

UAHQ Newsletter- December 2005

THE PRESIDENT'S CORNER

A Hearty THANKS to all the UAHQ members and Board for a wonderful year. The talent in our organization is broad and vast. I look forward to supporting Anne Smith as UAHQ President for 2006. 2005 has been a fun year for UAHQ. The Board has met monthly with the exception of July. We have had to remain flexible and creative to keep up with a busy and demanding world. UAHQ board members have been dedicated to community service and advancing quality.



We kept to our mission as we sought to improve healthcare by developing Utah's healthcare professionals. We set and met several goals for UAHQ this year. Here's a summary list of have been able to accomplish:

- Oriented a new President, Secretary, Treasurer, Legislative Council Support/Communications Coordinator
- Revised and updated Board Member Roles and Job Descriptions and posted on the web
- Elected a new President Elect, Treasurer, Member-at-Large and updated positions
- Updated the UAHQ Bylaws to be more reflective of current practice
- Had speakers, fundraising activities, posters & papers prepared to send to conference in New Orleans
- Qualified for 2 positions on the NAHQ Leadership Council
- Updated UAHQ member list and non-member lists for membership drive
- Collaborated with and supported conferences & meetings with NAHQ & newly formed Western States Alliance for Healthcare Quality
- Supported NAHQ and gradually increased membership in both local & organizations from previous year
- Utilized technology and continued our use of electronic communication to provide education and information to members and the board
- Kept members informed of potential employment opportunities
- Created a Year-at-a-Glance Calendar to aid in our ongoing organization
- Met with our web service agents to improve communication, document services & timely payments
- Updated our UAHQ website to include tools & forms for future Board Members
- Held an educational conference, annual meeting and 3 brown bag offerings
- Created and distributed quarterly UAHQ newsletters
- Published the UAHQ Newsletter on the website for members to access
- Continued with newsletter member spotlights
- Formalized our CEU process to make it easier to receive credit for attending educational opportunities
- Collaborated with members in other professional organizations for educational membership
- Continued with member assessments and networking opportunities
- Performed several types of fundraising activities

2005 UAHQ Election Results:

President Elect: Lynette Hansen
Treasurer: Tammy Cloward
Member at Large: Linda Johnson

Congratulations



Other 2006 Board Updates: Michele Leader will be replacing the “ever wonderful” Kontheary Leuk as our Support & Communications Coordinator. Randi Abraham has agreed to serve as the Education Council Chair. Jan Orton will continue to serve another year, as Secretary and Pam Bennett will continue as Legal/Legislative Council Chair. Jackie Mead remains, as Communications Council Chair and Wanda Gutierrez will continue as Finance Council Chair. Fritz Kron, Patrice Warner, Carol Cook and Ann Merkley have all volunteered to help with various councils. Thanks for being willing to support UAHQ! ☺

The Membership Council Chair position will need to be filled. Would you like to volunteer? If so, please let Anne Smith know. ASmith@HealthInsight.org

1. The purpose of the Membership Council is to promote diverse membership in UAHQ, facilitate member satisfaction, seek input from members, and work with the other Councils to respond to members assessed needs. The Membership Council distributes a yearly member survey for this purpose.
2. The Membership Council consists of the Member-at-Large as Chairperson and as many members as deemed necessary by the chair.
3. In order to maintain affiliated status with NAHQ, a complete list of UAHQ members is submitted to NAHQ by the Membership Council chair before March 1 of each year. The Membership Council maintains the current member list, is responsible for membership drives and renewals for current members. This position would maintain current and potential membership lists, & help recruit new members.
4. The Membership Council is responsible to act as the Nominating Committee for the annual UAHQ election of officers by enlisting candidates, preparing and distributing the ballots, counting the returned ballots, and reporting the results to the Board.
5. The Membership Council determines and implements appropriate member recognition, with approval of the Board.

NAHQ Affiliated States Conference Call Summary November 2005: NAHQ President-Elect Heidi Benson presided over a set of conference calls on November 15 and 17, 2005. These calls are scheduled quarterly with the goal to share not only NAHQ news but to facilitate discussion on topics of interest to the affiliated states, and encourage state leaders to share problem-solving ideas.

Heidi opened the call by congratulating the winner of the state association awards, Gold – Indiana, Silver-Florida, Bronze – Connecticut. The application will soon be available on the NAHQ website. Heidi mentioned that Samantha Bailey and the Awards team are developing a survey to get ideas from the states on ways to improve the current process of state awards. The process at the current state may be unobtainable for some smaller states to ever achieve. This may lead to special award categories, best newsletter, best conference, etc. During the month of October free CEU's were offered by NAHQ. These were sponsored by Past President John Hartley's employer, Humanitarian City in Saudi Arabia. Over 500 members participated and took over 4000 individual tests.

CPHQ Review Course- 2 courses were offered by NAHQ: Nashville in November and Chicago in December. These courses served as a pilot for the new “Course-in-a Box “, which will serve as a CPHQ Prep course toolkit. The course will soon be available for rental to the states. States will be able to license the course for a one-time use for \$175 or obtain an unlimited 3-year rental for \$500. More information will be coming soon and posted to the listserv.

HQF State Education Grant- the HQF board has approved 2 new state grants for \$1500; the application is available now on the NAHQ website. Deadlines for applications are January 13th and July 14th. Individual awards will still be available. HQF is seeking and accepting donations. Wonderful educational opportunities have been made possible from past grants.

Virtual New Member Teleconference- Coordinated and developed by Member Services Director, Carol Lee Hamilton. This is a pilot effort to welcome new NAHQ members. At least every other month a teleconference will be offered to introduce new members to NAHQ and introduce them to Board, Staff, and operations.

Also under consideration are teleconferences with the Leadership Council as a result of the survey and a way to improve communications. They may be held quarterly with the same format as the President's call.

NAHQ Board and Staff would like to participate in our State meetings this year. The criterion is being developed. NAHQ will assume some, if not all, of the financial burden from these visits. This will be a chance to interact with your members and explain NAHQ. Anyone interested may contact Anniekay Erby at aerby@nahq.org or Heidi Benson at heidi_benson@northcrest.com.

Volunteer Activities Board will soon be live on the NAHQ member's only portion of the website. This will allow members the opportunity to post resumes; and, team leaders will be able to gain members for their team. The board meeting provided a lot of interaction and sharing of useful information. The next NAHQ board meeting will be January 2006.

Heidi acknowledged that some of NAHQ list serve's had experienced some problems last week. There were a couple of crashes. This has been fixed and we are working to resolve the problem so that it won't happen again. Please continue to post information about states' conferences and meetings to the list serve.

NAHQ has developed a new products catalog; this is being delivered to all NAHQ members. The newest product Q Solutions is doing well thus far. Anyone that would like extra product catalogs or with feedback on any of the products may contact Anniekay at aerby@nahq.org.

The conference team met in October. All tracks have been filled and presenters will be notified soon. The next conference is in San Diego, CA.

Heidi and NAHQ President-Elect Anna Marie Butrie led everyone on the call through a presentation of "Affiliation with NAHQ: Demonstrating your state's quality leadership values and commitment." The slides for this presentation will be available on NAHQ's website at www.nahq.org or by contacting Heidi. She may be reached at heidi_benson@northcrest.com.

Deadlines to watch for:

- Intent to Apply for Fellowship in 2006 is December 1, 2005
- Copy deadline for Winter NAHQ News: December 14, 2005
- Next President's Call is February 7 at 4 pm Central and February 9 at 11 am Central. Dial 1-888-444-3010 and enter the pass code of 414461. The Western Alliance group will meet (stay on the line) at the conclusion of the Feb. 7th President's call.

**Kristine Gilbert,
President UAHQ, 2005**

2005 UAHQ Board members

President – Kris Gilbert, (801) 85-1335442-3173, Kristine.Gilbert@hsc.utah.edu
President Elect – Anne Smith, (801) 892-0155, anne.smith@healthinsight.org
Past-President – Marlyn Conti, (801) 442-3173, marlyn.conti@ihc.com
Secretary – Jan Orton, (801) 442-3344, jan.Orton@ihc.com
Treasurer -- Patrice Warner, (801) 773-3339, Patricepwarner@yahoo.com
Member At Large - Ann Merkley, ann.merkley@msn.com
Chair, Communications/Networking Council – Jackie Mead, (801) 442-3602, Jackie.Mead@ihc.com
Chair, Legal/Legislative Council – Pam Bennett, (801) 582-1565, ext 2090, Pamela.Bennett@med.va.gov
Chair, Education Council – **OPEN**
Chair, Finance Council – Wanda Gutierrez, (801) 538-9484, wgutierrez@utah.gov
Facility & Communications Coordinator – Kontheary Leuk, (801) 892-6642, or 892-0155, Kleuk@healthinsight.org
Representative, Home Care Services Association – Michelle Dunn, (801) 233-6238, mdunn@cnsvna.org

FINANCE COUNCIL

Account Balances as of November 18, 2005:
Checking: \$1,358.88 Savings: \$5,981.34



Wanda Gutierrez, Chairperson Finance Council, reported in her year-end summary of council activities:

- June 2005: Recommended proposed changes to the Finance Council functions and responsibilities of the Treasurer. Three recommendations were made to more clearly delineate duties to reflect how the two areas have functioned operationally in recent years and to further differentiate the Finance Council's oversight roles and duties of the Treasurer as the person primarily over the day-to-day financial affairs of UAHQ. The recommendations were discussed as Bylaws changes at the Annual Business meeting in November 2005 and voted down with the recommendation of needing more discussion and further clarification with the Board before reintroducing to the members for consideration.
- A template was created to be used as a more formal format for structuring the job descriptions of officers and Councils with the recommendation that this format be used for all of the councils. This work is still in process within the Councils.
- November 2005: Wiglema and Associates was contacted about conducting UAHQ's 2005 financial audit. UAHQ books will be delivered to the auditor for a report on the audit. Wanda Gutierrez (Finance Council Chairperson), Patrice Warner (outgoing treasurer) and Tammy Cloward (incoming Treasurer) met to discuss issues relating to maintenance of UAHQ records, the audit, transfer of records and the upcoming 2006 budget.
- Currently we have received dues for 47 members.
- For the current year, we have stayed under budget for CEU and Brown Bag expenses and with the cancellation of the National Convention, we retained those funds. We exceeded the anticipated revenue for the February Conference/Annual Education Meeting, but also exceeded the expenditure due to having both an annual education meeting (February 2005) and a separate annual business meeting (November 2005) in one calendar year. This will be discussed further by the Board.

**Patrice Warner,
Treasurer, UAHQ**

LEGAL/LEGISLATIVE COUNCIL

Bylaws:

Bylaws by definition are "regulations made by local authority". The UAHQ Board of Directors have reviewed and made the following changes to the bylaws.

Revision Targets include the following articles:

- **Article V – Dues.** The payments of membership fees are required the month the member enrolls in the organization.
 - **Article VII –** The UAHQ Board of Directors consists of the elected officers and the appointed chairs of each standing council.
 - **Article –** Standing Councils were changed to a Communication, Membership, Education, Legislative, and Finance Council. New responsibilities or Membership Council include:
 - Maintain a list of current UAHQ members
 - Submit list of members to NAHQ
 - Conduct membership drives
 - Serve as nominating committee
- New** responsibilities of Education Council include:
- Maintain a "Quality Expert" list for member referral
 - Develop and Promote educational opportunities with CEU's.
 - Organization of annual meeting.
- New** responsibilities of Communication Council:
- Provision of Quarterly newsletters.
 - Communication of election results and job opportunities.
 - Maintain UAHQ web site.



The updated UAHQ Bylaws will be posted on the UAHQ website and can be downloaded for your personal copy.

Legislation:

In 2005 House Bill 285 proposed amendments to the Nurse Practice Act that would allow a certified nurse aide to become a certified medication aide and administer routine medications to patients or residents of long-term facilities. The Utah Nurses Association (UNA) provided a swift and articulate response to defeat such an initiative. The UNA arguments reflect statistics from the Institute of Medicine’s report that estimates nearly “44,000 Americans die each year as a result of medical errors”. Adverse event statistics have implications for the design of safe care delivery models in both the hospital and community setting. Quality Consultants (QC) enhance an organization’s response to legislative challenges through the provision of data and system analysis. QCs possess skill sets that support both administrative and clinical leaders to turn data into information so that care delivery models are designed to support patient safety practices.

UAHQ accomplishes this mission through both its values and its operating procedures. The values are the framework from which the Board of Directors makes their decisions and determines their priorities. UAHQ’s values are: commitment, leadership, empowerment, and integrity. How does the Board take action on these values?

The newsletter and website are excellent examples of the activities that the Board undertakes to keep their members informed. The web site includes:

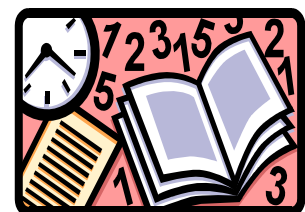
1. Information on NAHQ activities,
2. Information regarding Professional Opportunities (both educational and employment)
3. Information on Legislative Activities that will impact either their institution or their patient,
4. Information regarding skill development for members so that the tools of quality can be used to clearly articulate the outcome of impact of decisions.

Other activities that reflect the Board’s values include Brown Bag lunches and the annual conference. Members are encouraged to utilize this organizational benefit to enhance their own personal knowledge and provide an opportunity to network with colleagues who often times are experiencing the same obstacles and challenges in their organizations. Member attendance at the Annual UAHQ Business Meeting provides the opportunity for membership to review and discuss changes in the bylaws. Through this active engagement UAHQ will continue to meet and hopefully exceed the expectations of its membership.

Pamela J. Bennett RN, MSN
UAHQ Legal/Legislative Council Chair

EDUCATION COUNCIL

The Education Council began the year with “Quality Sweep,” our annual educational conference. Gary Richins from Franklin Covey and Teri Flint from IHC addressed the general sessions. Breakout sessions included topics on preparing for JCAHO surveys, using data, turning an adverse event into institutional change, lean production tools, and effective professional reading.



The reviews for Roni Jo Draper and her professional reading presentation were so positive that we asked her to continue at our next Brown Bag. Roni Jo is a “don’t miss” if you want those stacks of magazines and articles to decrease.

Jan Orton spoke at the next Brown Bag about public reporting from the hospital’s point of view. She compared the JCAHO and CMS data sets and talked about the weak auditing process.

Our final Brown Bag, in conjunction with our annual meeting featured a panel discussing the professional and public response and challenges to making quality transparent through hospital specific data reporting on web sites.

We are pleased to announce that past president, Randi Abraham, will be our Education Council Chair in 2006. She is looking for members to join the Education Council, who want to give their colleagues the best possible educational offerings.

Stay tuned for information about our educational conference in February, 2006. We are considering a wide variety of topics based on the information we received in our evaluations last February. We were startled to learn about the variety of job responsibilities of our members and we are striving to meet your needs across the varied scope of these accountabilities.

Anne Smith
President-elect UAHQ

EDUCATIONAL OFFERINGS LOCALLY AND NATIONALLY



(1) American Society for Quality (ASQ) presents “Quality Drives Economic Value”

March 2-3, 2006 (Pre-conference Courses: Feb 27-Mar 1, 2006;

Post-conference Courses Mar 4-5, 2006

Hyatt Regency Irvine, 17900 Jamboree Blvd, Irvine, CA 92614

This conference covers a wide variety of topics from Six Sigma, Six Thinking Hats and the 8 Dimensions of Leadership to Accelerating Projects through Facilitation, Human Error Management and Using Quality Tools to increase the Probability of Success (to name just a few.) Online registrations can be made at www.asq.org/qm/conferences

(2) 4th Annual Six Sigma In Healthcare Conference

Conference: March 30-31, 2006, Las Vegas, Nevada

Workshops: March 29, 2006, Las Vegas, Nevada

Conference provides sessions for clinicians, master black belts, payers and providers. Beginner, Intermediate and Advanced Tracks are available. Project oriented case studies on clinical applications, operational efficiency and throughput that give a step-by-step guide to how success is achieved and how challenges can be overcome. A special focus on Lean and Six Sigma is also available. Register at <http://www.wcbf.com/quality/5063discountregistration.pdf>

(3) “Medical Quality 2006: The challenging Landscape of Quality”

Presented by the American College of Medical Quality

February 23-25, 2006

John Ascuaga’s Nugget Resort Hotel, Reno, Nevada

Conference is designed to physicians and allied professional decision-makers who manage, measure or research healthcare quality, including outcomes, performance, utilization and risk. Presenters include Paul Bataldan MD, Carolyn Clancy MD, David Eddy MD and Kenneth Kizer MD. Topics include: evidence Based Medicine: Applications to Quality, Safety and Prevention; Transformational Changes in Health Care; Information Technology I: How it works successfully in the real world and Information Technology II: Health Information Exchange Networks; Ethics in Medicine plus a host of other topics related to Patient Safety and the Future of Quality.

Register at: www.acmg.org/naticonf/index.cfm

(4) Institute for Healthcare Improvement (IHI) sponsored “Web&Action Programming”

A. “Improving Patient Flow: Queuing for Clinicians beginning January 11, 2006”

The majority of clinical practices use many appointment types and lengths in an effort to exert some control over schedules. Queuing theory, however, suggests that reducing the number of separate "lines" or "queues" for different services creates more flexibility in the system and reduces delays associated with distinct queues. This program will guide participants through the concepts of queuing theory and offer insights on implementation within their organization.

B. “Improving Patient Flow: Streamlining Discharge beginning March 13, 2006”

The “competition” for placing patients from the ED, surgery, direct admissions, etc. in inpatient beds creates waits and delays. This Web&ACTION will teach participants how to

apply the concepts of synchronization and discharge "slots," significantly streamline the discharge process, maximize the capacity of inpatient beds and improve overall patient flow.

Registration Fees: Regular: \$975, IMPACT Member Rate: \$825. Special Discount Rate for independent, federally qualified health centers not affiliated with a hospital or health system, independent practices with fewer than 20 physicians, and hospitals with fewer than 50 beds: \$490.

The fee for each series includes:

- One web/telephone connection
- One set of handout materials
- Unlimited participant attendance at your site

What is a **WEB&ACTION** Program? **WEB&ACTION** programs combine intensive learning in a series of expert-led web-based sessions (**Webinars**) with Action Periods during which participants put that learning into practice in a series of detailed assignments. Each Web&ACTION consists of a series of intensive, interactive, expert-guided web-based sessions, where participants learn the basics and are guided through all essential learning and materials. Participating teams carry out a detailed, front-line assignment designed to put the learning from that **Webinar** into practice. Participants submit the results of their Action Period assignment to the faculty prior to the next **Webinar**. **WEB&ACTION** programs are ideal for:

- Front line staff
- Managers
- Quality Directors
- Supervisors
- Improvement teams

Enrollment information on these programs is at: www.ihl.org

C. "Managing Hospital Operations: Using the Science of Management to Ensure Continuity, Maximize Capacity, and Improve Quality of Care" to be held January 2006 - June 2006.

This is a six-month professional development program for health care leaders ready to transform their organization with powerful management strategies and "outside-the-box" thinking. From bottlenecks to backlog, hospitals everywhere face the same business challenges. These problems exhaust resources, hinder improvement, and compromise customer satisfaction. Unlike other industries such as transportation, banking, and food services, many health care leaders have not capitalized on one powerful, fundamental notion: operational success is not always the result of increased expenditures. The Institute for Healthcare Improvement (IHI) has developed a program for executives, managers, and clinicians that will offer the kind of rigorous, science-based operations training — adapted for health care — that has been largely unavailable to health care professionals. Taught by Eugene Litvak, PhD, one of the nation's leading thinkers on hospital operations redesign, this intensive six-month program uses academic case studies and observation projects to guide participants through an in-depth examination of effective operational management. Eugene Litvak, PhD, is Professor of Health Care and Operations Management and Director of the Program for Management of Variability in Health Care Delivery at the Boston University Health Policy Institute. He has helped hospitals such as Boston Medical Center (BMC) reduce ambulance diversions by 20% and last-minute postponement of elective surgeries by 99.5%. [Boston Medical Center, Annual Report 2004] Watch the interview with Dr. Litvak on News Hour with Jim Lehrer, [Overcrowding in the ER](#), to learn more about Boston Medical Center's extraordinary transformation in the emergency room.

When applied to health care, these concepts will help participating organizations:

- Reduce ambulance diversions
- Avoid bottlenecks and waiting times in the ED and ICU
- Improve staffing solutions and quality of care
- Increase patient throughput and revenue
- Retain staff and reduce overtime expenditures
- Improve financial performance

[Learn more and enroll, today](#)

This program includes two three-day face-to-face meetings in January and March 2006, a six-hour web conference in June, and bi-weekly conference calls led by Dr. Eugene Litvak. Due to the intensity and ambitious goals of this program, class size is limited. Early enrollment is strongly recommended. Enrollment should include Medical Officers, Chief Operating Officers, Medical Directors, Nursing Managers, Board Members, Physicians, Nurses, managers, and staff from ED, Surgery, and Nursing.

NETWORKING/COMMUNICATIONS COUNCIL



The Networking/Communications Council has published three UAHQ Newsletters (March, June, September 2005.) This publication will comprise the 4th of the Quarterly Newsletters for 2005. In March, we asked member response to calls from the UAHQ Board regarding how the organization could improve the response to member needs.

We also asked if members would assist us in establishing a historical review of UAHQ by responding to question such as: What was sthe organization like when you joined? What kinds of activities did you get involved in that were sponsored by the organization? How is the organization different now? Unfortunately, we did not receive any responses to this request—but the request remains open and as editor of the Newsletter, I would welcome your comments and reminiscences. Prizes will be awarded for the best submissions. We have added a number of regular topics to the newsletter including book review, member highlights, Reflections and Research (members sharing their work and learning with others), job opportunities and a vast array of educational opportunities, local and national. In September we reported on a fund drive that involved selling “Lucinda” pins. We appreciate your support in buying and wearing these pins. Jan Orton and Marlyn Conti have put in a lot of time and effort to make our website more attractive, user friendly, and up-to-date. Be sure and check out the website at www.uahq.org. New bylaws will separate the Networking and Communications functions. Please look over the duties of all the Councils and see where you think your talents could best be utilized. Also, continue to send me any information on what you are doing, articles and books you have read, challenges that you have met and overcome, etc., so that we all may teach each other!

Jackie Mead
Chairperson
UAHQ Networking/Communication Council

SECRETARY’S ANNUAL REPORT:

UAHQ.org is the web site for our organization. This year, we have been working with the Webmaster to improve the information available on the web page. As we are aware of professional employment opportunities, we post them on the website for 30 days. Additionally, we also post educational opportunities and newsletters there. In 2006, we plan to add quality tools that will assist in your day-to-day work. Visit us there!

Jan Orton
UAHQ Secretary

MEMBER-AT-LARGE

As part of the evaluation of the Annual UAHQ Conference in February, members were asked to list tasks they perform for their job and suggestions for education. We have used these two lists in deciding what educational offerings to present at the Brown Bags and upcoming Annual Conference."

Upcoming Educational Offerings:

Put February 10, 2006 on your calendar for the UAHQ Annual Conference. Stay tuned for details!

November 10, 2005 Brown Bag:

On November 10, 2005 UAHQ Members attended the annual business meeting, lunch and a Brown Bag panel discussion on "Walking the Public Reporting Minefield". The panel consisted of Diane

Kelly, U of U College of Nursing; Marlyn Conti, IHC Patient Safety Quality Consultant; and Scott Williams, MD, V.P. Medical Affairs, HealthInsight.

Diane set the stage and presented from an issues perspective. Public disclosure of information in health care is just getting a good start. According to William Roper of Health Affairs, in 1988, "The performance of a hospital or physician should be measured like the performance of a major league hitter or NFL quarterback--using averages. Good providers may not cure every patient, but their 'batting averages' will be higher."

Marlyn Conti presented from an organizational perspective. She reviewed the history of common public reporting initiatives, listed requirements for algorithm processing, and described the difference between the JCAHO/CMS web sites. Her presentation was adapted from the presentation that Jan Orton gave in an earlier Brown Bag--"The CORE and More".

Dr. Scott Williams presented from a data perspective. His remarks centered around "Transparency as a Strategy for Transformation". Transparency is helping make the current performance of the system visible and understandable. His perspective as a physician was helpful in understanding the process.

Of interest to the group is the fact that Diane Kelly has published a book: "Applying Quality Management in Healthcare: A Process for Improvement"; Publisher: Health Administration Press, 2003, ISBN: 1-56793-206-1. For a little spiel and table of contents see: <http://www.ache.org/pubs/kelly.cfm> You can read the first chapter free online at: <http://www.ache.org/PUBS/chapters.cfm> This book is available from Health Administration Press, publishing arm of ACHE (American College of Healthcare Executives) and on Amazon. COM.

Ann Merkley
UAHQ Member-at-Large

UAHQ and Lucinda Pins

Who is Lucinda? She is a woman living in Maine who had an idea. After pulling herself out of homelessness by designing and selling her jewelry, she designed pins to raise money for the local homeless shelter. That idea grew into a business. She now designs pins for non-profit organizations to sell in fund raising campaigns.

You may have admired these pins on the lapels of the UAHQ board. We ordered 60 pins originally and have sold most of them to ourselves and co-workers, giving our treasury a real boost. The Board has considered ordering more pins, since our first attempt at sales was a success.

The pins make perfect birthday gifts for sisters, best friends, or co-workers. And they will help UAHQ bring even better educational offerings to our members. You can see samples of Lucinda pins at www.lucinda.com. If you are interested in purchasing pins tell a UAHQ Board member. We will order more if we find interest among members.

NEWS FROM HEALTHINSIGHT: INQUIRING MINDS WANT TO KNOW

By Anne Smith

"Hospital Compare" is the most current web-based resource from Medicare to provide the public with tools to measure quality of health care. It follows "Nursing Home Compare" and "Home Health Compare." All can be viewed at www.medicare.gov.

Hospital Compare represents data submitted to the CMS data warehouse by hospitals themselves. Visitors to Hospital Compare can view information about care for patients with heart failure, heart attack, pneumonia, and surgical infection prevention. Most hospitals nationwide submit data to the warehouse.

HealthInsight noted a difficulty in evaluating the data – there is just too much to easily evaluate an individual hospital or, in the case of small hospitals, the sample size is much too small to draw

conclusions. To remedy this difficulty, our analysts created a ranking model and produced national ranking information for all hospitals represented in Hospital Compare. The rankings are on our web site at <http://www.healthinsight.org/hospitals/rankings.html>.

After sending word of the rankings to the National Association for Healthcare Quality List serve, we had a record number of hits on our web site. Hospitals all over the country wanted to know their national ranking. How does your favorite hospital rank nationally?

HealthInsight has given quality awards to the four Utah hospitals that rank in the top quartile nationally: Lakeview Hospital, Ogden Regional Medical Center, the University of Utah Medical Center, and Utah Valley Regional Medical Center.

JOB OPPORTUNITIES

VP Performance & Clinical Improvement, VHA Mountain States (VHAMS) – Denver, Colorado

VHAMS serves 38 shareholders and partner members with a total of 73 hospitals located in the eight mountain states of Colorado, Eastern Washington, Northern New Mexico, Montana, Wyoming, Idaho, Western Nebraska and Utah.

This position reports to the Senior Vice President/executive Officer of VHAAMS and has the chance to build a team to successfully and fully implement the Superior Performance Initiative, the most critical strategic goal facing the organization. The Superior Performance Initiative (SPI) is a member-envisioned, member-driven network strategy designed to provide a comprehensive view of performance across multiple domains and assist members using various approaches to benchmark performance, develop plans for improvement and advance achievement to superior levels. SPI targets organizational leadership and culture, measurement, data and information management and strategy and tactics for improving performance and outcomes in six domains including Clinical Quality, Patient Safety, Patient Experience, Workforce, Financial Operations and Community. VHAMS operates with an 83% satisfaction rate with the services offered and in 2005 had a budget of approximately \$4 million. For additional information about this exciting opportunity, please contact: Mark Lukacs, Witt/Kieffer, 2010 Main Street, Suite 320, Irvine, California 92614. (707) 837-9007. markl@wittkieffer.com

Vice President, Performance Improvement, Saint Joseph Hospital, Orange, California

St. Joseph Hospital, a member of the prestigious St. Joseph Health System (SYHS), is a 448-bed, not-for-profit tertiary medical center dedicated to extending the healthcare ministry of the Sisters of St. Joseph of Orange. With 3,000 dedicated employees, \$365 million in annual net revenue and a 12 percent operating margin, St. Joseph Hospital serves as the anchor facility for a four-hospital regional cluster in Orange County. With its reputation for compassionate care and clinical excellence, as well as its highly recognized 1,000 member medical staff, St. Joseph Hospital has earned the distinction of "most preferred hospital" in Orange County.

Reporting to the Chief Executive Officer, this position is responsible for guiding, building and leading the hospital's Performance Improvement program to support the Hospital's mission, values and business objectives. The position plans, organizes and directs all aspects of the Performance Improvement function including clinical outcomes, physician peer review, patient safety, environment of care safety, infection control, operational improvements, service quality and organizational regulatory and accreditation readiness. The position also facilitates clinical and operational improvement through the design and acceptance of information technology aimed at improving care processes. The Vice President participates as a member of the Executive Management Team and actively participates and leads board and health system efforts, providing focus and education on Performance Improvement as well as related technology application issues.

A Master's Degree in a clinical field (MSN, PHarm.D, or equivalent level) is preferred; a Ph.D. would be a plus. However, outstanding candidates who do not have a clinical background but have unique experience will be given serious consideration.) The candidate should have 5-10 years in Performance Improvement and 4-5 years of increasing leadership/oversight of quality programs.

For more information, please contact Mark R. Lukacs, 305 La Quinta Drive, Windsor, CA 95492.
markl@wittkieber.com 707-837-9007

Director of Quality Clinical Standards of Care, Houston, Texas

This position reports to the System Director, Clinical excellence and Patient Safety Officer and is responsible for the design, development, implementation, and evaluation of clinical research and clinical standards providing research expertise, education and leadership for health care center administrative leaders, nursing and quality management personnel, as well as staff physicians. As an internal consultant to a large multi-state health care organization serving various populations, this position requires flexibility, a broad knowledge of healthcare and the leadership skills necessary to effect change.

For more information, please contact Diane Bell Fontaine, Vice President, Hewitt Partners International, 7150 E. Camelback Road, Suite 305, Scottsdale AZ 85251. 602-996-1500, ext 117 or 800-800-2122, ext 117.
dfontaine@hewittpartners.com

Vice President of Nursing Services, Pennsylvania

Marshall Koll and Associates has been retained by a healthcare system in Pennsylvania to assist in the recruitment of a VP of Nursing Services for one of the systems; hospitals. The system consists of three hospitals totaling over 1,000-beds, a managed care plan and a large physician group. The VP of Nursing Services will function as the CNO for one of the system's hospitals (150 beds) and have other system responsibilities. They will report to the System chief Nursing officer and will work closely with the Administrator of the hospital. The preferred candidate will be a CNO in a similar size hospital or have had multi-departmental responsibilities in a large acute care hospital and be ready for the next step in their career. A Master's degree is required. For more information contact: Neil Marshall, Managing Partner, Marshall Koll & Associates, 820 South MacArthur, Ste. 105-303, Coppell, TX 75019. 866-744-2838 (toll free). 972-745-2838, NeillM@MarshallKoll.com

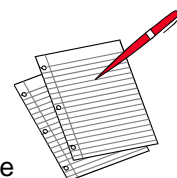
SHARED LEARNING CORNER

NAHQ PUBLISHING OPPORTUNITIES

JHQ's Editorial Board always encourages papers for publication on the following topics; Accreditation Issues and Successes, Administration/Management, Behavioral Healthcare Quality, Compliance, Conceptual Articles, Continuum Focus, Education's Move to Quality, Evidence-Based Practice, Global/International Issues, Government Affairs and Policy-Making, Information Systems and Management, Innovations in Healthcare, Knowledge Management, etc. Submissions can be in the form of featured articles, brief reports, quality stories, or letters to the editor. Please see *JHQ Information for Authors* <http://www.nahq.org/journal/pubsauth.htm> for assistance in preparing your submission. For a more detailed description of each topic, please visit the NAHQ/JHQ Web site at <http://www.nahq.org/journal/pubstopc.htm>

WANTED: UAHQ WANTS YOUR MANUSCRIPTS AND PRESENTATIONS

Have you recently completed a QI project that has positively impacted clinical care, customer satisfaction, access to health care, or the bottom line? Maybe it has simply made it easier to do the right thing the first time? Maybe you have learned a new tool and others could benefit from your experience. UAHQ is formally requesting that you share what you are doing, what challenges you are meeting and how you are overcoming barriers to quality in your institution. There is so much to do and so much to learn that none of us have the time to reinvent the wheel. Let's take a minute and share something that we have learned with each other. Send your ideas, experiences, etc. to Jackie Mead at Jackie.Mead@IHC.COM for inclusion in our next newsletter. Have you given a presentation lately or had an article published? Let us know so we can alert members to listen and read your work. We all know how important teams are in making progress; let's model this team behavior and share what we are learning-----



REFLECTIONS AND RESEARCH



ARTICLE REVIEW:

- Title:** “A Deficiency of Will and Ambition: A Conversation with Donald Berwick” (Dr. Berwick is President and CEO of the Institute for Healthcare improvement (IHI) in Boston, Massachusetts)
- Author:** Robert Galvin (Mr. Galvin is Director, Global Health Care, General Electric Company in Fairfield, Connecticut)
- Journal:** *Health Affairs, The Policy Journal of the Health Sphere*, 12 January 2005
- Reviewed by:** Jackie Mead

I always try to use the month of December as an opportunity to sort through the piles on my desk—read things one more time to determine if they have any immediate applicability, should be filed for future reference or simply sent to the round file for shredding and recycling. I came across this article and as I read it, I realized that the thoughts shared by Don Berwick deserved some further thoughts and actions, especially from those of us who have dedicated most of our careers to improving quality in health care. I would like to share a few of his thoughts with you and ask that you simply think about these ideas and ask yourself—is there a role I can play in furthering some of these ideas as I go about my daily work? Am I truly working to maintain the status quo OR to drive change that will result in improvement? What can I do to start myself and others on the road to making significant changes? What are the first steps I need to take to embark on the journey to develop a significant impact in improving the quality of patient care? Who do I need to bring along with me on this journey?

Don talks about what progress we are making in our efforts to improve clinical quality. He states that the first stage is “awareness,” that is, recognizing that we have a problem. He feels that the IOM has done an excellent job in raising our level of awareness as to how our current healthcare system underperforms.

Personally, I think this is true as far as raising a general awareness that the healthcare system has problems. However, I think we sometimes have difficulty in translating that concept into what can we change today—or by next Tuesday—that will indeed improve the quality of the care we render to our patients and even more importantly, will improve the *system* underlying the care to assure that we can *consistently* maintain that level of improved quality.

Don acknowledges his concern with the pace of change and the overall improvement in healthcare. Again, he states, it is not a problem with a lack of resources, but it is a problem with how we deploy these resources – a theme he has espoused for the past few years.

One of the beginning problems lies with *professional education*. As clinicians, we are not trained to change our work. Professional education is expensive and we are constantly buffeted with how to broaden the educational experience without taking any more student time to learn what is necessary. In the past, anatomy, physiology, pharmacology, technical skills, etc. have taken the prime cut out of this student learning time. While important, these skills must also be taught together *with the tools and methodology* to constantly look for ways to improve these skills and also include experience in how to *lead others* in the never-ending quest for quality. This axiom is true, not only in medical schools, but also in nursing programs, healthcare administration, finance, physical and respiratory therapy, mental health, laboratory and radiology/imaging professionals, etc. etc. Don notes that in most college and university programs, there is currently no stakeholder demanding more time in the curriculum for leadership and quality improvement related learning.

Where is this impetus for change going to come from? Don states that for change, “I need three things: the will to change; ideas, alternatives to the status quo; the management of change, as an ongoing process.” Internal pressure to change from professional organizations, local groups, etc. has not risen to the level to drive this need to improve. Some have been successful in documenting improvements in standards of care across the nation as with the Society for Critical Care Medicine

and the American College of Cardiology. The AMA has been a forerunner in promoting the need for improvement in patient safety. Other professional societies and groups have held back and said they need more resources to accomplish this level of change. These resources are probably not forthcoming and healthcare is going to have to develop ways to use resources differently—to move from crisis management to planned standardized approaches to quality.

Pay for performance and incentives are current “*buzz words*” in the “how to motivate for change and improvement” dialogues. Dr. Berwick has some strong views on this topic. “It’s really crucial that anything we do with pay-for-performance and incentives be linked strongly with a capability building agenda. The average hospital, the average doctor, cannot improve what they do, because they don’t know how. That’s a big, big gap...” “I am absolutely against.... the shifting of burden to individual patients. I do not believe that making the individual American patient more ‘cost-sensitive’ has any rationale in science, ethics or evidence.... It will result in a shifting of care away from the people who need it most. It is a displacement of responsibility for changing the system.... Internationally.... It is almost a routine characteristic of the best systems that they have first-dollar coverage, and there is no attempt to make patients pay more when they’re sick, which is a stupid thing to do.”

Mr. Galvin responds, “Pay-for-performance is a part of payment reform, and there are two distinct issues. The first is, don’t punish quality. By that I mean, to the extent that any hospital or provider is paid fee-for-service basis, and if the highest quality care means doing less service, then doing the right thing for the patient means hurting the provider’s own income. That’s different from paying more for or rewarding high performance... [Secondly,] People respond to incentives. So part of the pay-for-performance movement is based on this idea that clinicians are really no different than other people and that they’ll respond to incentives.... You also need the capacity to improve.... The responsibility of the market is to deliver clear messages about what services will result in more business... Our belief is that when demand arises, supply follows.”

Dr. Berwick responds: “ ...I think that care will get better much more quickly with a national commitment to learning, putting knowledge about improvement in the public domain, and developing appropriate information infrastructures... I think that improvement should be regarded as a property of knowledge for the common good,... We don’t have a national policy that really does that.”

Berwick continues, “I do not think it’s true that the way to get better doctoring, better nursing is to put money on the table in front of doctors and nurses. I think that’s a fundamental misunderstanding of human motivation. I think people respond to joy and work and love and achievement and learning and appreciation and gratitude—and a sense of a job well done... When we begin to attach dollar amounts to throughputs and to individual pay, we are playing with fire. The first and most important effect of that may be to begin to disassociate people from their work ... I don’t think we are going to get to the heart of the problem in American medicine by paying doctors to try harder.”

“We’ve got to support the culture, clinical care, and underlying system that make healing, not scoring, the objective... The problem with pay for performance is not that it doesn’t mold behavior. The problem is that it **does** mold behavior. You get exactly what you’re paying for, which might not, in the end, when you’re finally on your deathbed, be exactly what you wish you’d gotten.”

On the topics of efficiency, quality and equity, Mr. Galvin states that, “Many of us on the purchaser side see radically improving the efficiency of the system as a way to free up capital to cover the uninsured and to fund innovation.” He directs the question, “How do you think efficiency fits into the quality agenda?”

Dr. Berwick responds, “Let’s define *efficiency* as making sure that every dollar you spend gets a dollar of value back, so efficiency is the opposite of waste... it has been one of the great illusions in the reign of quality that quality and cost go in opposite directions. There remains very little evidence of that. There may be some innovations that raise cost while raising quality, but many, many improvements reduce costs... the waste level in American medicine approaches 50 percent... There is no difference between quality and efficiency... What puzzles me is how to access efficiency as a social agenda in health care.... a lot of people make a lot of money on inefficiency—on production of things that have no value. So the minute you try to become truly efficient, you’re going to run into stakeholders who are going to tell you that you’re harming care, and the knee-jerk reactions of doctors and others will be to reinforce that idea. [A solution to that problem]... will not come out of

the supplier sector to get that kind of efficiency. It will have to come out of very demanding purchasers.

(Personally, I wonder if we are doing enough to work with teams using the tools and methods of lean production to make work flow more efficient and effective. Are we following up with simple changes like removing all razors from the OR to assure compliance with ways to reduce infections resulting from operating on a skin surface recently disturbed by shaving? Are we giving enough timely feedback of the outcomes of changes that staff are involved in so they can see the results and use these results to convince their colleagues that these changes are resulting in improved care???)

Mr. Galvin proposes that current actions to get “employees financially engaged {as health consumers} is one of the few levers we have to drive efficiency, and it has proved very effective. (This refers to current practices of raising co-pays and premiums to the employees, perceived by some employees as shifting the cost of doing business to the shoulders of the employees and their families while others in the business world believe employees make better decisions about their health care needs when they are faced with paying more for their life and health choices.)

Dr. Berwick responds, “I don’t think that incenting individual consumers is a lever of efficiency. I think what it drives is inequity. Sick people are poor, and poor people are sick. That’s the fundamental problem of the economics of health care... It is a displacement of responsibility from the stewards who actually have the job of crafting systems that meet the needs of the people who come to them for health... We need a little co-pay, and we’ve got it already... Now let’s make the organizational leaders responsible to produce organizations to give the care we have been paying for... We need to do more international study and comparison. We underperform laughably compared with what is going on in Europe and to some extent in Asia, New Zealand, Australia and other settings. Why are we not a nation willing to stuffy the lessons learned in other forms of financial organization of care that produce care of fundamentally higher value than ours?

Dr. Berwick concludes with some of the Lessons Learned over the last few decades of his work in quality improvement:

- People really want to do better. “It is a constant source of energy to find people that want to be better at what they do. Once you give them an authentic invitation to do that, it’s so much fun and so inspiring!”
- “The power of scientifically based redesign is extraordinary.” What he thought 5 years ago was a good approach to implementing change has proven, through data, to be a key strategy for improvement.
- “I would get directly to patients much sooner. The voice of the patient—not the money exchange, but the eloquence of the patient to speak up about what they need and want—is so powerful... It’s storytelling: it’s hearing that this patient was in my hospital and this is what they went through. We need to create a space for patients to talk about things like that. Because, sooner or later, it’s going to be me or my child.”

So, what do you think? Does this article inspire new thoughts about how we define our own daily work? Are there things more important that we should be doing instead of what we are doing? If so, let’s do these “better” things. Let’s share what we are learning better. I invite each and every one of you to email your thoughts—and actions—what are YOU doing to further the quality initiative in your daily work and in your daily life? The New Year is upon us. It is a good time for renewal, for revitalization for reenergizing ourselves.

Meanwhile, I will return to perusing my stacks, filtering the opportunities and writing my plans for change. Thank you to each and every one of you for all that you do on a daily basis to improve the lives of your patients, your colleagues and your communities.

Jackie Mead
Chairperson
UAHQ Communication/Networking Council

UAHQ MEMBER SPOTLIGHT

Linda Johnson



Linda Johnson has worked at HealthInsight for five years as a project coordinator. She is well qualified to serve on the UAHQ Board as the Member at Large.

Linda was born and grew up in Owatonna, Minnesota. She received her BSN at the College of St. Teresa in Winona, Minnesota and will receive her Master's Degree from Bellevue University in January, 2006.

When asked about her job history, Linda says, "I've done it all!" After several years in cardiovascular nursing and nursing education, she started her career as a quality professional at LDS Hospital in 1988. Then she was the QI Director at Western Rehab (now Health South) and then for the Bristol Bay Health Corporation in Dillingham, Arkansas. She worked for a short time at CIGNA before becoming a Clinical QI Coordinator for the Columbia Utah Division (now HCA). She spent a year in Jackson, Wyoming doing medical staff services and then came back to the University of Utah Faculty Practice Organization before coming to HealthInsight in 2000. Linda says, "Who knows where I'll go next!"

Linda's mom and one of her brothers are still in Minnesota. Her other brother lives in Denver. She has family, friends, and even an ex-husband scattered across the country. And she has a pet, a very petite, but athletic Golden Retriever who is pictured with her above.

Linda enjoys hiking, walking, cross country skiing, snowshoeing, rock gardens and troughs, reading, and music (she plays the piano).

One thing she loves about her job is all the people she meets in every aspect of healthcare. Her favorite movie is Sneakers because it is serious, funny and could really happen! When it comes to a favorite book there are too many to name but here are a few—for pleasure: *The Bean Trees* by Barbara Kingsolver because it has a good story, good humor, and quotable lines, *Mutant Message Down Under* by Marlo Morgan because it is an incredible story and makes you think about what is really important in life. Her favorite professional work is *The Art of Possibility* by Rosamund and Ben Zander because it is so upbeat and so doable!

Linda recommends the following to UAHQ members to enhance their professional knowledge: *The Fifth Discipline* by Peter Senge, *Leading Change* by John Kotter and *Shackleton's Incredible Voyage* by Alfred Lansing.

The best advice Linda has ever received is from Stephen Lundin (from the book, *FISH*). He says that even if you have control over nothing else, you can choose your attitude!

One of Linda's most significant accomplishments is that she was brave enough to take two classes that had nothing to do with work. "A Trail Through the Leaves" was a class in creating an illustrated field journal and "The Fluid Page" involved adding water color to the journal. Linda says she never had much luck even drawing stick people so this was a real stretch for her but it opened a whole new world. She learned that there is more to the outdoors than hiking and it taught her to sit still.

Linda's favorite place in the whole world is Yellowstone because it's unique in all the world. She worked there for two seasons and has been back almost every year since. She still hasn't seen it all and the hiking is endless! Linda would like to visit the Czech Republic some day.

Three words that describe her are "Appreciate every minute." Linda, we appreciate your willingness to serve on the UAHQ Board.

UAHQ MEMBER SPOTLIGHT

Tammy Cloward

Tammy Cloward joins the UAHQ Board in January as the Treasurer. Her position at HealthInsight as Senior Accountant for the last four years makes her highly qualified to fulfill this role.



Tammy was born and raised in Twin Falls, Idaho. She graduated from Boise State University in 1983 with a Bachelor of Business Administration in Accounting. Working in various industries since college, Tammy lists charter & tour bus, state income tax return checker, plant research, bio-insecticide, electronics manufacturing, and finally healthcare quality improvement. She said she has always been in accounting, ranging from a lowly grunt bookkeeper to the controller.

Tammy's husband manages the drafting department for Hamlet Homes. She has four children—Zachary (20), Tai Marie (18), Casandra (12), Connor (11), and two pet beagles (Lucy and Daisy). Tammy is really proud of her kids. She considers them her most significant accomplishment! Her favorite hobbies include movies and walking with her buddy, Paula.

One thing Tammy loves about her job at HealthInsight is that she can go home at night and leave her work -- at work!

Gladiator is her favorite movie because "it represents what one person can accomplish, even after they have fallen from the top and landed in the most dire of circumstances. It shows how you can teach others new things to conquer the oppressors and gain freedom. It is a bloody movie, but it makes me feel good. Great love story too, in a sad sort of way. I also love Russell Crowe as an actor—he is truly talented!"

Tammy joins millions in loving the Harry Potter books! Everyone can just imagine what fun it would be to have magical powers; it is every kid's dream (and adult's too!)

When asked if she could recommend a professional journal or book to UAHQ members, Tammy, quips, "After having to read accounting textbooks in college and having to take two naps for each chapter due to the exciting content, I made it against my personal beliefs to read trade journals, etc., therefore, I have nothing to recommend—sorry!"

Tammy's dad gave her the best advice she has ever received as he tells her to be honest and always work hard. Tammy's friends tell her she is brutally honest and she always strives to do her best and work hard. On the other hand, Tammy's mom always says to live by Thumper's Law: "If you can't say anything nice, don't say anything at all." Tammy says her problem is that she usually says what she thinks before she thinks about what she is saying and sometimes it isn't nice. "Sorry, Mom." Tammy's grandpa has influenced her life most of all. He lived a long, clean life (92 years!). He was honest, funny, well educated, hard working, and most of all he loved to help people, no matter who they were. Everyone should have a role model like him. He always lived by the Golden Rule: "Treat others the way you would like to be treated."

When asked where her favorite place in the whole world is and why, she replies, "I haven't been to very many places, but someday I would love to spend about a month riding a pedal bike around Scotland. I know I could use the exercise and the fresh air!"

Tammy describes herself as fun, friendly, and dependable. Something she has always wanted to do but hasn't done yet is "learn how to play the bagpipes"! Welcome to UAHQ, Tammy!

Ann Merkley
UAHQ Member-at-Large

Please note that opinions and statements in this newsletter are NOT to be construed as standards or policy, they are only opinions of the members who submitted them. Any comments, submissions, questions or additions should be forwarded to the Editor, Jackie Mead Jackie.Mead@IHC.com or call (801) 442-3602.