

UAHQ: Your Healthcare Quality Resource

UAHQ News

Winter/Spring 2018



Come Out of Hibernation with UAHQ

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A Message from Our New President

Dear UAHQ Members,

Together with my colleagues at the Utah Association of Healthcare Quality (UAHQ), I wish all of you a very happy 2018! Founded in 1982, the UAHQ is going strong, thanks to enthusiastic and supportive members like YOU!

I am humbled, honored, and excited to assume the role of UAHQ President for 2018. I am especially grateful for the outstanding leadership of my predecessor, Linda Johnson, and the entire UAHQ Board who worked countless volunteer hours to sustain and grow UAHQ in 2017.

We had excellent participation from our membership for our annual conference as well as two wonderful "Quality Journey" workshops led by Nancy Clafin. Due to the exceptional responses, the board is already hard at work to bring you another excellent annual conference and another quality review workshop if there is enough interest. Our objective is to provide educational and networking opportunities that are valuable and reasonably priced for our members.

Thank you for your responses and please read the results of our 2018 UAHQ Member Survey. We need your continued feedback to help us provide meaningful educational opportunities.

As we transition to our new board, I am confident that this dedicated group of healthcare quality professionals will continue to sustain and build on 2017's accomplishments.

Deb Widmer, BSRC, RRT, HACP, UAHQ President

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Second CPHQ Review Course a Success!

On March 9, 2018, by popular demand, UAHQ sponsored another CPHQ course. Nancy Claflin was again our instructor and the course followed the same agenda and format as previous courses. We had 17 participants and one new UAHQ member! The course again got high marks with the evaluation average at 4.6/5.

With a growing demand for CPHQ as a job requirement in Utah, UAHQ is dedicated to making this course available to you at a price half that of most nationally sponsored courses covering the same content. To meet expenses, we need a minimum of ten participants to sponsor a course. If you or any of your colleagues are interested in having another course in Utah, contact Shelly Rives at srives@healthinsight.org.

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2018 Member Survey Results

Thanks to all who participated in our 2018 member survey. 35% of our members responded and Stephanie Wallace was the winner of our early bird drawing for a \$25 Amazon gift card. As Deb said, your feedback is very important to us as we try to continually improve our performance. Here is a summary of your feedback:

- All or most of you believe that UAHQ is committed to our mission of inspiring, educating, and empowering our members.
- Education and networking are the most common expectations our members have of UAHQ.
- Websites and e-mail are the most popular ways to receive information and most have visited our website in the past year. We would love to have your feedback on what you'd like to see on www.uahq.org, its functionality, and ease of use. Contact Linda Egbert legbert@healthinsight.org with your suggestions.
- You are most interested in the annual conference, a Professional Development Series, and inspirational/empowering workshops.
- Current issues in healthcare, patient safety, and technology and data are the topics of most interest to respondents. Respondents also expressed interest in quality improvement training, and lean/Six Sigma, and would like to see interactive workshops. If you have any suggestions for speakers on these topics or other topics of interest, please send your suggestions to Shelly Rives at srives@healthinsight.org.

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Continuing Education Resources from NAHQ and IHI



In a few months' time, we will build on the past year to create another amazing NAHQ Next experience where you'll have the opportunity to:

- Choose from 75 breakout sessions
- Take a professional headshot
- Receive career advice
- Talk with industry leaders for solutions to your daily challenges

Sure, it might be a little cold outside. But once you check in to your hotel, you can use the famous Minneapolis Skyway System that connects you to restaurants, shopping, and hotels.

And, you'll be pleased to learn that we've partnered with the Minneapolis Convention Center and Kelber Catering to create an exciting and delicious NAHQ Next menu. We'll also donate any uneaten food items during NAHQ Next to People Serving People, an organization that provides shelter and support services including three nutritious meals each day to families in need.

See you in Minneapolis!

[Register Today](#)

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All Together or Not at All: The Snuggle for Existence

In [Dr. Don Berwick's newly available 2017 keynote address](#), he remembers the day his brother David came home from the hospital as a newborn — one of the happiest in his family's life. Last year, David landed in the intensive care unit with a severe case of sepsis. "No one physician or nurse, no matter how clever, how heroic, how self-sacrificing, or how ambitious, could possibly have gotten my brother through his storm," Dr. Berwick said. "It was all together, or not at all."

Leaders or Managers: Who Shapes Organizational Culture?

In a new interview, former hospital CEO Michael Pugh argues that middle managers have a bigger [impact on an organization's day-to-day culture](#) than its CEO. Consequently, he says, it's crucial to invest in their professional development. Pugh is senior faculty for IHI's Quick Course on [High-Impact Leadership: Developing Core Leaders](#).

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Tools for Managing QI Projects

Improvement projects may start with creative thinking, but people who achieve results know this: It takes the practical skills of project management to make even the best idea succeed. Learn these [QI project management skills on a WIHI podcast](#), and download IHI's free tool, "[15 concrete ideas to manage an improvement project](#)."

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Dr. Sean Stokes on Improving Opioid Prescribing Patterns

Using improvement methodology to solve one piece of America's opioid epidemic. Dr. Sean Stokes and team used the practice of scoping to focus on one population and one procedure to achieve manageable, measurable improvement.

THE PROBLEM: IT'S A CRISIS

The opioid epidemic has become one of the nation's most pressing health care concerns — officially declared a [national emergency](#) just yesterday (August 10). The mortality rate is chilling: the CDC [reports](#) every day more than 90 Americans die from opioid overdose. The national economic burden for misuse alone averages \$78.5 billion annually. And it's a problem that hits home: Utah is ranked #10 in the nation for opioid drug overdose [deaths](#).

THE SOLUTION: START SMALL

The opioid problem is immense, but we can begin to tackle this challenge by targeting one small piece at a time, a concept in improvement work called "scoping." Projects can be scoped and bounded in a number of ways to achieve measurable, manageable improvement. That's exactly what surgery resident Sean Stokes learned when his team began addressing opioids. A key element in the epidemic is prescribing patterns which are well within the control of providers.

Most clinical guidelines are dedicated to chronic pain management, and yet research suggests first time use after a procedure may put patients at increased risk for later chronic abuse. This is where Stokes's team focused. As part of the Department of Surgery's [value improvement training](#), led by Dr. Brigitte Smith, Stokes and faculty team lead Benjamin Brooke, resident team lead Lily Gutnik, and fellow residents Austin Cannon, Adam Dzuiba, Luke Martin, and Mark Taylor decided to look at prescribing patterns for common outpatient general surgery procedures, such as laparoscopic cholecystectomy. The team mapped the patient's value stream through our system, from clinic to the Post Anesthesia Care Unit (PACU). While they identified four areas where a possible intervention could work, they decided to limit the scope of their work to the operating room and the number of pain medications prescribed.

Stokes and team hypothesized that outpatient general surgery prescription practices vary widely, and standardization would reduce narcotic over-prescription without effects on patient satisfaction. To examine prescription patterns, they looked to University of Utah's data visualization program, [Value-Driven Outcomes](#), and a specific program adapted from the Operating Room Cost Accountability (ORCA) utility nicknamed "PORCA," that revealed wide variation in pills prescribed ranging from 18 to nearly 50 tablets per

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procedure. On average, most patients were getting 30 tablets compared to the 15 tablet evidence-based [recommendation](#).

PROBLEM DEFINED. BASELINE ANALYZED. WHAT'S NEXT?

The overall improvement goal is to reduce the number of opioids prescribed without negatively impacting patient pain control. Based on their findings, the team plans to work with decision support and the Epic team to develop an order set in the EMR to provide evidence-based guidance the moment a prescription order is written. In addition to the order set, the team is developing provider education with plans to conduct pre- and post-order set implementation patient satisfaction surveys.

WHAT DID YOU LEARN?

When asked the most important lesson learned working on the project, Stokes reflected on the interdisciplinary team that made it possible, citing Jeff Young, David Ray, Antoine Clawson, Robert Glasgow and all the residents of the team. Scope is important, but the team makes it all happen.

Using improvement methodology to solve one piece of America's opioid epidemic. Dr. Sean Stokes and team used the practice of scoping to focus on one population and one procedure to achieve manageable, measurable improvement.

[Projects can be scoped](#) and bounded in several ways:

- Physical Areas
- Geographically
- Work Scopes
- Organizationally
- Data
- Product
- Customer
- Time/Level of Effort

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Buzzword: Mutuality - In Difficult Times, Mutuality Is Even More Important

What is mutuality? It's about trying to find a win-win — refusing to make tradeoffs between things that we may see as in competition or conflict. With burnout on the rise, it's more important than ever. IHI CEO Derek Feeley describes [three components of mutuality](#) and how each applies to quality improvement.

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Quote of the Quarter

"Leaders who don't listen will eventually be surrounded by people who have nothing to say." *Andy Stanley*

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2018 UAHQ Board

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