

# CTAHQ NEWS

A PUBLICATION OF THE CONNECTICUT ASSOCIATION FOR HEALTHCARE QUALITY

## *Celebrating our 25th Anniversary*

### Outgoing President's Message



*By Theresa Schmidt*

This is the last newsletter from me as president of CTAHQ and I want to thank all the board, team leaders, team members and CTAHQ membership for the privilege to be your president this year. We recognized the board and team leaders at the annual meeting in June but I would like to say thank you one

more time. It was a great team with many having conflicting professional and personal issues but the dedication to their colleagues and this organization was immense and much appreciated by me. We had four very good programs, offered a scholarship to the NAHQ Conference, honored Claire Davis as our Gail Greene Award recipient, submitting for the association award, a member (Marilyn Folcik) did a paper presentation at the National Conference, sponsored a table at the National Conference (thank you Lois Benis for organizing this) with other New England states and we celebrated our 25<sup>th</sup> anniversary as an organization bringing a number of past presidents together.

Attending the NAHQ Conference and holding the Connecticut social is a great way to wind down your term as President. It was wonderful to see faces from Connecticut

*(Continued on page 2)*

### Incoming President's Message



The Board and Team Leaders are already working on the educational plans for the year and are developing stronger relationships with CSHRM (CT Society of Healthcare Risk Management) and MAHQ (Massachusetts Association of Healthcare Quality) for joint sponsorship of educational programs and endeavors. Stay tuned!

*By Anne Kuben-Kearney*

The chemistry and collaboration among the Board and Team Leaders is also very exciting – we have a mix of experienced CTAHQ members, who have held Board and Team Leaders positions in the past, and members new to the Board. Our goals for 2007 – 2008 include mentoring less experienced quality professionals; providing quality educational programs to our members at a reasonable price; developing a quality resource booklet for our members with basic information about quality improvement principles, key resources and contacts, and frequently used tools and techniques; promoting CPHQ certification; and reaching out to new members to welcome them to our organization.

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at the sessions and to have conversations about what we just heard or learned. It was fantastic to see so many at the social and to connect with them in a different way. We also had former Connecticut members come to the social with a few of their colleagues from their "new" states. It was difficult for me to believe that a year had passed since the last NAHQ Conference.

A year has gone by quickly and now I am passing the reigns to an enthusiastic CTAHQ member, Anne Huben Kearney, and the new board. Under their direction I see renewed commitment and passion to connect with the members, especially new members to the organization and to the quality profession. Please join me in assisting this new leadership to continue to carry on our mission of

- advancing the theory and practice of quality by sharing your experiences with members by offering to present at state education sessions, submitting a poster or paper to the national association or contributing to this newsletter
- promoting your professional growth and development by coming to education sessions or presenting at one of sessions or helping the education team to find speakers on topics that are important to you or writing that article
- promoting unity of your healthcare professionals by continuing to network and mentor our new colleagues.

The time and the effort to become involved are greatly rewarded by the connection you have with your fellow quality professionals. I became more involved and I am so glad that I did!

Please consider volunteering your time and talent to add to this mix. Please let me or any of the Board know of your interest in joining one of our teams. We promise to respect the constraints on your time if you want to work on only one project or program, rather than a full team membership! But please GET INVOLVED in YOUR professional organization.

Become one of those who work to make the events and activities that help CTAHQ to be the recognized leader and authority on issues related to the quality of healthcare delivered in the State of Connecticut. It is said:

"When it comes to the future, there are three kinds of people: those who let it happen, those who make it happen, and those who wonder what happened."

~ John M. Richardson, Jr. ~

## Questions define what's important

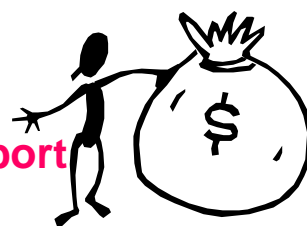


Problems are a fact of life in any organization. The questions managers ask defines the culture of how the organization addresses problems. More often than not, the questions begin with "who" instead of "how" or "why." As a result, the questions probe for who is to blame instead of understanding root cause.

The key behavior is to focus questions on the process and not on the people. If questions focus on people, the process owners will naturally develop defense mechanisms to deflect blame. You will often hear the refrain, "It's not my fault." If questions focus on the process, people will be more willing to expose the true shortcoming of the process and work to prevent future problems.

The questions managers ask sets the tone of the problem investigation. What kind of questions do you ask?

## Treasurer's Report Submitted by Barbara Kaplowe

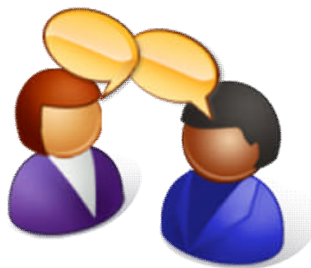


<b>Opening Balance:</b>	\$ 3,988.53
Membership	660.00
NAHQ Booth	26.00
Interest Paid	.25
<b>Expenses</b>	
Fundraising	1,428.88
Misc.	100.00
Meeting	<u>400.00</u>
<b>Balance as of October 31, 2007</b>	<b>\$ 2,745.90</b>

Greetings From Boston and the  
32nd Annual NAHQ Educational Conference



# Improving Communication in Healthcare



Though studies continue to show that communication failure is a major cause of adverse medical events, we decided to test this relationship by reviewing the experience of the Veterans Health Administration, a large integrated health system.

The VA National Center for Patient Safety (NCPS) has a large narrative patient safety database comprised of close call and adverse event reports, which has accrued approximately 325,000 Patient Safety Reports and more than 12,000 Root Cause Analysis reports since 2000.

When searching our database, consistently 70-to-80% of the cases have identified communication failure as the least one root cause contributing factor in these events. In an attempt to address communication failures in healthcare, we began to develop an intervention to improve communication and collaboration, focused on critical care areas. Our program, Medical Team Training (MTT), is a long-term effort to improve patient care and is based on a systems approach to problem solving.

Regardless of the caregiver involved, a poorly functioning communication process can repeatedly generate unfortunate sequences of events that place patients at risk for harm. The aviation industry recognized that communication was a critical problem 25 years ago and developed Crew Resource Management (CRM) to address communication failure. CRM is defined as using all available sources – information, equipment, and people – to achieve safe and efficient operations. The focus of CRM is the safety, efficiency, and morale of humans working together.

Since healthcare has many features in common with aviation – high profile, complex technology well educated professionals, and significant risk –we hypothesized that CRM principles have applications in healthcare. And they do!

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## Not Just “Flavor of the Month”

We are committed to the long-term improvement of healthcare delivery in the VA health system. We have observed that leadership support of patient safety in health systems often consists of lip service, and is not matched with interventions and resources to improve the safety of patient care.

There is a plethora of aviation-based CRM programs provided by consultant groups. These seminar-based training sessions may be of limited effectiveness if they pro-

vide limited translations to healthcare, minimal preparation of health system professionals before the sessions, and minimal follow-up to facilitate the implementation of CRM interventions in their health systems after the sessions. Evaluation of these programs has been primarily limited to survey data suggesting that participants in these sessions valued what they had learned.

## Program Structure

Preparation and planning begins at least two months prior to a scheduled MTT Learning Sessions. Key personnel in each facility organize an interdisciplinary Implementation Team. The focus of this team is to prepare for the Learning Session by creating a facility-specific implementation table made up of a CRM activity(s) chosen from a limited menu of options, and to sustain their project(s) for a minimum of one year.

Project options include:

- Briefings and debriefings by the surgical team in the conduct of surgical procedures in the OR.
- Conducting interdisciplinary patient-centered rounds in the ICU.
- Implementing a standardized process for transferring patient care responsibility (hand-offs) between healthcare professionals – e.g. nurse change of shift; nurse report to physician for change in patient condition; patient transfer from OR to ICU.
- Debriefing cardio-pulmonary resuscitation events and/or adverse patient events.
- Instituting interdisciplinary administrative briefings on a regular basis for proactive problem solving in clinical units or in work processes across units – e.g., OR, surgical services, and central medical supply – focused on improving the provision of surgical instruments and supplies for each surgical procedure.
- Instituting a fatigue management strategy in a clinical unit – e.g., a strategic napping plan for nursing and medical staff in the SICU.

Our MTT Learning Sessions are facilitated by three clinical faculty members selected from a pool of three surgeons, five masters-prepared nurses, and our program coordinator, who has a master’s degree in communication. Our nurse faculty members have backgrounds with considerable experience in surgical nursing, recovery room, the ICU, and cardiac care. Our surgeon faculty members have backgrounds in obstetrics and gynecology, thoracic

and general surgery, and cardiothoracic surgery.

Each Learning Session is focused on overcoming a number of obstacles to effective communication, such as:

- Lack of information sharing.
- Working in professional “silos”.
- Failure of coordination across clinical units.
- Lack of staff assertiveness.
- Power differentials and organizational hierarchy.
- Loss of situational awareness.
- Failure to “speak up” when necessary for patient well-being.
- Lack of respect for others.
- Speaking in coded abbreviations, acronyms, and incomplete sentences.

Our Learning Sessions are very interactive: They are integrated with teaching films, produced by NCPS faculty, and clinical vignettes that demonstrate specific CRM activities applied to healthcare. The films include scenarios, such as team interactions during a change in patient condition, a code resuscitation, a code team debriefing, interdisciplinary administrative briefing in the ICU, briefing and debriefing a cardiac surgical procedure, patient hand-offs using a standardized process, and interdisciplinary rounds in the ICU.

### **Implementation and Initial Data**

We are implementing our program in all VA Medical Centers that provide surgical services. However, all clinical units are welcome, and participation is subject to the discretion of the facility director. We estimate our national roll-out of this program will require 260 Learning Sessions in 130 VA Medical Centers during a two-year period., wrapping up in late 2009.

To date, we have conducted 70 MTT Learning Sessions involving 54 facilities, with more than 3,000 participants. Staff members including physicians, nurses, and allied health personnel have enrolled from 46 operating rooms and 34 intensive care units. Other units participating have included the emergency department, cardiac catheterization laboratory, medical-surgical units, long-term care, and primary care clinics.

We have been collecting data for our rigorous program evaluation, which will test two hypotheses: In association with the implementation of the MTT program, patient outcomes and staff job satisfaction will improve. We will not have the statistical power to test our hypotheses until all VA Medical Centers have implemented this program for a minimum of one year.

Following the implementation of surgical team briefing

and debriefings, the Houston VA Medical Center reported a statistically significant improvement in communication scores from a survey for surgeons, nurses, and anesthesiologists. In addition, the Houston facility reported the following:

- An increase in surgical patients receiving prophylactic antibiotics within 60 minutes of the surgical incision from 84% to 95%.
- An increase in patients receiving effective prophylaxis for Deep Vein Thrombosis prior to anesthetic induction from 92% to 100%.
- Pre-operative briefings identified 3.3% of patients whose surgical procedures were cancelled due to unacceptable risks identified during these briefings.

Narrative reports from participating staff in other VA Medical Centers have included the following:

- An OR team at one facility previously averaged 3,000 delay minutes per month for “total” delay reasons. After one month of implementing MTT briefings and debriefings, they are down to 900 delay minutes.
- One pre-op briefing prevented a wrong site/side surgical procedure.
- One pre-op briefing informed a surgical resident that he was in the wrong room.
- One facility had been tracking length of surgical procedures since MTT implementation, noting a 2-3 minute decrease per case.
- In one facility, pre-op briefings prevented at least two potentially harmful surgical procedures due to what was learned in the pre-op briefing.
- One facility tracked 213 cases through the MTT pre-op briefing, discovering patient safety issues, and prevented patient harm in seven of those cases (3%).

### **Putting It All Together**

MTT is another example of our effort at VA to focus on how well care systems function and to move beyond the notion that individual performance can solve all patient care problems. Caregivers who participate in efforts of this kind are taking a giant step forward, one that clearly benefits our patients.

We cannot continue to rely solely on our technical skills, no matter how sophisticated they may be and how much effort we have made in developing them. We must become more effective members of a clinical team.

*(Continued on page 10)*



# Qualidigm Spotlight: SBAR A TECHNIQUE FOR COMMUNICATION

The Institute of Medicine (2000) estimates that 98,000 deaths annually result from medical errors. Safe and effective care of patients depends on consistent, flawless communication between caregivers. SBAR is a communication method that is very easy and simple to utilize. SBAR promotes better communication by bridging the gap in communication through a standardized approach.

SBAR (Situation, Background, Assessment, Recommendation) is a strategy to improve communication from clinician to physician, clinician-to-clinician and/or staff to manager. SBAR was adapted from the US Navy Nuclear Submarine Service. This method condenses messages so that they contain only concise and significant information about the patient. It allows the clinician to verbalize their assessment of the situation and what recommendations/actions the clinicians feels are needed to correct the problem.

***SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation, especially critical ones, requiring a clinician's immediate attention and action. It allows for a focused way of setting expectations for what will be communicated between members of the care team.***

## Connecticut Hospitals Win CQIA Awards



The following hospitals won silver awards for innovation from the Connecticut Quality Improvement Awards Partnership, Inc. (CQIA):

Bridgeport Hospital - More Time for Care

Danbury Hospital - Wellness on Wheels

Greenwich Hospital - Reducing Community Acquired Pneumonia by Improving Pneumococcal and Influenza Vaccination Rates at Greenwich Hospital

Hartford Hospital - Glucose Monitoring System

Saint Francis Hospital - Bedside Barcoding: Novel Technology to Improve Patient Safety

Saint Mary's Hospital - Reducing Urinary Tract Infections Among Patients Using System Alerts in a Hospital Setting

Stamford Hospital - Stamford Hospital Familial Colorectal Cancer Registry

Yale-New Haven Hospital - (3)

Improving Quality of Care for Diabetic Patients

"Double Dip on Every Trip" - An Initiative to Improve Hand Hygiene on Two Cardiology Units

Improving Emergency Department Patient Flow: Admission to Inpatient Unit

Qualidigm - Reducing Staff Turnover Rates in Nursing Homes

The awards were from the Connecticut Quality Improvement Award Partnership, Inc. (CQIA). The CQIA is a state-level quality award utilizing the Malcolm Baldrige National Quality Award for Performance Excellence criteria in an effort to advance innovative programs that improve quality, performance, and marketplace competitiveness in Connecticut Organizations. There are three levels of awards. They are the entry level CQIA Innovation Prize, the mid level Connecticut Breakthrough Quality Award and the highest level Connecticut Leadership Quality Award. YNHH won at the entry level.

The CQIA Innovation Prize recognizes accomplishments during the first steps of the quality journey for all organizations located in Connecticut. It is meant to stimulate interest in organizations to implement quality while fostering recognition of innovative improvements.

# A QI Tool

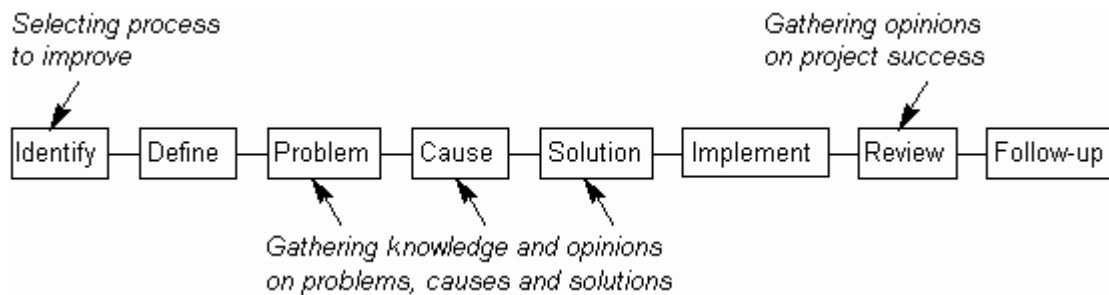
## Nominal Group Technique



The Nominal Group Technique (NGT) is used to collect and prioritize the thoughts of a group on a given topic.

### When to use it

- Use it when a problem is well understood, but knowledge about it is dispersed amongst several people.
- Use it when a rapid consensus is required from a team, rather than a more detailed consideration.
- Use it when the team is stuck on an issue, for example when they disagree about something.
- Use it when the group prefers a structured style of working together.
- Use it, rather than Brainstorming, when a limited list of considered opinions is preferred to a long list of wild ideas, or when the group is not sufficiently comfortable together to be open and creative.



### How to understand it

When ideas or opinions need to be gathered from within a group, Brainstorming is not always the best solution, for example where the group prefers a more structured style of working or where some group members are dominant.

The Nominal Group Technique (or *NGT*) provides a structured method of collecting and organizing the thoughts of a group. This is done in a way that prevents the originator of individual thoughts becoming known.

This anonymous gathering of ideas results in the loss of the synergistic benefits of Brainstorming, where people key off each others ideas. However, many 'Brainstorming' sessions are in fact solely used for gathering the opinions of the group, rather than the original purpose of creative idea generation. In such circumstances, NGT is a quite suitable tool.

NGT sessions have two clear parts. The first part involves creation and transcription of thoughts so all can see them. This part of the session is kept brief by silent writing the thoughts and constraining discussion only to clarification questions (not criticism or debate). The second part of the session is the reduction of ideas to a final selection. Again, silence is used to focus individual effort and reduce the time spent. As a result, NGT can be a very efficient method of gaining common agreement within the team.

It is the lack of interaction between the team members that gives this tool its title of 'nominal' group technique, as the team is only nominally interacting as a group.

### How to do it

1. Identify the objective of the NGT session, writing it in a clear statement or question, for example 'How can we be sure customers know about product recalls?' Note that if the need is to be strongly creative, it may be better to use Brainstorming rather than NGT.
2. Recruit the group members for the meeting. Between them, they should have sufficient knowledge to be able to achieve the objective described in step 1. If possible, get a facilitator to lead the NGT session. This is a person who has no stake in the outcome, other than to help the group meet their objective in a reasonable time-frame. In any case, ensure the meeting leader is familiar with the technique.

*Con't on page 8*

**Nominal Group Technique con't from page 4**

3. In the meeting, clearly display the objective from step 1, for example by writing it on a whiteboard, and ensure everyone understands it.
4. *Silently* and privately, the team writes down their thoughts and ideas on 3" x 5" cards. When individuals have finished, they should wait quietly for others to finish.
5. The leader collects the cards, shuffles them (to ensure individual people's ideas are not in batches), then reads them out, one at a time. If the idea is unclear, the team may discuss it, but *only* for clarification of meaning, not general debate. The agreed final wording is then transcribed onto a flipchart or other surface that can be easily read by the whole team. If it is agreed that the point from a card has already been transcribed, then it need not be copied again.
6. When all cards are transcribed and their meanings understood, vote on which are to be selected. A guideline for the number of votes to use is given in Table 1, below. The value of each vote is governed by the number of votes that can be cast. Thus, if there are four votes, the value of the votes are 4, 3, 2 and 1. Voting is done by each member of the team, silently and privately writing down votes for the listed ideas. Each vote is written on a 3" x 5" card, along with the text of the item for which the vote is being cast.

1. Table 1: Example of voting scheme

# of ideas on list	# of votes per person	Value of votes
Less than 20	4	1, 2, 3 and 4
20—35	6	1, 2, 3, 4, 5 and 6
Over 35	8	1, 2, 3, 4, 5, 6, 7 and 8

7. The leader collects the cards, shuffles them as before and writes the value of each vote against the appropriate idea on the displayed list. The rank order of the ideas is then written against each. The final list may thus appear something like this:

	Votes	Rank
- <b>implement bar coding</b>	4,2,2 = 8	1
- <b>create double check system</b>	4,1,1 = 6	3
- <b>refer to senior leadership</b>	2,2,2,1 = 7	2
- <b>collect more data</b>	1, 1 = 2	4

8. Review the results and discuss reactions to it. If there is no clear winner (for example, the top five ideas are within a few points of one another) or if there are strong objections, then a second round of voting may take place. This is done in the same way as the first voting session, but with the top ideas now transcribed again to a new sheet.
9. Act upon the final selection.

Additional reference available on the web:

[http://www.mycoted.com/Nominal\\_Group\\_Technique](http://www.mycoted.com/Nominal_Group_Technique)  
[http://www.icbl.hw.ac.uk/itdi/cookbook/nominal\\_group\\_technique/index.html](http://www.icbl.hw.ac.uk/itdi/cookbook/nominal_group_technique/index.html)  
[www.ag.ohio-state.edu/~bdg/pdf\\_docs/d/F06.pdf](http://www.ag.ohio-state.edu/~bdg/pdf_docs/d/F06.pdf) (handouts)

## **E**ducation Team Update By Lois Benis

Special thanks to Pam Cullen who chaired the Education Team in 2006/2007. She and her team did a magnificent job of providing outstanding educational programs with CEs during the year.

The education team will be co-chaired this year by Lois Benis and Jim Judson. Team members include: Marcia Cobain and Lavern Jenkins. New team members are welcomed. Please contact either Lois at [lois.benis@ynhh.org](mailto:lois.benis@ynhh.org) or Jim at [jjudson@srhs.org](mailto:jjudson@srhs.org) if you are interested in joining this team.

At the board strategic planning meeting in August, the following were tentatively identified as programs for the coming year:

January 8 – combined program with the CT Society for Healthcare Risk Management (CSHRM) on disclosure of adverse events.

End of March/beginning of April – Effective Relationships with Surveyors

June – Annual Business Meeting: President's update on the state of the Association, treasurer and team reports. We will once again celebrate our past presidents, members who are Certified Professionals in Healthcare Quality (CPHQ) and accomplishments of the past year.

October 2008 – NAHQ conference update

The education team is also pursuing a program on "Pay for Performance: Sharing of resources and tools"

## **M**embership Update By Jacqueline Richo



Our 2008 membership drive is underway. If you have sent in your renewal and not received a confirmation email, please contact me at [jricho@srhs.org](mailto:jricho@srhs.org) to verify I have received your application.

For those of you who have not had the chance to renew, the application can be found in this newsletter on page 13.

I would like to take this opportunity to welcome the following new members to our organization:

Connecticut Valley Hospital  
Paul Beavers, Jr.  
Laurene Gomez

Eastern Connecticut Health Network  
Janice Albetski  
Mary Powers  
Joanne Rahl

Hospital of Central Connecticut  
Katherine Reilly

Hospital of Saint Raphael  
Susan Carter  
Alison Gaffney  
Anna Horne

Lawrence & Memorial Hospital  
Catherine Snider

Middlesex Hospital  
Sharon Finn  
Jeffrey Lemkin

Saint Francis Hospital  
Karen Mansfield  
Lauren Tiberio

Saint Luke's Roosevelt Hospital  
Barbara Kaminsky

Windham Hospital  
Elizabeth Baldwin  
Kathleen Hawkins

**Connecticut Association for Healthcare Quality  
2007-2008 Board of Directors/Team Leaders**



Visit the newly redesigned Healthcare Quality Certification Board web site at <http://www.cphq.org/>.

**Name, Address and E-mail Address Changes**

Has your name, address or e-mail address changed recently? To be certain you receive all important certification correspondence, promptly notify the HQCB of any changes. They require that any of the above changes be submitted in writing by e-mail, fax or regular mail. The CPHQ database is separate from the NAHQ membership database as not all CPHQs are members of NAHQ. If you are a member of NAHQ you must send your changes to both HQCB and NAHQ.

President	Anne Huben-Kearney 800/225-6168 x 374
President-Elect Nominations Team Leader	Janice Watkins 860/646-1222 x1087
Treasurer	Barbara Kaplowe 203/694-8365
Past President, Bylaws	Theresa Schmidt 860/456-6852
Board of Directors	Marcia Cobain 203/551-7464
Board of Directors	Susan Wrubel 860/262-6463
Communication Team Leader	Jacqueline Richo 203/789-5132
Education Co-Team Leader	Lois Benis 203/688-5571  Jim Judson 203/789-6061



**Dates to Remember**

- Fellowship Intent Applications due—12.03.07  
Contact NAHQ via email at [cfollins@connect2amc.com](mailto:cfollins@connect2amc.com)
- CPHQ Recertification Applications due 12.31.07
- NAHQ Nomination Ballots due—01.18.08

*(Improving Communication - continued from page 5)*

A poorly functioning communication system too often leads to a care system that continues to generate the same problems, regardless of the caregiver's personal skill and commitment to patient care.

By: Lisa Falzetta, RN, MSN; Amy Carmack, MA; Lori Robinson, RN; Joe Murphy, MS, APR; and Ed Dunn, MD, MPH, MBA, MPA  
All of the authors work at the VA National Center for Patient Safety ([www.patientsafety.gov](http://www.patientsafety.gov)) in Ann Arbor, Michigan.

**CTAHQ News**

Published quarterly by The Connecticut Association for Healthcare Quality  
c/o Jacqueline Richo  
The Hospital of Saint Raphael  
Quality Improvement Department  
1450 Chapel Street  
New Haven, CT 06511

# Local Job Opportunities

## QUALITY DOCUMENTATION SPECIALIST

Saint Francis Hospital and Medical Center, Hartford CT, continues to achieve excellence with state of the art technology and superior patient care. We are now New England's largest open heart surgery center, a major trauma center, a renowned cancer center featuring Cyberknife and a consistent "top 100 hospital" recognition.

### JOB SUMMARY

The Quality Documentation Specialist is responsible for the daily review of all records potentially falling into the DRG categories for Hospital Quality Measure abstraction. This applicant must be well versed in core measure definitions and must keep current with abstraction requirement changes. Requires daily communication with physicians to ensure appropriate documentation to achieve success with core measures.

### JOB QUALIFICATIONS

Education: Nursing or other clinical degree.  
Experience: One to two years experience in quality improvement, data collection and analysis or utilization management preferred. Experience with Joint Commission standards and core measures preferred. One to two years clinical acute care hospital experience with cardiac, surgical or respiratory focus preferred. Licensure: RN or LPN licensure. Skills: Demonstrates proficiency in knowledge of hospital quality measure requirements and compliance methodologies. Possesses the ability to provide guidance to other members of the project teams including, physicians, nurses and mid to senior level managers. You must possess excellent communication skills, both verbal and written.

We offer excellent benefits including on-site fitness and child care centers.

Applicants can apply online at [www.saintfranciscare.com](http://www.saintfranciscare.com)  
Saint Francis Hospital and Medical Center  
Jessica Kelley  
Manager, Staffing  
Saint Francis Hospital and Medical Center  
114 Woodland Street  
Hartford, CT 06105  
860-714-1068  
[jkelly@stfranciscare.org](mailto:jkelly@stfranciscare.org)

## QUALITY MANAGER

Cardium Health + Airlogix is an experienced and trusted leader in disease and health management serving multi-market segments including self-insured employers, plan sponsors, and commercial and government health plans. The company currently provides disease management and health improvement programs including heart disease, diabetes, asthma, COPD, back pain, tobacco cessation and hypertension/hyperlipidemia. Cardium Health + Airlogix is a wholly owned subsidiary of CenCorp Health Solutions, which is part of the Centene Corporation (CNC) family of companies.

This individual directs the quality management efforts of the organization including disease management accreditation regulatory compliance and ongoing quality assurance activities.

Major responsibilities of the position in order of priority:

- Assists in developing and implementing a quality assessment/audit program for clinical and non-clinical staff.
- Prepare and implement appropriate work tools, reports and assessment/audit tools to ensure control of key processes and program characteristics.
- Recommend quality improvement opportunities based on findings and participation in developing and implementing solutions as requested.
- Monitor QM trends in the healthcare industry and suggest program changes or enhancements as appropriate.
- Provides constructive and timely feedback to rectify errors and to prevent further inconsistencies.

Job Qualifications:

- Minimum five years' experience in quality management in a healthcare or insurance environment preferably in disease management. Bachelor's Degree or equivalent work experience. Experience with URAC and NCQA Standards. Excellent communication skills; ability to collaborate effectively across departments. Ability to work independently and manage multiple project/priorities. Proficient in Microsoft Office applications.

Please apply on line at:

[www.centene.com](http://www.centene.com)

Career Opportunities/Manager, Quality/Connecticut

### Hospital Compare Web Sites May Offer Inconsistent Results

A review of six publicly available hospital comparison Web sites suggests that they display inconsistent results and use inappropriate or incomplete standards to measure quality, according to a recent report in the *Archives of Surgery*.

A total of 113 million Americans searched for health information on the Internet in 2006, according to the article. Of those, 29% searched for information on specific hospitals and physicians. At the same time, pressure from insurance companies and the public for transparency and accountability in healthcare continues to increase. Data on hospital performance is frequently made available through Web sites aimed at patients, but few researchers have examined these sites and their content.

Michael J. Leonardi, MD, and colleagues at the David Geffen School of Medicine at UCLA performed a systematic Internet search in September 2006 to identify publicly available hospital quality comparison sites. Six sites were identified and rated on accessibility, data transparency, statistical calculation, appropriateness, consistency and timeliness. One site was government-run (Hospital Compare from the Centers for Medicare & Medicaid Services), two were nonprofit (Quality Check from the Joint Commission and the Leapfrog Group's Hospital Quality and Safety Survey Results), and three were private and proprietary. "For accessibility and data transparency, the government and nonprofit Web sites were best," the authors write. "For appropriateness, the proprietary Web sites were best, comparing multiple surgical procedures using a combination of process, structure, and outcome measures. However, none of these sites explicitly defined terms such as complications." All data on these sites were at least one year old, and most were two or more years old.

To determine consistency, sample searches were conducted on the three proprietary Web sites comparing four Los Angeles-area hospitals on three common procedures (laparoscopic gallbladder removal, hernia repair, and colon removal.) The searches demonstrated significant inconsistencies—for example, for colon removal, one hospital was ranked best by two sites but worst by the other site, and the hospital ranked best on that site was ranked worst on another.

Further work is needed to improve these issues, particularly the accessibility by patients, the quality and type of data reporting,

"the statistical method and the criteria by which hospitals and specific operations are compared. It is probably important that surgeons be involved with the development of such reporting Web sites so that the comparisons accurately and appropriately reflect the quality of surgical care," the authors write.

- Source: *The Journal of the American Medical Association*

### DIRECTOR OF CORPORATE QUALITY

Triad Healthcare, Inc. is a national company offering full-risk service to develop and manage allied specialty healthcare networks with emphasis on chiropractic and physical therapy. We have a proven track record of providing unique solutions for Group Healthcare, Personal Injury (PIP) and Workers' Compensation (WC) that mitigate risks and optimize healthcare costs. Our company uses best practices and proprietary software to link payers (carriers), providers (physicians) and patients (members) resulting in operational efficiencies, lower administrative costs and better results for all.

The Corporate Quality Director will be responsible for directing quality improvement policies, programs and initiatives including URAC accreditation. The Corporate Quality Director must be familiar with a variety of quality improvement concepts, practices, and procedures. This position is responsible for creating a supportive corporate culture of continuous quality improvement.

Primary Responsibilities:

- Responsible for development and management of the Quality Management (QM) Program
- Cooperates with other senior management personnel in formulating and establishing company policies, operating procedures, and goals
- Responsible for establishing QM goals and objectives
- Responsible for staffing/training the QM Department sufficiently to execute QM goals and objectives
- Chair of the Triad Administrative Quality Improvement Committee
- Responsible for keeping Triad current and informed on industry trends in QM

Responsible for all other duties assigned by the CEO

Qualifications:

- MA preferred; BS/BA with proven experience
- Previous quality management experience in a managed care organization
- Demonstrated accreditation and regulatory compliance experience
- Effective supervisory skills and time management/human relations skills
- Effective verbal and written communication skills

Triad offers excellent compensation and benefits plans that includes Medical, Dental, Vision, 401K and Tuition Assistance.

Please forward your resume via US Mail to:

Janelle Kelly  
Human Resources  
Triad Healthcare Inc.  
80 Spring Lane  
Plainville, CT 06062

Triad Healthcare, Inc is an Equal Opportunity Employer.

**Connecticut Association for Healthcare Quality  
Membership Renewal Application**

**October 1, 2007 – September 30, 2008**

**TO FACILITATE ELECTRONIC INFORMATION TRANSMISSION,  
PLEASE BE SURE TO INCLUDE AN E-MAIL ADDRESS**

**PLEASE COMPLETE ALL APPLICABLE AREAS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Mailing Address (circle Home or Work): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (W): \_\_\_\_\_ (H): \_\_\_\_\_ (Fax): \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**NAHQ Member**  Yes  No

**CPHQ**  Yes  No

Primary Area of Responsibility (check all that apply)

UM/Case Management  Quality Management

Infection Control  Home Services

Risk Management  Medical Records

Other \_\_\_\_\_

Type of Organization

Acute Care  Home Care

Subacute  Consulting

Rehabilitation  HMO/Insurance

Other \_\_\_\_\_

Individual membership \$55.00

Organizational Membership \$110.00 - 3 applications from the same institution  
(please submit together)

Please make check payable to CTAHQ and mail to:

**Jacqueline Richo**

C/O Hospital of Saint Raphael, QI Department

1450 Chapel Street

New Haven, CT 06511

November 2007	December 2007	January 2008	February 2008	March 2008
<p><b>Newsletter</b></p> <p>8 Joint Education Program with CSHRM</p>				
April 2008	May 2008	June 2008	July 2008	August 2008
<p><b>Newsletter</b></p>		<p><b>Newsletter</b></p>		
<p>Date TBD Annual Business Meeting</p>				

CTAHQ  
 Jacqueline Richo  
 c/o Hospital of Saint Raphael  
 QI Department  
 1450 Chapel Street  
 New Haven, CT 06511

This is a publication of the Connecticut  
 Association for Healthcare Quality

