians or healthcare quality professionals from pursuing it relentlessly every day reveals deep core values and strength of character. We know first-hand the joy of success when we draw nearer to perfection, as well as the sorrow of defeat when our efforts fail. However there is a clear and essential difference between the world of competitive sports and that of healthcare quality, namely the added dimension we embrace of striving to help Board members. your current WAHQ Board in the process of transitioning to our incoming and continuing Board members. These are true champions, individuals in healthcare quality

Save the Date - March 13, 2015 WAHQ Annual Conference

Glacier Canyon in the Wisconsin Dells

who have agreed to volunteer their time and expertise to ensure that all others.

We are driven by our deep desire to keep the patients and families we serve safe from harm, and to optimize their chance for successful treatment outcomes. Our motivation is grounded in the knowledge

that our work makes a difference in the lives of others rather than in the glory derived from personal achievement.

This commitment reflects caring and generous spirits, as well as the willingness to assume very high levels of responsibility and accountability. As the winter Olympics draw to a close and pass the torch to the next host country, so is of us have the knowledge, training, tools and support to be successful as we work in this challenging field.

I cannot tell you how proud I am of the members of our 2013-2014 WAHQ Board of Directors. Their achievements this year on your behalf have been outstanding. As I shift into the position of Past President, pass the baton to Paul Frigoli, incoming President, and look at the caliber of the healthcare professional leaders who will comprise your new Board, I know that the future of WAHQ is in very good hands indeed.

March definitely roared in like a

lion!! Thankfully Spring has Sprung!

We survived the cold, wintry weather and attended a fantastic 2014 NAHQ Leadership Summit meeting in Chicago. Southeast Representative, Theresa (Tracy) Dodd and I attended the meeting March 7 and 8. The meeting was a full day and a half of information, networking, learning and fun! NAHQ is working hard for quality professionals to ensure we are a sustaining force in the future of health care. Just a reminder the NAHQ Educational Conference in September will be held in Nashville, Tenn., in a new conference setting. Make plans now to attend!

I would like to congratulate the elected or re-elected WAHQ officers.

Spring 2014

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2014 WAHQ Election Results

Total Ballots Returned = 26

- Southeast Representative = Tracy Dodd
- Southwest Representative = Stephanie Wanek
- Secretary = Vicki Wetenkamp
- President-Elect = Paul Frigoli
- North Central Representative = No write in candidates were received; Seeking a volunteer.

A special thank you to Karen Schroeckenthaler and Mary Grosel who were willing to run as candidates for the South East Representative position.

Visit our WAHQ Website

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.

We are fortunate to have the expertise of MetaStar to guide us in the development of our Web page. This avenue of networking would not be possible without Metastar's technical and financial support. Special thanks to Rich Chapman, webmaster, Metastar Inc.

“How the budget happens”

by Timothy Kamps, WAHQ Treasurer, Senior Data Analyst, Quality, Safety, Innovation - UW Health

WAHQ's annual budgeting process takes place each November at the quarterly Board meeting. The Treasurer reports financials from the previous year and offers a proposed budget, which is based on several factors. The proposed budget is tied to the conference planning process, as conference themes and speakers drive the

estimated level of attendance, which in turn impacts variable conference costs. Board members also discuss and select new initiatives in support of the organization's strategic plan. The relative success of the prior year's conference primarily determines the amounts we are able to budget for these initiatives.

In WAHQ's 2014 budget, we set aside substantial dollars for member scholarships, CPHQ training sessions, regional events, Healthcare Quality Week activities, and other items that add value to your WAHQ membership. Look for further details on these programs and activities in the months to come.

Budgeting can be a challenge for non-profit professional associations, but thanks to careful financial management (including an operating reserve fund to sustain the organization in the event of unforeseen impacts), strategic planning, and overall value provided to members, WAHQ's finances are in good health, and our budgeting process enables the Board to continue to nurture new ideas and initiatives to further benefit members in the year ahead.

Treasurer's Report

Submitted by
Timothy Kamps, Treasurer May 2014

ACCOUNT BALANCES

• Checking	\$ 29,996.91
• Savings	\$ 20,512.72
• Annuity	\$ 6,388.55
• Interest	\$63.35.07
Total Assets	\$56,961.62

"The Changing Landscape of Healthcare Quality"

"Leading a Patient-Centric Culture: Taking Quality and Safety from a Score to a Core Value"

By Debbie Olson – WAHQ Conference Planning Committee Member

Kathleen Bartholomew is a dynamic speaker who was able to capture the attention of health care quality professionals and lead them from problem identification to solution analysis with relevant real life examples that could happen in home town anywhere.

The basic premise of her presentation was the concept that patient safety was embedded in a culture ridden with misperceptions and miscommunication. She identified system failures related to hierarchy, the group think process, and communication breakdown that ultimately impacts patient safety and the quality of patient care.

She further supported that fear was at the root of many instances of a failure to speak up in health care and that patterns of communication within a health care team are predictors of team success or failure. The solution to the problem was moving from a hierarchical pattern of control and blame to team empowerment where managers and staff work in an environment of transparency and the focus is on problem solving.

Take away points: For patient safety initiatives to be truly successful, patient safety needs to become a core value of the organization. Culture and communication impact patient outcomes either in a positive or negative way.

"Strategies and Tactics for Leading the Revolution: Where the Rubber Meets the Road"

Kathleen Bartholomew stated it is important to create a sense of urgency and shared responsibility within your health care organization to address problems within the system. Authentic leadership is a key that encourages diverse viewpoints and collaborative relationships that ignite and sustain a culture of

Key Note Speaker



Kathleen Bartholomew

engagement. Relationships can be improved by creating structures to stimulate engagement between physicians and nurses; and departments to break down the silos. Empowering staff to speak up and have crucial conversations is another key to support a culture of patient safety and quality care.

Take away points: When communication and collaboration are enhanced it sets the stage for transparency and an atmosphere of continuous learning and improvement.

WAHQ President, Matt Wahoske welcomes conference attendees to the 2014 Conference - "The Changing Landscape of Healthcare Quality" at the Glacier Canyon Resort in Wisconsin Dells.



"The Changing Landscape of Healthcare Quality" - Reports

How is your Quality Landscape Changing

by Ray Riska, WAHQ Newsletter Assistant Editor

During the afternoon of the conference there was a breakout session on the changes in quality as seen through different departments of quality. Four institutions were represented Amery, Aurora, Froedtert Hospital, and UW Madison.

Ms. Joanne Jackson from Amery Regional Medical Center, a critical access hospital, had a very insightful and unique presentation. She, unlike the other members of the panel, is a Human Resources Administrator. She had started the quality department without having prior experience in clinical quality. Her approach of having the physicians teach her about quality and thereby becoming vested in quality was inspiring. She shared some of the experiences of putting a human face on quality measures. Many of her initiatives, focused on involving all staff in quality.

Ms. Allison Sajdak from Aurora presented a tool she and her team development in collaboration with EPIC, their EHR, which tracked real time compliance with core measure best practice metrics. This Smart Chart was a perfect example of how to exploit technology to improve the quality of patient care. The ability to put best practices at the caregivers finger tips is the holy grail many of us have been seeking.

Mr. Ray Riska from Froedtert presented a history of the change he has seen in Froedterts' Quality Department of the last 15+ years. It was clear from his presentation that many major changes have occurred in quality and many more were on the horizon. He too stated the HER was a game changer and the exploitation of this technology was paramount to improving patient quality of care.

Ms. Betsy Clough of UW Madison presented on her recent accomplishment with the merging of two unique QI departments into a single entity. She spoke on the recognition of building on their shared mission and her recognition of specific skill sets, the prioritization of projects and a creation of a single plan of improvement. Lastly she emphasized quality improvement required a team and done right it could be fun.

Tackling Unnecessary Antipsychotic Medication- Storyboard Report

by Judy Rothe, Metastar

Too often antipsychotic medications are given to patients with dementia in nursing homes to modify problematic behaviors without considering the risk of increased falls with fractures, hospitalizations and other complications. This results in residents with poor health and higher health care costs.

To address this important issue as well as conditions such as pressure ulcers and physical restraints, MetaStar and other partners in the state formed the Wisconsin Quality Coalition (WiQC). MetaStar is the Medicare Quality Improvement Organization for Wisconsin and works with health care providers across the state on the triple aim of improving health for patients and residents, improving health care, and lowering costs through gains in quality. Nearly 200 nursing homes have joined the WiQC, and core team members who participate include everyone from medical directors to direct care nursing staff. The WiQC uses the Quality Assurance Performance Improvement(QAPI) model to identify problems, test solutions, and

sustain positive change. QAPI is a data-driven approach and initiative undertaken by the Centers for Medicare & Medicaid Services to expand improvement activities. MetaStar offers education and technical assistance to participating nursing homes to help them use the QAPI model.

As one of its aims, the WiQC supports a national goal of reducing unnecessary antipsychotic use by 15 percent. Data is the foundation for improvement, and MetaStar tracked a quality measure that reports the percentage of long-stay residents who are receiving antipsychotic drugs (definition per Minimum Data Set 3.0). In addition, MetaStar tracked a number of organizational measures to determine QAPI adoption.

Nursing homes teams participating in WiQC saw a number of successful results:

- Nursing homes reduced antipsychotic use by an 14.9% relative improvement rate from July 2013 through February 2014
- 100% of the nursing homes have selected goals and topics for improvement
- 100% of the nursing homes have a system in place to measure their progress
- More than 75% of the 193 nursing homes are making improvements in their topics

The work is not yet over. If you are interested in joining future quality improvement projects, please contact Jody Rothe at jrothe@metastar.com

2014 WAHQ Conference Storyboard Reports

Moving Care to the Right: Community Partnerships for Improved Outcomes

by Vicki Wetenkamp
Administrative Director, Clinical and Service Excellence
Holy Family Memorial, Manitowoc, WI

Holy Family Memorial has partnered with area nursing homes to provide the “Right Care in the Right Setting with the Right Outcomes”. We implemented Patient Centered Medical Homes within three local long term care facilities to care for that population. Community members can also make appointments for care at the nursing home locations. Our goal was to improve communication and coordination as patients transitioned from inpatient care to nursing homes and to develop standardized protocols for care of nursing home patients starting with discharge from the hospital. We also worked with our Emergency Department to make sure they understood the capabilities of the nursing homes and understood when patients could be sent back rather than admitted. We worked to provide the right care in the right setting because the aging population requires a different model of care delivery which must be addressed as you look at population health.

As a result, we saw decreased hospital readmissions of nursing home patients, decreased ambulance transports from the nursing home to the hospital, and increased patient and family satisfaction.

Serious Safety Event Reporting (SSER)

by Chris Lutze, RN, Patient Safety QI Specialist
Children’s Hospital of Wisconsin

It is our vision at Children’s Hospital of WI, that kids we care for will be the healthiest in the country, and by getting there we need to be an organization that values high reliability – providing the best and safest care to every patient every time.

As a member of the National Solutions for Patient Safety (SPS), in conjunction with over 80 other pediatric hospitals in the nation, we implemented a new system and metric for identifying, classifying, and analyzing patient safety events. We do not compete on providing best practice, but instead share with one another actions (bundles of care) that are evidence-based that reflect improved outcomes.

As of January, 2014 we went from serious reportable event (SRE) reporting to the new metric, Serious Safety Event Rate (SSER) , to measure patient harm and improvements in reducing patient harm, and used data from July 2012 through December 2013 as our baseline.

- The SSER is calculated monthly as the number of Serious Safety Events for the previous 12 months per 10,000 adjusted patient days for the same time period.
- The 12-month rolling rate provides two benefits.
 - First, as Serious Safety Events do not occur frequently, it presents a clearer picture of our event rate trend so we know if we are improving.
 - Second, it rewards sustained improvement, rather than episodic improvement, in preventing Serious Safety Events. To achieve a “zero” SSER, the hospital must provide care that results in 12 consecutive Serious Safety Event-free months.
- The SSER can be used to determine baseline safety performance and to track effectiveness of efforts to improve reliability in patient safety performance.

Stoughton Emergency Department Goes Lean!!!

by Rhonda Tesmer

Our ED staff identified an opportunity for improvement after one of the nurses tripped

over a cord in a room and broke her nose. There were other irritants about the workspaces in ED and the Urgent Care Rooms that staff had worked around and worked with for several years. They were committed to evaluating what was essential to store by the bedside and what items were being stored there but were not needed. They took it to the Gemba: the place where the work is done. They completed a 5S type exercise and decreased the clutter and saved money and storage space. Then they took it a step farther and applied those concepts and tools to the Urgent Care rooms. The end result was a tidier, and more inviting space for patients, a tidier, more efficient and safer work space for staff, and 2.7% cost savings on supplies during the post-intervention measurement period compared to the baseline, and no more injured staff due to clutter.

UW Health Improvement Network: Advancing UW Health’s Culture of Continuous Quality Improvement

by Amy Smyth

Since 2012, the UW Health Improvement Network (UWHIN) has facilitated the development and continued growth of UW Health’s culture of continuous quality improvement. Using the exact methodology (FOCUS-PDCA) being taught across the organization, the UW Health Quality, Safety, and Innovation department has redesigned the UWHIN Program to improve the effectiveness of the content, increase participation, cater to the needs of a diverse workforce, and advance organizational strategic priorities.

Our Aim in 2013 was to Increase the number of learners participating in the UWHIN education program from 1000 to 2000. The number of learners who completed the basic-level of education in 2013 was 1659.

The lessons we have learned include:

Streamlining education program content to emphasize key learning objectives, catering to customer needs by aligning education program with focused improvement efforts, improving communication and marketing efforts to increase participation, and leveraging organizational leaders to encourage participation.

2014 WAHQ Conference Storyboard Reports

Event Reporting: From Vendor Selection to Implementation

Submitted by Colleen O'Brien MSN, MSMI, RN, CPHQ, ASQ CMQ/OE, CQA

Once a decision has been made to make a major purchase, how does one proceed to ensure the best product at the best price is selected and that there is a successful implementation? Bellin Health in Green Bay Wisconsin has used a seven-step process to move from vendor selection to implementation.

The seven steps are:

1. An operational project manager is identified and given an allotted amount of time per week to work on the project.
2. A project steering team is formed that includes representation from involved disciplines and geographic areas. Project management knowledge, skills and tools are used to manage the project including creating a charter, regularly scheduled meetings, start and end dates identified, task list created, measures of success, identification of deliverables, and a communication plan.
3. The steering team, after a review of the literature, feedback from end-users, and group discussion identify the key features of the desired system. Each feature is defined in more detail such that a clear picture of the ideal system is created. The key features are weighted as to importance. For each key feature the scoring source is identified, such as end-users will score the ease of use feature and the steering team scores the price feature. Prepare a scoring tool to assess each vendor's product.
4. Schedule a day when all the identified vendors can be brought in to demonstrate their product. Arrange for the steering team and as many end users as possible to be present for the demonstration. Brief the audience on the key features and how to use the scoring tool. It is important that the audience is consistent for all the demonstrations.
5. Compile the results of the scoring tools and enter the results in the Prioritization Matrix for Optimal Selection Tool to arrive at an objective rating of the various vendor products.
6. Confirm the top vendor selection through reference checks and site visits/conference call interviews.
7. Implement the product based upon the project charter and use of the plan do study act model of improvement. Start small and gradually expand the implementation. Avoid big-bang implementation.

Bellin Health has used this seven step process to select a staffing/acuity system, event reporting software, and a nurse alert/alarm management system. The process demonstrates solid due diligence for being cost effective and meeting the needs of the end user and internal customers.

The poster *Medication Safety: An Error Reduction Program*

Submitted by Sherry Tennes, MSN, RN

The storyboard displayed the results of a medication error reduction project that took place on a Spinal Cord Injury unit within an academic Midwest Federal medical center. The project examined the unit's current medication administration process to identify non-value added

activities and practice variances. Primary factors contributing to medication errors on the unit included lack of a standardized medication administration process, new patient care unit, and new nursing model. Actionable steps were identified to improve the medication administration process.

The current medication administration process was mapped by observing the delivery process using a standardized tool. Variances in the medication administration process and non-value added activities were identified. A standardized medication administration process was developed, piloted, studied, and implemented on the unit with a monthly score card. Staff were re-educated on the elements of safe medication administration, and medication errors were tracked using a monthly score card.

Standardized medication administration process implemented and proved to be efficient and effective.

The standardized process REDUCED

- **Administration time by 5.5 minutes and had 5 fewer steps.**
- **Medication errors by 4.77%/10,000 doses over a 12 month period.**

Standardizing medication administration processes can work to reduce factors that contribute to medication errors and improve safe medication practices.

A quarterly audit of medication administration and error tracking is critical to avoid practice drift and sustain improvement.

Wisconsin Association of Healthcare Quality Membership Report

March 8, 2014

	2014	2013	Diff - #	Diff - %
Total Membership	206	191	15	7.9%
New Members	44	52	-8	-15.4%
Members with CPHQs	29.10%	29.80%	-0.7%	-2.3%
Dual members with NAHQ	30.60%	33.00%	-2.4%	-7.3%
Distribution by Region:				
North East	29	20	9	45.0%
North Central	21	27	-6	-22.2%
North West	11	10	1	10.0%
South East	50	57	-7	-12.3%
South Central	71	60	11	18.3%
South West	21	15	6	40.0%

Wisconsin Association for Healthcare Quality (WAHQ) www.WAHQ.org 2014 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

WAHQ Annual Membership Only \$45

Make check payable to **WAHQ**

Mail completed Registration to:

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.

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Janis Fucher (left) and Sherry Tennes (right) present a Storyboard that displayed the results of a medication error reduction project that took place on a Spinal Cord Injury unit at Midwest Federal Medical Center. See poster report details on page 6.

