WAHQ
WISCONSIN ASSOCIATION FOR HEALTHCARE QUALITY

News & Views

President's Corner

WAHQ President

Paul Frigoli

"Every person, every time." That is a popular motto for hospitals when it comes to patient safety and customer service. It is part of many institutions' mission, vision and values. But do we really practice it? Do we understand the purpose of that goal? Is it really that important to follow it?

I had the opportunity to put that to the test in the past couple of months. After suffering a fall, I was diagnosed with a rotator cuff tear and a labrum tear in my left shoulder (I had to google what "labrum" is!). After 36 years as a Registered Nurse, I was now thrust into the receiving end of healthcare. I discovered a lot of things.

- I found out that IV starts hurt, especially when they miss the vein the first time.
- I discovered how very painful orthopedic surgery can be.
- I discovered the blessings and the untoward effects of pain medication.
- I learned to be patient, since at 56 years old I no longer heal as quickly I did at age 22.

As I navigated through the complicated healthcare system, I encountered numerous professionals who truly offered stellar customer service to me, making every encounter count every time.

From the warm and friendly registration clerk, to the volunteer who cared for my wife and kept her updated during the wait, to the pre and post-op nursing staff who kept me safe and comfortable, asking me my identifiers and name of procedure over and over again, to my skilled surgeon who made me feel at ease.

I am now experiencing the attention from the incredibly talented physical therapist who performs miracles (albeit painful ones) on my body.

In the journey I have also encountered those who did not take the time to ensure my comfort and safety, and who treated me with neutrality and apparent lack of concern.

As the patient, I am vulnerable, and even the smallest gestures, smiles, or comforting pat on my arm makes a world of difference.

It's been a humbling experience, but an enriching one in many ways. Although I wouldn't wish illness on anyone, eventually we probably all will become patients, and our healthcare roles will be reversed.

As professionals, we will experience healthcare quality rather than study and analyze it. And when we do, "every person every time" will suddenly become a tangible phrase, because the "person" is me! You can't get more personal than that!

I salute you for the wonderful work you are doing to promote the quality of our healthcare systems in Wisconsin.

Happy Spring!
Best regards

NAHQ Annual Conference, May 11-12, 2016

National Quality Summit topic is: Improving Health Outcomes Through Population Health.

Hyatt Regency DFW, Dallas, Texas

http://www.nahq.org/education/Quality-Summit/summit-registration.html

2016
WAHQ Board Election Results

President-elect – Connie Brandt

Southeast – Christine Lutze

Northcentral – Katie Spiegel

Southwest- Stephanie Wanek

Secretary – Vicki Wetenkamp

Congratulations!

What's Inside

Visit our WAHQ Website

By Sheri Krueger Dix

Looking for the latest WAHQ news? www.wahq.org
You can visit our Web site at 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.**

Other Quality Websites

WI Bureau of Quality Assurance
http://dhfs.wisconsin.gov
CMS Internet site http://www.cms.hhs.gov
Wisconsin Collaborative
http://*www.wiqualitycollaborative.org*
Wisconsin Price Point http://*www.wipricepoint.org*
Wisconsin CheckPoint http://*www.wicheckpoint.org*
Wisconsin Hospital Association Quality Center
http://*www.whaqualitycenter.org*
Health Grades http://*www.healthgrades.com*
Center for Disease Control http://*www.cdc.gov*
Healthy People 2020 https://www.**healthypeople**.gov
Minnesota Adverse Health Reports
http://*www.health.state.mn.us/patientsafety*
Caring right at home *http://www.caringnews.com*

Vender Conference Support

Thank YOU!

Treasurer's Report

By Timothy Kamps

ACCOUNT BALANCES

As of April 8, 2016

- Checking $ 33,578.17
- Savings $ 20,597.52
- Annuity $ 6,777.62
- Interest $ 54.79

Total Assets $61,008.10

Have you shared your Quality Knowledge or Stories via Presentations or Published Articles?

by Carol Durocher, WAHQ Northeast Representative

Let WAHQ know what you have been doing

In promoting the excellence of our WAHQ membership we encourage members to share their quality knowledge and success stories with others both within our State and Nationally. Many of you have done this and we would like to start a database on your presentations.

Please email carol.durocher@aurora.org with your accomplishments.

Title your email "WAHQ Presentation" and include the following information in your email.

Date	*Type of Presentation (Speaker, Published Article)*	*Your Name*	*WAHQ / NAHQ Member: (state which one or both)*	*Title of Work*

2016 WAHQ Annual Conference

Key Note Speaker

"The Challenges of Motivating Healthcare Professional to Improve Patient Outcomes: The Surgical Champion Model."

Charles E. Edmiston, Jr., PhD, SM (ASCP), CIC (CBIC), FIDSA, FSHEA, FSIS

by Ray Riska, WAHQ Newsletter Editor, VA Quality

The first thing you notice about Dr. Edmiston is his casual and at home style. The second thing is that he has a lot of initials after his name. It was clear from the start of his address that he is a well published and well respected expert in the field of epidemiology and surgical site infections. As you listen to his presentation you realize he is not just dissecting the surgical site infection but is in fact a researcher who is supplying the evidence supporting the change to an effective preventative bundled approach.

Dr. Edmiston presented on the "The Challenges of Motivating Healthcare Professionals to Improve Patient Outcomes: The Surgical Champion Model". His presentation was both a learning experience related to surgical site infections and a demonstration of the use of quality tools to address improvements in the quality of surgical care. His use of cause and effect diagrams related to the risk of surgical infections made the complex and multifactorial risks, extremely easy to understand.

He walked the audience through a gap analysis of the hierarchy of evidenced based best practice, meta-analysis and randomized control trials. His pain staking review of the evidence behind each recommendation for an effective bundle to prevent surgical site infections emphasized all phases of the perioperative experience (preoperative, operative and postoperative) and was clear and conscience. After this presentation of the evidence most, if. not all the audience, were supportive of the recommendations The second part of Dr. Edmiston's talk was about the "Surgeon as a champion, who could improve outcomes while enhancing practitioner collegiality". This part of his presentation might have been received with skepticism by the nurses in the audience, as most have their own somewhat different experiences with the surgeon. Dr. Edmiston's stated not all surgeons are surgeon champions and you must identify your surgeon champion if you are to achieve the desired outcome. He described the characteristics of the surgeon champion and expressed there are surgeon champions but there are not always easily identified.

Dr. Edmiston concluded his talk with the continuation of this quality improvement project by inviting the audience to join him in this effort. He is currently serving as a consultant to the Wisconsin Division of Public Health as "State Surgical Champion" for SSI Reduction and has a 3 year CDC grant to improve surgical care. He described the confidential process his team uses when visiting a requesting hospital and invited the audience to have him and his team visit. You can email him at preventingssis@gmail.com .

Conference Networking

Chuck Edmiston, Jr & Karen Luther Carlson, Key Note Speaker and WAHQ Member, Aurora Corporate Quality

The Annual Conference is a great time to catch up with Colleagues you worked with in the past. Chuck and Karen worked together at Froedtert Hospital.

2016 WAHQ Conference Storyboards

Pulse Check: weekly huddle for front line staff to review voice of the customer weekly

Presented by Paul Frigoli, Chief Clinical Officer, Crossing Rivers Health, Prairie du Chien, WI, WAHQ President

Although patient satisfaction data has always been posted and displayed in various methods, the average front line staff was unfamiliar with how to interpret the findings, and had no clear direction on what to do to address the opportunities for improvement that were discovered. The voice of the customer was not easily discernible.
The Chief Clinical Officer, in discussion with the Chief Quality Officer and Chief Nursing Officer, decided to create a brief weekly huddle to discuss the very latest comments and patient satisfaction scores. The huddle had to be:

- Brief
- Weekly (Friday mornings at 10 a.m.)
- Held on the main nursing unit
- Use visual aids
- Multidisciplinary
- Reproduced electronically for all shifts
- Goal must be to highlight strengths and identify opportunities for improvement
- Must conclude with one "nugget" for the week

Some of the significant patient satisfaction scores at the end of 2014 rose significantly by the end of 2015:

- Overall rating from 65th percentile to 95 percentile
- Nurses overall from 75th percentile to 94th percentile
- Responsiveness overall from 85th percentile to 95th percentile
- Pain overall from 77th percentile to 97th percentile
- The Pulse Check Huddle is now hardwired, and in 2016 will be held monthly in the clinics, ER and Ambulatory Care units looking at their individual results.

Situational Awareness Board: A Creative Way to Communicate, Collaborate & Celebrate

by Christine Lutze, WAHQ Southeastern Representative

The situational awareness board that we piloted in our Children's Hospital of Wisconsin Patient Safety Department, started as an idea after attending the Institute for Health Care (IHI) Patient Safety Executive Development Program.
It evolved from a poster board with yellow sticky notes to a permanent large white board with magnets, that we huddle around for approximately 11 minutes every Tuesday, as a team of 8 staff. We each take a few minutes to identify our areas of focus for the week, our challenges, our ongoing projects, and work requested that hasn't been started. Team members appreciate that we "keep it short". The aim of this board is stated below:

1. Create awareness in a shared understanding within our department as well as our entire organization.
2. Prevent silo's amongst our own work and each other's
3. Communicate awareness of safety issues
4. Help plan and assign accountability when needed.

Staff who participate in these weekly huddles shared what's

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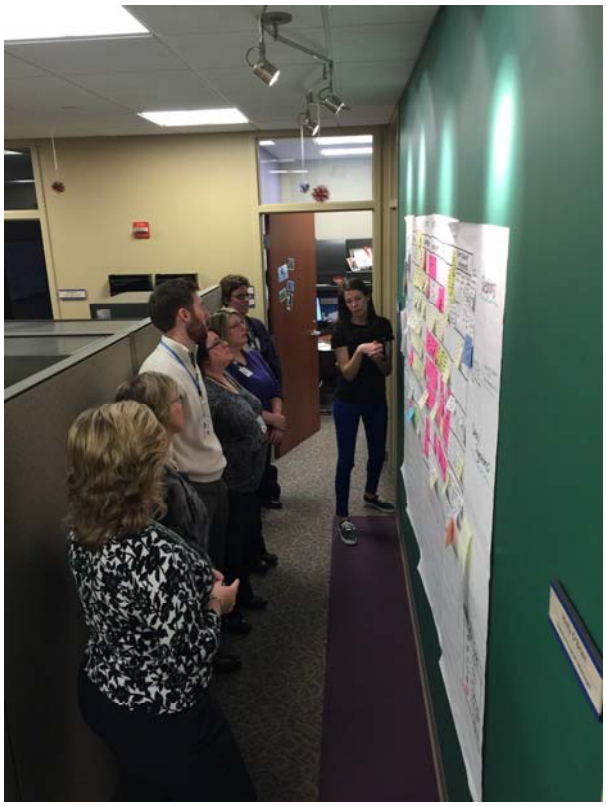
Situational Awareness Storyboard… Continued from page 6

going well:

1. Increases awareness within our department (focus areas, project, challenges)
2. Helps with communication
3. Serves as an opportunity to share ideas and pose questions
4. Identifies opportunities to partner
5. Assist one another and prevent duplication of efforts

The greatest challenge now is to sustain the commitment of everyone to huddle each week given schedule conflicts and competing hospital priorities. Often if member is not present, they are still updating the board so others are aware of what their team member is focusing on that work, as well as being aware of their team member's challenges and projects on board. This board doesn't replace accountability, but instead serves as one communication tool. Therefore, it is up to each team member to follow-up on items & to respond to each other. We will continue to PDSA this process using our new permanent board and are currently evaluating our measures to include how many items were identified and closed via this communication tool.

If anyone is interested in learning more about our new board and process, please contact me directly at clutze@chw.org. Team Review below.



Helping Children Run and Play: Improving Asthma Care

By Ruth Den Herder, MSIE, UW Health

Key Problem: UW Health pediatric physicians set a goal to improve the management of asthma in their patients. Physicians and their care teams did not have a consistent process or tools for patients, leading to gaps in care - specifically up-to-date Asthma Control Tests (ACT) and completed Asthma Action Plans (AAP).

Relying on evidence-based practice and established guidelines for care, the team followed the FOCUS-PDCA methodology to design, test and implement new workflows.

Key Players and Process: The multi-disciplinary team included pediatric PCPs, RNs, clinic managers, dyad leaders, Health Link analysts, clinical staff educators, a data analyst and quality improvement specialists.

Once the registry was developed, the Stoughton pediatrics team, led by Dr. Karen Pletta and Gina Glinski, defined the workflows and enhanced the processes to make this effort a success. The team made several revisions to processes, regularly reviewed data and aided in communication and spreading this work to the other seven primary care pediatric sites.

The team developed reports, and verified school fax numbers were available in Health Link to make follow up on patient care gaps easy and reliable. Additionally, physicians created written Asthma Action Plans (AAP) to share with patients, families and schools, MA/LPNs performed annual Asthma Control Tests (ACT) with appropriate clinical follow up and RNs provided Asthma Education and proactive outreach to close care gaps.

Results:

- Five months post project, the data show continued improvement in both process and outcome measures including a reduction in asthma related ED visits and frequency of systemic steroid use.
- Since May 1, 2015 UW Health has been able to provide 783 more patients with clear instructions on how to manage their asthma through the use of their AAP and 1,017
- More patients have up-to-date information on how well their asthma is controlled through a completed ACT.

Although other factors may play a role, the team hopes that these two interventions have aided in lowering systemic steroid prescription use by 7% in the last eight months and also resulted in lowering asthma-related ED visits by 22% for this population.

Data Analytics
By Vicki Wetenkamp, WAHQ Secretary

Jason Gillikin, Priority Health

Jason Gillikin presented very interesting and timely information on health data analytics with the learning objectives:

- Practical possibilities for clinical quality improvement when deeper analytic skills are added to the project team
- Professional skills of a data-analytics expert
- Ways to improve CQI projects through analytics

Data analytics is becoming a hot topic in healthcare but the subject matter has been on the forefront within other industries, including the insurance industry, for over ten years and hadn't found its place in healthcare until more recently. Jason provided several examples of how data analytics provide more robust improvement opportunities; describing the cost curve for home-based primary care, return on investment for fall risk programs, and the downstream financial effect of surgical site infections.

Jason described several key drivers of the movement towardsdata analytics in healthcare, including the following:

- The focus by payors on pay-for-value arrangements which requires more robust analysis of data,
- Vendor focus on "big data" in presentations to C-suite leaders, and
- Tthe need for more sophisticated reporting of data within organizations.

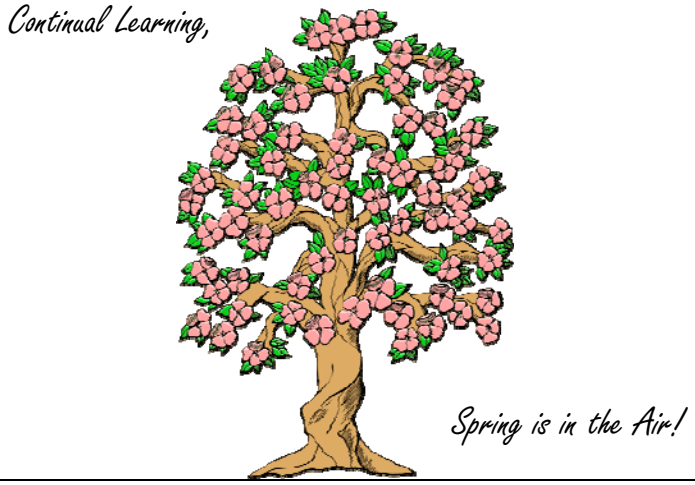
Professional groups such as NAHQ are also promoting the use of data analytics.

The skills and expertise of a data analytics specialist include management of complex data (relational data-base theory, .
data modeling, programming), solid understanding of statistics, ability to provide data journalism which can be described as using complex data concepts to tell a story, provide meaningful talking points, and convey meaning through written papers or discussions. The data analytics specialist in healthcare must also have an solid understanding of clinical settings, including the QI processes and tools used. Finally, that person must be steward of the data, assuring its integrity and consistency.

Data analytics expertise does not need to be hired as long as an organization has access to the expertise through other avenues. Successful integration will require the executive culture to be accepting and respectful of a high performing analyst and the information they are providing even if the message isn't what they had hoped to hear.

Additional Take Aways:

- Health care is about a decade behind other industries; part of our challenge is that higher-end analytics doesn't really have a solid "home" in the siloed environment of most large organizations. We could do better with hub-and-spoke approaches and hiring analysts who can work as peers with leaders instead of as mere report writers.
- Pay-for-value and a more competitive vendor space are driving analytics along financial dimensions – but we cannot afford to let our clinical analytics expertise suffer.
- It's usually not necessary to build a fully self-contained analytics team as long as you have recourse to specialized skillsets when you need them. Very few people can be "masters of all trades" along the main dimensions of health data analytics – data management, statistics, data journalism, clinical competence and data stewardship.
- Analytics informs strategy; reporting informs operations. An analytics team is *not* the same thing as a reporting team.



Legislative Update

by: Carol Durocher, North East Rep.

Matthew Stanford

Matt Stanford is the General Counsel for the Wisconsin Hospital Association (WHA) and Andrew Brenton is Assistant General Counsel. This presentation is given annually at the WAHQ conference and updates the audience on news impacting quality both statewide and nationally.

The presentation started out with a thank you to the healthcare quality professionals in the state for rising up the science of quality improvement in Wisconsin. As will be noted in the, soon to be published, WHA 2015 Quality Report, Wisconsin continues to be one of the top quality performers in the nation. Attendees were also encouraged to attend the upcoming Advocacy Day in Madison on 3/30/16. Up-to-date information was shared on the following:

Interstate Medical License Compact: This is a compact agreement, signed in Dec 2015 among 11 states that allows a process for physicians to become licensed in multiple states. This will expedite the credentialing process especially for physicians practicing in rural areas and near state boarders.

State Employee Health Plan and Employee Trust Fund: The state is looking at a self-funded health plan for state workers. Currently about 15% of the population is covered under State health plan through various programs. Converting to a self-funded health plan is projected to have cost savings and is currently being considered.

Mental Health Care in Wisconsin: There is a huge need in Wisconsin for reform in mental health care. There is discussion on a bill that would align the treatment of mental health with physical health so that our care delivery system is treating mind and body together, as one. The bill has passed the Assembly and Senate and awaiting Governor Walkers' signature.

Wisconsin Healthcare Data Modernization Act: This bill allows for geocoding of healthcare date instead of utilizing zip codes. Geocoding would provide for "blocks" of population data that are a more accurate reflection of condition data for that particular population. The bill will also ease restrictions on race and ethnicity data to better understand social disparities that exist within our populations.

HOPE (Heroin, Opiate Prevention and Education): Awaiting final approval this law will allow drug users to call 911 about overdoses without fear of prosecution, expand treatment alternatives by allowing first responders to administer naloxone (Narcan) and create quicker punishments for offenders who violate the terms of their probation.

Emergency Preparedness: In 2015 Wisconsin has begun moving toward a regional healthcare coalition model for emergency preparedness with a goal of improved collaboration within regions in a unified response to a medical surge emergency. The seven regional healthcare coalitions proposed will align with the seven WHEPP regions. This new model will help with meeting Joint Commission and Medicare CoPs for emergency management, enhance response and treatment resources and streamline flow of information in the event of a disaster.

CMS Final Rules Published on October 16, 2015: The rules modified the **meaningful use requirement** for 2015-2017, giving firm deadlines for stage completion. Beginning in 2015, providers that fail meaningfully to use CEHRT are subject to Medicare penalties. It is expected that 200 hospitals and 257,000 EPs (Eligible Professionals) will be penalized. The ruling also requires electronic CQM reporting in alignment with meaningful use.

2017 ACA Patient Safety Requirements: This is a proposed rule, beginning in 2017, where Qualified Health Plans (QHPs) may contract with a hospital with more than 50 beds only if the hospital has an agreement with a patient safety organization or the hospital implements other evidence-based initiative to reduce harm and improve quality.

Changes to Medicare "Two Midnight" Policy: For stays for which the physician expects the patient to need less than two midnights of hospital care (and the procedure is not on the inpatient only list or otherwise listed as a national exception), an inpatient admission would be payable under Medicare Part A on a case-by-case basis based on the judgment of the admitting physician. The documentation in the medical record must support that an inpatient admission is necessary, and is subject to medical review.

Bundled Payment Model for Knees and Hips: Medicare rules will provide a bundled payment model for elective hip and knee replacements and goes into effect on April 1, 2016. This payment model will take effect in certain areas only (MSAs or metropolitan statistical areas) , Madison and Milwaukee are included. Bundled payment will begin with admission through 90 days postop. This will be a retrospective payment but hospitals will face a reconciliation payment if over the "target price".

Sustainable Growth Rate (SGR) Repeal: A proposed new law that ends physician payment incentives under the meaningful use program within the HITECH Act and those under PQRS, replacing the incentives with a new program called Merit-based Incentive Payment Program, or MIPS.

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2016 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**

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