UAHQ: Your Healthcare Quality Resource
UAHQ News
Winter 2017

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A Message from Our President

Dear Members,

Welcome to 2017! Our 2016 Annual Conference energized us for the New Year and we are off to an exciting start. In addition to welcoming several new board members, we had our first Board Retreat in many years. When your bylaws have more red-lining than regular text, it's a pretty good indication it's time to take a look at the organization, our purpose, and how we function. Our original bylaws were modeled after those of NAHQ. With NAHQ's severing of affiliations with the states, we now have the flexibility, as well as the commitment to our membership, to make those bylaws a true refection of UAHQ. The board will be voting on the new bylaws this month, after which they will be presented to the membership for review and comment, and a vote. I hope you will all take this opportunity to actively participate.

The really big new is.... We already have a date for our **2017 Annual Conference**! Mark your calendars for **Friday, October 6, 2017**. The conference will be held at St. Mark's Hospital Lamb Auditorium. Look for more details in the coming months. And, if you missed our 2016 Annual Conference, check out a summary of all the presentations below. If you would like more information on any session, or contact information for a presenter please e-mail me at linda.l.johnson@hsc.utah.edu.

Although we are no longer tethered to them, I'd like to leave you with a statement from a recent NAHQ publication. 2016 is behind us, so now let us all focus on the path forward:

> Healthcare quality professionals are seen as leaders and supportive contributors as we navigate the days and months ahead. Our curiosity and passion for improvement and our willingness to adapt to change is part of what makes us indispensable to the healthcare team. You have the competencies and spirit for change. Bring your best self forward. Now is a time to differentiate yourself as an optimistic, resilient contributor who is focused on the path forward.

All the best in 2017.

Linda Johnson, MA, RN, CPHQ, UAHQ President

Meet Our New Officers and Board Members

President-elect: Deb Widmer

Deb has been in healthcare for 35 years as a respiratory therapist, a cardiopulmonary rehabilitation specialist, a quality consultant and now as quality/regulatory coordinator at St. Mark's Hospital. Deb's primary responsibility is to research and clarify hospital regulatory/compliance issues related to federal/state regulations, CMS Conditions of Participation and TJC accreditation standards. She manages the regulatory self-scoring process and provides leadership for ongoing evaluation of compliance and survey readiness efforts. Deb has served on the UAHQ Board as Member at Large for 4 years.

Secretary: Trent Casper

Trent is a licensed physical therapist focusing on neurologic, geriatric and oncology inpatient care, and has 10 years health care compliance experience. Trent began his healthcare quality experience as a voluntary member of the quality team at the University of Utah, coordinating QI projects in compliance and physical therapy. Through self-study and professional development he learned quality improvement and became a CPHQ. In his role at University of Utah Health Plans Trent facilitated process and outcomes improvement for care management teams and led the readmissions tracking and prevention project. He is currently Manager of Inpatient Physical Therapy at Utah Valley Regional Medical Center. Trent is chair of the Utah State Licensing Board of Physical Therapy and is a member of the finance committee of the Federation of State Boards of Physical Therapy.

Member at Large: Lynette Hansen

Lynette Hansen has been employed in Quality Management in the health care field for over 25 years. She is currently Director of Quality Improvement for Molina Healthcare of Utah. Lynette's passion lies in effecting changes within the community to assure better health and quality of life as well as access to health care services. In this capacity, she serves as Chair of the state's All Payer Database Task Force, Vice-Chair of the Healthcare Data Committee, leadership for Utah Mammography Action Committee, and member of Utah Cancer Action Network, Utah Asthma Task Force, Utah Partnership for Value, Utah Tobacco Free Alliance, and Bureau of Health Promotion Health Systems Partnership. She was faculty at the University of Phoenix for 10 years. Lynette has been an active UAHQ member for many years and served on the UAHQ Board as president in 2007.

Education Chair: Heather Bloomfield

Heather holds both a BSN sand MSN from Westminster College. She is Sepsis Coordinator/Infection Preventionist at St. Mark's Hospital and an oncology nurse at Huntsman Cancer Hospital. She also served as an Adjunct Professor at Westminster College from 2011 – 2014.

Heather has completed five Medical Humanitarian Expeditions and loves travel, yoga, hiking and circuit training classes, all forms of art, and gourmet cuisine. She has 3 daughters, 5 step children, 2 grand children, and 2 dogs and 2 cats.

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2016 Annual Education Conference Highlights

Finance Report

Dave, McGrath, UAHQ Treasurer

The year to date financial report finds us financially solid. 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 NAHQ national conference for President-elect, business name renewal, website development and maintenance, and 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 pending from our auditor. The findings will be made available to the membership when completed and approved by the board.

Keynote: Making Data Work for You

Leonard D'Avolio, PhD
Assistant Professor in the Brigham and Women's Division of General Internal Medicine and Primary Care; CEO and co-founder of Cyft

The most important 'medical breakthrough' we can achieve is the efficient use of data. If quality problems exist, they need to be diagnosed, right? Are we doing a good job of that, or are we guilty of misdiagnosis? According to D'Avolio the fundamental questions of quality improvement are: 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? To get to those last two questions we need to look adjacently from the data set that is the main target of analysis to uncover other related data sets that offer more context, signals, and potential insights.

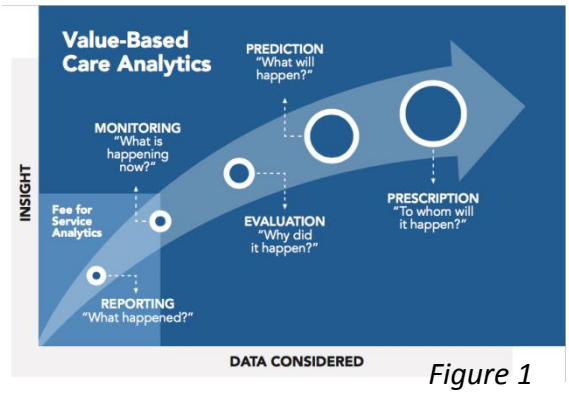

Figure 1

Figure 1 is a graphic representation of where we are (that small box at the left) and where we need to go. The data we have aren't bad, they're just incomplete because we still use a rules based approach. That's great for understanding what happened, to whom and when, for payment, and reporting requirements. What it lacks is consistent rules, the ability to incorporate multiple data sources, and probably most important of all, it ignores unstructured information (up to 50% of clinically relevant information is free text) and doesn't allow for observation or common sense. Analytics is an integrated, continuous feedback loop that helps direct our focus and measure our impact. Machine learning, the future of analytics, allows us to look at situations from a broader viewpoint.

Making data useful is a process and, if nothing else, Len gets us thinking outside the box. And it may not be that far out of the box; we may have tools at out disposal that we're not using because we don't know about them or think we can't use them. To get to what Len calls *prescription* we need to think about what is known as the adjacent possible. "The adjacent possible is a kind of shadow future, hovering on the edges of the present state of things, a map of all the ways in which the present can reinvent itself", says Eddie Smith of Practically Efficient. Smith went on to describe it as "The ever-present set of opportunities at the boundaries of our reach....(it) is the basic motivation behind all progress."

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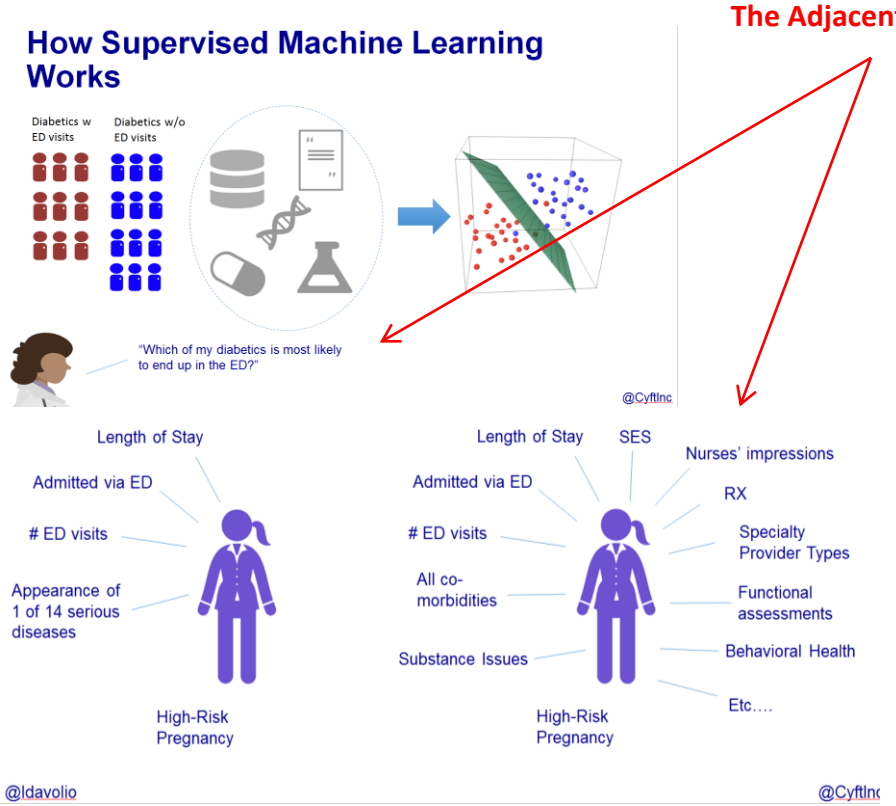

The Adjacent Possible

How do we move to prediction and prescription, the adjacent possible? How do we make data work for us?

We star by measuring what matters, not just what's mandated. The numbers tell a story, let them. Match methods to the types of questions they were designed to answer. Remember: Making data useful is a process.

If you want to hear a presentation similar to what Len presented here, check out his HIMSS presentation: Big Data and Machine Learning in Healthcare: How, Why, and When

Transparency in Healthcare
Marie Prothero, MSN, RN, FACHE
Executive Director of Quality, St. Mark's Hospital

Marie presented the role that apology can play when a medical error has occurred and outlined the need for healthcare providers to be transparent and skilled in providing a meaningful and on target message of sincere apology. Apologies fail when we express regret but don't apologize.

She outlined the *Concept Analysis of Apology* and specified that an apology can usually be defined as either:

1. The almost reflexive, "I'm sorry" "Pardon me" or "Excuse me" that allows one to acknowledge minor social refractions; or
2. The more formal, planned apologies used for more serious incidents (or even the courtroom)

She described a full apology as an expression of regret, expression of sorrow, accepting responsibility, timely and full disclosure of what went wrong, and a commitment to prevent a reoccurrence. She then discussed the antecedents, attributes and outcomes that are associated with the process of apologizing.

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Why do we apologize?

- Allows the provider to express emotions, relieve guilt
- Salvages the patient/provider relationship
- Restores trust and reduces anger
- Demonstrates respect
- Professional standard

What are the negative consequence of not apologizing?

- Effects on our emotional, spiritual and physical well-being
- Lack of validation that someone has been harmed
- Feelings of bitterness and anger causing a broken relationship
- Increases litigation and settlement costs

Apologizing takes practice but, with training, practice, and commitment the skill of apology can be learned. It might also be of interest to know that Utah law is supportive of apology
http://le.utah.gov/xcode/Title78B/Chapter3/78B-3-S422.html?v=C78B-3-S422_1800010118000101

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Behind the Scenes at the National Quality Forum (NQF)
Iona Thraen, PhD
Director of Quality & Patient Safety, Utah Department of Health

Iona, who co-chairs the NQF Patient Safety Standing Committee, presented a summary of how this and all NQF committees work and develop indicators. The committee develops and vets indicators using an iterative process that provides broad input from all interested parties. Recent projects have included antibiotic stewardship, readmissions, healthcare associated infections, and safe surgeries.

Iona's co-chair is Dr. Ed Septimus, Medical Director for Infection Prevention and Epidemiology at Texas A & M Health Science Center College of Medicine. Other committee members include nurses, physicians, physician assistants, nurse practitioners, and information experts.

Iona's position provides us with a direct line to national experts and an opportunity for early input on indicator development. She is available to help your organization understand the measures and provide input in the development. Her slide set is also available. You may email her at ithraen@utah.gov or call her at 801-273-6643. More information, current indicators, and measures in process can be accessed at the NQF website http://www.qualityforum.org/Home.aspx

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Challenges in Care Transition: A Panel Discussion with Hospital, Clinic, Long Term Care, Home Health, LTAC, Rehab, Behavioral Health, and Managed Care representatives

Our panelists explored the significant role that information sharing plays across the care 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. Despite these tools, opportunities for improvement continue concerning transparency. Specifically, the breaking down of barriers that impede sharing of patient information between facilities.

Also mentioned was the emphasis to focus on quality reviews and clinical alliances to help to reduce the 30 day readmission rate and thus reduce the financial penalties that are impacting facilities.

In conclusion, the panel emphasized the importance of working together to bring about improved quality and safety for our patients as we all continue to adapt to the ever changing clinical and financial healthcare environment.

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Poster Presentations

Transitional Care Management- A Clinic's Perspective
MJ Tran, BSN
Granger Medical Clinic (GMC)

In 2012, GMC readmission rates were at 20 percent. Wanting to reduce readmissions, GMC decided to take a proactive, not reactive approach. The biggest contributor to readmission was found to be lack of communication. The CMS Transitional Care Management (TCM) initiative began in January 2013. The initiative requires that, after inpatient discharge, contact must be made by a healthcare professional within two business days. Face-to-face with a PCP must take place within 14 days.

Phase 1 of GMC's TCM program began in March 2014 with 1 clinic, 1 hospital, and 14 PCPs. The team identified gaps in internal communication processes as well as communication gaps among hospital systems. **Phase 2** began in February 2015 when GMC merged with another clinic, increasing the patient population from 30,00 to more than 250,000, and PCPs from 14 to more than 150. Hospitals, SNFs, LTACs, and behavioral health facilities were added. In **Phase 3** education for clinic providers, staff, and community partners was conducted and home health was added to the post-acute care partnership.

The TCM program was launched in its entirety in August 2015 and the expanded team began **Phase 4** with population health, starting with the top five diagnoses as identified by CMS, the clinics' over 65 TCM population, and the clinics' entire TCM population. The results are impressive. At its highest, between October 2014 and March 2015, the readmission rate for the combined clinics was 35.71%. By the October 2015 to March 2016 remeasurement, the rate was 17.67%. Compelling evidence for teamwork, communication, collaboration, measurement, and patience, don't you think?

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Impact of Catheter Day Reductions on CAUTI Intervention
Carrie Taylor, MSN, RN, CIC
Infection Preventionist, Intermountain Medical Center

Carrie presented 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 seemed counterproductive. Carrie and her team did clearly see a decrease in catheter days, but not a decrease in CAUTI rates with catheter days as the denominator. This was frustrating

to all as they worked so hard to improve all aspects of catheter care only to see the measures not show improvement, despite their interventions.

The group reviewed the measures and looked at more innovative ways to look at them. They started reporting CAUTIs, not only by catheter days, but also by hospital days. Using this additional measure, 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 and successful interventions!

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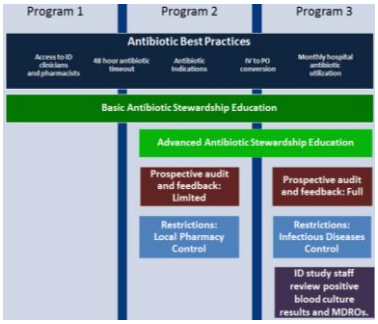
Improving Antibiotic Use in Utah
Jared Olsen, PharmD
Primary Children's medical Center

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 the best practices of antibiotic stewardship. Based on studies showing the need for antibiotic stewardship programs in community hospitals, Jared presented the work that pharmacists, infectious disease physicians, and community providers did to find positive ways to influence appropriate antibiotic use. They focused their efforts on smaller rural communities with limited access to resources and limited availability of specialists.



The improvement strategies aimed to add different levels of support to the rural communities, from the current low level of support, to a medium level of support, and a high level of support that included access to infectious disease specialists.

Not surprisingly the findings showed that more resources are effective in supporting antibiotic stewardship. But part of the excitement is that sharing resources, such as access to specialists in infectious disease or pharmacists with antimicrobial expertise across communities, can be effective through the use of technology and systems. There is still a need for resources, but building collaboration and connections among providers can be more feasible and efficient.

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Institute for Healthcare Improvement (IHI) Offers Many Ways to Get Inspired in 2017

Searching for some inspiration in the New Year? In need of continuing education? Just like watching Don Berwick, MD, give keynote speeches?

Gift yourself three of Don Berwick's most memorable National Forum keynote speeches.

In his 2009, 2011, and 2012 speeches, Berwick, Institute for Healthcare Improvement (IHI) President Emeritus, used his unique storytelling style to take his IHI Forum audiences around the world, highlighting

innovations, promoting patient safety, and urging us to uncover waste in health care. Log in to your IHI account to watch the speeches for free or earn three CEUs for $99.

Watch now

Hi All from Kate DeBartolo, IHI Field Director:

As we start out the New Year, I wanted to share a few resources I thought might be of interest to you.

1. For those of you working on systems of **safety, culture change, reliability, and a continuous learning** system, you know they are not just theoretical concepts; they're grounded in a lot of keen observations and careful work over many years. We had a great WIHI session on exactly this, and the free/on demand recording is available here WIHI: Building Systems of Safety.
2. The new IHI Virtual Expedition: Triple Aim Approaches to Maternal & Infant Health is now open for registration. This team-based virtual program is $750 per team (unlimited number of participants at each site) or free for Passport members. Beginning **March 9**, this virtual training will share innovations and provide action-orientated advice for improving care delivery and health upstream for mothers and babies.
3. For those of you who weren't able to join us in Orlando in December at the National Forum, there are two ways to engage with some of the content. **Three of the keynote speeches and five Special Interest Keynotes are now available on our website.**
4. For those of you looking to **dive deeper into systems of safety**, we're holding the Ensuring Patient Safety across the System conference that runs April 3-4 in Cleveland, OH at the Global Health Innovation Center. This intensive two-day program will help participants move away from looking at safety on a project-by-project basis and consider it as a complete system to ensure the safe passage of patients from one setting to the next.

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New AHRQ Guide Helps Nursing Homes Tackle Antimicrobial Stewardship

AHRQ's new Antimicrobial Stewardship Guide is a research-based resource that offers step-by-step instructions and materials to help nursing homes improve antibiotic use and decrease harms caused by inappropriate prescribing. The guide, which is consistent with the Centers for Disease Control and Prevention's core elements of antibiotic stewardship, can also help health care providers meet the CMS new Infection Prevention and Control Program requirements. The stewardship guide is customizable to meet facilities' specific needs and includes four toolkits designed to implement, monitor, and sustain an antimicrobial stewardship program; determine whether it is necessary to treat a potential infection with antibiotics; help prescribing clinicians use an antibiogram to choose the right antibiotic to treat a particular infection; and educate and engage residents and family members. Access additional AHRQ tools to prevent healthcare-associated infections and an AHRQ Views blog post, "It's Prime Time for Nursing Homes: New AHRQ Antimicrobial Stewardship Guide Available."

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Buzzword: FOCUS

Healthcare quality professionals are seen as leaders and supportive contributors as we navigate the days and months ahead. Our curiosity and passion for improvement and our willingness to adapt to change is part of what makes us indispensable to the healthcare team. You have the competencies and spirit for change. Now is a time to differentiate yourself as an optimistic, resilient contributor who is focused on the path forward.

Focus should be a core value of yours as well. Your ability to remain focused on priorities will influence every dimension of your life: relationships, career, finances, health and fitness - everything. We can capture the essence of **focus** in one principle:

The One Big YES Requires Lots of Little No's. If you want to write a book, start a business, travel the world, earn a graduate degree or any other great accomplishment you must be willing to say no to a million other things. You won't have time to waste watching a lot of television and you won't have money to waste on shopping therapy.

Get clear about your One Big YES - it will make it a lot easier for you to say no to all of the trivial distractions.

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2017 UAHQ Board

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