



## **News and Views - Summer 2000**

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### **President's Corner** *By Diane Schallert, RN, MS, CPHQ*

Greetings to the WAHQ membership colleagues and friends. This newsletter is one of the many communication links to the WAHQ Board members, for local, state and national quality initiatives. We urge you to stay in touch with your regional representatives through e-mail, letters, meetings, and calls, and to use this newsletter to network more closely with other professionals committed to healthcare quality in our state.

Special thanks to Ginger Katzman, retiring president of WAHQ.

We continued to grow and achieved new goals with her leadership, the commitment of the Board members and the dedication of the membership.

My first responsibility as President of WAHQ was to facilitate at the annual educational conference on March 3, 2000. The WAHQ annual meeting was held on March 2, in Madison. The Strategic Planning document was reviewed and approved by those in attendance. The task for the Board is to continually review, implement, and evaluate the stated objectives for each goal. We look to you for input through your regional activities.

The membership also approved the by-laws that reflected some minor changes. An exceptional program was presented by Donna Warzynski, RN, from Stevens Point. Please refer to sections of the newsletter for this and other conference summaries.

The conference included a new venture for WAHQ. We co-sponsored the event with MetaStar, the QIO/PRO of Wisconsin, based in Madison.

One of our strategic goals was to look for opportunities to initiate such a venture for the purposes of expanding our relationships with new groups and organizations that have interests in healthcare quality, such as business alliances and coalitions, to increase attendance at the educational conference.

MetaStar is aligned with WAHQ in terms of mission and vision statements. Additionally, there is a positive and collaborative relationship through the website

assistance, Metastar's advisory committee work, the exchange of storyboard presentations, and newsletter articles.

Although the speaker, Dr. Armstead, and the program content on measures and outcomes was highly recommended and received positive evaluations, the conference did not result in a financial gain. The costs and incomes were shared by both of the organizations. The projected numbers for attendees was less than expected, and the speaker fees, the conference site, and some of the materials also incurred higher costs. Yet, there were numerous volunteer hours put forth by many staff that assisted to keep the losses to a minimum.

We deeply appreciate all of you that attended the conference and that you are able to utilize the information in your settings.

## ***NAHQ***

NAHQ NEWS is a publication that NAHQ members receive as part of their membership. Please share with your colleagues. We are fortunate to have two of our Board members represented on committees: Ginger Katzman is with the Leadership Council and Virginia Wyss is with the Membership group.

"Journal for Healthcare Quality, March/April2000" contains an editorial section from the editor, Luc Pelletier, entitled "Error Free Healthcare: Mission Possible". I will summarize some key points and recommend you read the article in full. He goes on to say that the amount of medical errors has been described as unacceptable by the recent Institute of Medicine (IOM) report.

The IOM report has reached the highest levels in the federal government, and response to its findings and recommendations have been swift. A task force (QuIC) was formed to ensure that major federal agencies involved in purchasing, providing, studying, or regulating healthcare services are coordinating efforts for quality improvement. The goals of the federal programs are to implement recommendations of the IOM report and to cut preventable errors by 50% over 5 years.

## ***What does this mean to WAHQ?***

We are a liaison member to the Nursing Coalition/WNA. Elaine Kloepfel, WAHQ Board member attends meetings, and will report vital information on how we can play a more active role in state and national government healthcare issues. Watch for her reports. In addition, NAHQ has inquired of our interest to develop a Government Relations committee, as a formal and structured method. Your regional reps will solicit some feedback and we will pursue accordingly. Stay tuned.

NAHQ annual educational conference is September 16-19, 2000, in Dallas, Texas. It is a special year, "Celebrating 25 years of Quality". We will send myself and 2 Board members representing our state on the Leadership Council. The Board for future conferences will develop selection process policies and criteria. Visit the NAHQ web for more information on the conference and other references. There is also valuable info for CPHQ continuing education ideas.

Stay in touch.

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**UPCOMING EVENTS**

**July 21**

**WAHQ Board Meeting**

Papa's Place, Baraboo

**August 31**

**CPHQ Examination**

Registration Deadline

**September 8**

**WAHQ Board Meeting**

Papa's Place, Baraboo

**September 16-19**

**NAHQ Conference**

Dallas, Texas

**October 15-21**

**National Quality Week**

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**Annual Conference** *By Anna McCarthy, CPHQ*

"Measurability in the New Millennium: Are Outcomes Measurable and Comparable?" was the title and subject of our Spring Conference, co-sponsored by MetaStar, Inc., held March 2 and 3. The two presenters were Donna Warzynski, RN, CNA on Thursday evening and Rodney Armstead, MD, FACP, on Friday. Both speakers rated highly by attendees and provided valuable insights regarding their respective topics. Rodney C. Armstead, MD, FACP, has a diverse healthcare background that includes professional, administrative and educational faculty experiences in three major hospitals and universities. He also served as the director, Offices of Managed Care for the Health Care Financing Administration (HCFA) in Washington, DC. Currently, he is the President/CEO for Medical Diagnostic Management, Inc., in Culver City, California. The purpose and focus of Dr. Armstead's presentation was to identify the issues, methods, tools, and variables that contribute towards performance and patient/client healthcare outcomes. Learning outcomes of the presentation included:

- **Understand the many definitions of "outcomes" and why there are so many:** As Dr. Armstead identifies, measuring outcomes begins with screening for potential disease. The purpose of screening is to improve health outcomes. Many questions are asked when defining outcomes, specifically are outcomes the patient's experience. There then becomes direct and indirect evidence to support treatment with expected outcomes.

Also included in defining the outcomes is interpretation of the evidence developed which involves some biases from randomized studies and

uncontrolled studies and the necessary adjustments for biases (i.e., adjusting for the range of uncertainty for important variables). Dr. Armstead's summary of health outcomes indicates: outcomes are measurable, are not comparable from study to study, have questionable value added for the patient, will not improve significantly until broad accountability is applied, and will be driven by legislation and political leveraging.

- **Identify the best tools available to measure outcomes that incorporate objective clinical data and patient information:** Part of the issue of developing effective outcomes is patient compliance. The problem results from gaps in health care quality and information; quality varies from place to place, doctor to doctor. Quality of care can be improved and often the quality failures are frequent and systematic. As patients become savvier, there has become an enormous public demand for quality information; however, the surveys and demands from patients do not discuss patient responsibility.

Dr. Armstead states that, "social conditions and self-management are more powerful determinant of health than access to care." The current measurement strategies include NCQA and HEDIS. HEDIS 2000 includes more than 50 performance measure used to evaluate and compare health plans. Another measurement system/standards is JCAHO's ORYX. ORYX is more flexible and includes broad requirements of measures from all types of accredited entities (i.e., hospitals, SNFs, home health, etc.); however, the limitations from the flexibility could create comparability issues and the measures do not address patient compliance. A new focus in outcomes is being developed by FAACT, the Foundation for Accountability.

FAACT began by researching what is important to patients. The research reviewed patients in various age groups, insurance coverage, and health conditions. A summary of the results indicates that: the doctor is paramount, people can get good care in a bad plan if the doctor is good, and if the doctor is bad, people will get bad care even if the plan is good. The conclusion is patients need to be their own best advocates and talk to their doctors. FAACT then looked at what messages had the most, least, and mixed effect on patients. Subsequent research with patient focus groups suggested the same difficulty in defining quality of health plans through report cards has had the same results when defining quality doctors through report cards. There are no easy answers.

- **Discuss examples of best practices leading to positive outcomes:** FAACT is working in the arena of measuring regional quality through the eyes of the patients, in three chronically ill populations; those with asthma, diabetes, and coronary artery disease. Many pathways and tools have been developed based on accepted treatment practices that are used to treat individuals with asthma, diabetes, and coronary artery disease. FAACT is working from measuring quality to providing effective and accurate consumer information. FAACT is moving to the consumer focus. Public awareness is essential in helping patients be their own advocate and improve their own health status.

- **Identify best practices that recognize the different needs of vulnerable and disenfranchised populations such as Medicare and Medicaid:** The presentation of special needs outcome studies identifies the Quality Improvement System for Managed Care (QISMC) as a system that addresses quality for public healthcare providers. Four domains are included in the program, quality assessment and performance, enrollee rights, health services management and delegation. The QISMC identifies basic requirements for the organization and performance levels that must meet minimum HCFA and State Agency standards. Performance improvement projects are required in clinical and non-clinical service areas. The organization must maintain a health information system and have clear administrative arrangements. QISMC also delineates enrollee rights and information.
- **List examples of the coordination/continuity of care in the community:** An example of coordinated care in the community is the PACE program. PACE is focused on the aging population and related services provided by not-for-profit and public entities through a multidisciplinary team. The entity must have a governing board that includes community representation. An entity in the PACE program must also be able to provide the complete service package regardless of frequency or duration of services, and have a physical site to provide adult day services. Participants in the pace program must be 55 or older, meet a nursing facility level of care, and live in the PACE area.

Services provided by the PACE program include social work, drugs, NF care, primary care services, restorative therapies, personal and supportive services, nutritional counseling, recreational therapy and meals. Payment to the PACE provider is through a per member per month basis by HCFA and a negotiated capitation rate from the State Medicaid Agency.

### ***"Chronic Care Network Development - Community Focus"***

Donna Warzynski, RN, CNA

Donna Warzynski is the Director of Chronic Care Services at Saint Michael's Hospital and chairs the Chronic Care Network Governance group, as well as the information system and pharmacy subteams. She also chairs the Community Health Delivery Team.

The focus on Donna Warzynski's presentation was the development of a chronic care network in the Portage County area collaboratively with various health care entities around Stevens Point, Wisconsin and Portage County representatives. Donna began by suggesting that there are many people with chronic health conditions amongst us, not wasting away or confined to nursing homes, who enter the continuum of care at various points and times. The two main focal points of discussion included the circle of care and collaboration required to undertake the project and how the network is operating and growing today.

As Donna described, the circle of care required in developing the Chronic Care Network involved four main steps: planning, doing, analyzing, and follow-up.

**Plan:** The community involvement was enlisted in the Stevens Point/Portage County

area into a Chronic Care Network Committee. Groups enlisted for participation included the local hospital, nursing home providers, county human service representatives, hospice, occupational health, and the county department on aging.

**Do:** Once the members of the oversight committee were enlisted, workgroups were developed to address five main areas: access into the continuum of care, support to ensure common terms for consistency across the continuum, develop a community plan of care for high resource diagnosis including congestive heart failure, develop a universal assessment tool, and defining the role of case management within the continuum of care.

**Analyze:** The oversight committee and the workgroups analyzed five major areas of concern: multidisciplinary approaches to care, perception of inconsistently implemented standards of patient care, lack of continuity of care, lack of measurable patient outcomes, and lack of an evaluation system for outcome improvement.

**Follow-up:** The three main areas of follow-up including reviewing plans of care, statewide initiative of Long Term Care Redesign project, and the development of a Chronic Care Network. After review of plans of care, Portage County opted to participate as a pilot site in the Long Term Care Redesign project, and the Chronic Care Committee set forth to develop the Chronic Care Network. The network was design to address a spectrum of integrated services and be a resource to individuals with chronic conditions over a prolonged period of time. The mission, vision, and the infrastructure of the Network were developed. As the Network exists today, there is a Governance Group, an IS, pharmacy and finance subteams, a director of chronic care services, and case managers who are employed by the Chronic Care Network.

The care management arm is focused on disability prevention and organized around populations at high risk and condition specific groups. Two groups currently served include individuals with congestive heart failure and/or diabetes, as well as other diagnosis that are referred for chronic care services. The caseloads of the case managers continue to grow throughout the community. As Donna identified, some individuals are followed by the case managers daily while others weekly or monthly. The services of the chronic care network are designed to be flexible, as the patient's care needs change.

The Chronic Care Network provides a full array of effective and efficient services to meet the needs of high-risk populations. In closing, Donna quoted James Callahan who indicated, "coordinating a range of lousy services will give you a range of lousy coordinated services." Integration itself will not solve every problem.

*If you would like more information about either speaker or materials from the conference, please contact Anna McCarthy at (608) 757-5495 or via E-mail at [mccarthy@co.rock.wi.us](mailto:mccarthy@co.rock.wi.us).*

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## **WAHQ Spring 2000 Conference Evaluation/Summary By Gloria Field**

"Measurability in the New Millennium: Are Outcomes Measurable and Comparable" was held March 2nd and 3rd with the March 2nd evening presentation by Donna

Warzynski titled "Chronic Care Network Development Community Focus" receiving very positive feedback including "exceptional".

Though attendance was lower than expected, those present scored it very high. There were 29 attending the March 2nd evening presentation and membership meeting and 71 attending the March 3rd session with 59 respondents to the evaluation and survey. Attendance at the March 3rd presentation by Dr. Armstead, "Measurability in the New Millennium: Are Outcomes Measurable and Comparable" varied with attendance again primarily by professionals within the Provider Quality Management Section followed, by Quality Management from Managed Care. Other position categories in attendance included: Nursing Management, Long Term Care, Infection Control, Health Information Management, Risk Management, Compliance, Research, Government Quality Review, Case/Care Management, Utilization Review and Nutrition Counseling/Diabetic Education.

Dr. Armstead's presentation scored well overall in meeting educational objectives. It was felt that he was a very knowledgeable speaker and that the program was "interesting and covered many topics". Some commented that Dr. Armstead was a "great speaker" with a fantastic program.

"It provided a national perspective on outcomes" and 44 responded that they would recommend this program. "It gave the sense of going in the right direction". Others felt they would have liked a more focused presentation with more systematic review of outcome measures in use in various settings and more discussion about "hands on", "how to" with direct application. Some would have liked more hospital based examples given problems with measurability of outcomes. FACCT was new to some and was felt to be very interesting. Some commented that they would have liked more reference to actual compliance/outcome links. It was felt that there was good resource material and supplements to the presentation which was helpful as comments indicated the difficulty in seeing the material overhead as the "print was too small".

Generally it was felt to be good background information and spoke to patient compliance issues.

## **FACILITY**

Many had significant difficulty with accommodations, "hotel was overbooked and underdeparted". They were told no rooms available despite confirmed reservations, some rooms were "dirty". "Room too cold, loud noise with kids running in halls, and poor service" were among the several negative comments. However, a significant percentage indicated they would recommend this facility again and it was also commented by someone that it was "10 times better than Crown Plaza, clean, great customer service". It was felt that the food was very good but lunch took "too long", and there was "too much" food. A recommendation was made to hold the conference in the middle of the state and that at least the Crowne Plaza is 30-40 minutes closer access. Noise from other rooms and microphone difficulties were very distracting during the presentation.

## **PROGRAM REGISTRATION**

The majority felt that pre registration was very efficient as usual. Most felt that the brochure described the program accurately, though one felt it did not match the program content. A few commented that the desk didn't have the conference listed under WAHQ, but rather as MetaStar. One registrant had left WAHQ as contact reference for family and this caused some difficulty. Overall, registration went smoothly.

## **STORYBOARDS/SPONSORS**

A comment made regarding the storyboards was that there was too little time to view though some felt there was too much time and would have rather had the program end earlier. Overall, most felt the storyboards and sponsors were beneficial.

## **ORGANIZATIONAL FUNDING/SUPPORT FOR PROGRAM**

Out of 59 respondents, 45 had registration paid, 29 lodging, 19 travel, 35 mileage, and 19 daily living expenses. One respondent commented their organization has begun to cap lodging.

## **NETWORKING**

Of the 59 respondents, 52 felt there were adequate networking opportunities. Suggestions included finding ways to increase attendance the prior evening. Most that attended the Thursday evening activities liked the extra time and felt it was a great opportunity for networking. Suggestions also included promoting it more, sharing e-mails and regional meetings to promote networking.

## **NEWSLETTER**

Forty-four responses indicated that the Newsletter keeps them updated on WAHQ. Only one indicated "no" and 21 gave no response. Comments included a recommendation for a problem corner "Dear Abby format" related to "common quality problem" and more on board meeting discussions.

## **WAHQ WEBSITE**

Very close to the same number (26) as in previous conference (27) responded that they have accessed WAHQ's website with 15 indicating access at least 3 times and 6 accessing regularly, quarterly or at least once a month.

## **CERTIFICATIONS**

Of the 59 responses, 23 indicated they were CPHQs. Responses to whether certification impacts careers included: Organization not aware of this certification so not valued, too early to tell just received, valuable, provides credibility to position, allowed me to further advance in quality area, no recognition in my organization, hasn't had an impact on professional career,

and has been a source of personal satisfaction. Other certifications included: RHIA, RHIT, Certified Managed Care Nursing, Registered Dietitian/Certified Diabetic Educator, Certified Occupational Health Nurse, and CMSC.

## **FUTURE TOPICS**

Preferences for future topics in order of rank included: Again, (1) Outcomes Across the Continuum; (2) Information Systems Specific to Quality Professionals Work; (3) Quality Measurement Methods; (4) Case Management /Integrated Care Delivery Systems; (5) Managed Care; (6) Accrediting Bodies; and (7) Professional Growth. A suggestion was CPHQ Preparation Review. Interestingly, topics were ranked exactly as last year. Please let any of the Board Members know if you have ideas for specific speakers or programs.

The top 4 choices in order of best months for the conference were: March, April, October, and September.

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## **MetaStar Quality Initiatives *By Kay Simmons***

MetaStar began work this year on its new three-year contract with the HealthCare Financing Administration (HCFA).

Under the contract, MetaStar will continue to conduct quality initiatives with hospitals, clinics and other health care providers to assure that appropriate and necessary care is being delivered to Medicare patients.

The initiatives will look at the care provided to patients with acute myocardial infarction, congestive heart failure, TIA/stroke/atrial fibrillation, pneumonia, diabetes and breast cancer. MetaStar divided these ambulatory and inpatient priorities into five projects: Right Meds, Right Time; Preventive Care for Healthy Aging; Diabetes Ambulatory Care; Inpatient Immunization; and Smoking Cessation. If you haven't signed up for these projects yet, contact Carolyn Coffey at (608) 441-8205, (800) 362-2320, ext. 8205 or [CCOFFEY@metastar.com](mailto:CCOFFEY@metastar.com).

For these projects, the following events and materials are coming up:

### **Right Meds, Right Time Workshops -**

Providing patients with the right medications at the right time is the focus of this series of three workshops beginning July 10 in Wausau and July 11 in Waukesha. Participants will learn how to use the "Model for Improvement" from a national expert to improve indicator rates for the Right Meds, Right Time Project. Watch the mail for your invitation or contact Dennis Spurlin at (800) 362-2320, ext. 8207 or [DSPURLIN@metastar.com](mailto:DSPURLIN@metastar.com) for more information.

## **Inpatient Immunization Quality Kits -**

MetaStar will be distributing Inpatient Immunization Quality Kits to all Wisconsin hospitals in a few weeks to assist hospitals in creating a system to ensure that immunization assessment is part of patient admission or discharge procedures and that appropriate follow-up is conducted. The kits contain educational materials, samples of assessment forms and standing orders, billing information and examples from successful hospitals.

## **Preventive Care for Healthy Aging Workshops -**

Coming later this summer, this regional workshop for clinic managers and local public health will provide information about reminder systems for immunizations and mammography.

## **Diabetes Ambulatory Care Quality Kits -**

Information in these kits will help clinics develop or improve systems to assure that their diabetic patients obtain regular lipid profiles, hemoglobin A1c testing and retinal exams by an eye professional.

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### **JOB OPPORTUNITIES**

#### **Health Care Quality Specialist**

[MetaStar](#), a leader for over 25 years in forging partnerships for health care quality improvement, has an immediate opportunity (based out of either Madison or Milwaukee) for a full or part-time, experienced health care quality improvement professional. To help us partner with Wisconsin health care providers, you will:

- Help develop and coordinate health care quality project implementation
- Help develop & implement interventions
- Develop & maintain relationships with collaborators
- Coach & support collaborators with project-related improvement processes
- Assist in collaborator recruitment, presentations, reporting and evaluating implementation strategies

Minimum requirements include a general knowledge of health care delivery systems and principles of quality improvement. Exceptional communication skills a must. Great pay and excellent benefits! Send resume and cover letter to:

MetaStar, Inc.

c/o HR: HCQS  
2909 Landmark Place, Madison, WI 53713  
1-800 362 2320  
[www.metastar.com](http://www.metastar.com)  
*Equal Opportunity Employer*

**Health Information Manager**

[Rural Wisconsin Health Cooperative](#) is seeking a Health Information Manager to supervise day-to-day operations management and consultation to the Credentials Verification Service and the Quality Indicators Program (a JCAHO Performance Measurement System).

An expertise in JCAHO and/or NCQA standards is required as well as an ability to interpret and apply new or revised standards. Work experience in the hospital and/or managed care settings is also essential along with an understanding of rural health issues.

The Health Information Manager also serves as a key resource; providing consultation to health information issues to member hospitals as well as other RWHC staff.

Interested candidates should contact: *Bonnie Laffey*, Director of Programs & Services, by submitting a resume via mail:

880 Independence Lane  
P.O. Box 490  
Sauk City, WI 53583

or by E-mail to [blaffey@rwhc.com](mailto:blaffey@rwhc.com)  
or 800-225-2531

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**The Nursing Coalition Report *By Elaine Kloepfel, RN, MSN, CPHQ***

WAHQ became a member of the Wisconsin Nursing Coalition last year, which connects us with over 20 nursing related organizations throughout the state. The Coalition, through the diversity of its members, can make an impact on healthcare in several different ways through the regulatory, legislative, education and clinical practice arenas. Quality, of course, cuts through all of this so it is important that WAHQ be at the table. It also means that WAHQ will need to be more proactive in taking stands and providing leadership within our area of expertise.

Since, I, as the WAHQ representative, have been attending the coalition meetings, there have been a couple of issues which the coalition has been focusing on. One is the nursing shortage which experts say will be the worst ever in about 5 years. That is because the average age of employed nurses keeps going up and the numbers who will be retiring in about 5 years will not be adequately covered by newly graduated nurses. Adding to the concerns is the average age of nursing educators which is higher than

that of the clinical practitioners. Many of you have read about the Nursing Shortage Summit which is a group formed specifically to come up with strategies to offset the shortage. They are having to do "out of the box" thinking. In support of this the Nursing Coalition prepared a Unity Statement which is as follows:

The current and increasing demand for RN's in Wisconsin translates to a period of great employment opportunity. If we are to attract qualified persons into nursing, we must make it clear that healthcare/nursing is "work worth doing". As Nursing Coalition members, we support the efforts that have been initiated by the Nursing Shortage Summit. These efforts include data collection, development of marketing/communication programs, increasing collaboration between nursing practice settings and schools of nursing and increased ongoing collaboration between the nursing education programs within the state.

*In addition we support the following goals:*

1. Increased number and availability
2. Increased enrollment in Nursing Education programs
3. Improved educational/training opportunities
4. Increased retention rates for RN's (in the profession; in the workplace)
5. Improved workplace satisfaction levels among RN's
6. Ongoing reassessment and adjustment of the educational and practice environment to facilitate meeting demands for RN's today and in the future.

The other big issues have to do with legislation. The Nursing Coalition has been active in working with legislators such as Judy Robson of Beloit, who as a nurse is very aware of the healthcare issues. The Nurse Licensure Compact, which makes it easier for nurses to practice across state lines, and The Whistleblower Legislation, which protects health care workers who expose wrongdoing, are two such pieces of legislation the Coalition dealt with and supported.

The latest issue has to do with the reporting of "near misses". These are not duplicating incident reports which document "sentinel events" or less serious injuries, but rather those mis-steps in a process which could have resulted in a sentinel event if not caught in time. The airline industry uses similar reports to track potential safety hazards within specific airports or with certain aircraft or airlines. No names are ever attached to the reports, but the reports are categorized and examined carefully when the numbers exceed certain criteria. Nineteen states have already enacted such legislation for healthcare and there is interest on the part of several Wisconsin business coalitions and others to have these "near misses" tracked here as part of quality improvement. A few weeks ago a study group was formed and met at the State Medical Society. The Wisconsin Health and Hospital Association, MetaStar, the State Medical Society, and members of the Nursing Coalition were among the group that met. Legislators are interested and advised the study group make recommendations to them.

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## Visit Our Web Site

Looking for the latest WAHQ news? You can visit our Web site at [www.wahq.org](http://www.wahq.org) for the latest information on healthcare activities at home and around the country.

There are links to other healthcare quality resources from our Web page as well as the latest newsletter from WAHQ and our quality conference brochure listing our educational offerings.

We are fortunate to have the expertise of MetaStar to guide us in the development of our Web page. This avenue of networking through the Internet would not be possible without their technical and financial support; we are forever grateful.

So, visit our site and let us know if you find it beneficial. Our e-mail can be accessed through the Web page too. Any suggestions or ideas from our members on the Web page is always welcome.

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## 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  
2229 Pioneer Rd.  
Janesville, WI 53546  
Phone: (608) 757-5495  
Fax: (608) 757-5010  
E-mail: [mccarthy@co.rock.wi.us](mailto:mccarthy@co.rock.wi.us)

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## Treasurer's Report

**by Linda Buel**

As of 6/6/2000

**Assets**

Checking	\$ 2,580.97
Savings	\$ 1,971.37
Deferred Annuity	\$ 6,543.89
<b>Overall Assets</b>	<b>\$ 11,096.23</b>

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**Membership Report By Virginia Wyss**

I would like to give you an update on our membership renewal program. I briefed you in the winter issue about the dual invoicing program offered by NAHQ being discontinued.

Starting March 2000 your renewal notice is being sent to you from WAHQ. For those of you that have dual memberships with state and national, you are also receiving your invoice from NAHQ. I am sorry for the inconvenience, but as an affiliated state, we didn't have a choice. The decision to discontinue the dual invoicing program was an action of the NAHQ Board.

I am hoping the WAHQ invoice and cover letter is providing accurate and timely information. If you have any suggestions for the design and needed information, please send your ideas along. It will help me with the membership programming for WAHQ.

I have sent our 25 renewal notices to members having renewal dates through June, 1999. We have lost 16 memberships to date since we changed our invoicing program. So I am encouraging active memberships to remain active and for you to pass our application on to friends and co-workers that have an interest in the benefits of our healthcare quality organization.

We have our [membership application](#) listed in the newsletter for your convenience to join or renew your WAHQ membership. You can also access information by logging on to our website [www.wahq.org](http://www.wahq.org), fax (608) 743-0520 or E-mail [ginnykwyss@aol.com](mailto:ginnykwyss@aol.com).

Also, NAHQ only members that reside in Wisconsin, we encourage you to join our state organization.

**Address Changes and E-Mail Addresses**

We value your membership and would like to make sure we are sending materials to all of our members. If your address changes or you would like to add an e-mail address to our database, please contact:

Virginia Wyss at (608) 743-0520 or by E-mail at [ginnykwyss@aol.com](mailto:ginnykwyss@aol.com).

**NAHQ List Serv**

NAHQ has a great networking opportunity via e-mail. NAHQ has created a list serv for its members. The list serv is a quick and inexpensive way to network with colleagues. If you would like more information about the list serv, please contact:

NAHQ 800/966-9392

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[\[WAHQ Home Page\]](#)