

## President's Corner

### WAHQ President



**Rianna Murray, MBA CPHQ**

Hello and happy spring to our WAHQ members! This is my first time addressing you all in our quarterly newsletter as your state association president, so I would like to start by saying thank you. Thank you to all of you that have offered support and guidance. I'm very grateful to be in this role and to have the opportunity to meet, collaborate, and lead our WAHQ members and healthcare quality professionals!

Thank you so much to the other WAHQ board members. You volunteer your time and energy outside of your already busy schedules to contribute to this association to improve the quality of healthcare across our great state of Wisconsin.

I would like to especially thank our Past President, Conni Brandt, for her years of service, to not only WAHQ, but to healthcare quality in general. Her dedication and leadership to the industry inspires all of us.

As an incoming President to the association, my first goal was to understand the needs of our membership.

The Board of Directors created a survey that was sent to our current and past members to obtain feedback on the benefits we have offered and to learn about what other needs we could help to address. Some of the themes we identified and our goals for the next year will be to develop and market WAHQ resources and benefits, recruit and strengthen our regional

Again, thank you for all that you do every

## Mark Your Calendar!

### CPHQ Education Session Quality Essentials for the Health Care Professional Presenter: Dr. Susan Mellott

**October 24<sup>th</sup> & 25<sup>th</sup>, 2019  
Madison**

day! Your hard work does not go unnoticed and is appreciated by the patients and families across Wisconsin! networks, and to plan an excellent annual conference in 2020 (in Waukesha). More to share as we plan and then execute our goals for the upcoming year!

As a manager in quality improvement at UW Health, I experience the fast-paced and challenging changes that healthcare is bringing us lately. While it's been a challenge to keep up and to constantly adjust your plan, I hope you are having as much fun as I am!

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**Each day is bringing us opportunities to learn and grow. This ever-changing environment really shines light on the need to have a strong community like the one we have in WAHQ.**  
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We strive to provide you all with the resources and networking opportunities you need to meet the everyday demands of healthcare quality.

WAHQ's 'call to action' is to achieve our mission, which 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.

As members, I want your 'call to action' to be to stay positive, stay engaged and to help us grow this community of

healthcare quality professional and WAHQ members. If you have any ideas or interest in joining our leadership team, please don't hesitate to reach out to me.



**Happy Spring. Summer is right around the corner!**

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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](http://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.wahaqualitycenter.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/>

## WAHQ Treasurer's Report

By Timothy Kamps

### ACCOUNT BALANCES

As of April 30, 2019

- Checking \$ 3,929.21
- Savings \$ 15,559.97
- Annuity \$ 7,535.69
- Interest \$ 74.73

Total Assets \$ 27,009.60

### 2019 WAHQ Budget - Approved by the BOD

Wisconsin Association of Healthcare Quality  
 2019 Budget to Actual  
 For the Period Ended April 30, 2019

Revenue	2019 YTD Budget	2019 YTD Actual	Diff (\$)	Diff (%)	Annual Budget
Conference Budget					
Conference Fees	\$10,425.00	\$7,510.00	(\$2,915.00)	-38.81%	\$10,425.00
Conference Auction	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
NAHQ Grant	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Conference Sponsors / Vendors	\$2,000.00	\$2,500.00	\$500.00	20.00%	\$2,000.00
Conference Expenses	\$9,075.00	\$7,706.60	(\$1,368.40)	-17.76%	\$9,075.00
Net Conference Income	\$3,350.00	\$2,303.40	(\$1,046.60)	-45.44%	\$3,350.00
Membership Fees	\$3,375.00	\$2,520.00	(\$855.00)	-33.93%	\$3,375.00
Interest Income	\$83.33	\$99.25	\$15.92	16.04%	\$250.00
Ad Revenue - Website	\$66.67	\$135.00	\$68.33	50.62%	\$200.00
<b>Total Revenue</b>	<b>\$6,875.00</b>	<b>\$5,057.65</b>	<b>(\$1,817.35)</b>	<b>-35.93%</b>	<b>\$7,175.00</b>
<b>Expenses</b>					
Administrative/Board Costs	\$333.33	\$696.70	(\$363.37)	-52.16%	\$1,000.00
Professional Development	\$1,049.33	\$1,307.05	(\$257.72)	-19.72%	\$3,148.00
Fall Conference	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Website	\$166.67	\$259.00	(\$91.33)	-35.40%	\$500.00
Membership Costs	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Newsletter	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Audit Costs	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
<b>Total Expenses</b>	<b>\$1,549.33</b>	<b>\$2,261.75</b>	<b>(\$712.42)</b>	<b>-31.50%</b>	<b>\$4,648.00</b>
<b>Income over Expenses</b>	<b>\$5,325.67</b>	<b>\$2,795.90</b>	<b>(\$2,529.77)</b>	<b>-80.48%</b>	<b>\$2,527.00</b>

## WAHQ Regional Representative Needed!

The **North West Region** and **South West** are in need of a Healthcare Professional to participate in WAHQ decision making as a Regional Representative. You must work or live in the region. Please contact Rianna Murray, (608) 821-4942 [murray@uwhealth.org](mailto:murray@uwhealth.org) if you are willing to contribute your expertise.



# NAHQnext

The Leading Conference for the Healthcare Quality Profession

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## September 16-18, 2019

### Phoenix Convention Center

### Phoenix, AZ

<https://nahq.org/education/nahq-next-conference>

# WAHQ 2019 Conference Reports

## Deviation Management

### Keynote Speaker



by **Conni Brandt, WAHQ Past President**

Alex Hunt is a professional problem solver. Since 2007 he has worked with many healthcare organizations to support them in addressing Regulatory, Quality of Care and Patient Safety opportunities. In the last 5 years, Alex has worked with 15 out of the 17 hospitals in Northeast Wisconsin region as well as with other hospitals in the State of Wisconsin on projects that improve Patient Safety and Healthcare Outcomes. Alex

**Alex Hunt** presented Deviation Management as a framework to improve Patient Safety and Healthcare Outcomes. The focus of the day was the use of practical tools that would help the participants create opportunities to improve patient safety processes.

More than quality improvement and patient safety tools, Deviation Management focuses on involving the key stakeholders and front-line staff in the process of preventing mistakes and addressing them in a transparent manner when they do happen. Alex encouraged the team to adopt a “Do It Yourself” attitude when it comes to the safety of their patients. Patient safety work cannot be delegated to anyone else. It’s the responsibility of every staff member, every patient for every encounter!

Since humans drive processes in healthcare, deviations from the norms and standards are to be expected. Even the best-trained professionals can carry a 20% risk of making a mistake. It is important to keep this in mind when designing healthcare processes. The concept of Deviation Management predicts that humans will behave like humans but seeks to mitigate or eliminate the effects of our humanity. Other industries have had great success with this approach.



Multiple methods were discussed, including the RCA<sup>2</sup> method published by the Patient Safety Foundation; however, the conversation focused mostly on Auditing and Apparent Cause Analysis (ACA).

These methods

should be considered as engagement vehicles for those that are closest to the “subject” of value creation. In addition, it’s imperative to also think about how to engage patients in patient safety activities.

The differences between Root Cause Analysis and Apparent Cause Analysis (ACA) were presented. RCAs are utilized to find the specific cause of an undesired outcome. Often the Root Cause Analysis process is used to investigate events that do not warrant it because no other method is available. Many of the events for which we perform RCAs today could be done utilizing a more engaging and abbreviated methodology that produces the desired outcomes.

The following are the high level steps for an internal audit process.

Auditing is a method defined as a systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent by which audit criteria are fulfilled (ISO 9000: 2005 QMS Fundamentals). Apparent Cause Analysis (ACA), is another crucial method utilized to identify why a problem occurred by applying the apparent causes (where potential failures existed).

ACAs help identify where potential failure points might have contributed to the undesired outcome.

The ACA method relies on organizational experience and assumes a reasonable effort and analysis.

The ACA steps are:

- Determine scope of the problem
- Understand current conditions and problem statement
- Map current process
- Identify potential failure points
- List potential countermeasures
- Create action plan
- Prepare report out
- Solicit feedback from the team

The ACA standard shared was designed to be completed in no more than 90 minutes! The attendees got to practice how to perform an Apparent Cause Analysis and the standard work was shared and reviewed.

We must continue to strive to use quality tools to engage all key stakeholders in the efforts to improve patient safety. FMEA, Auditing, RCA and ACA are methods that can help identify and eliminate patient harm. Eradicating patient harm is the responsibility of every staff member, every patient for every encounter!



# WAHQ 2019 Conference Reports

## 2019-2020 Legislative and Regulatory Advocacy



**Attorney Matthew Stanford**

*by Vicki Wetenkamp, WAHQ Secretary*

Matthew Stanford is the General Counsel for the Wisconsin Hospital Association (WHA), whose membership includes over 130 hospitals and health care systems in Wisconsin. Matthew joined WHA in 2003, and is a member of WHA's government relations team. Matthew received his law degree and Master's in Health Administration from the University of Iowa.

### Topics of concern and focus by WHA

**Medicaid Expansion** - Attorney Stanford shared that Medicaid expansion is a hot topic and he described the 2 opposing sides on the debate. If Wisconsin expands Medicaid, there would be \$380 million in savings that WHA feels should be spent on healthcare. It will be winding its way through the state budget process which is currently just starting since the budget year ends on June 1. In Wisconsin, if a new budget isn't passed by that date, the current budget continues.

**Healthcare workforce** – there has been bipartisan support for a number of successful initiative such as matching grants for new and expanded Graduate Medical Education programs, matching grants for advanced practice clinician and allied professions training, WI participating in the physician and nurse multi-state licensure compacts, Enabling advanced practice providers to admit into a hospital and clarifying delegation issues, and Payment reform with Disproportionate Share Hospital and Rural Critical Care Supplemental Medicaid payments.

**Telemedicine** – Encourage CMS and WI Delegation to continue efforts to remove Medicare restrictions on telemedicine. Reduce physician travel and time burden for physicians serving patients in multiple communities

**Post-acute Care** – Pursuing post-acute care reform in the legislature

**Behavioral Health** – reduce outpatient behavioral health

regulatory burden

### **Medicaid Innovation**

Opportunities for all to shape public advocacy through annual WHA Advocacy Day in April and participating in HEAT Action Alerts (Hospital Education and Advocacy Team). You can sign up for Advocacy and HEAT through the Hospital Education and Advocacy Team at [www.WHA.org](http://www.WHA.org)

## QI State of the State



**Ms. Beth Dibbert**

### **WHA Chief Quality Officer**

Beth Dibbert is the chief quality officer for the Wisconsin Hospital Association. Dibbert provides executive leadership for a variety of health care quality improvement efforts, including the CMS Partners for Patients Hospital Improvement Innovation Network (HIIN), and public reporting of quality measures.

Beth's energetic presentation included sharing Wisconsin Healthcare Rankings:

- **#4 Wisconsin 2018 AHRQ Rank.** Wisconsin consistently ranked in the Top 4 since 2013
- **#6 Best in the Nation for CMS Value Based Purchasing - FY 2019**
- **Readmission Penalties** – FY 2019 around 21% of WI Hospitals had no penalty. About 58% of WI hospitals had 0.01-0.5% Penalty. A little over 10% had a 0.51-1% penalty. Around 2% of hospitals had a 1.01-1.5% penalty and about 5% of hospitals had a 1.51-2% penalty. No WI hospital had a penalty 2.01%-3%.
- **Overall Star Ratings in Wisconsin** – 23.38% 5 Stars, 42.74% 4 Stars, 16.12% 3 Stars, 4.03% 2 Stars, 0 1 Star Hospitals and 13.7% Not Available
- **2019 HAC Penalty** – 15/65 (23%) of Eligible Hospitals will be Penalized
- **HCAHPS** – Wisconsin scored better than the National Average. Hospital ratings of 9 or 10 -78%
- **Wisconsin leading the way in Safety**, Flu Shots, CAUTI, SSI-Colon Surgery SIR, C. Diff SIR, MRSA SIR, Readmission Stroke
- **WHA Advocating and Supporting Wisconsin Hospitals on various Task Forces and Councils**

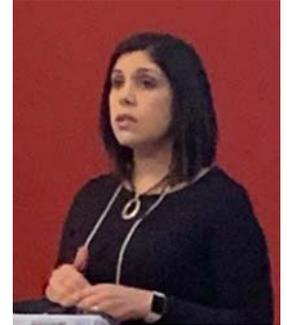
# WAHQ 2019 Conference Reports

## Applying Human Factors Engineering to Quality Improvement in Healthcare

By Sarah Pouzar, MS/MBA, RN, NEA-BC, WAHQ South East Rep

Our annual conference was packed with great practical information for those leading quality and safety efforts across the state! One of the afternoon presentations was provided by Dr. Joy Rivera, Senior Human Factors Engineer from Children’s Hospital of Wisconsin.

The focus of Dr. Rivera’s professional work has been in understanding how healthcare professionals interact with one another to communicate, make decisions, work as teams, problem solve and recover from system failures such as poorly designed technology. As such, she serves to provide strategic and integrative consultation services to large system projects.



**Dr. Joy Rivera**

Dr. Rivera’s presentation provided attendees with information focused on achieving these three objectives:

- Describe the basics of Human Factors Engineering (HFE) perspective.
- Identify the types of questions, problems, or barriers that a HFE perspective can answer and mitigate in healthcare.
- Describe how HFE complements Quality Improvement (and Safety) in Healthcare.

Dr. Rivera described HFE as a science that discovers and applies information about human behavior, abilities, limitations, and other characteristics to the design of tools, machines, systems, tasks, jobs, and environments for productive, safe, comfortable, and effective human use. In other words, HFE supports an understanding of how human interaction fits with the environment, products, equipment, procedures and other items we encounter in our everyday lives at work.

During the presentation discussion was focused on how human factors engineering complements the work performed by quality improvement professionals as outlined in this table:

Step 1. A change is needed		
	HFE	QI
<b>Step 2. What is happening before the change?</b>	Understand the change requirements with respect to human interactions/behavior Task analysis methods for: <ol style="list-style-type: none"> <li>1. System (e.g., hierarchical task analysis)</li> <li>2. Cognitive decision-making, situational awareness and mental models (e.g., verbal protocol analysis, cognitive work analysis)</li> <li>3. Physical interactions (e.g., link analysis, postural analysis, anthropometry)</li> </ol>	Measure current situation Define metrics for outcome (e.g., mortality) and process (e.g., weekly review/audit) Methods include: Pareto charts, Ishikawa diagrams, Time Series Data Lean: 5S, Spaghetti diagrams Six Sigma: SIPOC, Process mapping, Design of Experiments, Voice of customer, Culture change methods, Statistical and control limits

# Thank you 2019 Vendors!



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## Annual WAHQ Conference Networking! WAHQ 2019 Conference Activity



# WAHQ Board of Directors

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### Affiliate Liaison to WHA

vacant

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### North East

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### North West

vacant

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### South West

Vacant

### South East

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## Wisconsin Association for Healthcare Quality (WAHQ)

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

### 2019-2020 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 membership only

\$45

**Make check payable to WAHQ**

Mail completed Registration to:

Tim Kamps  
360 W. Washington Ave. #1310  
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