

## President's Corner

### WAHQ President



**Gloria Field, RHIT, LPN, CPHQ**

We've had a wonderful presence and response at our March 14<sup>th</sup> WAHQ conference, "Driving Performance Forward-Current Trends in Quality." The majority of those present, by returning the surveys, provided the WAHQ Board with insightful feedback for continuing to focus on the educational needs of the membership.

WAHQ's goal is to meet the educational needs of our current membership base, as well as to explore opportunities to increase membership with consideration for the diversity and educational interests of all professionals within healthcare quality (ie.-acute care, LTC, outpatient arena, managed care etc., risk management, patient safety, etc.).

The speakers received excellent comments and marks for their presentations and the majority of responses would recommend this program to others. That, in itself, is very telling about conference content being applicable for quality professionals. The WAHQ board will

continue to rely on our membership's insight for developing educational programs for our future and development of healthcare quality professionals.

The NAHQ Leadership has drafted and presented a significant strategic plan for an "Envisioned Future" direction with incremental planning between one and fifteen years. They have identified future issues and factors that will impact quality professionals with a focus for all stakeholders in healthcare.

The categories of impact for the future, outlined by NAHQ as "Assumptions" in their draft plan include the following:

- Global Business
- Economic Factors
- Social Values
- Demographics
- Science and Technology
- Legislation and Regulation
- Competition

Under each of these categories, they have presented some relevant "assumptions" that would impact the ongoing strategic plan for NAHQ's members. WAHQ will continue to align with NAHQ goals to develop leaders and to be recognized as leaders for healthcare quality.

NAHQ's 3-5 year planning for professional development includes the following objectives:

- (1) Increase certification among healthcare professionals;
- (2) Increase accessibility of educational programs for healthcare professionals;
- (3) Enhance the skill of associations' members."

NAHQ updated resources available to states with the Q-Solutions Toolkit for facilitating the sessions. WAHQ

partnered with Metastar Inc. to host a Certified Professional Healthcare Quality (CPHQ) study session, The instructors utilized the Q-Solutions tools for the second year. This was conducted on March 13, 2008 prior to the annual conference.

Judy Frisch, our CPHQ lead who organized the study session reported that we had 32 participants representing many parts of the State of Wisconsin. The attendees were from inpatient, outpatient, and healthcare payer settings. We will continue to offer this important member benefit.

It was a pleasure to network with those of you who attended the spring conference. I am looking forward to the **upcoming March 13, 2009 conference at the Crowne Plaza, in Madison**. We are planning an exciting conference.

I would like to take this opportunity to thank those of you who have left positions on the board. Your hard work is greatly appreciated. I look forward to working with our new board members. We have a lot of work ahead and we are lucky to have such great talent!

## What's inside

Upcoming Conference/Goals	pg 2
Generation Frustration	pg 3
Story Board Summaries	pg 4
Election results	pg 5
MetaStar Review, Odds & Ends	pg 6
Board of Director Information	pg 7

Summer/Fall 2008

## Upcoming 2009 WAHQ Conference

# Save the date

## March 13, 2009

Crowne Plaza  
Madison Wisconsin



## Call for Storyboards

Submitted By Sheri Krueger-Dix

- Another WAHQ opportunity to network and share your successes and lessons learned with your professional peers.
- If you are interested in presenting a **Storyboard that demonstrates a progressive topic that would highlight Healthcare Quality**

Please submit a brief description (80 words or less)  
to **Sheri Krueger Dix.**

**Due by February 13, 2009**

The **WAHQ BOD** will review all submissions and confirm presentors with  
**guidelines by**

**February 27, 2009**

**email:** [sdix@fmlh.edu](mailto:sdix@fmlh.edu) or

**Phone:** 262-257-3495 or 414-850-8488

### Visit our WAHQ Website

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.

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 Peacock, webmaster, Metastar Inc.

### Other Quality Websites

WI Bureau of Quality Assurance	<a href="http://dhfs.wisconsin.gov">http://dhfs.wisconsin.gov</a>
New CMS Internet site	<a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>
Wisconsin Collaborative	<a href="http://www.wiqualitycollaborative.org">www.wiqualitycollaborative.org</a>
Wisconsin Price Point	<a href="http://www.wipricepoint.org">www.wipricepoint.org</a>
Health Grades	<a href="http://www.healthgrades.com">www.healthgrades.com</a>
Center for Disease Control	<a href="http://www.cdc.gov">www.cdc.gov</a>
Healthy People 2010	<a href="http://www.healthypeople.gov">www.healthypeople.gov</a>
Minnesota Adverse Health Reports	<a href="http://www.health.state.mn.us/patientsafety/">www.health.state.mn.us/patientsafety/</a>
Caring right at home	<a href="http://www.caringnews.com">http://www.caringnews.com</a>

The video "The NQF Efficiency Measurement Framework: Can it Help Heal the Schism Between Public Health and Medicine?" is now live. You can view it at  
<http://videos.med.wisc.edu/videoInfo.php?videoId=1677>

## 2005-2008 WAHQ Goals

Submitted by Gloria Field, President

**Goal 1 – Education** – this includes our annual conference, newsletters, and Metastar's CPHQ study session. We will be emailing the newsletter to members with email and mailing to those that do not have access to Email.

**Goal 2 – Networking** – Improved communications with our members through an enhanced website, and continued liaison with other state organizations.

**Goal 3 – State presence** – CPHQ recognition and acknowledgement of member awards through the newsletter. Just a reminder, if you pass your CPHQ exam, please send evidence of your success and membership to our treasurer for \$75.00 reimbursement.

**Goal 4 – Strengthen relationship with NAHQ** – maintain NAHQ affiliation through strong membership and participate in the NAHQ Leadership Council.

We continue to meet the minimum 25% dual membership for WAHQ and NAHQ. We have three members who participate on the NAHQ Leadership Council.

**Goal 5 – Fiscal Responsibility** –The board is continually looking for ways to increase member benefits and maintain budget conscious activities.

## *Treasurer's Report*

*Submitted by Matt Wahoske, Treasurer*

### ACCOUNT BALANCES

• Checking	\$ 4,810.61
• Savings	\$ 35,769.65
• Annuity	\$ 5,227.43
Total	\$ 45,807.65

# Generation Frustration

by Constance Patterson, PhD (Guest writer)

Training Director for the Louisiana School Psychology Internship consortium

The current workforce encompasses four generations of workers. These generations have different working styles and values that can frustrate, irritate and confuse. Promoting cross generational communication can improve your workforce collaboration as well as your patient satisfaction. Understanding the needs and wants of each of the generations in your workforce and your customers can provide you with opportunities for greater success.



## **Traditionalist Generation**

### **Born between 1922 and 1945**

Employees of this generation were born during the Great Depression and World War II. They experienced great economic hardships as children but in contrast to the relative poverty of their youth, members of this generation today are financially stable.

Their early work environments were large, bureaucratic organizations with clearly delineated hierarchies. Rules, roles, policies, and procedures were plainly outlined. This standardization and structure contributed to the ability of organizations to grow, develop and succeed. Achievement in this hierarchical structure was dependent upon employees who obeyed the rules and practiced within established parameters. Over time, Traditionalists learned that they were rewarded if they obeyed the rules and worked hard.

## **Baby Boomers**

### **Born Between 1946 and 1964**

Boomers viewed the future with optimism and promise. Members of smaller families, boomers were doted on by parents, schools, and society as a whole. For the most part, they grew up in two-parent households where the father earned the family income and the mother was a home caretaker.

Emphasis was on freedom to be yourself and the “me” generation. Lack of conformity to the old rules became an established pattern. Heroes were no longer men in positions of authority. Rather, those who questioned the status quo were the honored members of this generation. Long-standing societal rules and expectations were examined and altered, creating the assumption in the minds of Boomers that they should question authority and that the status quo could be transformed by working together.



## **Generation X**

### **Born Between 1965 and 1980**

Many Gen X children lived in two-career households. Rising divorce rates resulted in 40% of Gen X children being raised in a single parent household. This was the “latch key” generation. Many Gen Xers grew up as under-protected children in overly permissive homes in which parents frequently were absent. These children became adept, clever and resourceful and were equal members of a family. At an early age they participated in conversations, advocated their point of view and expected to have their opinions considered.

The Gen Xers grew up with microwaves, video games, and computers, they are adept at using technology and expect instant access to information. This group understands that the world is one small ecology and one large, global economy.

This generation watched their parents work extremely long hours and sacrifice leisure time for success at work. This alone has motivated them to desire life balance in work and their personal life. They accept that employment is not a guarantee.

## **Millennials**

### **Born Between 1981 and 2000**

The Millennial Generation has nearly as many members as the Baby Boomer Generation. A resurgence of protectiveness and family values surrounds this generation with childcare, preschool, and after-school programs flourishing. Structure and schedules were part of every day for this generation with parents becoming more involved, mentoring, teaching and serving as an ongoing advocate for the Millennial child’s well-being.

Millennials have grown up in a multicultural, multiethnic, and global world with biracial and multicultural marriages forming families and neighborhoods with pluralistic backgrounds. This is the most traveled generation of all times. Communication through technology being the cornerstone for this generation, cell phones, text messaging, and email have created a constant connected environment.

Despite the bombing in Oklahoma City, shooting at Columbine and the terrorist attacks of 9-11 a resurgence of heroism and patriotism has emerged out of these acts. Today Millennials demonstrate a renewed sense of interest in contributing to the collective good and are volunteering for community service and joining organizations in record numbers. This generation is being welcomed in to the workplace as sociable, confident, optimist, and talented individuals.

Working with the different generations can be challenging but possible when you identify the differences and encourage positive relationships. The first step is building awareness within and among your workforce.

“Every generation is influenced by its period’s economic, political and social events – from the Great Depression to the civil rights and women’s movements to the advent of television and advanced computer technologies – so it follows that generational contest also may affect the way they work.”

# 2008 Storyboard Reports

## Safe Care Wisconsin

by: Monica Martin, BSN MBA RN CPHQ and Kendra Jacobson, M.S.  
The Safe Care Wisconsin Storyboard shared the initial project of "List It. Don't Risk It." with the attendees at the WAHQ conference. Safe Care Wisconsin was formed in 2005 to facilitate the development of partnerships to promote the safest healthcare in Wisconsin. Members of Safe Care Wisconsin represent hospitals, physicians, insurers, quality improvement organizations, patient safety organizations, and others committed to ensuring the safety of patients throughout Wisconsin. The group is administratively supported by MetaStar.

One of the primary goals is to provide tools and information to patients that encourages and assists them with engaging in their own healthcare. The "List It. Don't Risk It." project was initially chosen and created to inform people of the need to have a medicine list, to provide the form for making the list and to remind people to carry the list with them. It is important for our patients to be involved in this critical step in medication reconciliation.

Your support is needed to help your patients to be engaged in their care. Tools (ie.- medication forms, frequently asked questions, etc. are available on the website. The logo and slogan are available for use on your forms and/or as a link from your own websites. The website will continue to be enhanced with additional resources and refined tools. Spread the word and help others to incorporate the use of the medicine list.

Take advantage of the resources and tools at:  
[www.safecarewisconsin.org](http://www.safecarewisconsin.org) .

## Kidney Function Monitoring –PRICELESS

by: Marti Shannon RN, BSN, MBA  
The Aurora Medical Group's Central Region, which includes the

Oshkosh, Fond du Lac (FDL) and Sheboygan Clinics, has made and continues to make great strides in the area of diabetes. In 2007, 21 of our Primary Care Physicians received NCQA recognition for Diabetes management.

During the first quarter of 2007, patient data indicated that our diabetes patients were missing annual kidney function monitoring. Our Care Management team reviewed the data and discussed action plans. A consensus was reached to develop a "letter order" that could be mail merged with patient information from our monthly Care Management reports. A "letter order" was developed which indicated labs the patient needed, the billing codes utilized by the lab and required the provider's signature. The intent of this process was to provide diabetes patients with a simple method to complete their necessary laboratory tests. The letter informed patients that they could receive lab services at their nearest Aurora clinic and that the letter they received was also the order.

Utilizing this process, several of the Oshkosh and FDL providers went from having a Diabetes Kidney function rate of 30%- 40% to exceeding 70% within 60 days. At the end of 2007 our Central Region average for Diabetes Kidney Function monitoring was 76.5%. The "letter order" method has worked for AMG Oshkosh and FDL patients.

The Sheboygan Clinic was unable to use this letter order process due to provider preference. This clinic chose to utilize their provider lists of diabetes patients. The results have not been as dramatic as the "letter order" but it has made a significant positive improvement. The Sheboygan Clinic average in February of 2007 was 47% and with the intervention in October the average was raised to 70% by December of 2007.

## Lumbar Spine Outcomes by :Kathy LaFavor MSN

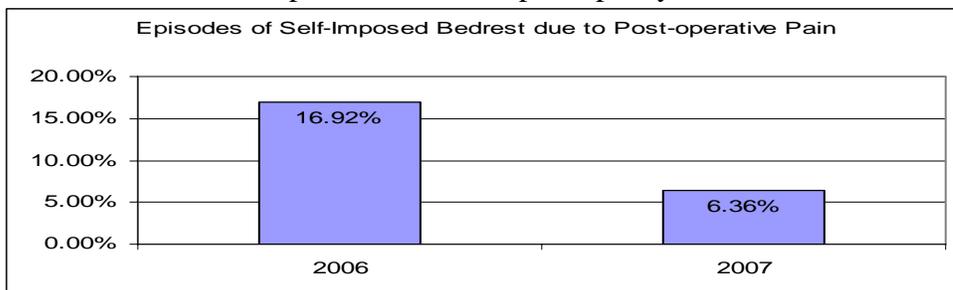
Analysis of data from the nursing outcome management tools (OMT) used with our elective lumbar spinal fusion population revealed that post-operative pain was keeping a percentage of the patients on self-imposed bedrest on the first day after surgery (POD 1). A literature review was completed with a focus on pre-emptive and adjunctive analgesia approaches to post operative pain. We developed and began using a protocol on this population.

**Aim(s):** to decrease the episodes of self imposed bedrest on POD 1 due to post-operative pain in the elective spinal surgery population

**Measures:** OMT documentation of pathway variance to the expected outcome: ambulation on POD 1 (with the variance being related to pain)

**Graph(s) of Results:** below

**Lessons Learned:** The initiation of a pre-emptive and adjunctive pain protocol in elective spine surgery patients resulted in a decrease in self imposed bed rest on post op Day 1.



# Election Results

**PRESIDENT-ELECT: Judy Frisch** is a Clinical Quality Specialist at MetaStar that is a QIO (Quality Improvement Organization) contracted with CMS to assure quality patient care for the Medicare Patient Population in the State of Wisconsin. Judy's role focuses on Quality Improvement and she is an Improvement advisor to many clinical projects. Judy teaches, coaches and facilitates quality improvement methodologies and techniques with hospitals and healthcare systems throughout the state. She also is a resource to these organizations assisting them in clinical topic updates, QI materials and skills training. Before working at MetaStar, Judy was the Director of Patient Care at HospiceCare, Inc. located in Madison, WI. Included in this role was the task of assuring compliance with the State of Wisconsin requirements and survey approval. Judy set up a quality improvement program to assure quality care was being practiced. Judy has been a Director of ICUs, PACUs, and telemetry units as well as staff nurse. Quality improvement has always been her niche and she has been very active in QI projects. She has attended many quality improvement training programs including Joiner and Associates, SSMS QI program and her MBA focused on quality improvement. Currently, Judy is on the Madison chapter of the American Diabetes Association Board and serves as a medical advisor. She is a member of the statewide Diabetes Advisory Group that is funded by CDC.

**NORTH CENTRAL REPRESENTATIVE: Mary Firkus** graduated from St. Joseph's School of Nursing in 1974 and has worked at St. Michael's Hospital in Stevens Point since then. She received her BSN from Oshkosh in 1996. Experience includes Med-Surgery, Ambulatory Surgery, Preadmission, and UR/QA for the last 11 years. She is currently a Clinical Quality Analyst in the Quality and Research Department. Her work includes data collection, analysis and reporting for Joint Commission indicators, Physician Quality Assurance and quality improvement projects for both St. Michael's and Ministry Medical Group. She is a CPHQ since 2003 and a member of WAHQ since 1998.

**SOUTHWEST REPRESENTATIVE: Sally Rosemeyer, RN, CPHQ** currently serve as Quality Services Director for Boscobel Area Health Care which is a Critical Access Hospital with 25 Medical Surgical beds, 10 bed Mental Health unit, 3 clinics, and a 66 bed Long Term Care Unit. As Quality Director, she is part of the Administrative team and responsible for the areas of Quality, Risk Management, Infection Control, Compliance, and Survey Readiness. She has been employed at this facility for 20 years, the last 15 have been in the role of Quality, which is an ever changing role! Sally has a bachelor's degree in Sociology/ Psychology, nursing degree, licensed as a Nursing Home Administrator, and obtained CPHQ certification in 2005. She currently serves on the Board of Directors for Badger APIC and is a member of the WHA Medical and Professional Affairs committee.

**SOUTHEAST REPRESENTATIVE: Lisa Donnell, RN, BSN** is a Quality Management Coordinator at Froedtert Hospital, Milwaukee, WI. Baseline experience includes emergency, critical care, multi-specialty ambulatory care, occupational health, and utilization review. Lisa is in the Department of Quality Management (1987). Job includes regulatory, process improvement and safety management. Experienced with data management and certified as a Six Sigma Green Belt.

**SECRETARY: Lisa K. Rowe-Peplinski, MSN RN** is the Director of Quality Improvement at Riverview Hospital Association in Wisconsin Rapids. Prior to joining Riverview Hospital Association, Lisa held various positions with Saint Joseph's Hospital, Ministry Health Care including: Clinical Outcomes Manager and Organization Development and Learning Specialist. Lisa holds a BSN from the University of Wisconsin-Oshkosh and a MSN with an emphasis on Nursing Administration from the University of Wisconsin-Eau Claire. She is also a Six Sigma Green Belt.

## Wisconsin Association for Healthcare Quality (WAHQ) 2008 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

**Annual Membership Fee**  \$45

Make check payable to **WAHQ**

**Mail to:**

**Virginia Wyss**

2202 Tradition Lane

Janesville, WI 53545

Email [VWyss@ameritech.net](mailto:VWyss@ameritech.net) Phone: (608) 752-3911

Affiliation with the National Association for Healthcare Quality (NAHQ) to join logon to:

**NAHQ Membership** <http://www.nahq.org/member/NAHQapplication.pdf> **annual membership \$150**

---

## Seven Projects in Four Health Care Settings

by Rob Rohde-Szudy, Administrative Assistant, MetaStar, Inc.

---

Over the last 2 years MetaStar conducted improvement projects in the hospital, physician office, home health, and nursing home settings that demonstrated remarkable improvement. Our Appropriate Care Measure (ACM) initiative used a novel measuring method—a composite measure that captured whether patients with acute myocardial infarction, heart failure and pneumonia received all the care he or she was eligible to receive—to assist hospitals to become highly reliable organizations. In the Doctor’s Office Quality-Information Technology (DOQ-IT) project, MetaStar facilitated a user group of five clinic systems (40 clinics) that selected the same electronic health record (EHR) to provide them comprehensive support for implementation.

In the MetaStar Health Care and Culture Project we assisted 30 clinics to improve their level of cultural sensitivity clinic-wide. The clinics took pre- and post-tests and completed education about the 14 standards for Culturally and Linguistically Appropriate Services developed by the U. S. Department of Health and Human Services Office of Minority Health. MetaStar assisted Wisconsin home health agencies to reduce avoidable acute care hospitalizations from 26.4% to 24% and a group of agencies to achieve the most improvement in the nation—from 56.9% to 63.9%--in

the “Improvement in Dyspnea” OASIS outcome measure. Finally, MetaStar assisted a group of nursing homes to reduce their pressure ulcer outcome measure among high risk residents from 13.4% to 10.9% (12% national average) and reduce CNA turnover rates from 4.3% to 2.9%.

MetaStar conducted improvement projects in the hospital, physician office, home health, and nursing home settings that demonstrated remarkable improvement. We used a composite measure that captured whether certain patients received all the care they should to assist hospitals to become highly reliable organizations. For clinics that selected the same electronic health record we developed a user group to support implementation. We provided an on-line educational package to assist clinics to improve their level of cultural sensitivity. We assisted home health agencies to reduce avoidable acute care hospitalizations and achieve the most improvement in the nation in the “Improvement in Dyspnea” OASIS outcome measure. Additionally we assisted a group of nursing homes to reduce their pressure ulcer outcome measure and CNA turnover rates.

---

## ODDS & ENDS

### Can You Help?

Do you know a speaker or vendor with expertise in one or all of the following topics:

- 1) Reimbursement incentives based on outcomes,
- 2) Quality measurement methods,
- 3) Outcomes across the continuum of care or
- 4) Risk Management/Patient Safety?

Please send the details to [riska@fmlh.edu](mailto:riska@fmlh.edu) or to your regional representative [www.WAHQ.org](http://www.WAHQ.org)

### Member News:

- **Ray Riska**, SE Member, will speak at the University Healthcare Conference on Surgical Care Improvement Project.

**If you know of a member who has an achievement send information to Mary Conti [mconti@fmlh.edu](mailto:mconti@fmlh.edu)**

### Special Thanks and Appreciation to Gale Garvey!

Gale Garvey has resigned as the South Central Representative

and has accepted a position as Director, Dean/St. Mary's CME Program.

The Board of Directors (BOD) has appointed **Linda Buel** to fill the remainder of Gale’s BOD term. Thank you Linda for accepting this position!

## **Are you willing to share your skills to assist with WAHQ Membership Management?**

The WAHQ BOD is looking for someone who is interested in membership and conference registration. If you are interested please contact your regional representative [www.WAHQ.org](http://www.WAHQ.org)

---

# Wisconsin Association for Healthcare Quality Board of Directors

## **Officers**

### ***President***

Gloria Field  
(715) 346-5257  
[fieldg@smhosp.org](mailto:fieldg@smhosp.org)

### ***President Elect***

Judy Frisch  
(608) 441-8216  
[jfrisch@metastar.com](mailto:jfrisch@metastar.com)

### ***Secretary***

Lisa K. Rowe-Peplinski, MSN RN  
(715)-422-9251  
[Rowlis@rhahealthcare.org](mailto:Rowlis@rhahealthcare.org)

### ***Treasurer***

Matt Wahoske  
(608) 469-8590  
[mwahoske@fincorsolutions.com](mailto:mwahoske@fincorsolutions.com)

### **Membership Coordinator**

Virginia Wyss  
(608) 752-3911  
[vwyss@ameritech.net](mailto:vwyss@ameritech.net)

### ***Newsletter Editor***

Mary Conti  
(414) 955-3166  
[mconti@fmlh.edu](mailto:mconti@fmlh.edu)

### ***Newsletter Assistant***

Ray Riska  
(414) 955-3167  
[rriska@fmlh.edu](mailto:rriska@fmlh.edu)

### **Internet Development**

Sheryl Krueger Dix  
(262) 257-3495  
[sdix@fmlh.edu](mailto:sdix@fmlh.edu)

### ***Metastar Liaison***

Judy Frisch  
(608) 441-8216  
[jfrisch@metastar.com](mailto:jfrisch@metastar.com)

### **Regional Representatives**

#### ***North central***

Mary Firkus  
(715) 346-5540  
[msfirkuse@ricemedical.org](mailto:msfirkuse@ricemedical.org)

#### ***Northeast***

Judy Sytsma  
(920)-846-3444  
[judys@cmhospital.org](mailto:judys@cmhospital.org)

#### ***Northwest***

Linda Burrell  
(715)-835-7620  
(715)-838-5674  
[burrell.linda@mayo.edu](mailto:burrell.linda@mayo.edu)

#### ***South central***

Linda Buel  
608-203-4616  
[lbuel@uwhealth.org](mailto:lbuel@uwhealth.org)

#### ***Southeast***

Lisa Donnell  
(414) 805-5059  
[ldonnell@fmlh.edu](mailto:ldonnell@fmlh.edu)

#### ***Southwest***

Sally Rosemeyer  
608-375-6234  
[srosemeyer@boscobelhealth.com](mailto:srosemeyer@boscobelhealth.com)

WAHQ members may attend board meetings provided there is sufficient room. Check with your regional representative if you are interested in attending a future meeting.

***Upcoming Board Meeting Schedule: November 14, 2008<sup>h</sup>, March 13, 2009***