

CTAHQ NEWS

A PUBLICATION OF THE CONNECTICUT ASSOCIATION FOR HEALTHCARE QUALITY

MESSAGE FROM THE PRESIDENT
by Susan Wrubel



I hope you are all enjoying the beautiful summer weather and are taking a well deserved and restful vacation. It was wonderful to see such a great turnout at the CTAHQ Annual Business Meeting and Education Session.

If you were unable to attend, the Team Leader Reports in this edition of the newsletter, as well as minutes of the meeting and the CTAHQ Dashboard posted on the Website (members only), will provide you with valuable information. We are very proud of the enhancements to our website, and have submitted an application for the NAHQ State Association Subcategory Award for Newsletter and Website - I think we have an excellent shot at it! I encourage you to visit if you have done so recently. You can review the CTAHQ By Laws, Strategic Goals and Objectives, Policies, Position Descriptions, and Board Meeting Minutes, view past editions of newsletters, find links to quality resources and more.

I would like to take this opportunity to acknowledge CTAHQ members credentialed as CPHQs. Currently 45% of our membership holds this credential. A special congratulation to **Alison Gaffney** and **Marguerite Langlais** who obtained their CPHQ this year! I would also like to thank our recent retirees, **Donita Semple, Marilyn Folcik, Marcia Cobain and Mary Sayers**, who have served as mentors and role-models in the field and dedicated years of service to the association.

The Board's annual Strategic Planning Retreat is later this summer, and we would love to hear your feedback and suggestions. We will review the status of our annual goals and objectives, feedback from the teams, feedback from members as provided on program evaluations and the education needs assessment, and the implications of national trends. We frame our discussion in terms of "SWOT" – Strengths, Weaknesses, Opportunities and Threats.

Clearly the role of the quality professional is changing and expanding as healthcare delivery and payment systems evolve. Many of us are, or will be, called upon to integrate many different aspects of healthcare into our role, including patient safety, risk management, compliance, ethics and more. This presents us, as individuals and as an association, with both challenges and opportunities. In addition, many employers are providing less financial support for memberships and education pro-

(Continued on page 2)

Summer 2011 Issue

- Page 3 - Eliminating Waste in Healthcare
- Page 4 - Education Team Report
- Page 5 - Spotlight on Qualidigm
- Page 8 - What's New(s) on the Web
- Page 10 - Job Opportunity



(Continued from page 1 - President's Message)

grams. It is critical that CTAHQ adapt to changes in the environment and provide value in terms of networking, resources and education programs to an increasingly diverse membership.

Please share your thoughts as to how we can enhance the value of membership in CTAHQ. You can contact me by email (susan.wrubel@po.state.ct.us) or phone (860-262-6463) and I will ensure your ideas and suggestions are shared with the Board at the Strategic Planning Retreat.

Be a NAHQ Subject Matter Expert



NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

Working in healthcare quality, you've acquired knowledge and expertise in many areas, but there may be one where you're the best. NAHQ wants you to put your name into our new pool of **Subject Matter Experts (SMEs)**.

What do you get by becoming a SME? We may recommend you when we're contacted to suggest authors, speakers, and contacts for publications. That means prestige for you and your organization as an expert in a quality area.

NAHQ is seeking Subject Matter Experts in the following areas:

- Quality and Patient Safety
- Clinical Practice
- Management and Leadership
- Accreditation and Certification
- Medical Staff Services
- Case/Care Management
- Information Management and Technology
- Regulatory/Legislative/Legal

Download the application now to be considered as a Subject Matter Expert candidate at [NAHQ's Quality Volunteer Board](#).

“United in Quality”
Celebrate Healthcare Quality Week
October 16-22, 2011

**Connecticut Association for Healthcare Quality
2010-2011 Board of Directors/Team Leaders**

President	Susan Wrubel 860/262-6463
President-Elect	Christine Scully
Nominations Team Leader	203/694-8436
Secretary	Margo Dwyer 203/876-4053
Treasurer	Lavern Jenkins 203/688-6621
Past President	Barbara Kaplowe
Bylaws	203/694-8365
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Communication	Jacqueline Richo
Team Leader	203/789-5132
Membership	Natalie Vinhais
Team Leader	203/789-3146
Revenue Enhancement	Donita Semple 203/573-7642
Historian	Paula Hankard 860/550-7500 ext. 6236

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Eliminating Waste in Healthcare

by Pamela Cowan, Leader-Post

What does Boeing - the world's leading aerospace company and largest manufacturer of commercial jets and military aircraft - and Saskatchewan health care have in common?

Both are banking on Lean principles to improve efficiency.

In Seattle from June 19 to 23, a delegation of Saskatchewan health-care leaders toured several facilities that utilize Lean processes.

Using Lean for years, production has really taken off at Boeing.

The company was able to decrease the time it took to build a plane from 22 days to 11 days, while maintaining a strong focus on quality and a stellar safety record, said Dr. Chris Vuksic, senior medical officer for the Regina Qu'Appelle Health Region (RQHR).

"As this was our last stop on the tour, we all immediately saw the link to decreasing unnecessary waits for our customers while striving for excellence in the quality and safety," said Vuksic. "No waiting, no harm."

Representing the RQHR, Vuksic and Michael Redenbach, vice-president of primary health care, were among 23 health-care leaders

[To see how Virginia Mason has been recognized for Quality click here](#)

who toured Virginia Mason Medical Center, Seattle Chil-

dren's Hospital (one of the top Lean hospitals in the United States) and Park Nicollet Health Services.

"Although we have been implementing many Lean initiatives in the province, a system of this type provides the cohesive support for Lean to become a way of thinking or a philosophy at all levels of health care, from strategic planning to delivery of care," Vuksic said.

The Seattle organizations took different avenues to arrive at a system-wide approach to Lean, but Vuksic said each remained true to the key principles: eliminate waste from the system and enhance workflow.

"Waste includes things like waiting, overproduction - even medical error or rework," she said. "Lean creates value, quality and safety for our patients, creates a satisfying work environ-

ment for our staff and physicians, and makes us good stewards of our precious resources."

All health-care areas can benefit by using Lean principles, Vuksic said.

"As a result of the Patients First Review we have, as a province, taken on surgical care as our first commitment," she said. "We have already, in many regions, applied Lean principles to our work in achieving decreased waits for surgery with a strong focus on safety. Taking this deeper dive into Lean methodology could accelerate the successes here."

The trip was timely given the planning underway for the new provincial Children's Hospital in Saskatoon, said Maura Davies, CEO of the Saskatoon Health Region.

At the Seattle Children's Hospital, the flow of patients, families, staff, supplies, equipment and information is tracked during the normal course of care. By using different colored yarn, each step is mapped out to provide a visual cue of congestion and inefficiencies.

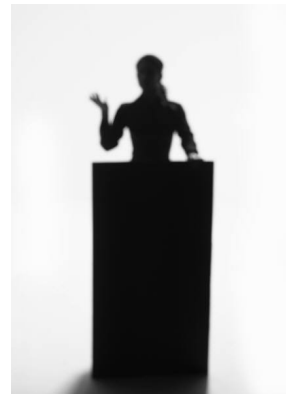
"What would a nurse's day look like from the time she starts to care for a patient and goes to get supplies or medications ... Is there a lot of walking involved? Could you reduce the amount of time and distance, because that's waste," Davies said.

When the Children's Hospital in Saskatoon opens in 2014, the new facility will connect to the Royal University Hospital (RUH). Children will access some services, such as diagnostics and operating theatres, at the RUH.

Although that complicates planning, Davies said Lean principles will be incorporated throughout.

"When you design a building well, it provides for safer care and a safer work environment as well," she said. "That attention to detail in the design stage absolutely makes a difference in terms of preventing infections, safer distribution of medication and preventing falls and injuries. Certainly Seattle incorporated that into their Lean design planning, as are we."

Education Team Report By Kate Betancourt



Can it really be July already? Hard to believe the season of backyard barbecues and beach vacations is here so soon... I hope that you are all engaging in the requisite *softer* pace of summer, or at least have plans to do so in the near future!

The Education Team kicked off the summer on June 22nd with the highly anticipated topic of **Elimination of Preventable Harm**. Kerry Eaton, Senior Vice President and Chief Administrative Officer from St. Vincent's Medical Center in Bridgeport shared her organization's journey of partnership with Healthcare Performance Improvement (HPI®), a consulting group with expertise in the field of high-reliability practices. St. Vincent's has been working with HPI® for the past 2 ½ years and has achieved a greater than 80% reduction in their *Serious Safety Event Rate (SSERSM)*, the metric developed by HPI to define and track cases of preventable harm. Their engagement with HPI started with a systematic diagnostic phase in which all serious patient and employee events (going back three years) were reviewed for common cause factors. From this review, baseline *SSERSM* was determined. An organization specific "toolbox" of high-reliability strategies was then developed, and senior leaders took the lead in facility-wide training (including all employed and community physicians). While Eaton readily acknowledged that things are not "perfect" at St. Vincent's, there has been a definite cultural shift towards **putting safety first** and acknowledging when harm has occurred. Transparency has been an integral component of this transformation; St. Vincent's posts "How Many Days since the Last Patient/Employee Safety Event" measure in their hospital lobby. Those in attendance were energized by this ap-

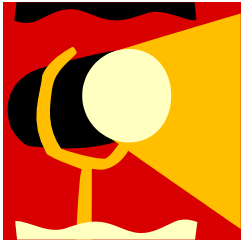


proach. Eaton's presentation garnered the largest CTAHQ program attendance in the past 2 years, and she received an overall satisfaction score of "4" – the highest possible! If you missed this program, don't worry...more topics of interest are on the way.

We are currently working with Claire Davis to provide an update early in the fall on her work with NAHQ and ASHRM on "Promoting the Integrity of the Healthcare Quality Professional". This program will provide guidance as to the "... ethical, legal, regulatory, and fiduciary responsibilities of the Quality Professional to identify, report, and address patient safety issues." You don't want to miss it. Another anticipated program will be the *Update from National* that should occur in late October. STAY TUNED!!

Finally, it is with excitement that I acknowledge my transition into the President-Elect role. I have learned so much this past year in working with my fellow board members to bring interesting and current programs to the membership. While someone new will soon take the reigns as Education Team Leader, I look forward to the ongoing professional development and networking opportunities these programs afford. If you haven't participated recently, please consider joining your colleagues at an upcoming event. It's the best CPHQ *Continuing Education Credit* deal in town...and dinner to boot!

Thanks for your support as I have learned this job; please continue to forward your program ideas along to me and the rest of your Board. We aim to please.....



Spotlight on Qualidigm

Influenza Vaccination Standard: Proposed Revisions to Medicare & Medicare Conditions of Participation (CoP)

The Centers for Medicare & Medicaid Services (CMS) published in the May 4 *Federal Register* a proposed rule that would revise the Medicare and Medicaid Conditions of Participation (CoP) to require hospitals (including short-term acute care, psychiatric, rehabilitation, long-term care, children's and cancer hospitals), critical access hospitals (CAHs), and certain other facilities (rural health clinics, federally qualified health centers, and end-stage renal disease facilities) to offer all inpatients and outpatients an annual influenza vaccination, unless vaccination is medically contraindicated or the patient has already been vaccinated. Compliance with the CoP is required in order for hospitals and CAHs to participate in, and be reimbursed by, the Medicare and Medicaid programs. Failure to comply with the CoP can result in hospitals being terminated from these programs. CMS plans to publish the final rule in early fall so that the rule becomes effective in time for the 2011-2012 influenza season.

The provisions of the proposed CoP would require hospitals and the other specified facilities to develop and implement policies and procedures to offer annual vaccination for seasonal influenza and pandemic influenza. (Pandemic procedures would be implemented only when a pandemic event was announced by the Secretary of Health and Human Services). The policies and procedures would need to reflect the recommendations of nationally recognized experts [e.g., Centers for Disease Control and Prevention (CDC) or the American Academy of Pediatrics], but not limited to, guidelines addressing patients for whom vaccination may be prioritized or temporarily contraindicated.

Within its policies and procedures, the hospital would be required to ensure that:

- Patients receive education on the benefits, risks and potential side effects of the vaccine.
- Each patient is offered vaccination annually from the time the vaccine is available on or after September 1 through the end of February of the following year, unless the patient has medical contraindications or has already been vaccinated.
- Patients have the opportunity to decline vaccination.
- Patients' health records include documentation that indicates, at a minimum:
 - The date the patient (or the patient's representative or surrogate) was provided education regarding the benefits, risks, and potential side effects of vaccination.
 - The date the patient either received the vaccination or did not receive it due to medical contraindications, previous vaccination during the time period, or patient refusal.

In the event of a vaccine shortage, CMS would not require providers to offer vaccination if they were unable to obtain supplies. However, CMS would expect providers to make timely efforts to acquire the vaccine and to comply with guidance issued by CDC regarding priority groups for vaccination.

The proposed rule is available at <http://www.gpo.gov/fdsys/pkg/FR-2011-05-04/pdf/2011-10646.pdf> for a more in-depth examination of the rule. Publication of the final rule will be available in early fall. For further information, please contact Carol Dietz, Patient Safety Organization Manager, at cdietz@qualidigm.org.

ELECTION RESULTS ARE IN
Here are the new members of the CTAHQ 2011-2012 Board

PRESIDENT ELECT
Kate Betancourt, RN, MPH, CPHQ

TREASURER
Claire M. Davis, RN, MHA, CPHQ, FNAHQ

BOARD MEMBER AT LARGE
Barbara B. Kaplowe, MHSA, CPHQ, FACHE
Alison Gaffney, PT, MHA, CPHQ

Bylaws Team
By Barbara Kaplowe

The following changes to the bylaws were approved at the June 22, 2011 annual business meeting:

They include:

- removal of reference to the "delegate" position which is no longer part of the national NAHQ meeting structure
- removal of the Revenue Enhancement Committee since the fundraising function has been primarily embedded into our educational events
- correction of a typo that said Past President, but should have read President
- addition of a sentence to require an audit of the books by the treasurer at the discretion of the Board, but no less than once every two years.

To review the complete bylaws, please visit www.ctahq.org and log into Member's Only page.



Save the Date

The Hospital of Saint Raphael presents:

Safety, Legal & Ethical Issues with Restraints: Patient, Nurse & Physician Perspective

This informative program will cover the legal and ethical concerns in regards to restraints, the safety issues of restraints and the physical and emotional consequences of being restrained.

Monday, September 19th
4:00 to 5:00 p.m.

This program is open to all CTAHQ members **Free of Charge**

A brochure will be distributed to in the near future.

The American Hospital Association's healthcare publication, "Hospitals & Health Networks," has named 7 hospitals in the State of Connecticut as the recipients of its **"Most Wired Hospitals"** award, given to the nation's most technologically advanced hospitals. This designation recognizes hospitals that effectively implement technology to enhance patient safety, clinical quality and customer service.



Backus Hospital
Bridgeport Hospital
Greenwich Hospital
Hartford Hospital
MidState Medical Center
Saint Francis Hospital
Yale-New Haven Hospital

4 items added to serious reportable events list

The National Quality Forum in June proposed an updated version of its list of serious reportable events, such as medication errors that kill or gravely injure patients.

Four new items -- part of the first update to the list since 2006 -- are:

1. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy.
2. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen (e.g., for a biopsy).
3. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology or radiology test results.
4. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the magnetic resonance imaging area.

The list now contains 29 serious reportable events.

[Click here](#) to view the proposed list in its entirety.

Joint Commission Related News

Several anesthesia-related professional groups have asked the Joint Commission (JC) to relax several requirements to mean to assure safe injection practices. The American Society of Anesthesiologists, the American Association of Nurse Anesthetists, the American Academy of Anesthesiologist Assistants, and the Anesthesia Patient Safety Foundation have asked TJC to overturn its ban on pre-labeling of syringes and allowing anesthesia personnel to carry medications on one's person, and to reverse the TJC's requirement to label all syringes used in the sterile field during certain procedures.

They also asked for changes regarding the security of locking medications in carts as well as changes to restrictions that prohibit one practitioner from administering a medication prepared by another practitioner without verification of the preparation by a second individual.

In an April 2011 letter to the anesthesia-related professional groups, TJC acknowledged that it will reverse its ban on pre-labeling of syringes. No other changes or reversals were acknowledged, although the agency referred the anesthesia groups to current standards that address several of the raised issues, such as carrying medications on one's person, and suggested that it would deliberate further on the merits of some of the other issues.

With regards to the lifting the ban on pre-labeled syringes, the Institute for Safe Medication Practices (ISMP) has concerns about the difficulty of controlling how pre-labeled syringes (commercially available or pre-labeled by staff) might be used. To cite one concern, some may pre-label more than one syringe at a time, rather than just pre-labeling the syringe for a single medication under preparation. Such a practice greatly increases the risk of drawing the wrong medication into a syringe pre-labeled for a different drug. ISMP and the American Society of Health-System Pharmacists (ASHP) have communicated with the anesthesia groups, asking for a meeting to review these requests and to assure that common goals of efficient and safe medication use are being met. TJC is expected to take part in the meeting as well.



What's news on the Web

(click on the blue [hotlinks](#) to access the website)

[Hospital Survey on Patient Safety Culture: 2011 User Comparative Database Report](#)

In response to requests from hospitals interested in comparing their results with those of other hospitals on the *Hospital Survey on Patient Safety Culture*, the Agency for Healthcare Research and Quality (AHRQ) established the Hospital Survey on Patient Safety Culture comparative database. The first annual comparative database report was released in 2007 and included data from 382 U.S. hospitals.

The *Hospital Survey on Patient Safety Culture 2011 User Comparative Database Report* displays results from 1,032 hospitals and 472,397 hospital staff respondents. The 2011 report also includes a chapter on trending that presents results showing change over time for 512 hospitals that administered the survey and submitted data more than once

[5 Questions to Determine Readmission Rate Effectiveness](#)

With claims data starting in October for FY 2012 and penalties beginning in FY 2013, this article poses five questions that hospital leaders should ask themselves to get ready. (HealthLeaders, June 30)

[Hospital Inpatient Value Based Purchasing Program—Federal Register 5/6/2011](#)

This is a link to the final rule in the Federal Register which outlines the implementation of the Hospital Inpatient Value-Based Purchasing program under section 1886(o) of the Social Security Act (the Act) The program will apply to payments for discharges occurring on or after October 1, 2012.

[Integrating Performance Expectations on Accountability Measures into Standards](#)

Part of the Hospital Accreditation Program (Pre-Publication – Effective 1/1/2012)

[Joint Commission Focus on Sterilization and High Level Disinfection Processes](#)

Part of the Joint Commission Online for July 20, 2011



Cultivating Quality

NAHQ 36th Annual Educational Conference
September 15-18, 2011 | Sacramento, CA

Register by August 19th and receive \$100 off.
Visit the link below for all information related to the conference

<http://www.nahq.org/conference/2011/ccindex.html>

*CTA+Q will be holding its
annual Wine and Cheese Social at the National Conference
Keep your eye on the message board at the conference
for a date, time and location*



2012 Call for Abstracts

NAHQ's Conference Planning Team invites applications to present at NAHQ's 37th Annual Educational Conference in Tampa, FL, September 20-23, 2012. Learn more about the abstract requirements and submit your proposal.

Deadline for submission: Monday, November 7, 2011. [learn more](#)

CONGRATULATIONS TO OUR MEMBERS.....

Melanie Osley, RN, BSN, MBA, CPHRM, CPHQ, ARM, DFASHRM was recently named Senior Clinical Risk Management Consultant for the Northeast Region of Medical Protective, the nation's highest rated professional liability insurance carrier, and a Warren Buffet/Berkshire Hathaway company. She will be providing risk, quality, and patient safety consultative services from Maine to Maryland for insured hospitals, physicians, dentists, ambulatory surgery centers, and mid-level practitioners. Melanie also recently obtained her ARM (Associate in Risk Management) from the Insurance Institute of America.

Marguerite Langlais of Lawrence Memorial Hospital was one of ten nurses in her organization to receive the Nightingale award. Marguerite also obtained **CPHQ** this month!

Alison Gaffney of the Hospital of Saint Raphael obtained her **CPHQ** this past spring.

JOB OPPORTUNITY

Director of Quality Stamford Hospital

Korn Ferry International has been retained to search for a Director of Quality for Stamford Hospital, Stamford, CT. This integrated delivery network has reputation for providing high-quality clinical services as well as academic and educational excellence. This 305-bed teaching acute care hospital is a member of New York Presbyterian Health Care System and affiliate of Columbia University College of Physicians and Surgeons. The organization is committed to building a culture-driven performance organization and is also a Planetree hospital.

The Director of Quality is responsible for:

- Lead strategic planning for the Department of Quality with the Chief Quality Officer.
- Establish mechanisms for using data to drive improvements in quality of patient care and outcomes through evidence based practice.
- Collaborate with senior leaders, clinicians from all disciplines, directors, managers and staff to develop, implement and evaluate quality, safety and efficiency in patient-centered care delivery.
- Maintain a structure through which the quality improvement program is continually assessed and evaluated; ensuring the program structures are in alignment with the quality initiatives implemented by the organization.

Qualifications:

- The successful candidate will be a highly talented executive with proven experience in quality and safety initiatives including the facilitation and leadership of interdisciplinary teams.
- Experience in the development and maintenance of evidence-based clinical practice standards.
- Demonstrated experience in development of new and innovative quality initiatives with a special focus for partnering with physicians.
- Strong leadership and interpersonal skills; and outstanding communication skills with a reputation for listening.
- 5-10 years management experience in healthcare quality and performance improvement setting required.

Please contact for additional information or to forward nominations for the position:

K. Nadine Weiler
Senior Associate
Korn/Ferry International
Philadelphia, PA 19103
Phone: 215 - 656 - 5329
Email: nadine.weiler@kornferry.com

Interested in obtaining your certification?

The NAHQ website has a great list of resource material that Certified Professional in Healthcare Quality (CPHQ) examination questions are written from a wide variety of publications and resources in the field.

Click on this [hotlink](#)

Learn about the growing interest in the CPHQ certification

CPHQ: The “Umbrella” Among Quality and Patient Safety Credentials

Now that it's all over,
what did you really
do yesterday that's
worth mentioning?

-Coleman Cox

Join our group
On LinkedIn





Barbara Kaplowe Named The 2011 Gail Green Award Winner

Gail Green was a long time member of CTAHQ serving on the board and President of CTAHQ in the year 1990-1991.

This award was developed in 2004 to recognize a dynamic CTAHQ member who has made notable contributions to the healthcare quality profession. Eligible candidates will be members who have made an outstanding contribution to the profession including: service to the association, contribution to the body of knowledge, education, leadership, publication activities, or recognition by other related activities.

This year's award went to **Barbara Kaplowe** of **Midstate Medical Center**. Barbara has been described as a life long learner of Quality and Performance Excellence who shares her knowledge with CTAHQ. She has been a mentor to her peers at her organization and a mentor to CTAHQ Board members. She is well versed in the criteria for Performance Excellence and the Malcolm Baldrige Award. She has been recognized as a Fellow in the American College of Healthcare Executives.

Barbara been an active member of CTAHQ serving as treasurer for six years, president elect, president, and past president. She has served on the nomination team, historical team and by-laws. She is a member of the American Health Information Management Association, American College of Healthcare Executives and is a member of NAHQ and has been CPHQ certified since 1990. She has presented many programs at the State Level and has presented a Physician Satisfaction – Press Ganey Success Story at the National level.

To describe the winner in one sentence “Barbara is a dedicated quality professional, creative, strategic thinker, and is a delight to work with on a quality project”. Congratulations to the 2011 Gail Greene Distinguished Member Award winner Barbara Kaplowe.



Kathy Adamo Scholarship Awarded at Annual Meeting

The Kathy Adamo Memorial Scholarship Award was created in 2007. Kathy was a long time member of CTAHQ and served on the Board as membership team leader, Board member, and President. She was also active in NAHQ having served as a delegate for leadership council and team leader of the NAHQ Nominating Team. This scholarship was created for a deserving CTAHQ member who would like to further their education in the field of healthcare quality by receiving a complimentary registration to the NAHQ Annual Education Conference.

The winner of this award will be presenting a summation of one educational session that they attend at the conference at our fall educational meeting. Congratulations to **Linda Elgart of the Hospital of Saint Raphael**, the winner of the 2011 Kathy Adamo Memorial Scholarship Award.

August 2011	September 2011	October 2011	November 2011	December 2011
Newsletter				
	15-18 NAHQ Conference Sacramento, CA	16-22 National Healthcare Quality Week		
January 2012	February 2012	March 2012	April 2012	May 2012
Newsletter			Newsletter	

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