



News & Views



WAHQ President Kathryn Noe, RN, CPHQ

President's corner

I am excited to have the opportunity of serving as your WAHQ President for the next two years. I would like to thank Diane Schallert our past president for her devotion and the many hours she has committed to our organization.

You may not know much about me so I would like to take this opportunity to share a little information about myself. I have been a nurse for the past 25 years. Currently, I am Assistant Director of the Emergency Department at Hess Memorial Hospital, in Mauston. This includes multiple interests and committees on the County and State level related to pre-hospital care. I have several certifications including a (CEN) Certification for Emergency Nursing.

As with many facilities I wear several "hats". One of these is as the hospital's Quality Improvement Coordinator, which includes several committee memberships and I serve as the Joint Commission liaison. Last year I achieved the (CPHQ) Certified Professional in Healthcare Quality. This was a beneficial certification for me in several ways. The most important was validating my knowledge and what I have been practicing for several years. As your president, I hope to assist individual's so we can increase the number of CPHQ's in our State. Testing has become more accessible and frequent so I am hoping

this will allow many of you to take the Certification test.

I have been a WAHQ board member for the past six years. This has allowed me to meet many new committed people in the quality arena. Thanks to WAHQ, I have represented our organization at National Conventions representing Wisconsin Quality interests as a leadership council member. I have had the opportunity to interact with our National Leaders, some who are in the headlines quite frequently.

One of my main goals for next year is to increase communication and networking within our specialty. I encourage each of us to begin thinking "out of the box" for ways to communicate with one another. We can all benefit from our memberships broad-based knowledge and experiences. Finding new ways to share this knowledge and experience in an efficient, low time commitment, process would be beneficial to our members and our organization. Members frequently rate networking at our Annual Conference as a valuable asset. I believe we need to find other effective ways to network as well.

I invite you to submit Healthcare Quality focused articles and Educational Conference information to our Newsletter Editor. This is one Communication resource available to you. We publish a quarterly newsletter, so your article and/or conference information should be submitted with plenty of lead-time to ensure it is timely for the upcoming issue.

As a professional with limited resources, I am always looking for information to improve Staff Education. I have found several educational topics available through the internet and publications. NCOA is one of those internet sites.

One of our goals this next year is to create a link between the NAHQ and our WAHQ website which will identify NCOA CEU topics. This should allow you to easily identify CEU materials of interest to you both from the NAHQ site and possibly other internet sites. This should be especially helpful to a

member working to maintain the CPHQ Certification.

This may be another possible communication tool, which needs further exploration. If you know of any valuable CEU internet information please forward this information to our Website Manager, Sheri Krueger-Dix.

Sheri will be working with our Metastar Web link Rich, to further develop this goal. We are very fortunate to have the Metastar support for our Website. Many States do not have the resources to develop and maintain this tool. We feel very thankful that Metastar has provided this link. You can expect Website updates in future "News and Views".

In addition to CEU information NAHQ also publishes positions papers. I would like to call your attention to one recent position paper I would recommend for your review: Healthcare Professional Shortages-An Impact on Quality. This paper can be found at www.nahq.org. This paper is very informative and thought provoking. The paper identifies shortages, implications and finally recommendations, which could be used at all, levels of the healthcare system.

Once again, I would like to take this opportunity to invite you to contact me to introduce your self at various functions or by email so I can continue to grow in my role as the WAHQ President.

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2002 Annual Conference Report

Patient Safety – Where Have We Been and What's in our Future?

By Sheri Krueger Dix, RN, Southeast Rep

Dr. Matt Scanlon's, the WAHQ Key not speaker, engaged the spring conference attendees with an update on key features of patient safety programs. Dr. Scanlon is a Pediatric Critical Care Physician who practices at Children's Hospital of Wisconsin. He is also an Assistant Professor at the Medical College of Wisconsin. He reviewed the driving forces behind the national and local patient safety efforts.

The National Patient Safety Foundation (NPSF) has impacted the patient care environment at the national and state level since it was founded in 1997. The Wisconsin Patient Safety Institute and Leapfrog Group was formed to focus on freedom from preventable injury. Estimates of volume and costs related to Patient Safety are riveting.

Dr. Scanlon outlined the key features of a patient safety program to include systems thinking, leadership, communication, reporting, human factors engineering and culture. Consideration of all these elements are necessary as part of an effective program, but remain insufficient in today's environment.

Dr. Scanlon outlined some of the current efforts nationally and in our state. Our own UW-Madison system has Human factor resource persons. Historically, this role has been a part of manufacturing design, not necessarily healthcare. The tools that Quality Management professionals use on a daily basis are essential in process analysis, development of thresholds for errors and risk analysis. Failure mode analysis is a key component of any safety program.

Dr. Scanlon explained how culture evolves from experiences related to all program components. Establishing a culture that focuses on systems analysis and employee education are key areas of focus for the Leapfrog Group. The Wisconsin Patient Safety Institute is in the process of establishing Medication Safety Recommendations and an annual Patient Safety Forum. RN retention is viewed as a safety issue. The Pharmacists' role is invaluable in all these efforts.

The NPSF has developed statements of principle on disclosure of a healthcare injury,

entitlement and similar injury prevention. The future promises increasing guidelines and requirements related to patient safety. Dr. Scanlon recommended an 8-minute video called "Beyond Blame". This will eventually be added to the CHW website. Look on our WAHQ website for a posting on how to access this video. Website: wahq.org.

Congestive Heart Failure Across the Continuum

By Mary Conti, RN, Southeast Rep

Karl Rauum, Cardiovascular Center Director and Laurie Lawson, RN, MS, Case Manager lead the CHF program at Froedtert Hospital, which is located in Milwaukee. Ms Lawson Congestive Heart Failure presentation described the many challenges and rewards of a program, which ensures quality of care from inpatient to outpatient, home care, or long term care.

Ms Lawson works with a Cardiology team, which includes a Cardiologist, Cardiovascular Center Director, Patient Care Director, Quality Manager, and other Team Experts who work to develop a system, which supports patient care coordination.

This Heart Failure team utilizes **Best Practice standards** to measure their success. These standards were adopted from the Agency for Healthcare Research and Quality (AHRQ) guidelines, American College of Cardiology (ACC) Standards and University HealthSystem (UHC) Benchmark outcomes.

The team develops Inpatient Standing Orders, which are based on Best Practice Standards. The Standing Orders are developed by the Physician Experts to identify the minimum standard of care for CHF patients at Froedtert. This is extremely important because CHF experts routinely analyze and practice "Best Practice" standards. Tapping this expert Physician source provides the necessary resource for the Residents and Interns.

The Cardiology Physicians use these Standing Orders to teach the Residents and Interns how to utilize CHF Best Practice Standards in their every day practice. These Standing Orders also drive the development of a Clinical Outcome Management Tool, which is used by the team to document "Best Practice" expected patient outcomes across the

continuum, which addresses the patient and family. The inpatient team documents the patient's response to Clinical Care.

Key Clinical Indicators include:

1. Output exceeds input until dry weight is achieved.
2. Ace Inhibitors initiated and increased if tolerated.
3. Patient and Significant other understand plan of care.
4. Smoking Cessation referral if applicable.

Inpatient clinical information is then available for the Outpatient CHF teams who collaborates with the inpatient team, while the patient is in the hospital. The Outpatient Nurse can then update the Outpatient plan of care.

The Outpatient Clinical Outcome Management tool is used to document the patient's response to care in the outpatient arena. This tool is available for inpatient team members when a patient is admitted to the hospital or seen in another clinic setting.

The team members can quickly identify current medications, recent diagnostic testing and lab results that are often needed during the Acute CHF Exacerbation Assessment.

This coordination between inpatient and outpatient helps to prevent unnecessary complications and patient set backs. All patient care providers have a clear understanding of the patient's progress and can clearly identify whether the patient is responding to treatment. This has helped to reduce cost and LOS and to improve patient satisfaction.

If you would like copies of the Standing Orders and Clinical Outcome Management Tools contact Laurie Lawson at llawson@fmlh.edu.

Tip: A CHF Patient Weight Monitoring Tool was developed using a **simple calendar**.

| | | | | | | | |
|-------------------------------------|----|----|----|----|----|----|---|
| Month _____ | | | | | | | |
| Estimated Dry Wt. _____ | | | | | | | |
| Call MD if Wt. Increases _____ lbs. | | | | | | | |
| | | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| 26 | 27 | 28 | 29 | 30 | | | |

2002 Annual Conference Report

Integration of QI And QA processes to ensure BEST PRACTICES in LONG TERM CARE

By Wanda Plachecki, RN, Southwest Rep

As part of WAHQ's commitment to provide information across many spectrums of care, Traci Raether discussed the integration of QI and QA processes to ensure best practices in long term care at WAHQ's annual conference. Traci is the Quality Resources Director at Evergreen Retirement Community in Oshkosh, WI. As a member of the senior leadership team, Traci is responsible for leading the implementation of the CQI and QA Programs, and research initiatives at Evergreen along with numerous other responsibilities.

Evergreen's Quality Improvement Model consists of twelve concepts: 1) Focus on the customer, 2) Communicate continually, 3) Improve efficiency of processes, 4) Educate continually, 5) Utilize problem solving skills, 6) empower all employees, 7) Demonstrate leadership by top management, 8) Quality Council guides process, 9) Link to the community, 10) Ensure proper use of resources, 11) Function as a leader in the long-term care industry, and 12) Recognize, reward, and celebrate.

Evergreen Retirement Community includes a skilled nursing facility, two community-based residential facilities (CBRFs), a residential care apartment complex (RCAC), independent apartments and homes, and cooperative independent living so a continual focus on communication is vital to the organizations success in providing quality of care and life for its residents. A Resident Services Management Team consisting of members from all provider areas meets monthly to discuss issues and work on quality initiatives. Other formal communication systems include a daily house report and an in-person assessment process of all new admissions, even those individuals moving within the Evergreen system.

Activities that lead to quality outcomes include review of quality indicators, quality of care and quality of life audits, compliance activities including mock surveys, and participation in the Wellspring Alliance which empowers staff through education on best practice clinical care to assure residents receive the highest quality of care possible. Quarterly Quality Committee reviews provide a communication tool to review

audit findings, and progress on action plans.

Traci's passion for quality and the work she does was evident throughout her presentation. Coordinating quality care across all settings at Evergreen Retirement Community leads to quality of care and life for its residents and staff and provides a model for other long term care providers.

Chronic Care: How to Achieve Continuity Across the Continuum

By Donna Jensen, RN, Northwest Region Rep.

Donna Warzynski's RN, MHSA, C, CAN presentation concluded a day of dynamic, knowledgeable speakers. She drew on her experiences in a pilot project in Portage County called the Chronic Care Network. the project's mission statement sums up the initiative:

"The Chronic Care Network is a community-based, integrated system which provides a blended social-medical model of managing care and resources for chronically ill populations across need, time, place and professions. By ensuring knowledgeable consumers and providers, and patient's who are active in their care, the Chronic care Network achieves high quality care and outcomes at a reasonable cost."

We must change our thinking from episodic treatment of chronic diseases and/or their complications, to systems thinking involving the whole person across time and need.

We were sent home with a challenge to commit to changing the World around us.

"Commitment is what transforms a promise into reality."

Membership Report

By Anna McCarthy, Membership Coordinator, CPHQ

WAHQ values each member and

we hope to rebuild our membership in 2002. Over the past two years, we have seen a decline of membership and a decline in dual WAHQ/NAHQ membership. Since spring 2000, WAHQ has not had dual invoicing with NAHQ due to NAHQ's discontinuation of dual invoicing. I encourage all members to share this newsletter and RECRUIT, RECRUIT, RECRUIT!

There are many benefits to joining both WAHQ and NAHQ. The newsletters, and networking conferences are just a few of the benefits. The current membership for WAHQ is at 119; down from a high of 180 in 1999. 36 of our 119 WAHQ members are also NAHQ members. That gives us a dual affiliation rate of 30%. WAHQ needs to maintain an affiliation rate of 25%.

I want to remind members that we send invoicing annually. If you have changed addresses or have not received your invoice, please contact me at (608) 758-9028 or e-mail to mccarthad@hotmail.com.

For your convenience, we include a WAHQ membership application with each issue of News & Views. 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.

Treasurer's Report

02/09/01 – 02/20/2002

submitted by Linda Buel

ACCOUNT BALANCES 2/11/00 -2/8/01 2/9/01-2/20/02

| | | |
|------------|--------------------|-------------------|
| • Checking | \$ 600.44 | \$1394.09 |
| • Savings | \$ 482.09 | \$486.62 |
| • Annuity | <u>\$ 4281.68</u> | <u>\$4456.56</u> |
| | \$ 5,374.21 | \$6,337.26 |

CASH FLOW

INFLOWS

| | | |
|--------------------|--------------------|--------------------|
| • Conference 99/00 | \$2360.00 | |
| • Conference 01 | | \$7725.00 |
| • Membership | \$ 2865.00 | \$3320.00 |
| • Interest | \$ 257.59 | \$178.51 |
| • Other | <u>\$ 2500.00</u> | <u>\$0</u> |
| | \$ 7,982.59 | \$11,223.51 |

OUTFLOWS

| | | |
|--------------------------|--------------------|--------------------|
| Conference 2000/01 | \$ 357.68 | \$4058.63 |
| Conference 2002 | | \$256.00 |
| Networking | \$ 1232.69 | \$930 |
| Professional Development | \$ 2425.00 | \$1575.00 |
| Administrative Cost | \$ 1688.43 | \$1728.61 |
| Newsletter | <u>\$ 2018.87</u> | <u>\$1702.76</u> |
| | \$ 7,722.67 | \$10,251.35 |

Appreciation & Kudo's

By Diane Schallert, RN, MSM, CPHQ, Past-President/WAHQ

When I returned to Wisconsin in 1996, one of my many "firsts" was to seek information about the Wisconsin Association for Healthcare Quality (WAHQ). I had enjoyed the collegiality and educational sessions as a member in Missouri, and looked forward to the same in my "home-state" of Wisconsin.

Within a few months, I attended a WAHQ board meeting, accepted a vacant position as South Central representative, then President-Elect, on to two years as President and now serve as the Past-President. Then the first Friday in March took on a life in itself, starting in March 1997 for me.

This is a great tradition because it is the Annual WAHQ Educational Conference. The conferences continue to meet the needs and expectations for all that assist in the planning and for those of you that support the effort with your attendance. The program content and the many quality experts provide outstanding, relevant, and applicable quality healthcare information. This year, we received an update on the national and local Patient Safety Forum, as well as insight and first line knowledge from Dr. Scanlon. The many concepts, models, and applications to the continuum of care needs for patients, clients, families were shared by Karl Raaum, Laurie Lawson, Traci Raether, and Donna Warzynski. Each expert presented their organizations projects and outcomes of patient care with enthusiasm, intensity, and profound knowledge base.

It was an exhilarating and rewarding educational opportunity. We encourage all readers to keep the March date open on your conference attendance calendar. Also, please invite a non-member colleague to join WAHQ – the rewards are enormous for a minimal fee.

This message is sent with my deepest appreciation to the readers of this newsletter, to the members and friends of WAHQ, and a special thanks to the WAHQ Board members. Each of you plays a vital role towards the successes, challenges, and strategies for maintaining and enhancing excellence in our association's mission and goals.

WAHQ continues to grow with partnerships and expanded relationships at a national and statewide level. WAHQ Board members have

been represented at NAHQ level; MetaStar continues to support us with website and newsletter articles, attendance and storyboard presentations; WHIMA, WLN, WSHRM share brochures at conferences; and the NAHQ listserv expands our networking contacts.

Thank you for the honor to have served as president of an excellent and dedicated /member association.

Southcentral Regional Update

By Patty Pate, RN, CPHQ

I would like to take this opportunity to introduce myself as the new Southcentral Regional Representative. My name is Patty Pate and I am a risk management consultant for PIC Wisconsin, a medical malpractice carrier in Madison. I am replacing Kathy Swanson, who has taken the position of Director of Risk Management for NorCal Mutual Insurance Company in San Francisco, California. We will certainly miss her and would like to thank her for her contributions to WAHQ. We wish her the best in her new position.

We are always looking for articles for the newsletter. For those of you in the Southcentral region, if you or your facility is involved in or sponsoring any quality improvement programs or have points of interest regarding quality initiatives you would like to share with our members, please e-mail me. My e-mail address is www.pate@picwisconsin.com. I am looking forward to being the Southcentral Region Representative and having the opportunity of working more closely with the WAHQ members.

WNA Nursing Coalition

Summit Update

By Patty Pate, WAHQ Liaison

Diane Schallert and I attended the Wisconsin Nurses Association's Wisconsin Nurses Coalition Summit on Thursday, January 24, 2002. This is an excellent coalition whose current purpose is to develop a unified voice and an action plan that responds to the increasing demand for nurses in Wisconsin.

The coalition's action plan has been developed to support the following goals:

1. Increase the number and availability of Registered Nurses in education and practice.

2. Increase the enrollment in Nursing Education programs
2. Improve the educational/training opportunities
3. Increase the retention rates for Registered Nurses (in the profession and in the workplace)
4. Improve workplace satisfaction levels among Registered Nurses
5. Conduct ongoing assessment and adjustment of the educational and practice environment to facilitate meeting demands for Registered Nurses today and in the future

Also at this meeting, Linda Stierle, ANA CEO, presented an overview of the American Nurses Association's call to the profession and the steps the ANA has taken in evaluating and addressing the nursing shortage. This overview was very enlightening and inspiring to the members of this coalition to find that our endeavors in addressing the nursing shortage are very similar to the ANA's response.

WAHQ has a unique opportunity to assist the coalition in its endeavors in addressing the nursing shortage in Wisconsin and will be addressing this opportunity at one of the upcoming board meetings

2002 WAHQ Conference Evaluation

By Gloria Field, WAHQ Secretary

100% of the participants would recommend the program to others

98% of the participants felt the storyboards were helpful

95% of the participants felt there was adequate time and opportunity for networking

93% of the participants would recommend using the hotel again

81% of the participants agreed Expectations and Education Objectives were met

78% of the participants agreed they learned applicable information

76% of the participants felt the audiovisuals supported an understanding

Top 3 Recommended Topics for Future Conferences

1. Quality Measurement Methods
2. Information Systems Specific to Quality
3. Outcomes Across the Continuum

CPHQ and More – Educational Offerings

By Diane Schallert, RN, MSM, CPHQ,
Past-President/NAHQ

- We will strive to identify healthcare quality educational offerings in the newsletter. The programs or conferences may be applicable for CPHQ recertification educational hours or for other educational needs. Please refer to the NAHQ website, CPHQ section on the applicable program content (www.nahq.org).
- Quality Credit Providers, Phoenix, AZ, 1-800-996-8598 are offering independent study courses for 2002, ranging from \$15.00 to \$120.00, for 2-20 continuing education hours. The courses are all approved by the HQCB. There is no known current website. You need to call to order a brochure on course offerings. Ex: "Dimensions of Performance: measurement and Interactions" \$60.00 for 15 CE hours.
- NAHQ has programs listed for approved education hours on their website and can be completed electronically.

Many of the professional healthcare organizations conduct workshops or conferences that can have appropriate application for the CPHQ member.

Please contact our newsletter editor to advertise appropriate offerings.

Congratulations New WI CPHQ's!

Our association would like to extend congratulations to the following Wisconsinites for successful completion of the certification examination for CPHQ, and with them continued success on the healthcare quality journey:

Kristen Albers
Mark Anderson
Kathryn Beier
Barbara Bessette
Karrie Bruegman-May
Linda Brunette Feider
Daniela Eichelberger
Judy Frisch
Alison Hafeman
Kristine Kelm
Jacquelyn Kobierecki
Catherine Lageson
Karen Miller
Judith Moorhead
Gorica Overmoyer
Marybeth Peden
Sally Podoski
Debra Richardson
Vicki Scheel
Sara Sievers
Kim Solberg
Karen Van Gemert
Sherrel Walker
Marie Wiesmann
Ann Zenk

Address Changes and Email 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 email address to our database, please contact Anna McCarthy at 608-758-9028 or by email at mccarth@hughestech.net.

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

Visit our Website

Looking for the latest WAHQ news? You can visit our Web site at 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.

So, visit our site and let us know if you find it beneficial. Our e-mail can be accessed through the Web page also. Any suggestions are always welcome!

WAHQ MEMBERSHIP APPLICATION

Name: _____ Credentials: _____ (CPHQ, RN, LPN, RRA, ART, Other)
Title: _____ Business Phone: () _____ Home Phone: () _____
Organization: _____ Fax: () _____ E-mail: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Are you a member of NAHQ? ___ Yes ___ No (Please check)
Send more information on: ___ NAHQ Membership ___ CPHQ Program
Signature: _____ (Please include dues of \$35/one year)

Mail to: Anna McCarthy
2229 Pioneer Road
Janesville, WI 53546

Email: mccarth@hughestech.net Phone: 608-758-9028

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Southwest

(vacant)

WAHQ

Board Position Openings for 2002

The WAHQ Board is looking for a WAHQ **Southwest Representative**. If you live in the **LaCrosse area** of the state and you are interested in participating on the board, please contact WAHQ President Kathy Noe.

c/o Anna McCarthy
2229 Pioneer Rd
Janesville, WI 53546