

President's Corner

WAHQ President



Conni Brandt

Wisconsin's Association of Healthcare Quality's (WAHQ) mission is to advance quality in healthcare by promoting the use of the quality principle and practices in healthcare organizations and supporting the growth and development of healthcare quality professionals.

WAHQ is promoting our mission through the WAHQ annual conference, providing Certified Professional in Healthcare Quality (CPHQ) certification education, through the WAHQ website member portal, and through this newsletter.

The 2018 WAHQ Annual Conference, **"Lighting the Torch for Quality,"** was held on March 2, 2018, in Appleton. Summaries of the presentations are within this newsletter, and the conference materials are available to members through the WAHQ membership portal.

A total of nine storyboards were shared
Aurora Baycare Medical Center,
Aurora St. Luke's Medical Center,
Children's Hospital of Wisconsin, and
Froedert Hospital.

National Association for Healthcare Quality (NAHQ) 2018 NAHQnext Annual Conference

**"The State of the Healthcare Quality Workforce:
Past, Present, and Future"**

When: November 5-7, 2018

**Where: Minneapolis, Minnesota
Downtown Conference Center**

Early bird discounts available through Sept 10, 2018

NAHQ Member: \$899 & NAHQ non-Member \$1,499

Great networking took place, and six continuing education credits were earned. The 2019 WAHQ conference will be held on February 22, 2019, at the Glacier Canyon Lodge in Wisconsin Dells.

Mark your calendars!

Class size is limited.

WAHQ is again offering
CPHQ Education Session:
**"Quality Essentials for the Health
Care Professional"**

October 11 & 12, 2018

in Madison

Nationally known instructor Susan Mellott, PhD, RN, CPHQ, FNAHQ, will highlight essential concepts for your health care quality practice.

Those preparing for CPHQ certification and those wanting to earn credits toward recertification are invited. WAHQ subsidizes the event to ensure affordable pricing.

WAHQ's member portal was introduced in 2017. The Member Portal may be accessed through the Membership Info link on the left side of the WAHQ home page.

<http://www.wahq.org>

The Member Portal offers over 40

quality improvement resource videos varying in length from three minutes to over an hour. Members may also update their information (phone, email, employer, etc.) within the portal. Click on the "Member Portal" link for information on how to access the Member Portal for the first time. Additional resources include presentations from the *NAHQ Next 2017* conference and from the 2018 WAHQ Annual Conference. Please do not share your member login with non-WAHQ members.

Thank you for everything you do to promote and to provide quality healthcare for Wisconsin!

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Quality, Performance Improvement and Safety Websites

By Sheri Krueger Dix, WAHQ member

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

*Agency for Healthcare Research and Quality Patient Safety Network (AHRQ) <https://psnet.ahrq.gov/>

Congratulations!

Wisconsin CPHQ Certificants

Gina Caltagerone
Diane Dohm
Gina Fellenz
Jennifer Flugaur
Natalie Friess
Kim Garman
Sue Gullickson
Greg Kebbekus
Brooke Lewis
Bridget Ranallo
Julie Schmelzer
Maureen Walz

WAHQ CPHQ Study Session

Save the Date: **October 10-11 2018**

Location: **Metastar, Madison WI**

Cost: Member **\$225** New-member **\$270**
Non-member **\$290**

WAHQ Treasurer's Report

By Timothy Kamps

ACCOUNT BALANCES

As of April 30, 2018

- Checking \$ 5,753.26
- Savings \$ 15,514.89
- Annuity \$ 7,190.37
- Interest \$ 71.30
- Total Assets \$ 28,529.82

2018 WAHQ Budget - Approved by the BOD

Wisconsin Association of Healthcare Quality

2018 Operating Budget

As of May 11, 2018

	2018 Proposed	2017 Actual	Diff (\$)	Diff (%)
Revenue				
Conference Fees	\$9,425.00	\$7,910.00	\$1,515.00	19.15%
Conference Auction	\$0.00	\$0.00	\$0.00	0.00%
Conference Sponsorships	\$2,000.00	\$3,000.00	(\$1,000.00)	-33.33%
Conference - Other Revenue	\$0.00	\$0.00		
Conference Expenses	\$8,375.00	\$36,430.50	(\$28,055.50)	-77.01%
Hosting Expenses	\$6,625.00	\$6,571.93	\$53.07	0.81%
Speaker Fees	\$1,500.00	\$4,911.22	(\$3,411.22)	-69.46%
Other	\$250.00	\$1,990.97	(\$1,740.97)	-87.44%
Net Spring Conference Income	\$3,050.00	(\$25,520.50)	\$28,570.50	-111.95%
Fall Conference Costs	\$0.00	\$0.00	\$0.00	0.00%
Membership Dues	\$5,625.00	\$4,095.00	\$1,530.00	37.36%
Interest Income	\$250.00	\$249.78	\$0.22	0.09%
Ad Revenue - Website	\$200.00	\$180.00	\$20.00	11.11%
Total Revenue	\$9,125.00	(\$20,995.72)	\$30,120.72	-143.46%
Expenses				
Board Costs	\$1,750.00	\$1,801.22	(\$51.22)	-2.84%
Professional Development	\$5,148.00	\$4,926.09	\$221.91	4.50%
Website	\$500.00	\$753.49	(\$253.49)	-33.64%
Membership Costs	\$0.00	\$0.00	\$0.00	0.00%
Newsletter	\$0.00	\$0.00	\$0.00	0.00%
Other	\$0.00	\$0.00	\$0.00	0.00%
Total Expenses	\$7,398.00	\$7,480.80	(\$82.80)	-1.11%
Income over Expenses	\$1,727.00	(\$28,476.52)	\$30,203.52	-106.06%

Membership Report

By Ray Riska, WAHQ Membership Coordinator

WAHQ members, have you paid your 2018 Membership dues? Many members stated that they renewed their memberships with their registration at the Annual Conference but they did not receive a membership renewal email or letter.

It appears some members did not receive a 2018 renewal notice. If this is you, please go to the WAHQ internet membership page and submit a membership application or submit a completed membership application from page 7.

If you are unsure if you paid your dues, please contact Treasure, Tim Kamps tk.kamps@gmail.com or Ray Riska rriska@wi.rr.com and they will advise you as to your membership status.

WAHQ membership includes networking and resources. Stay connected by joining or renewing your annual membership. If you renewed you will continue to receive the Quality connection and resources. See page 7 for membership details.

WAHQ 2018 Conference Reports

Key Note Speaker



Paul Pejsa
Catalysis Director,
Healthcare Value Network

At the March 2nd WAHQ 2018 Annual Conference – “Lighting the Torch for Quality,” Conni Brandt invited a speaker from Catalysis (www.createvalue.org) to give a presentation on the topic of engaging front line staff in performance improvement. Paul Pejsa, Director of Delivery Operations at Catalysis, shared background of the lean movement in healthcare, its initial successes, subsequent failures and resultant development of a lean management system that engages front line staff in improvements. A summary of the presentation follows.

In the early 2000s, the ThedaCare healthcare system started to experiment with the lean techniques their leadership teams were learning from the world of manufacturing. Dr. John Toussaint, then CEO of ThedaCare, led the organization in a strategic initiative to bring the tools of lean to bear on burning quality issues. The ThedaCare team conducted value stream analyses, held many rapid improvement events and implemented action plans using the lean toolkit. While they enjoyed significant initial success, as described in Dr. Toussaint’s book, *On the Mend*, they nevertheless hit a wall about four years into their lean journey. Reflection on these successes and failures uncovered some key shortcomings of a tool – based lean implementation, notably:

1. There was no one way to manage the organization
2. They had no way to measure performance improvement impact
3. They did not have a consistent way to solve problems

These reflections led ThedaCare to create a lean management system with the goal of developing their people to solve problems and improve performance. In other words, their goal was to create a culture of continuous improvement. This management system, as it developed and evolved, incorporated significant elements that directly engage front line staff, including the below.

1. Leader standard work
2. Visual management
3. Daily performance huddles

Leader standard work (LSW) helps senior leadership teams to purposefully engage with their staff to gain a deeper understanding of the work being performed. It helps leaders to learn how they can best support front line staff to be successful as they deliver care to the patient. Examples of LSW include:

- daily status sheets
- scheduled process observation for coaching and process improvement
- attendance at daily performance huddles

Visual management comprises the actionable measurements of performance that are transparently displayed and discussed with staff.

This transparency encourages open discussion of barriers that get in the way of providing the best patient care. It also further encourages staff to focus their improvement ideas on these performance measurements.

Daily performance huddles are the place to bring together the leader standard work and visual management. These brief (5 – 15 minute) stand up meetings are the environment in which a culture of continuous improvement can flourish.

In a huddle, staff review their visual management together with their leader, discuss the work for the day, highlight barriers to providing care and identify ways to remove them, and prioritize and implement staff members’ improvement ideas.

The implementation of a full lean management system at ThedaCare and other healthcare organizations around North America has resulted in significant reductions in some of the most challenging healthcare issues, including medication errors, readmissions and hospital acquired conditions. These techniques are well published, including in Dr. Toussaint’s latest book, *“Management on the Mend.”*

Lean management systems deserve careful consideration by WAHQ members and their healthcare organizations.



WAHQ 2018 Conference Reports

“Tips and Tricks for Creating More Effective Data Visualizations and Dashboards”



Rahul Paul

by Rianna Murray, WAHQ President Elect

Rahul is a Data Analyst at MetaStar and has several years of experience in statistical analysis for research and computer programming. He was able to share with us several of the tips and tricks he’s learned and picked up over the years to best present data. He started out by explaining that vision is by far our most powerful sense. So we need to understand visual perception in order to display data effectively. “Thinking is slow but seeing is fast...” Our short-term memory is only temporary and has limited storage capacity. Our visualizations should be designed to align with our short-term memory, which would allow users to encode the data for rapid perception.

“Thinking is slow but seeing is fast...”

There are four principals of visual perception: color, form, position, and motion. Rahul suggests that you consider each of these principals when creating a data visual to make sure you are telling the whole story and your end users can understand what the data is saying very quickly.



Pick the Correct Chart- choose the chart that tells the story!

- **Bar Chart**- Depicts nominal data and is often used to illustrate comparisons.
- **Pie Chart**- Depicts slices of the whole. There should be no more than five slices and their value should equal 100 percent. The largest slice should start on the top and fall to the right.
- **Scatter Plot**- Depicts relationships between two variables. It is effective with large datasets and to highlight patterns and correlations.
- **Node Link Diagram**- Depicts the hierarchical ordering or structure of data. It is most effective when the parent node is located at the top with the others following below.
- **Line Graph**- Depicts patterns over a continuous range.

- **Word Clouds**- Depicts the frequency of words within a document. It is tailored by color, size or font, it can add emphasis to specific findings.

Other tips and tricks that Rahul shared include, but not limited to:

Eliminate all extra ink that does not show the data.

- Keep it simple! Don’t over explain and keep chart/graph headers simple and to the point.
- Use a single color (instead of multiple) to represent the same type of data. Avoid patterns and make sure there is sufficient contrast between colors.
- Be sure to choose color-blind friendly colors. Most color blind people are able to see things as clearly as other people, but they are unable to fully 'see' red, green or blue light.

“Maximize your data to ink ratio.”

Dashboards- A dashboard is a visual display of data used to monitor conditions and/or facilitate understanding. It’s best to design to a grid as it helps to provide a reading order for your dashboard allowing your users to guide them through the dashboard in a predictable and logical way. Be sure to avoid clutter and use appropriate fonts.

Rahul presented great information and insight into how to best display data. After we learned these tips and tricks, some of the presenters even commented that their charts didn’t follow the tips he had just shared!

I think we all will take this back and now think differently about how we present our data to our customers/end users.

Thanks again for sharing, Rahul!

WAHQ 2018 Conference Reports

Behavioral Health Integration with Primary Care: a QI Approach

by Mary Beth Miranda, MS, RN, CSSBB
Children's Medical Group



Summary: A quality improvement approach was used to create and implement a service that provides a psychologist on site at the inner-city primary care Children's Medical Group clinics. The purpose of this service is to improve access to and coordination of behavioral health services for children in the community through primary care clinics in order to improve patient health outcomes and patient/family experience. This is a grant-funded initiative that was established to create a systematic approach to access behavioral health service through these clinics. The model created and piloted through this initiative included a workflow for referrals, scheduling, warm handoffs, billing and hiring of behavioral health staff.

*warm handoff: referral in which the provider introduces the patient/family to the behavioral health provider at the time of the clinic visit. The behavioral health provider will explain what services might be helpful and/or offer a brief intervention if needed.

Core Team members: Integrated Behavioral Health (IBH) providers, primary care providers, and leadership from Psychology/Behavioral Health, Children's Medical Group, Ambulatory Care, project manager, quality improvement specialist and data analyst.

Aim(s):

Behavioral Health providers/therapists will be available to address all referrals from the providers of Next Door Clinic, COA Goldin Center, Northside Y and Midtown Clinic.

- All providers at the above named clinics will use the warm handoff workflow to coordinate patient care and referrals.
- A billing model will be established.

Measures: Referral rates

- Warm handoff rates
- Time to first appointment and to follow-up

appointments

- No show and same day cancellation rates
- Patient / parent satisfaction with and accessibility to IBH services
- Parent rating of how their child's problems changed since receiving IBH service
- Measures of clinical effectiveness are being determined

Results: IBH referral / total primary care visits are 0.9%.
Our largest clinic receives up to 60 referrals per month.

- Improvements to the warm handoff electronic documentation are underway to maximize accuracy of warm handoff rates. All clinic providers are using the warm handoff workflow.
- Time to first and follow-up appointments is ≤ 11 days.
- IBH appointment no show and same day cancel rate is focus of a current QI initiative.
- Patient/parent satisfaction with IBH services is 98% with 97% satisfied with time to first or next appointment. 73% report improvement in their child's problem since initiation of IBH services

Lessons Learned: The multidisciplinary team that determined best practice, workflows and program development was highly effective in creation, implementation and ongoing improvement of this service.

Ongoing, systematic QI based on early identification of key measures and accurate, accessible data is essential to this model of care.

WAHQ Region Networking Breakout Discussion



Southeast Region



North East Region



North Central Region

2018 Annual WAHQ Conference Thank You Vendors!

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Vacant

Wisconsin Association for Healthcare Quality (WAHQ)

<http://www.wahq.org/membership.asp>

2018-2019 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 Renewal

\$45

Mail completed Registration to:

Make check payable to **WAHQ**

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