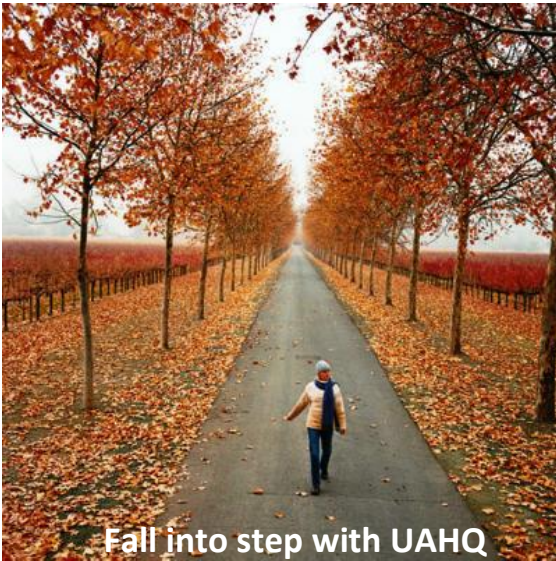


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Fall into step with UAHQ

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A Message from Our President

Fall is here, the leaves have all turned, some of us have even used the furnace. Winter is not far behind! UAHQ is not going into hibernation though. In fact, we've had a busy year. With the changes in the states' relationship with NAHQ, we have begun the process of updating our bylaws, not only to reflect those changes, but to reflect the changes UAHQ has experienced in the last few years. Once approved by the Board, we will publish them to the membership for your comments and approval.

As always, our Annual Education Conference was a highlight. This year you *Cast A Vote for Quality* and set a conference attendance record, making it a resounding success. Some of you are new to UAHQ, joining at the conference. Welcome! Our goal was to have something for everyone, and I believe we met that goal. We had attendees from a diversity of healthcare settings which created great networking opportunities. Len D'Avolio, our keynote speaker, contributed by staying on through the lunch break and networking with attendees. Check out the conference highlights that follow. Thanks to all of you who brought coworkers and colleagues and encouraged them to join.

We have put a lot of effort this year into upgrading our website, keeping it current, and making it more user friendly. We'll continue to improve on it in 2017 and appreciate your feedback on how we're doing. Your contributions to the content are always welcome. Just let us know if you have something to share.

I have enjoyed being your president this year and look forward to another successful year for UAHQ in 2017. Thank you for your support.

Sandy Snider, MHA, RN, CPHQ, UAHQ President

Professional Development Opportunity!

Date: November 17, 2016

Time: 11:00 –11:30 am MT

Speaker: Catherine Gorman-Klug, MSN RN

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Join this free [Hidden eCQM Dangers and How to Avoid Them](#) webinar to help you navigate eQMs.

Electronic clinical quality measure (eCQM) submission should be easy, right? Maybe not. Though it is true that all electronic health records (EHRs) are required to be certified to submit the proper data files, problems may arise with both the data within and the extracted data. In some cases, it may be impossible to predict whether the transmission will be successful or accurate. Inaccurate or incomplete submissions can have a monumental effect on quality scores and reimbursement, which cannot happen when margins are already paper thin. For hospitals or with multiple EHRs, the problem compounds exponentially.

This is a complimentary webinar sponsored by Nuance.

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State of UAHQ

Submitted by David McGrath, UAHQ Treasurer

We are ending the year with 49 members; our membership is stable, growing, and diversifying. Our primary mission is to provide you with educational opportunities to help you keep current with our rapidly changing field and, as we diversify, we need your input on your “need to know”. Be sure to make your needs known by participating in our member survey that will be coming early next year.

UAHQ is financially stable. Total cash in savings, checking, and PayPal accounts is \$18,651.88. Business expenses in the amount of \$3,012.29 were withdrawn for the following: NAHQ national conference for President-elect, business name renewal, website development and maintenance, PO Box renewal. Pending expenses anticipated to close out 2016 will be those related to the annual conference, annual audit and additional website modifications. Year-end audit is still pending from our external auditor. Audit findings will be made available to the membership when completed.

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Drumroll Please! UAHQ Election Results Are In!

Open positions for 2017 included President-elect and Secretary. And the winners are...

President-elect: Deb Widmer (St. Mark's Hospital)

Secretary: Trent Casper (Utah Valley Regional Medical Center)

Since Deb was our Member at Large, her opponent, Lynette Hansen (Molina Healthcare of Utah) will fill her position. We welcome Deb in her new role and welcome our newcomers to the Board! We also have a new Education chair, Heather Bloomfield (St. Mark's Hospital)

Congratulations to you all!

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2016 Annual Education Conference Highlights

Making Data Work for You

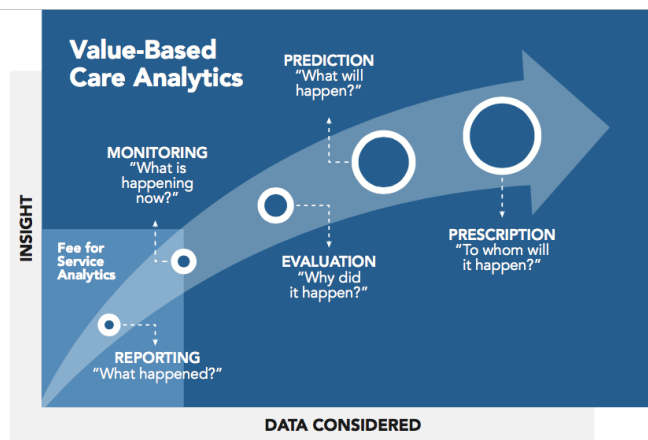
Presented by Len D'Avolio, PhD

Submitted by Linda Johnson

Len started out by asking the Fundamental Questions of Improvement: What are we doing? To whom are we doing it? Is it working? What should we be doing? To whom should we be doing it?

Making a point about some of today's data issues, he opened with this familiar trio of numbers: Each year 98,000 Americans die from preventable medical error. That number could be 210,000. And that same study said it could be 400,000. Why in the world don't we know this number?! Part of the problem is that, in healthcare, reimbursement policy eats culture and strategy for breakfast. Forget lunch! If there isn't a positive (usually financial) return for all involved, improvement projects may get changed or scrapped. Sound familiar?

Financial return is relatively straightforward, structured data, and is easy to see. Making quality data useful is a process. It requires "Data Thinking" which takes time and effort. The dollar signs sometimes get buried, or more likely, don't get teased out because quality professionals use data for improvement, not necessarily to quantify financial return (or lack of). Data tend to be rules-based: what happened, to whom, when. This is important in meeting reporting requirements, BUT the rules aren't always consistent, it's easy to ignore unstructured data (up to 50% of clinically relevant information is in free text) that are harder to collect, and the sources are limited.



In every setting, reporting requirements seem to grow and morph overnight. But we also need to measure what matters, not just what's mandated. The numbers tell a story, let them. If you could build unlimited models using all your data, what would you do? Think big! Think outside the box! Just be sure you match your method to the question you're trying to answer.

The most important "medical breakthrough" we can achieve is efficient use of data. But don't forget that those numbers are people.

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Transparency in Healthcare and the Role of Apology Following Medical Error

Presented by Marie Prothero, MSN, RN, FACHE

Submitted by Deb Widmer

Marie outlined the need for healthcare providers to be transparent and skilled in providing a meaningful and on target message of sincere, full apology. A full apology is an expression of regret, of sorrow, accepting responsibility, timely and full disclosure of what went wrong and a commitment to prevent a reoccurrence. She described the "Concept Analysis of Apology" and specified that an apology can usually be defined by two primary types:

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- 1) The almost reflexive, “I’m sorry”, “Pardon me”, or “Excuse me” that allows one to acknowledge minor social refractions, and
- 2) The more formal, planned apologies used for more serious incidents.

The discussion continued, describing antecedents, attributes and outcomes that are associated with the process of apologizing. The “why” of having a solid process for appropriate and transparent apology was found to be associated with positive outcomes such as salvaging the relationship, restoring trust, demonstrating respect and a professional standard. Conversely, not apologizing can lead to feelings of bitterness and anger, and increasing likelihood of litigation and settlement costs.

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Behind the Scenes at the National Quality Forum

Presented by Iona Thraen, PhD

Submitted by Marlyn Conti

You know those quality measures we all know and love (or not)? Iona who, along with Dr. Ed Septimus co-chairs the National Quality Forum (NQF) Patient Safety Standing Committee, explained to us how NQF and its committees work and the process of vetting and endorsing measures.

Iona explained what a performance measure is, the types of performance measures, and the measure construct. Measures, while influenced by NQF member biases, undergo a very rigorous process. Multi-stakeholder committees oversee the endorsement process which consists of these criteria:

1. Importance to measure and report
2. Scientific acceptability
3. Feasibility
4. Usability and use
5. Related and competing measures

More information can be accessed at the NQF website <http://www.qualityforum.org>. To look up a measure, it’s owner, and the evidence behind it, visit http://www.qualityforum.org/Measures_Reports_Tools.aspx

Iona is available to help your organizations understand the measures and provide input in the development. Her slide set is also available. You may contact her at ithraen@utah.gov or 801-273-6643.

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Poster Presentation: Transitional Care Management

Presented by MJ Tran, BSN

Submitted by Sandy Snider

In 2012, readmission rates were at 20%, a rate CMS considered excessive. 15 to 25% of patients discharged from the hospital are readmitted within 30 days or less. CMS responded with penalties and incentives to reduce readmissions. The biggest contributor to readmission? Lack of communication!

Transitional Care Management (TCM) is a CMS initiative that requires within two days of discharge from an inpatient setting, a contact be made with the patient. A face-to-face visit with a PCP must take place within 14

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days of discharge. Granger Medical Clinic began a TCM program in 2014 which has grown exponentially. Granger has partnered with hospitals and skilled nursing facilities, LTACs, and the CHIE, has identified high risk diagnoses, conducts ongoing staff and provider training, and has made process and workflow changes. The result? A 97.8% success rate in reducing readmissions. Communication and collaboration works!

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Poster Presentation: Impact of Catheter Day Reductions on CAUTI Intervention

Presented by Carrie Taylor, MSN, RN, CIC

Submitted by Linda Egbert

Carrie presented a poster on the work of an improvement team to reduce CAUTIs. This team included Infection Preventionists as well as Quality Improvement Specialists, clinicians, and leaders. The results are interesting and show the effectiveness of a strong improvement team!

One of the primary goals to reduce CAUTIs is to reduce catheter days (no catheter = no CAUTI) but using catheter days as a denominator can seem counterproductive. Carrie and her team did clearly see a decrease in catheter days, but not a decrease in CAUTI rates with catheter days used for the denominator. This was frustrating to all as they worked very hard to improve all aspects of catheter care but the measures were not showing the improvement.

This group reviewed the measures and looked at more innovative ways to look at the measures and started reporting CAUTIs not only by catheter days but also *by hospital days*. Using these additional measures, it was obvious that the interventions of removing catheters early, improving insertion practices and maintenance practices did impact the number of CAUTIs per 1000 patient days. It was a great example of looking for meaningful measures as well as successful interventions!

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Antibiotic Stewardship: Improving Antibiotic Use in Utah

Presented by Jared Olsen, PharmD

Submitted by Linda Egbert

The ongoing use and overuse of antibiotics in the US is a growing concern and hospitals and other settings are struggling to find effective and efficient ways to implement antibiotic stewardship best practices. Jared presented information on work that pharmacists, infectious disease physicians, and community providers did to find positive ways to influence use.

Smaller rural communities in Utah have challenges of both access to resources and limited specialty resources. The improvement strategies explored included adding different levels of support to the rural communities: from current support, to a medium level of support, and a high level of support including *current* access to infectious disease specialists.

The findings showed (not too surprisingly) that more resources are effective in supporting antibiotic stewardship efforts. But part of the exciting perspective is that sharing resources such as access to specialists in infectious disease or pharmacists with antimicrobial expertise, across communities, can be effective

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through the use of technology and systems. There is still a need for resources, but building collaboratives and connections between providers can be more feasible and efficient.

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Panel Discussion: Challenges in Care Transition

Panelists: Bob Bassett, Kimberly Dansie, Sheila Paden, Maureen Richardson, Valerie Taylor and MJ Tran

Submitted by Deb Widmer & Linda Egbert

A very popular segment of the conference is the opportunity to hear from representatives from across the continuum of care and their perspectives on care transitions. With representatives from hospitals, LTACs, rehab facilities, long term care, home health and community based clinics/primary care, a common theme of the need for effective communication emerged. This communication affects both clinical care and payment.

Our panelists explored the significant role that information sharing plays across the care continuum. Many panelists agreed that getting the appropriate information from the previous care setting can be difficult and may delay care. Better and more complete information minimizes delays and ensures quality care for patients at any point on the continuum.

Warm hand offs, quality review coalitions, and the Clinical Health Information Exchange (CHIE) were all mentioned as tools to advance information sharing that improves both quality and continuity of care. There was discussion that, despite these tools, opportunities for improvement exist. Specifically, the breaking down of barriers that impede sharing of patient information between facilities.

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Buzzword: Leadership

[The Definitive Guide to Leadership Behaviors That Create a Culture of Continuous Improvement](#)



This is a free, downloadable eBook where you will learn:

- What you should be doing to create a culture of continuous improvement
- How to encourage the identification, testing, evaluation, and sharing of improvements
- The best ways to collaborate for improvement
- When to help your team, and when to get out of their way

It's not often we get something free, so ENJOY!

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