UAHQ: Your Healthcare Quality Resource
UAHQ News
Fall 2018


Jordan River Parkway, Murray UT

Stick with UAHQ
We Won't Let You *Fall*ter

In This Issue:

A Message from Our President

Dear UAHQ Members,

As I make my exit as the president of the Utah Association of Healthcare Quality, I want to say that the last year on the board has been nothing less than amazing.

When I joined the board several years ago (best decision!), I was not clear as to what my influences would be on the organization. I had no previous board experience and the connection between leading an organization and directly affecting change in the quality community was not clearly articulated in my mind. I went in with the intention to help to make a difference in our quality community and work hard to advance the mission of this wonderful association; "To inspire, educate and empower healthcare quality professionals."

Through the experienced and dedicated help from previous and current board members, I was able to understand and promote the multiple ways the UAHQ benefits not just the board members, but also our membership and the community at large by providing a professional networking and educational opportunities that support patient safety and healthcare quality.

As I move forward, serving on the UAHQ board has inspired me to continue to grow as a quality leader in our community and has proven to be one of the most valuable professional experiences I have ever had. Thank you, UAHQ, for allowing me to serve you!

Best regards,

Deb Widmer, BSRC, RRT, HACP, UAHQ President

Annual Conference

What a wonderful conference we had! We returned to Shriners Hospital this year and received royal treatment from both leadership and staff. Our speakers put a fresh spin on QI tools, encouraged us to think about new roles pharmacists can play in improving quality, and pointed out important documents everyone should have to ensure end of life wishes are carried out. We also learned about the prevalence of medication diversion by healthcare workers, ways mindfulness can help in addiction recovery, pain management, and stress. We even got a student's perspective on healthcare. Here is just some of what attendees had to say about the speakers:

Dr. Collett: Excellent content; informative and applicable in healthcare and personal life.

Dr. Robison: The application of improvement framework is just what I needed, thank you! Outstanding presentation

Dr. Rimm: So interesting – needs to be done everywhere. Intriguing program with great potential.

Mr. Shields: Witty and adorable speaker with intriguing insight and perspective on Lean and Six Sigma.

Dr. Garland: My favorite presentation of the day! Fascinating research on a relevant topic. The mindfulness exercise was excellent!

Mr. Hunt: So interesting to hear his findings. Interesting state-specific information.

Dr. Evans: Fascinating and eye opening. True stories that are alarming.

We are already formulating ideas for 2019. Be sure to complete the Member Survey coming in early 2019!

Have ideas you about the conference, the newsletter, UAHQ in general? Contact any boar member at **uahqboard@gmail.com**

Back to Top

AHRQ: Six Building Blocks for Opioid Management in Primary Care

Most patients taking opioids for chronic pain are managed by primary care providers and their staff. Many practices are looking for help in managing their patients using chronic opioid therapy. To meet this need, AHRQ funded A Team-Based Approach to Improving Opioid Management in Primary Care toolkit for primary care practices to improve care for patients taking opioids for chronic pain. It offers a structured team-based approach (Six Building Blocks project)to improvement in leadership and consensus, policies, patient agreements and workflows, tracking and monitoring patient care, planned patient-centered visits, caring for complex patients and measuring success.

Back to Top

Declines in Hospital-Acquired Conditions Save 8,000 Lives and $2.9 Billion in Costs

National efforts to reduce hospital-acquired conditions such as adverse drug events and injuries from falls helped prevent 8,000 deaths and saved $2.9 billion between 2014 and 2016, a new report by AHRQ shows. An estimated 350,000 hospital-acquired conditions were avoided, falling by a rate of 8% over the two-year period, according to the AHRQ National Scoreboard on Hospital-Acquired Conditions. Read the full report here.

2017 National Healthcare Quality and Disparities Report

Maine, New Hampshire, Rhode Island, Wisconsin and Massachusetts led the nation in an updated assessment of health care quality, according to newly released State Snapshots from the Agency for Health Research and Quality (AHRQ). The interactive resource evaluates States on more than 250 measures of health care quality and access, based on data from AHRQ's 2017 National Healthcare Quality and Disparities Report. Read More

Back to Top

Standardize Before You Improve

IHI's Bob Lloyd provides guidance on how to standardize processes before improving them. Standardization is a fundamental starting point for improvement work. Why? Processes that are standardized are stable and, therefore, predictable. They generally exhibit common cause variation — variation that can be the focus of opportunities for improvement.

Back to Top

Move From a Reporting System to a Learning System

Learning systems are those that have in place standard improvement methods and measures, share data transparently, and apply evidence-based practices, all with the goal of collecting and learning from reports of what has gone well or not so well.

It's not enough to ensure that staff are encouraged and feel safe reporting risks. You also need to ensure that they know what kinds of things to report and how. Equally important is clarity around what happens to the reports — whose job is it to review them, analyze the information, respond with a systems approach, and follow up?

All settings need to build capability in systems thinking, human factors, root cause analysis, and other areas so they have the expertise to learn and improve. Reporting doesn't help anyone; it's the learning experienced through reports that help guide future actions to, hopefully, reduce or eliminate risk of harm.

Don't Fear Conflict; Embrace It

When you challenge the status quo, you're likely to stir up conflict. But you shouldn't fear differences of opinion and disagreements. A diversity of perspectives is what makes improvement possible. In a new blog post, IHI CEO Derek Feeley shares how leaders can foster healthy and respectful responses to change even when feelings run strong.

Back to Top

NAHQ
National Association for Healthcare Quality

Patient Safety. We Can Do Better. Only If We Stop Doing the Same Thing Expecting a Different Result.

November 12, 2018, 12 - 1 pm CT

Discuss the importance of using technology to streamline and standardize data collection for a successful safety audit program. Join us for a complimentary webinar presented by Verge Health, to understand the value and impact of implementing an interdisciplinary proactive audit program to address safety issues in real time. Register

Are You Drowning in Data?

Primaris E-Book

Healthcare providers must keep up with hundreds of possible quality measures — and also the multiple entities to which they are required to report. Dedicating resources and training is crucial to taming the chaos of the highly complex, time-consuming abstraction and reporting process that significantly impacts your organization's financial well-being. Read More

Back to Top

Advisory Board

CMS' New Pilot to Evaluate Hospital Accrediting Organizations

CMS historically has used a validation survey process to evaluate whether an accrediting organization, such as the **Joint Commission**, can accurately assess whether providers and suppliers are complying with federal requirements for health and safety.

Currently, the agency relies on states to inspect a sample of medical facilities within 60 days of an accrediting organization's visit and compares the results of the state-level inspections with the accrediting organization's assessment.

However, a *Wall Street Journal* investigation in 2017 found potential issues with how CMS evaluates the effectiveness of accrediting organizations. The *Journal* found the Joint Commission, which accredits nearly 80% of U.S. hospitals, did not take actions to modify or revoke hospital accreditations when state inspectors

Back to Top

found safety violations at the hospitals. Hospitals in some cases maintained their full accreditation despite being barred from participating in Medicaid, the *Journal* found.

CMS Administrator Seema Verma said, "Because of that article, we've taken a lot of action, and we're just getting started on the issue." She added, "We're trying to bolster our efforts to have oversight and to also have our reviews of [accreditors] transparent."

CMS will pilot a new approach in Georgia, Ohio, and Texas for assessing accrediting organizations that "will streamline and strengthen" its evaluation process.

Under the program, state inspectors will directly observe facilities during the accrediting organizations' self-assessment period, instead of within 60 days after the assessment is completed. CMS said, "Direct observation will enable CMS not only to evaluate [accrediting organization's] performance more effectively, but also to suggest improvements and address concerns with [accrediting organizations] immediately. This approach will relieve providers from having to undergo the burden of a state's follow up assessment."

CMS under the new program also will "analyze and incorporate state complaint investigations of accredited facilities," with a "focus on identifying and monitoring accredited facilities that are out of compliance with Medicare health and safety requirements." The agency will use the data it collects from those assessments as another indicator of accrediting organizations' performance, CMS said.

In addition, CMS will begin to publicly report accrediting organization performance data, such as information related to potentially missed safety issues. CMS will publish a list of hospitals and health organizations that are not in compliance with safety requirements, as well as the accrediting organization that accredited them.

According to Armour, accreditation generally is seen as a sign of higher-quality medical care, and hospitals spend a large amount of money on accreditation. In 2015, the Joint Commission charged hospitals an average of around $18,000 for an inspection and an annual fee of up to $37,000.

Hospital accreditors have come under fire in recent months. An investigation by the *Wall Street Journal* found that a number of accredited facilities continued to receive Joint Commission accreditation, despite serious safety violations and other issues at the facilities. The investigation triggered a House Energy and Commerce Committee investigation, and **CMS** this month announced initiatives to increase its oversight of accreditors and change the way accreditors' performance is reviewed, Armour reports.

For the new study, **Harvard University** researchers analyzed the mortality and readmission rates for more than 4.2 million patients who were treated for 15 selected medical conditions or received surgery for six selected surgical conditions at U.S. hospitals. Overall, the researchers found that hospitals accredited by the Joint Commission did not have significantly lower mortality rates than hospitals inspected by state agencies and those accredited by other organizations.

For instance, the researchers found that the mortality rate among Joint Commission accredited hospitals was 10.2% for the 15 selected medical conditions, compared with 10.6% at hospitals inspected by state agencies. The mortality rates for the six selected surgical conditions were the same at both sets of hospitals, at 2.4%.

Back to Top

When it came to comparing Joint Commission accredited hospitals with those accredited by other organizations, the researchers found that mortality rates for both sets of hospitals were about the same, at

10.1% among Joint Commission accredited hospitals and 10.3% among those accredited by other organizations.

The researchers also found that Joint Commission accredited hospitals had just a slightly lower readmission rate for the selected conditions when compared with hospitals inspected by state agencies, Armour reports. According to the study, the readmission rate among Joint Commission accredited hospitals averaged 22.4% for the 15 selected medical conditions, compared with 23.2% at hospitals inspected by state agencies. Readmission rates for the six selected surgical conditions averaged 15.9% at Joint Commission accredited hospitals, compared with 15.6% at hospitals inspected by state agencies.

Meanwhile, the readmission rates among Joint Commission accredited hospitals and those accredited by other organizations were about the same, at 16% and 15.8%, respectively.

The researchers found that Joint Commission accredited hospitals had slightly lower patient satisfaction scores than those inspected by state agencies, at 3.2 and 3.4, respectively, when adjusted for risk. According to the researchers, patient satisfaction scores among Joint Commission accredited hospitals and those accredited by other organizations were similar, at 3.1 and 3.2, respectively, when adjusted for risk.

According to the researchers, "The lack of meaningful differences in outcomes between accredited and state survey hospitals suggest that a closer examination of the benefits of private accreditation would be useful."

Ashish Jha, director of the **Harvard Global Health Institute** and a co-author of the study, said, "The wealthy, big hospitals that generally have more resources are more likely to be Joint Commission-accredited, and the thinking is that they have better outcomes. What you find is that it doesn't have a big effect, and it really makes you worry. We've put a lot of faith and resources into accreditation" (Armour, *Wall Street Journal*, 10/18; Lam et al., *The BMJ*, 10/18).

Back to Top

The 4 Questions to Ask Before You Hit 'Send'

1. Is email the right mode of communication? Before you even draft an email, you should take a moment to make sure that is best way to communicate your question or action. If the matter at hand is urgent, a more immediate form of communication may be more efficient.

If it's not urgent, consider holding your email until the end of the day or workweek. That way, you can include all non-urgent questions or actions in one email and reduce the number of emails clogging up your co-workers' inboxes.

2. Does the email contain the right information to explain my problem/proposal? Once you've decided email is the best approach, you need to make sure the context is right. If you're emailing about a problem, consider including a summary of the steps you've already taken to try to resolve the problem before soliciting you manager's or team's opinion. If you're emailing about a new or existing proposal, be sure to properly explain the situation and your rationale for proposing this course of action and be specific on the parts where you need further guidance.

3. Is my question or requested action step clear? We've found that highlighting explicit requests by placing them higher in the email or bolding the text can help to draw the reader's eye to the request.

When possible, you should also take a few moments to make it easy for your recipient to take the requested action. If you're asking someone to send a note, for instance, you can provide suggested scripting. If you're passing along FYI information, such as an article, you can summarize the key takeaways. Offering a deadline can also help the email recipient to properly prioritize their response while ensuring you receive a timely reply.

4. Am I prepared for follow-up questions—and can I preemptively address them? Before sending any email, you should take a moment or two and consider the recipient's potential reply. That knowledge could enable you to go one step further in your initial email to gather all the information you need. For example, instead of just asking whether someone is planning to join a call, you could also ask for materials you'll need on the call: potential talking points, questions, and so on.

Effective communication is essential in any work environment. Team members often rely on one another to complete projects, fact-check information, or schedule last minute meetings or outings. By taking a moment before you hit send to think through the above questions, you can avoid over-contacting your team and get faster, better responses when you do reach out. Read the story

Back to Top

8 Email Mistakes That Can Hurt Your Career

A career consultant explains how email mistakes can derail your career or harm your reputation—and how to keep emails professional by avoiding these eight common errors. Read the story

HEALTH
UNIVERSITY OF UTAH

You've Got Mail!

Do you ever ask yourself, How do I know if I'm getting my message across? People have strong opinions about email. Consider this question through the frame of influence. That is: **a good email is an email that does what you want it to do.** In her recent book The Influential Mind, Tali Sharot suggests three strategies for getting people to listen to you. With a little modification, they apply just as well to emails.

1. Put the New Information at the Top, In the Subject of Your Email and In the Very First Line of Your Email. We crave new information. In fact, our brain codes information in much the same way that it codes things we need to survive, like food and drink. When writing an email, put the new information at the very top — in the subject of your email, and in the first line of your email. Since many of us read emails on our smart phones, your reader will see the new information twice — and before ever opening your email.

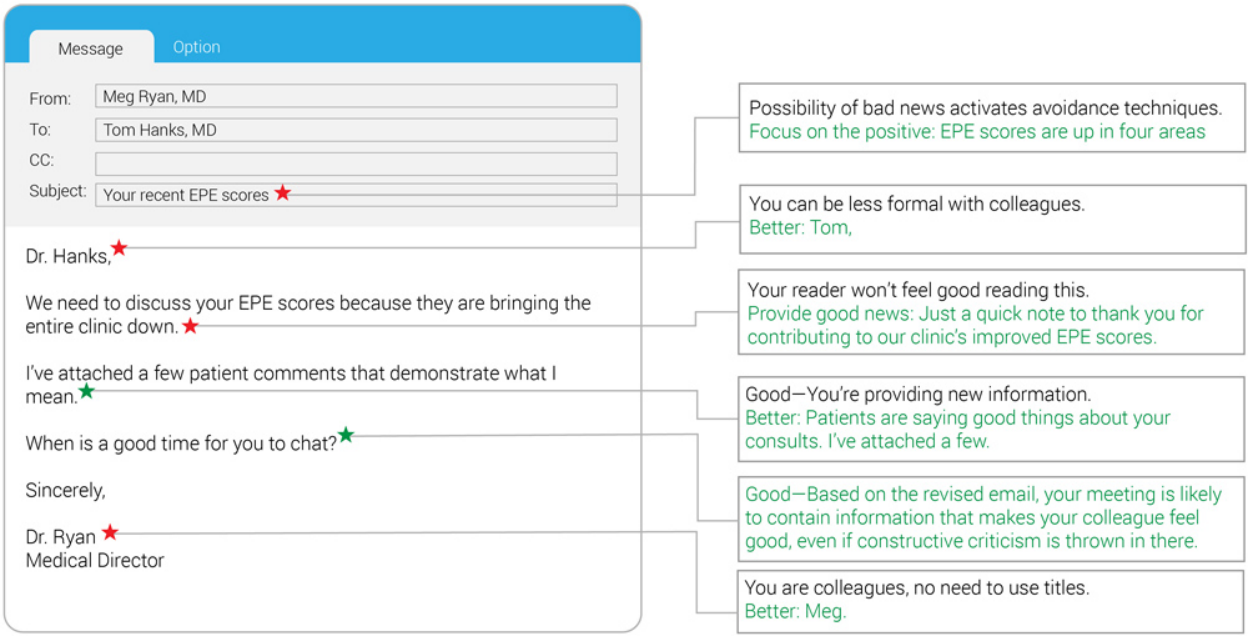
PRO-TIP: HOW LONG IS TOO LONG FOR AN EMAIL?
When composing an email on my laptop, I adjust my message window to roughly the size of a smartphone screen. I make sure that all the important information appears in that window. If it doesn't, I edit my email until it does, often signing off with "More information below the signature if you're interested."

Back to Top

2. How Can the Information You're Emailing Make the Recipient's Life Easier?
We prefer information that makes us feel good. So much so that the brain has a type of neuron for knowledge, and another type of neuron for knowledge that feels good. This is often referred to rather cynically as "What's in It for Me (WIIFM)?" I like Sharot's phrasing: clarify how your information "can help people better their world." How can the information you're emailing make the recipient's life easier? Or perhaps more interesting?

3. Positivity Matters.
We seek out good news over bad news, positive information over negative. We've all experienced an email that looked like bad news and delayed opening it. Perhaps the subject line says it all: Addressing turnover on your unit. Instead, frame turnover as an opportunity to build a new employee culture that better suits the needs of current and future employees.

Oh — and about that email I sent you a few weeks ago. Will you finally respond? ☺



ISAAC HOLYOAK LEADS COMMUNICATION FOR UNIVERSITY OF UTAH HEALTH MEDICAL GROUP. HE RECEIVED A MASTER'S IN RHETORIC FROM THE BRIAN LAMB SCHOOL OF COMMUNICATION AT PURDUE UNIVERSITY AND TAUGHT SPEECH, ARGUMENTATION, AND DEBATE TO UNDERGRADUATES IN INDIANA AND TEXAS IN HIS PRE-HEALTHCARE LIFE.

Back to Top

The Effective Communicator: The Medium is the Message

Anyone who has ever received a break-up text knows that how you say something can be just as important as what you say. The late Canadian media theorist Marshall McLuhan coined a brilliant phrase to describe this phenomenon: "The medium is the message."

Effective Communicator's Three Quick Tips

How long is too long? If an email is longer than your iPhone screen (and I have the small iPhone), your message probably shouldn't be an email.

Are they reading it? I find that most people put off reading long emails. Any message that requires more than a yes or no from the recipient should probably be a phone call.

When do you need an in-person meeting? When being connected, airing grievances, or understanding emotion is necessary.

The way you choose to talk to someone — the tool or medium you use — influences how that person receives your message. A belated happy birthday text from an old college friend will bring a smile to your face, while one from your spouse will turn that smile upside down.

What you say must fit with *what you're saying*. It's a concept called decorum. At first glance, it sounds old-fashioned, but I don't mean decorum in the sense of etiquette (though etiquette does play a role here). Decorum also has a rhetorical, or persuasive, function.

Decorum requires a certain generosity on your part. It means approaching people the way they hope to be approached. If you're trying to persuade your co-worker to a new point of view, speaking the way she speaks is good practice because it gives you a greater chance of reaching her.

Back to your original question: McLuhan's phrase and the concept of decorum suggest that how you communicate to your staff depends on what you're communicating — along with *the personal preferences of who you're communicating to*. But how to know?

The best way to learn is through observation. Failing that, try asking: What's your preference for when I communicate with you? Ask them specifically — Text? Call? Email? Walk down the hall and pop in? Especially if it's someone you will be communicating with frequently, ask them what they prefer.

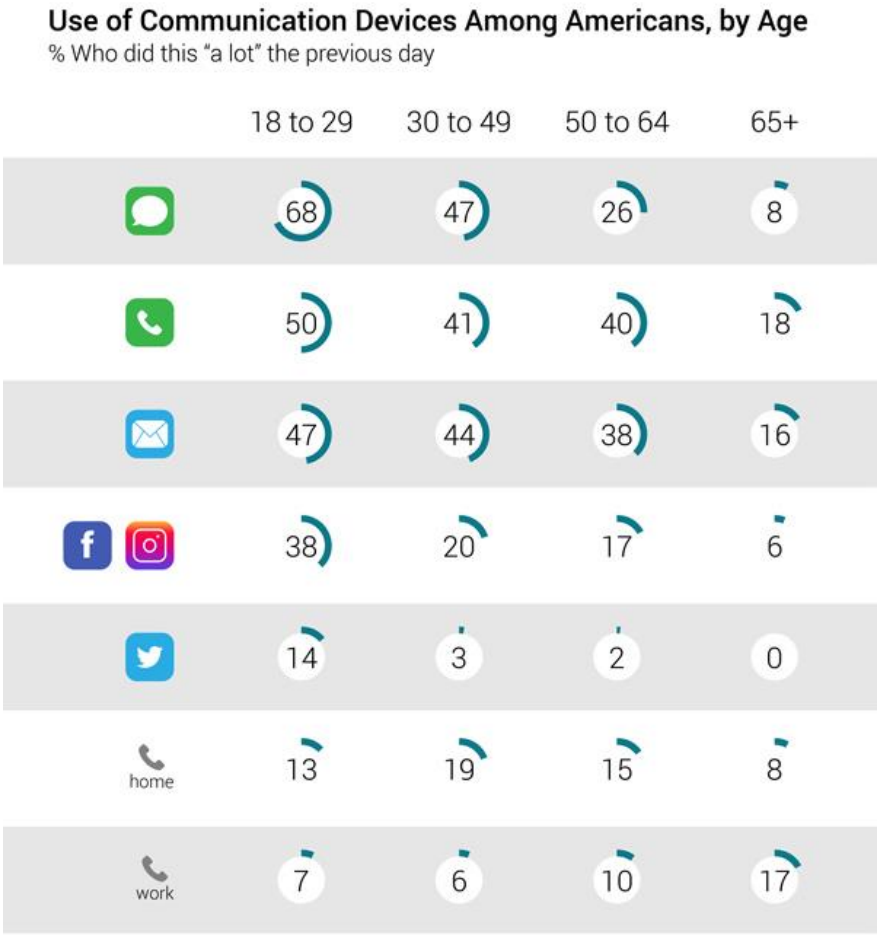
I often prefer phone calls and text messages, but my colleague Kristen has a strong preference for email. We try to accommodate each other's preferences by delivering important messages in our preferred mediums.

I know, I hate it too. But you can bet it's one of the first and last things I do every day.

What About People You Can't Ask?

Data exists to guide your decisions. This 2014 Gallup study on Americans' communication preferences is a good indication of where you should start. The bottom line: there is a slight preference for texts and phone calls — but people still read email.

Back to Top



More from The E.C.:

- How to Run a Meeting
- Sticking the Landing
- How to Craft a Story
- Know Your Audience

Back to Top

Buzzword: Safe

Be safe with your e-mail that is. See the *Social Engineering Red Flags* on the last page for tips on keeping yourself safe.

Quote of the Quarter

The opportunity now is all ours. *Jackie Buttaccio, QI Director, HealthInsight Nevada*

Back to Top

2018 UAHQ Board

uahqboard@gmail.com

President	Deb Widmer, BSRC, RRT, HACP
President-elect	Heather Bloomfield, MSN, RN, OCN
Past President	Linda Johnson, MA, BSN, CPHQ
Secretary	Trent Casper, PT, CPHQ
Treasurer	Karl Ludwig
Member at Large	Lynette Hansen, MS, CPHQ
Education Task Lead	Shelly Rives, BS, CPHQ
Communications Task Lead	Linda Johnson, MA, BSN, CPHQ
Legal/Legislative Task Lead	Linda Egbert, MS, RN, CPHQ

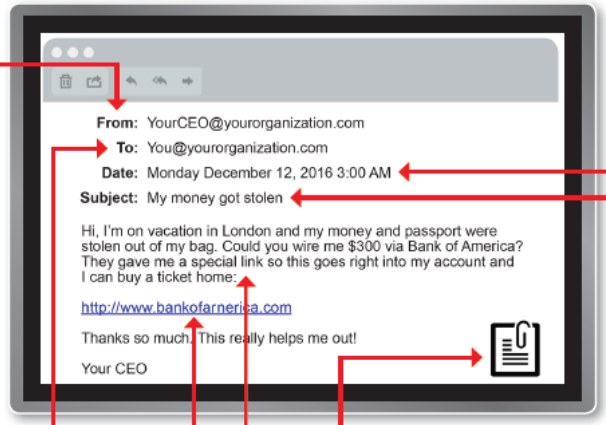
Back to Top

Farmington Bay, UT

Social Engineering Red Flags

FROM

- I don't recognize the sender's email address as someone **I ordinarily communicate with**.
- This email is from **someone outside my organization and it's not related to my job responsibilities**.
- This email was sent from **someone inside the organization** or from a customer, vendor, or partner and is **very unusual or out of character**.
- Is the sender's email address from a **suspicious domain** (like micorsoft-support.com)?
- **I don't know the sender personally** and they **were not vouched for** by someone I trust.
- **I don't have a business relationship** nor any past communications with the sender.
- This is an **unexpected or unusual email** with an **embedded hyperlink or an attachment** from someone I haven't communicated with recently.



DATE

- Did I receive an email that I normally would get during regular business hours, but it was **sent at an unusual time** like 3 a.m.?

SUBJECT

- Did I get an email with a subject line that is **irrelevant** or **does not match** the message content?
- Is the email message a reply to something **I never sent or requested**?

ATTACHMENTS

- The sender included an email attachment that **I was not expecting** or that **makes no sense** in relation to the email message. (This sender doesn't ordinarily send me this type of attachment.)
- I see an attachment with a possibly **dangerous file type**. The only file type that is **always safe to click on is a .txt** file.

TO

- I was cc'd on an email sent to one or more people, but **I don't personally know** the other people it was sent to.
- I received an email that was also sent to an **unusual mix of people**. For instance, it might be sent to a random group of people at my organization whose last names start with the same letter, or a whole list of unrelated addresses.

HYPERLINKS

- I hover my mouse over a hyperlink that's displayed in the email message, but the **link-to address is for a different website**. (This is a **big** red flag.)
- I received an email that only has **long hyperlinks with no further information**, and the rest of the email is completely blank.
- I received an email with a **hyperlink that is a misspelling** of a known web site. For instance, www.bankofarnerica.com — the "m" is really two characters — "r" and "n."

CONTENT

- Is the sender asking me to click on a link or open an attachment to **avoid a negative consequence** or to **gain something of value**?
- Is the email **out of the ordinary**, or does it have **bad grammar** or **spelling errors**?
- Is the sender asking me to click a link or open up an attachment that **seems odd** or **illogical**?
- Do I have an **uncomfortable gut feeling** about the sender's request to open an attachment or click a link?
- Is the email asking me to look at a **compromising or embarrassing picture** of myself or someone I know?

Back to Top