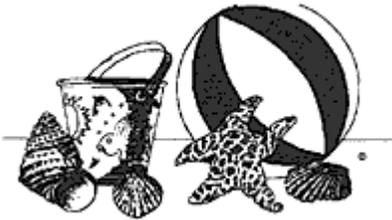




News and Views Summer Issue, 1998



PRESIDENT'S CORNER *by Ginger Katzman, RN*

As I'm writing this correspondence, NAHQ members have recently received their packets of information for the NAHQ Annual Conference in San Diego, California in September. I hope that many of you are planning on attending and will join us.

Our restructuring at NAHQ over the past few years have included a change from a House of Delegates to a Leadership Council. Virginia Wyss, Dianne Schallert and Gloria Field will be attending as Leadership Representatives from WAHQ. The conference looks to be another great success.

We submitted a request to co-host the CPHQ study session with NAHQ again this year. Last year, the session was held in Brookfield, Wisconsin. However, WAHQ was not selected this year. The Midwest site will be in Iowa.

At our May Board of Directors meeting, we seated our newly elected members to the Board. I am pleased to announce that Mary Conti from Froedtert Memorial Lutheran Hospital in Milwaukee and Sheryl Krueger-Dix from Wauwatosa are co-representatives for the Southeast District, and Anna McCarthy from Rock County Health Care Center is our new newsletter editor. We welcome them as well as the other Board members who were re-elected to their current positions. Please take the time to welcome our new members. They alone with our district representatives are very interested in discussing member interests ideas and concerns.

I would personally like to thank Virginia Wyss on behalf of the state membership for her leadership role these past two years as President. She has been very creative and progressive in moving us forward and meeting challenges not only at the state level, but also with the changes and restructuring at WAHQ. She will continue to serve as past-president, membership coordinator and MetaStar representative.

The Board has accepted a letter of resignation from Pat Gottfredsen as she is pursuing additional career activities. Pat was a co-representative with Karen Oskey from the Northeast district. Having Karen and Pat serve together as Board members in a co-representative capacity has worked out very well. This led us to consider another district working the same way, and we now have two Southeastern representatives. Karen Oskey has agreed to continue on as the Northeast representative. We thank Pat for all she has done as a Board member and Vicki Scheel who is retiring as newsletter editor.

By completing the evaluation survey at our annual state conference, you can provide us with feedback and direction for the Board in planning. An area that consistently presents itself is the value of networking and sharing of ideas with a particular focus on the "how to": select, plan, change, process, implement, evaluate, etc. This newsletter includes an article submitted by Jeanne Winkler from West Allis Memorial. They reviewed their patient transfer procedures and through the performance improvement process, (see pg. 5 on their storyboard exhibit at the annual conference) they changed their transfer policy. Thanks to Jeanne for her article submission. This is just one way to get actively involved in our state organization. As a Board, we look forward to hearing from you.

UPCOMING EVENTS

JULY 17

WAHQ Board Meeting

Papa's Place, Baraboo, WI

August 31

CPHQ Application Deadline

September 11

WAHQ Board Meeting

Papa's Place, Baraboo, WI

September 27-30

NAHQ Annual Conference

"Achieving Global Quality"

San Diego, CA

October 23-24

WNA Convention

Eau Claire, WI

WAHQ CONFERENCE UPDATE *by Gloria Field*

"Exploring Acronyms of Quality Measurement," WAHQ's 1998 spring conference,

assembled 53 participants consisting primarily of quality management professionals within the provider section. Forty-three attendees completed the evaluation and thirty-two indicated they had previously attended a WAHQ program. Facility choice and handling of program registration continue to receive very high ratings with comments such as "easy access" for non-urban drivers. When asked if storyboards were beneficial, the response was unanimously "Yes." Generally, expectations and educational objectives rated well with indication that the information was applicable.

Comments included, "This conference launches my QI year - it's a good shot in the arm," and "The program contained timely subjects that have a major impact on the healthcare system. There were some program suggestions including: the need for more application and examples with indicators and data, break-out sessions, and support for aligning with surrounding states to facilitate education offerings.

Networking

The majority felt that there were adequate networking opportunities and the information was helpful. A social hour Thursday evening was suggested for those staying over. It was also suggested that the Board members disperse at different tables during lunch to give the membership an opportunity to know them.

Speaker Evaluations

The speakers at WAHQ's spring conference consistently received high ratings.

"Dr. Humor" started the conference off with what was described as a "rib tickling" presentation. Comments included, "wonderful way to start the day," "He was hilarious!," "loved it'," and "He's great!"

"Quality Performance Measures in Healthcare" was presented by Jon B. Mayer from Milliman & Robertson, Inc. It was described as, "an excellent overview and good 'ground floor' information that related to the conference title."

Following Mr. Mayer was a presentation by Susan Rosenbach and Cynthia Mochalski from Wisconsin Hospital Association titled "Advocating for Quality." An appreciation was expressed for WHA's efforts with Joint Commission on Sentinel Event Issues. It was a good overview of the policy and very interesting with the group participation. They presented an excellent update on ORYX.

MaryAnn Kehoe concluded the conference with "Long Term Care Initiatives Toward Greater Quality." Remarks included, "very thorough, good information presented effectively," and "would like to hear an update again." One attendee, "hoped to go to facility like Good Shepard when needed," and another, "felt encouraged by what collaboration could achieve."

Survey Results

The following page displays two graphs developed following the conference survey. The top graph displays the number of attendees by professional standing. The bottom graph shows attendees' choice and ratings of topics. Other suggested topics include: "Guidelines

Across the Entire Continuum and Resources Needed," "Quality Measurement of Outcomes Across the Continuum (Indicators)," "PI Methods Rapid Cycle Improvement," and

"Integrating Data from Clinical Paths."

Storyboard Thank Yous

Our storyboard/posters continue to be very popular at our annual conference. This provides a time for networking and sharing ideas. Thank you to the following members who presented this past year:

West Allis' Memorial Hospital

West Allis, WI

Transfer of Patients

Improvement in Women's Services

Heparin/Coumadin Overlap in the Treatment of DVT/PE

Contact: Jeanne Winkler-QI Coordinator

Pyramid Health Solutions

Brookfield, WI

Casemix

Contact: Sheryl Krueger-Dix

Family Health Plan-Milwaukee, WI

Asthma Management

Contact: Judy Nash, Medical QI Specialist

Bay Area Medical Center-Marinette, WI

Stroke (DRG-14)

Contact: Becky Ziegler-Otis, Director of PI

MetaStar

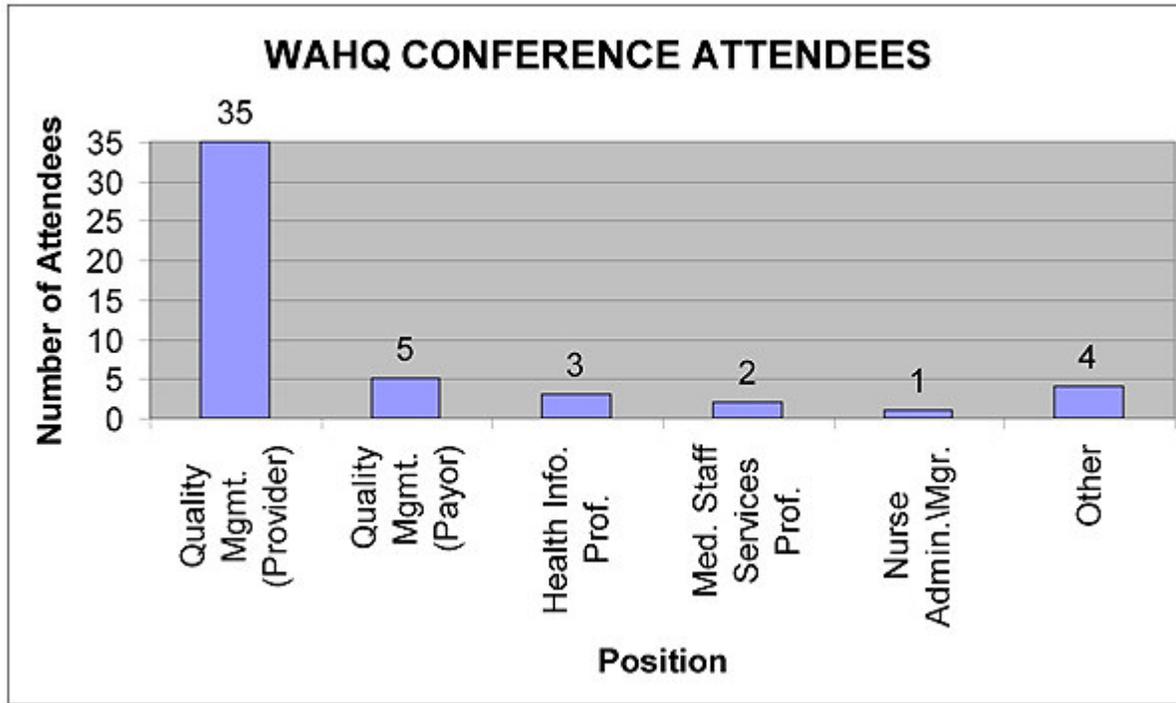
Wisconsin Adult Immunization

Coalition/ 1997 Interventions

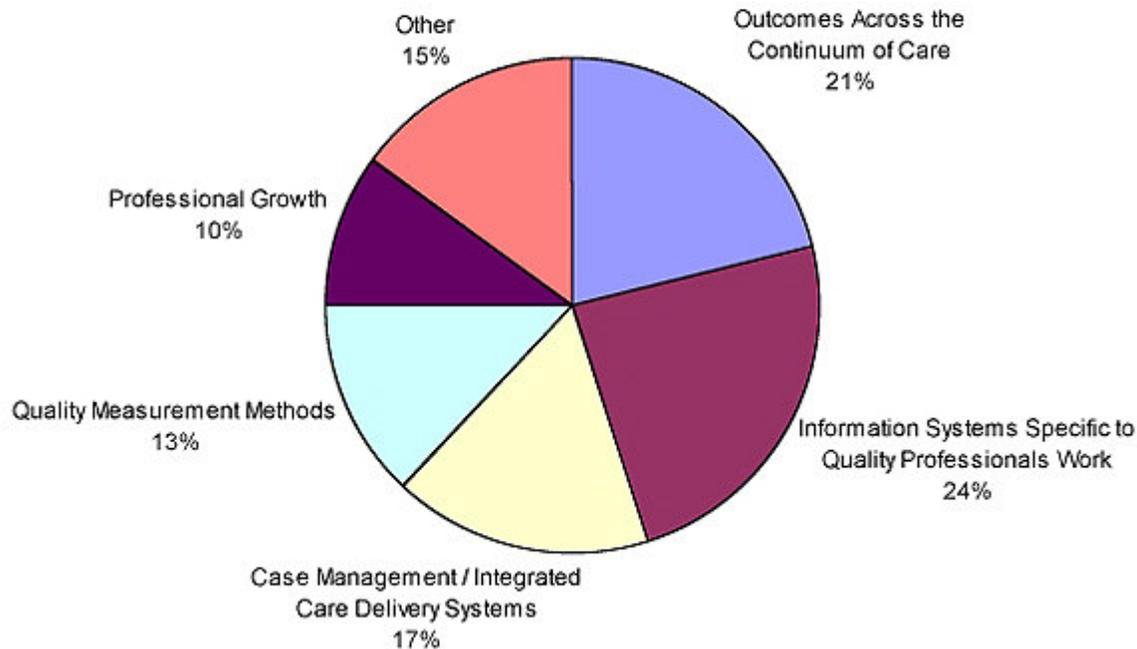
Heparin for Acute DVT

Contacts: Sandy Braun, Kris Miesbuaer, and Carol Fergeson, Project Coordinators

WAHQ CONFERENCE SURVEY INFORMATION



Future WAHQ Conference Topics Rankings



WAHQ HELPS MAKE CONFERENCE A SUCCESS

MetaStar, Inc. conducted a very successful quality conference in May, thanks in no small part to the Wisconsin Association of Healthcare Quality's (WAHQ) participation. The conference, entitled "Healthcare Value: Balancing Cost & Quality," took place at Milwaukee's Wyndham Hotel on May 5 and 6, and was attended by approximately 100 people.

WAHQ members both facilitated and participated in a breakout session on hospital experiences with MetaStar-sponsored quality improvement projects. WAHQ was also a conference exhibitor.

Virginia Wyss, currently a MetaStar consultant and past president of WAHQ, served as moderator for the session. Her panel included: Dianne Schallert and Elaine Kloepfel of MetaStar, Gloria Field and Deb Knapp of Saint Michael's Hospital in Steven's Point, Cindy

Sunstrom of Froedtert Memorial Lutheran Hospital in Milwaukee, Grace Tousignant of Bay Area Medical Center in Marinette and Pam Felland of St. Clare Hospital and Health Services in Baraboo.

The session was rated highly by conference participants. The presentation received a 4.4 out of a possible five points (five being excellent). Among physicians, the session rated 3.5 and ranked 4.5 among nurses.

Other conference sessions included keynote speaker Dr. David Nash, director, Office of Health Policy and Clinical Outcomes, Thomas Jefferson University Hospital associate dean of health policy associate professor of medicine, Jefferson Medical College, Philadelphia.

His address made a convincing case for the session entitled, "There is No Trade off Between Quality and Cost." Additional sessions included discussions that examined the balance between healthcare cost and healthcare quality in achieving healthcare value. The conference featured speakers from healthcare who had participated in quality improvement studies, purchasers of healthcare, accreditation organizations, and users of healthcare data for quality improvement efforts as well as for making purchasing decisions.

CONFERENCE VIDEOTAPES

Videotapes from the WAHQ spring conference, "Exploring Acronyms of Quality Measurement" are available for \$15 each or \$40 for the set of three, plus shipping and handling. Each videotape captures a single presentation from the conference. The taped presentations include: "Quality Performance Measures in Healthcare," by Jon B. Mayer of Milliman and Robertson. Inc., "Advocating for Quality," by Sue Rosenbeck and Cynthia Mochalski of the Wisconsin Hospital Association! Primary Resources, and "Lone Term Care Initiatives Toward Greater Quality," by Mary Ann Kehoe of Good Shepherd Services, Ltd. If you are interested in purchasing a videotape, please contact Virginia Wyss at (608) 752-3911.

PROJECT SUCCESS FOR WEST ALLIS *by Jeanne Winkler*

Appropriate documentation for transfer of patients from one facility to another is not only good practice but vital to continuity and quality of care. Certain government regulations as well as JCAHO mandate hospital management of patient transfers.

The Emergency Medical Treatment and Active Labor Act (EMTALA) component of the Consolidated Omnibus Budget Reconciliation Act (COBRA) was designed to require stabilization of all patients who come to the hospital and are determined to have an emergency medical condition before the patient is discharged.

West Allis Memorial Hospital identified an opportunity for improvement in the transfer of patients in late 1995 when it was discovered that we had many inconsistencies in the patient transfer process.

We did not have an umbrella policy related to all transfers that would meet

COBRA/HCFA and JCAHO standards and we wanted the hospital mission to be reflected in the transfer process.

We also realized that we needed to take some action to be in compliance with the changes in COBRA regulations which required institutions to specifically list the risks and benefits of transfer in the medical record and document that they were explained to the patient. A multidisciplinary performance improvement team was formed.

The goal was to validate compliance with JCAHO, COBRA, and West Allis Memorial Hospital standards and provide the same level of care related to transfers throughout the hospital.

We found that seven different transfer forms were being utilized throughout the hospital. Four regulatory standards were missing on all seven forms:

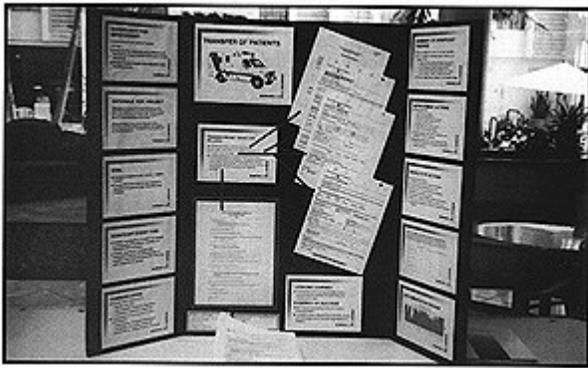
1. Consent of receiving facility and physician documentation including name of contact person and bed available.
2. Documentation that patient requested-transfer.
3. Documentation that benefits outweigh risks of transfer.
4. Documentation of patients' condition upon transfer. We were concerned about potential legal issues related to incomplete policies.

The following actions were implemented:

- A new policy was created.
- A two-part transfer form was created to meet all standards. The original is kept on the patient chart and a copy goes with the patient to the receiving facility.
- Transfer packets were assembled to include: Certificate for Transfer Form, AMA and Refusal for Examination and Treatment Form, and the Transfer Policy for reference). These documents were placed inside an envelope so that everything would be readily available as needed. A checklist was printed on the outside of the envelope so that all the necessary steps would be completed prior to transfer. All relevant documentation is placed back inside the envelope to go along with the patient to the receiving facility.
- Protocols for non-acute transfers were established.
- A system was put in place for rotation of ambulance services.
- An Inter-Facility Transfer Guideline Manual was developed.
- Extensive in-service was provided for the medical staff and nursing staff throughout the hospital.
- Satisfaction with EMS and five metro Milwaukee hospitals were assessed.

Receiving facilities have expressed satisfaction with the appropriateness, completeness of documentation and professional communication that have resulted from our new protocol. One of the facilities has adopted the same format and process for transferring patients to West Allis Memorial Hospital.

This has been a very rewarding project for all who were involved. Not only are we meeting the government regulation, we are improving continuity of care by improved documentation and communication.



West Allis Storyboard displayed at the Annual Conference

METASTAR PROJECTS *by Carol Furgeson*

FEWER, BIGGER PROJECTS

In March, HCFA described new criteria for PRO performance. Instead of a variety of projects in many clinical areas, MetaStar is to focus its efforts on four topics and involve a larger number of collaborators (hospitals and clinics) that was required previously.

The four topics we chose were:

- acute myocardial infarction (CCP)
- congestive heart failure, inpatient care
- vancomycin utilization
- diabetes: eye and foot exams and A1c testing in the clinic setting

These projects are all underway with remeasurement planned for the fall and winter. A second group of collaborators is currently being recruited to increase the number of Medicare beneficiaries benefiting from the projects.

Interested hospitals and clinics should call MetaStar at 800-362-2320.

Diabetes: Eye, Foot, and Blood

The current diabetes project is to improve diabetic management and decrease the likelihood of secondary complications.

The project uses a Quality Kit which includes: the project data collection tool essential diabetes care guidelines, examples of successful clinic improvement interventions, CQI strategies, flowsheets and posters.

Results of the baseline data for the eleven current collaborating clinics revealed an opportunity for improvement in the percent of patients receiving dilated eye exams, foot exams, and hemoglobin A_{1c} tests.

Congestive Heart Failure

Seventy of Wisconsin's 125 acute care hospitals are collaborating in a project to improve CHF care. The project is based on AHCPR guidelines which recommend assessment of left ventricular function, ACE inhibitors for eligible patients, and discharge instructions which include: diet, medication, physician follow-up, and weight monitoring information.

Data from CHF discharges during January 1997 through June 1997 showed that 64 percent of patients had documentation of cardiac assessment. Seventy percent of eligible patients were receiving ACE inhibitors, with less than a third of them at an appropriate dose at discharge.

Since patients may not yet be at their final dosage when discharged, the MetaStar analyst also assessed dosage titration upward. Of those patients with at least two doses in the hospital, only 29 percent had a later dose that was higher than the first dose.

Discharge planning was not as complete as expected. Ten percent of the almost 2,700 medical records assessed for the study contained discharge instructions about weight monitoring, 36% about diet, 45% about meds, and 82% about post-discharge physician visits.

MEMBERSHIP REPORT *By Virginia Wyss*

It has been another productive year in our marketing efforts to recruit new members and keep our active members renewing. As you recall, we were one of the first state organizations to accept NAHQ's offer for dual invoicing.

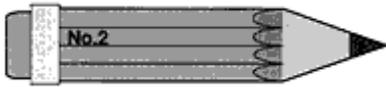
Since January 1996, membership invoices have been sent to us by NAHQ for annual renewal. We also have "NAHQ only" members from Wisconsin on our state mailing list and encourage them to join our state organization as well.

This process seems to be working, and I am happy to report our WAHQ membership is currently at 150 active members.

In addition, we have 122 NAHQ members in Wisconsin, and 82 of these are also active members of WAHQ. That gives us dual affiliation rate of 55%!

I want to remind everyone that annual renewal invoices are sent Out by NAHQ and you can pay your WAHQ dues through their office. Also, a WAHQ membership application is listed in this issue for your convenience.

We encourage you to pass this application on to friends and co-workers that have an interest in the benefits of our healthcare quality organization.



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:

Newsletter Editor

Anna McCarthy
Quality Assurance Mgr.
Rock County Health
Care Center P.O. Box 351
Janesville, WI 53547-0351
(608) 757-5495

Treasurer's Report by Linda Buel

Assets

Checking Account	\$ 4,277.59
Savings Account	\$ 2,861.11
Deferred Annuity	\$ 5,990.01

<i>Liabilities</i>	\$ 0.00
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Overall Total	\$13,128.72
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