

President's Corner

WAHQ President



Mary Conti, RN, BSN, SSLBB

WAHQ Winter Newsletter 2023-2024 President's Corner

Hello everyone. I want to thank all of members, vendors and storyboard presenters for making this year's WAHQ conference a huge success!

Speakers received high marks from the attendees with additional comments requesting more information at future conferences. It is amazing how well the audience participated in the presentation interactive portion of the each speaker's presentation. We know adults learn and retain information best when they are participating. Again, Thank you to the **amazing speakers who included:**

- Therese Dodd,
- Kate Konitzer,
- Becky Birchmeier,
- Mary Conti,
- Laura Wieloch,
- Cynthia Kollauf,
- Attorney Matthew Sanford and
- Jill Lindwall

We also had great participation from our Vendors. We can not thank you enough for your financial support and your product information.

Fall 2024 WAHQ Conference

Save the Date

October 25th, 2024



Wilderness Hotel, WI Dells

2023 Vendors included:

- The American Heart Association,
- Barostim,
- CardioMEMS,
- Moderna,
- Lilly,
- The Wisconsin Collaborative for Healthcare Quality, The Wisconsin Hospital Association.

Given the great feedback from the attendees and discussion throughout the day we are now planning next years conference which will likely include electronic Quality tools including AI that can be used to improve efficiency with daily processes to improve population outcomes.

There will be more to come so stay connected to the WAHQ website, www.wahq.org for more information.

Another important topic, 2024 Quality week will be celebrated Oct 21-25. Our Annual conference will include Quality Tips and Tricks. Also, the National Association for Healthcare Quality, (NAHQ), is offering free learning modules each day. Visit the NAHQ site for more detail, www.nahq.org



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Quality, Performance Improvement and Safety Websites

Looking for the latest WAHQ news? www.wahq.org
 You can visit our Web site for the latest information on healthcare activities at home and around the country.
 We are fortunate to have the expertise of MetaStar to guide us in the development of our Web page.

This avenue of networking would not be possible without Metastar's technical and financial support. Special thanks to Rich Chapman, webmaster, Metastar Inc.

Wisconsin Healthcare Quality Websites

- *Wisconsin Department of Health Services Division of Quality Assurance (WI DHS DQA): [Division of Quality Assurance \(DQA\) | Wisconsin Department of Health Services](http://www.wisconsin.gov/dhs/dqa)
- *Rural Wisconsin Health Cooperative (RWHC): [Home \(rwhc.com\)](http://www.rwhc.com)
- *The Wisconsin Office of Rural Health (ORH): [Home - Wisconsin Office of Rural Health \(worh.org\)](http://www.wisconsin.gov/orh)
- *Wisconsin Collaborative for Healthcare Quality (WCHQ): <https://www.wchq.org/>
- *Wisconsin Hospital Association - Quality & Patient Safety <https://www.wha.org/Quality-Patient-Safety>
- *Wisconsin CheckPoint <http://www.wicheckpoint.org>
- *Wisconsin Price Point <http://www.wipricepoint.org>
- *Wisconsin Quality Improvement Network/Quality Improvement Organization (QIN/QIO): Superior Health Quality Alliance <https://www.superiorhealthqa.org>

National Healthcare Quality Websites

- *Agency for Healthcare Research and Quality <https://www.ahrq.gov/>
- *Center for Disease Control (CDC) <http://www.cdc.gov>
- *CMS Internet site [Home - Centers for Medicare & Medicaid Services | CMS](http://www.cms.gov)
- *Health Grades <http://www.healthgrades.com>
- *Healthy People 2030 <https://www.healthypeople.gov>
- *Institute for Healthcare Improvement (IHI) <https://www.ihq.org/>
- *National Association for Healthcare Quality (NAHQ) <https://nahq.org/>
- *National Committee for Quality Assurance (NCQA) <https://www.ncqa.org/about-ncqa/>



2023 Certified Professional in Healthcare Quality (CPHQ) Study Course

NAHQ has published a new exam content outline that took effect on March 15, 2023. Visit [CPHQ Certification | NAHQ](https://www.nahq.org/cphq) to learn how to prepare for and apply for the CPHQ Exam. Why CPHQ? Why Not! [Watch this Video!](https://www.nahq.org/cphq)

[Certification | NAHQ](https://www.nahq.org/cphq) to learn how to prepare for and apply for the CPHQ Exam. Why CPHQ? Why Not! [Watch this Video!](https://www.nahq.org/cphq)

Complimentary CPHQ info session

January 12, 2024 or January 26, 2024

Today is the day to reserve your seat! Learn how to advance your career by earning the [Certified Professional in Healthcare Quality](https://www.nahq.org/cphq)® (CPHQ): the only certification in the profession of healthcare quality. Join our live information session on **Friday, January 12th, at 3p.m. CT, and January 26th 5p.m.** slides will be provided after the webinar to those who registered.

WAHQ Treasurer's Report

By Timothy Kamps

ACCOUNT BALANCES

As of May, 2023

Checking	\$ 6,092.23
Savings	\$ 10,698.22
Annuity	\$ 8,092.82
Interest	\$ 242.78
Total Assets	\$ 25,126.05

From the office of Membership

Kim Wildes WAHQ Membership Coordinators

Join or renew your WAHQ membership today! The WAHQ membership dues cost \$45/calendar year, making it one of the most affordable professional memberships available. WAHQ membership delivers discounts associated with educational offerings, the Wisconsin Association's Newsletters, job postings, networking and conference presentations opportunities, and more!

Download the annual membership application ([PDF](#), [Word](#)) or print the membership application on page 6. Make checks payable to WAHQ and mail to: *Tim Kamps, 360 W Washington Ave, #P110, Madison, WI 53703*

Active Membership Total:	52
New Members:	7
% of Active with CPHQ:	44.2%

Region	Active Members	New Members
Northeast	7	1
North Central	1	1
Northwest	5	1
Southeast	12	1
South Central	22	2
Southwest	5	1

WAHQ Regions



WAHQ 2023 Conference Key Note & Annual Membership Meeting

“Thinking Upstream: Proactive Empowerment Resources for Quality Professionals”

September 8, 2023

Chula Vista Resort, Wisconsin Dells



Keynote Speaker Therese (Tracy) Dodd

BA, MBA, RN, CPHQ, FNAHQ, Quality Improvement & Accreditation/Regulatory Compliance Specialist, FACT Consulting Services

As a Senior Consultant for the Foundation for the Accreditation of Cellular Therapy (FACT) Consulting Services, Tracy is responsible for assessing, analyzing, and recommending quality and clinical performance improvement processes. She collaborates with clients to provide guidance to ensure the cancer service line is in compliance with regulatory and accreditation bodies. Tracy previously served as the Quality Improvement Director for the Sarah Cannon Transplant and Cellular Therapy (TCT) Network and, prior to that, was the Quality Improvement Committee Chair for the Medical College of Wisconsin Blood and Marrow Transplant (BMT) Program and as the Blood and Marrow Transplant Manager at Children’s Hospital of Wisconsin. She earned her diploma in nursing at the Columbia Hospital School of Nursing and her MBA at the Keller Graduate School of Management. She has more than 35 years of healthcare quality and accreditation/regulatory compliance experience

· Co-Chair of FACT Quality Management Committee.

· Member of the American Society for Transplantation and Cellular Therapy (ASTCT) Administrative Directors SIG Quality Workgroup.

· Member of ASTCT Committee on Quality Outcomes

· Member of the National Association for Healthcare Quality (NAHQ) Fellowship Review Team

Tracy’s keynote presentation highlighted insights into quality professional satisfaction and skill building. WAHQ is so fortunate to have an expert Quality Leader, President-elect.

WAHQ Virtual Annual Meeting

January 12th, 2024

10:00 am – 11:00 am

Don’t miss the opportunities to

- Network with the WAHQ Quality leadership and membership,
- Meet the new board members
- Review annual Quality goals
- Review bylaws
- Provide membership input



WAHQ 2024 Call For Storyboards

Call for 2024 WAHQ Conference Storyboards

Call for Storyboards for the 2024 Annual WAHQ Conference – Start planning now if you are interested in presenting a Storyboard that demonstrates efforts related to Quality & Outcome improvements, please email a brief description (80 words or less) to Mary Conti mary.conti@froedtert.com. Storyboard presenters will receive a conference fee reduced by \$50. There is no limit on storyboards per facility.

Please submit a brief description (80 words or less) send to Mary Conti, mary.conti@froedtert.com

Storyboard topic/ title:	Contact person(s):
Summary: (80 words or less)	

You will be asked to submit an article for the WAHQ newsletter that describes your project and tells your story.

Thank you 2023 WAHQ Conference Storyboard Presenters

Outpatient Emergency Department Sepsis Flex Grant Project Janet Wagner, BSN, MS-OLQ, CPHQ

Problem Statement

The CMS inpatient Sepsis measure (SEP-1) specification includes an initial 3 hour bundle of drawing blood cultures & lactate level, and initiating a broad spectrum antibiotic. Care interventions in SEP-1 when provided as a composite lead to a significant reduction in hospital length of stay, re-admission rates and mortality (Levy, 2018 and Bauer, 2020). Patients arriving in an Emergency Department (ED) and transferred to a higher level of care hospital for suspected severe sepsis or septic shock are excluded from this measure. Patient outcomes may be compromised due to untimely initiation of the 3 hour bundle elements unless bundle elements are initiated at the presenting ED.

Process Improvement Goal

- Improve the identification and treatment of Sepsis to include blood cultures, antibiotic, and lactate level in the ED prior to transfer to another acute care facility
- Include Lactate level and antibiotic in the ED Transfer Communication (EDTC)
- Include the plan to provide Blood Culture results to the receiving hospital in the EDTC

Improvement Strategies/Methods

- Severe Sepsis order set and patient screening
- ED and new employee Severe Sepsis education
- Antibiotic administered *after* Blood Culture drawn process
- Develop a consistent process for blood culture results provided to receiving hospitals
- Template in Electronic Medical Record for severe sepsis documentation

Results

- Sepsis 3 hour bundle measure compliance prior to transfer to another acute care facility increased from the baseline of 74% in 2019 to 90% Q123
- The EDTC information improved from 69% Q120 to 100% Q123
- Blood Culture results flagged and hardwired and provided to the receiving hospital

Conclusions

- Length of Stay and mortality outcome data isn't available for these patients but studies show the timely implementation of this best practice improves outcomes
- Participation in this initiative increased identification of severe sepsis for inpatients
- Drawing Blood Cultures prior to administration of Antibiotics and providing baseline Lactate levels to receiving hospitals is beneficial in their care for these patients

Sponsored by: Rural WI Hospital Cooperative & WI Office of Rural Health
10 WI Small Rural Hospitals



Lead Screening in Children

Kim Wilder, RN, MBA, CPHQ, Manager, Clinical Quality Population Health & Quality Improvement, UnitedHealthcare Community & State-WI

Problem Statement

Since the COVID pandemic, Lead Screening rates for our State's 2-year-olds has dropped from 82.5% in 2019 to 68.6% in 2021. In 2022 only 2 provider groups met target of 77.9%.

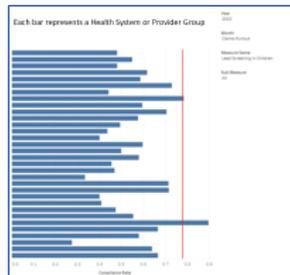
Process Improvement Goal

Reach and exceed pre-pandemic lead screening rates. State of WI target for 75th percentile is 77.86% of WI 2-year-olds will have been screened for lead exposure between their 1st and 2nd birthdays.

Improvement Strategies/Methods

- Created awareness; discovered clinics/health systems needing assistance with lead screening interventions and open to learning more
- Defined 8 "Call to Action" clinics-those with the greatest opportunity for improvement and willingness to participate in this work;
- Created Lead Screening flyer & Newsletter article to increase awareness of gap; included Best Practice recommendations
- Patient lists shared with focus on those they can impact first
- Developed & implemented a dashboard to monitor monthly Lead Screening performance;
- Universal Lead Screening Assessment Tool shared with WI providers and health systems
- Point of Care Tool data and information for in-office lead testing
- Exploring innovative ways to reach patients where they are at

Results



Wisconsin Point of Care Testing



Results (Blinded)

(group who implemented POC testing)



Conclusions

Assessment of WI providers current lead screening practices identified a gap since the pandemic. WIC was previously the main provider of lead screening for WI Medicaid patients, but they no longer were performing this screening or holding in-person appointments. Providers were unaware that the screening was no longer occurring and that they were now the main provider of lead screening.

Thank you 2023 WAHQ Conference Storyboard Presenters (continued)

Transitional Care Management (TCM) Direct Impact on Readmission

Stephanie Rogers RN, PeggySue Champroise RN



Problem Statement

- Readmission reduction for all hospitalized patients excluding Surgical and OB.

Process Improvement Goal

- Below 6.5% readmission rate
- 100% of discharged patients receive a phone call within two business days

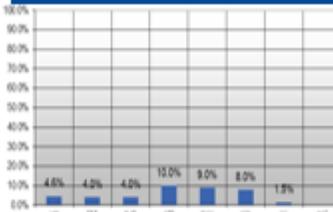
Improvement Strategies/Methods

- to provide constant education for transitional care management (TCM) services to our staff and patients during the discharge process
- Created a more robust discharge note
- Increased communication between inpatient and clinic staff
- Attendance by clinic nurses during discharge planning
- Meet and greet with clinic nurses and patient prior to discharge
- Extended TCM follow up calls to our nursing home residents and group homes
- Created hospital follow up blocks on our primary care provider schedules to allow for proper follow up visits
- Allow hospital health unit clerks to schedule follow up appointments prior to discharge
- Access to pull TCM phone call into clinic visit note

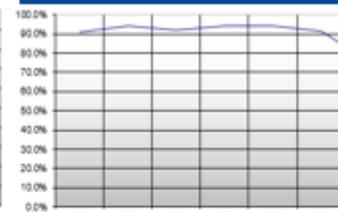
Results

- Staff have a better understanding of the role they have with TCMs
- Follow up appointments are scheduled according to the patient's complexity indicated in the discharge note
- Improved communication with our outside resources (Home Health, Hospice, Case management agencies.)
- Increased patient follow up visits
- Decreased readmission rates

Readmission Rates 2023



TCM Phone Call Rates 2023



Conclusions

- A cohesive team approach
- Addressing patient needs within a timely manner
- Continuity of care

References

- READ Committee
- HRSA Committee
- WHA Re-admission Quality Initiative



IMPLEMENT-HF: An Initiative To Improve Guideline Adherence Across The Continuum

Authors: **Sruthi Cheruk, MPH; Robin Kiser, RN, BS; Lynn Mallas-Serdynski, BSN; Rhoda Saunders, PhD; Christina Sterzing, RHIA; Kelly Macheska, BSN, RN; Michelle Schamott, MBA; Michele Bolles, MCHES; Gregg Fonarow, MD; Clyde Yancy, MD**



Background

Nearly 1 in 4 heart failure (HF) patients are readmitted within 30 days of discharge and nearly half are readmitted in 6 months. HF prevalence is projected to continue increasing, resulting in over 8 million adults with HF by 2030. Rising prevalence and poor outcomes provide significant improvement opportunities.

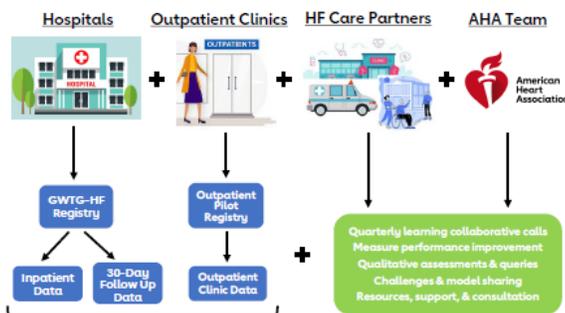
Objectives

Establish an inpatient and outpatient multi-site collaborative focused on applying a combined rapid-learning health system and implementation science approach to collect data, analyze, and evaluate HF care that continuously improves guideline adherence across the care continuum.

Methods

- The IMPLEMENT-HF initiative aims to transform HF care in seven regions: Chicago, Kansas City, Milwaukee, New Jersey, eastern rural North Carolina, Philadelphia, and St. Louis.
- Organizations across the care continuum including hospitals, clinics, skilled nursing facilities, mobile integrated healthcare, assisted living, and home health multidisciplinary members contribute to learning collaboratives.
- Hospitals and clinics in these regions collect HF patient data.
- Quantitative data sources include HF measures in the American Heart Association (AHA) Outpatient Pilot Registry and Get With The Guidelines® Heart Failure (GWTG-HF) inpatient and post-acute data (see model).
- Additionally, qualitative data including needs assessments, model sharing queries, and evaluation surveys are assessed.
- Benchmark data, including local mortality rates, are established and performance is continuously evaluated to identify gaps in care and serial improvement in outcomes.
- Opportunities for HF quality improvement (QI) from this analysis emanate from 1:1 site meetings, regional, and initiative-wide learning collaboratives.
- AHA staff monitor data to recommend improvements, provide consultation, and deliver targeted training and resources to address common barriers to guideline adherence.

IMPLEMENT-HF Learning Collaborative Model



Initiative Measures Tracked at Discharge, 30-Day Post-Discharge, & Outpatient

ACE Inhibitor, ARB, or ARNI Therapy for HF/EF Patients
ARNI Therapy for HF/EF Patients
Evidence-Based Specific Beta Blocker Therapy for HF/EF Patients
Aldosterone Antagonist for HF/EF Patients
SGLT-2 Inhibitors for HF/EF Patients
Quadruple Medication Therapy Composite Score for HF/EF Patients
Defect-Free Quadruple Medication Therapy for HF/EF Patients (Outpatient only)
Health-Related Social Needs Assessment (Inpatient & 30-Day only)

Results

- Benchmark clinical outcomes, especially mortality, against prevailing community norms.
- Demonstrate improved guideline adherence across the 68 currently participating sites.
- Goal of absolute reduction in cardiovascular mortality of 5%.
- Use multi-site collaboration to develop and promulgate implementation strategies.

Conclusions

This three-year multi-region QI initiative connects sites to share challenges and strategies, develop resources, and analyze data to foster continuous guideline adherence improvement across the HF care continuum.

Acknowledgements

We would like to thank the IMPLEMENT-HF sites for participating in this national initiative.

References

- Burke LS, Orszul E, Zheng L, Jha AK. Healthy Days at home: A novel population-based outcome measure. *Health Affairs (Millwood)*. 2020;39(10):1807-1814. doi: 10.1093/haflia/39.10.1807. Epub 2019 Nov 8. PMID: 31798403.
- 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. Originally published April 1, 2022.
- Vitell SJ, Alares A, Benjamin EJ, Billencour MS, Callaway CW, Conroy AP, Chamberlain AM, Cheng AE, Cheng S, DeLing FN, et al. American heart association council on epidemiology and prevention statistics committee and stroke statistics subcommittee. heart disease and stroke statistics-2020 update: a report from the American Heart Association. *Circulation*. 2020; 141:e135-196. Epub 2020 Jan 28.

Disclosures

Several of the authors are employed by The American Heart Association/American Stroke Association. For more information, contact disclosure@aha.org. This work represents the authors' independent analysis. It is not an analysis of the national Get With The Guidelines® dataset and does not represent findings from the AHA Get With The Guidelines® National Program.

NOVARTIS, Boehringer Ingelheim, Lilly

The American Heart Association's National Heart Failure Initiative, IMPLEMENT-HF, is made possible in part with funding by founding sponsors: Novartis, Boehringer Ingelheim and Eli Lilly and Company.

Teamwork Makes the Dream Come True for Heart Failure Guideline Directed Medical Therapy Success

Michael Kasprzak, BSN, RN, Heart Failure Coordinator, Lauren Evenson, BSN, RN, PCCN-K, Heart Failure Coordinator, Gurinder Singh-Puri, BSN, RN, NE-BC CFAC Clinic Manager, Mary Conti, BSN, RN, BBLHC

Problem Statement

A noted gap exists between Guideline-Directed Medical Therapy (GDMT) for patients with heart failure with reduced ejection fraction (HFrEF) (ejection fraction < 40%) and real-world practice. GDMT is underutilized in HFrEF patients. Optimizing patients with GDMT may assist in improved health status, reduced hospitalizations, and reduction in mortality.

Process Improvement Goals

- Increase the number of HFrEF patients on appropriate GDMT
- Ensure best practice GDMT ordered for all inpatients prior to discharge
- Continue outpatient GDMT unless contraindicated
- Reduce HFrEF patient readmissions

Improvement Strategies/Methods

- Our FMLH Heart Failure RN Coordinator methods include the use of an EMR, pager and verbal communication.
- The Daily process includes: Running a daily EMR report to identify heart failure inpatients with an LVEF <= 40%
- ACE/ARB/ARNI, Beta-Blocker, Aldosterone Antagonist and SGLT2i (GDMT) ordering status and contraindications for patients who are not receiving GDMT
- Consults a dedicated pharmacist if contraindication questions arise for a GDMT second opinion
- RN Coordinator pages the Primary Provider with GDMT recommendations
- Reviews the record to identify if the GDMT is ordered or a contraindication is documented
- Daily pages or in person contact to the Primary Provider until GDMT is ordered or the patient is discharged
- Outcome benchmarking includes Vizient and the American Heart Association Get With The Guidelines (GWTG) registry.
- Review of the monthly GDMT data identified
- Added the Advanced HF APP to the dream team in March
- Advanced HF APP contacts the team and places a consult and manages the patients GDMT and fluid status

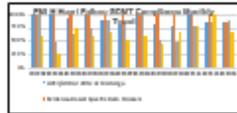
Guideline-Directed Medical Therapy (GDMT) for HFrEF

- ACE/ARB/ARNI → ACE preferred, enalapril and valsartan
- β-blockers → Carvedilol, Bisoprolol and Nebivolol preferred
- Mineralocorticoid Receptor Antagonists → Spironolactone and Eplerenone
- SGLT2 inhibitors → Dapagliflozin and Empagliflozin

ACE: angiotensin-converting enzyme inhibitor; ARB: angiotensin receptor II blocker; ARNI: angiotensin receptor neprilysin inhibitor; SGLT2 inhibitor: sodium-glucose cotransporter-2 inhibitor

GDMT Daily Follow-up & Monthly Tracking Feb

Medication	1/20	2/20	3/20	4/20	5/20	6/20	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22	9/22	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	1/25	2/25	3/25	4/25	5/25	6/25	7/25	8/25	9/25	10/25	11/25	12/25	1/26	2/26	3/26	4/26	5/26	6/26	7/26	8/26	9/26	10/26	11/26	12/26	1/27	2/27	3/27	4/27	5/27	6/27	7/27	8/27	9/27	10/27	11/27	12/27	1/28	2/28	3/28	4/28	5/28	6/28	7/28	8/28	9/28	10/28	11/28	12/28	1/29	2/29	3/29	4/29	5/29	6/29	7/29	8/29	9/29	10/29	11/29	12/29	1/30	2/30	3/30	4/30	5/30	6/30	7/30	8/30	9/30	10/30	11/30	12/30	1/31	2/31	3/31	4/31	5/31	6/31	7/31	8/31	9/31	10/31	11/31	12/31	1/32	2/32	3/32	4/32	5/32	6/32	7/32	8/32	9/32	10/32	11/32	12/32	1/33	2/33	3/33	4/33	5/33	6/33	7/33	8/33	9/33	10/33	11/33	12/33	1/34	2/34	3/34	4/34	5/34	6/34	7/34	8/34	9/34	10/34	11/34	12/34	1/35	2/35	3/35	4/35	5/35	6/35	7/35	8/35	9/35	10/35	11/35	12/35	1/36	2/36	3/36	4/36	5/36	6/36	7/36	8/36	9/36	10/36	11/36	12/36	1/37	2/37	3/37	4/37	5/37	6/37	7/37	8/37	9/37	10/37	11/37	12/37	1/38	2/38	3/38	4/38	5/38	6/38	7/38	8/38	9/38	10/38	11/38	12/38	1/39	2/39	3/39	4/39	5/39	6/39	7/39	8/39	9/39	10/39	11/39	12/39	1/40	2/40	3/40	4/40	5/40	6/40	7/40	8/40	9/40	10/40	11/40	12/40	1/41	2/41	3/41	4/41	5/41	6/41	7/41	8/41	9/41	10/41	11/41	12/41	1/42	2/42	3/42	4/42	5/42	6/42	7/42	8/42	9/42	10/42	11/42	12/42	1/43	2/43	3/43	4/43	5/43	6/43	7/43	8/43	9/43	10/43	11/43	12/43	1/44	2/44	3/44	4/44	5/44	6/44	7/44	8/44	9/44	10/44	11/44	12/44	1/45	2/45	3/45	4/45	5/45	6/45	7/45	8/45	9/45	10/45	11/45	12/45	1/46	2/46	3/46	4/46	5/46	6/46	7/46	8/46	9/46	10/46	11/46	12/46	1/47	2/47	3/47	4/47	5/47	6/47	7/47	8/47	9/47	10/47	11/47	12/47	1/48	2/48	3/48	4/48	5/48	6/48	7/48	8/48	9/48	10/48	11/48	12/48	1/49	2/49	3/49	4/49	5/49	6/49	7/49	8/49	9/49	10/49	11/49	12/49	1/50	2/50	3/50	4/50	5/50	6/50	7/50	8/50	9/50	10/50	11/50	12/50
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FMLH Vizient Monthly Outcome Tracking Jan 2022 thru Feb 23

Medication	1/20	2/20	3/20	4/20	5/20	6/20	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22	9/22	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	1/25	2/25	3/25	4/25	5/25	6/25	7/25	8/25	9/25	10/25	11/25	12/25	1/26	2/26	3/26	4/26	5/26	6/26	7/26	8/26	9/26	10/26	11/26	12/26	1/27	2/27	3/27	4/27	5/27	6/27	7/27	8/27	9/27	10/27	11/27	12/27	1/28	2/28	3/28	4/28	5/28	6/28	7/28	8/28	9/28	10/28	11/28	12/28	1/29	2/29	3/29	4/29	5/29	6/29	7/29	8/29	9/29	10/29	11/29	12/29	1/30	2/30	3/30	4/30	5/30	6/30	7/30	8/30	9/30	10/30	11/30	12/30	1/31	2/31	3/31	4/31	5/31	6/31	7/31	8/31	9/31	10/31	11/31	12/31	1/32	2/32	3/32	4/32	5/32	6/32	7/32	8/32	9/32	10/32	11/32	12/32	1/33	2/33	3/33	4/33	5/33	6/33	7/33	8/33	9/33	10/33	11/33	12/33	1/34	2/34	3/34	4/34	5/34	6/34	7/34	8/34	9/34	10/34	11/34	12/34	1/35	2/35	3/35	4/35	5/35	6/35	7/35	8/35	9/35	10/35	11/35	12/35	1/36	2/36	3/36	4/36	5/36	6/36	7/36	8/36	9/36	10/36	11/36	12/36	1/37	2/37	3/37	4/37	5/37	6/37	7/37	8/37	9/37	10/37	11/37	12/37	1/38	2/38	3/38	4/38	5/38	6/38	7/38	8/38	9/38	10/38	11/38	12/38	1/39	2/39	3/39	4/39	5/39	6/39	7/39	8/39	9/39	10/39	11/39	12/39	1/40	2/40	3/40	4/40	5/40	6/40	7/40	8/40	9/40	10/40	11/40	12/40	1/41	2/41	3/41	4/41	5/41	6/41	7/41	8/41	9/41	10/41	11/41	12/41	1/42	2/42	3/42	4/42	5/42	6/42	7/42	8/42	9/42	10/42	11/42	12/42	1/43	2/43	3/43	4/43	5/43	6/43	7/43	8/43	9/43	10/43	11/43	12/43	1/44	2/44	3/44	4/44	5/44	6/44	7/44	8/44	9/44	10/44	11/44	12/44	1/45	2/45	3/45	4/45	5/45	6/45	7/45	8/45	9/45	10/45	11/45	12/45	1/46	2/46	3/46	4/46	5/46	6/46	7/46	8/46	9/46	10/46	11/46	12/46	1/47	2/47	3/47	4/47	5/47	6/47	7/47	8/47	9/47	10/47	11/47	12/47	1/48	2/48	3/48	4/48	5/48	6/48	7/48	8/48	9/48	10/48	11/48	12/48	1/49	2/49	3/49	4/49	5/49	6/49	7/49	8/49	9/49	10/49	11/49	12/49	1/50	2/50	3/50	4/50	5/50	6/50	7/50	8/50	9/50	10/50	11/50	12/50
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Heart Failure Inpatient Dream Team



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Results

Quickly identifying inpatient service needs to drive GDMT best practice to the patient has demonstrated improved HF outcomes. Utilizing both Vizient and the American Heart Association GWTG benchmarking data allows us to evaluate our GDMT process improvement efforts. In the past year, Vizient mortality is in the top 88th percentile and readmissions has decreased by nearly 2%. Our ACE/ARB/ARNI and Beta Blocker performance is nearly 100%. These measures have consistently performed well. However, we were struggling with the Aldosterone Antagonist, but since the dream team intervention, it is now above 70% compliance and the new SGLT2i has continually improved month to month to over 60%. The dream is coming true. Another desired outcome is the relationship building between the interdisciplinary team and inpatient services across the organization. Affording the other inpatient services the expertise of our team allows them to be successful and our patients benefit the most from this success. Providers have expressed gratitude for the assistance managing this complex population, as a "Dream come true".

Conclusions

We successfully created an interdisciplinary approach to implement the NEW 2022 Heart Failure GDMT. Our FMLH approach involved a RN Heart Failure Coordinator knowledgeable in the NEW Guidelines using technology to screen and identify eligible patients who required a timely intervention prior to discharge. Working as a team with the Advanced Heart Failure APP, Pharmacist and inpatient provider has allowed continued improvement with GDMT ordering prior to discharge. Optimizing patients with GDMT assists in improved health status, reduced hospitalizations, and reduction in mortality. This model will be implemented at other Froedtert Health Hospitals to improve HF outcomes across the Froedtert System.



WAHQ Vision and Mission

Vision

Established in 1979, the Wisconsin Association for Healthcare Quality has positioned itself as the leading resource organization whose purpose is the education of quality healthcare professionals.

Mission

The Wisconsin Association for Healthcare Quality will be recognized as the leading resource organization for healthcare quality management, providing a forum for education and networking among members and shaping healthcare quality initiatives in Wisconsin.

Please take the opportunity to share best practices with Quality Colleagues across the State.



National Association for Healthcare Quality (NAHQ) Next 2023 Report

By Therese Dodd WAHQ President-elect

Fast on the completion of the 2023 WAHQ Annual Conference, I had the opportunity to attend this year's NAHQ next. The conference featured 2.5 days, running September 11th through the 13th, of structured virtual live sessions. Attendees also are provided access to content including poster presentations on-demand, 60-minute sessions on-demand, and 15-minute HQ Best Practice Tools on-demand.

The educational sessions were organized around NAHQ's validated healthcare quality competency framework which encompasses:

- Professional Engagement
- Quality Leadership and Integration
- Performance and Process Improvement
- Population Health and Care Transitions
- Health Data Analytics
- Patient Safety
- Regulatory and Accreditation
- Quality Review and Accountability

For details, please review the agenda at -> <https://next.nahq.org/all-sessions/>

Overall, I was impressed with quality and safety content imbedded in the conference content that directly spoke to relevant real-world issues as well as providing tips and tools for

action as well as results. Presenters were well-credentialed, experienced, and knowledgeable. The sessions included content for developing proficiencies in healthcare quality professionals that can translate into long-term solutions. I was pleased to learn more about NAHQ's work to elevate the healthcare quality profession, supporting and leveraging roles for positive impact.

NAHQ provided ample continuing education credits during the conference that will count towards CPHQ renewal.

Caveats for the NAHQ next experience...

- To take advantage of the question and answer opportunities offered during the live sessions, I virtually attended all 2.5 days of content which became somewhat mentally draining over time. On top of attending the all day WAHQ conference the previous Friday, it took some creative scheduling of other professional commitments to free up the time to "step away" for almost 4 continuous business days.
- I find networking with other healthcare professionals to be challenging via virtual venues although I understand the need during pandemic situations. I'd now like to see NAHQ return to in-person conferences but there are no plans to do so for 2024 and perhaps longer.

In retrospect, I was largely gratified by the conference experience. For those who missed the conference but are interested in accessing presentations, NAHQ next 2023 content is available for purchase until July 13, 2024 at -> <https://next.nahq.org/nahq-next-on-demand/>. For NAHQ members, registration is \$100 off. Access to NAHQ next 2023 On-Demand for begins 60 days from purchase, not from the day it was first accessed.

Call for Vendors

2024 Annual Wisconsin Association for Healthcare Quality (WAHQ) Conference

Please join us as a vendor

Wilderness Conference Center, Wisconsin Dells, WI

Would you be interested in being a vendor at our annual conference or know someone that would?

Our organization focus is education, we accept 6-8 vendors and have educational storyboards displayed.

For more details on the conference, please check the WAHQ website for the brochure and conference objectives at WAHQ.org

If you are interested in being a vendor, please contact Mary Conti at mary.conti@froedtert.com for more information.

Cost - \$500 for a table, and if you have materials to donate for drawings for our attendees, we are always thankful.

Year after year, the conference highlights hot topics for Healthcare Quality education and as always, promises to be an interesting event! Thank you for your support.

Please feel free to contact me with any questions.

Mary Conti mary.conti@froedtert.com

Primary Stroke Prevention Awareness with Risk Factor Risk

In July 2012 Wisconsin's Department of Health Services (DHS) received Wisconsin Coverdell Stroke Program (Coverdell) funding from the Centers for Disease Control and Prevention (CDC). Most recently, DHS was awarded a three-year cooperative Coverdell agreement from the CDC for the period of June 30, 2021 through June 29, 2024. A focus of this funding, under the Paul Coverdell National Acute Stroke Program, is to demonstrate increasing community awareness of stroke.



In March 2018 Coverdell created BE FAST Bella to promote community awareness of the signs and symptoms of stroke. The acronym BE FAST describes the six common signs of stroke.

Bella materials are available for free to our participating hospitals, emergency medical services (EMS), and community partners. Resources come in various modes: bookmarks, fliers, placemats, and magnets to name a few.

They are currently available in English, Spanish, and Hmong. To ensure we are reaching as many Wisconsinites as possible, discussions are occurring to expand the available languages.

BE FAST also teaches people to act quickly by calling 911 if they see signs of a stroke in themselves or others.

In mid-2022 Coverdell embarked on a new project to develop primary stroke prevention materials. The campaign was titled Risk Factor Rick and was to have a similar look as BE FAST Bella. The purpose was to focus on three primary modifiable risk factors for stroke. These included tobacco use, physical activity, and high blood pressure. Coverdell

proposed a split-frame for each poster depicting the before with the risk factor, and after showcasing the protective behavior. When drafts were created, Coverdell presented them for review to our Coverdell Community Stroke Partners. Risk Factor Rick was ready for its debut very recently in mid-May 2023.



Please visit our Coverdell website to see BE FAST Bella and Risk Factor Rick materials [Wisconsin Coverdell Stroke Program: BE FAST](#).

Coverdell is always looking to partner with hospitals, EMS, and community partners. There is no fee to join, if interested please email John Bowser, Director, Wisconsin Coverdell Stroke Program, john.bowser@dhs.wisconsin.gov or Dot Bluma, Stroke Project Specialist, dbluma@metastar.com.

Annual WAHQ Conference **Networking Opportunities!**



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WAHQ BOD - 2024 Election in progress

Wisconsin Association for Healthcare Quality (WAHQ)

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

2024 Membership Application & Conference Registration/Fees

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

2024 WAHQ Conference fee: Member: \$150 Non-Member \$200 Membership only \$50

check if these apply Storyboard presenter WAHQ BOD Member Speaker Vendor

Conference fee includes a 2024 WAHQ membership

Make check payable to: **WAHQ** or request Pay Pal information from **Tim Kamps, WAHQ Treasurer**

Mail completed Registration to: **Tim Kamps**
6750 S. Chickahauk Tr
Middleton, WI 53562

Email: TK.Kamps@gmail.com
Phone: cell-(608) 217-191