CTAHQ NEWS

A PUBLICATION OF THE CONNECTICUT ASSOCIATION FOR HEALTHCARE QUALITY

"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives" ~ William Foster.

President's Message

By Anne Huben-Kearney

Healthcare-associated infections … CMS "Never Events"…Leapfrog…DPH…Pay for Performance … Tracer methodology … Transparency … The Joint Commission …core measures … FMEA… RCA… EMR …PDSA…CHREF PSO Pressure Ulcer Collaborative …Best Practices ... CPHQ …NAHQ …Patient satisfaction …Control charts … Quality through collaboration … Medication reconciliation …Six Sigma …Hospitals … Nursing Homes … Home Health… Novice Expert…… QIOs… ASQ… Statistics…National Quality Forum… IHI…Accreditation …Patient Safety …

It's enough to keep quality improvement professionals tossing and turning all night. However, a resource to promote a decent night's sleep and improved quality of life is right here. The Connecticut Association for Healthcare Quality (CTAHQ). Why? Because CTAHQ provides educational opportunities on these and other timely topics and as important, now more than ever, the opportunity to network with colleagues who are dealing with the same issues and concerns. And with networking comes shared strategies and suggestions for data measurement, data analysis, and action plans. What worked, what didn't work the first time, and why. We know that you have many alternatives for your time and interest. But we hope that you will make CTAHQ one of your wise choices. The CTAHQ Board has committed to continuing our educational programs to help you with the alphabet soup and challenges facing you in your professional life.

We are continuing our collaboration with the Connecticut Society for Healthcare Risk Management (CSHRM) with our joint educational program on March 19, 2008 on **"Pay for Performance and Impact on the "Never Events."** We are presenting a **QI Refresher and CPHQ Review Course** at Publick House, Sturbridge, Massachusetts: June 13, 2008 QI Refresher and June 14, 2008 CPHQ Review Course, with The Massachusetts Association for Healthcare Quality. And we have several other exciting programs in the planning stage. So mark your calendar NOW for these scheduled events. Details on these programs and upcoming events will be sent to you shortly. And don't forget to check out our website on ctahq.org.

Your CTAHQ Board and Team Leaders are working with high intention and sincere effort; we are striving for intelligent direction and skillful execution. But with all programs, we need you. Your participation. Your ideas. Your work with us to make this one of CTAHQ's best years for education, networking, and collaboration. Please do not hesitate to contact me or any of the Board members with your comments and concerns.

My contact information is: akearney@promutualgroup.com or 800-225-6168, ext. 374.

May 2008 open up for you and yours new horizons, fill your heart with new hopes, and bring for you promises of brighter tomorrows!

Winter 2008
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Assess Your Leadership Style

Every leader in should periodically engage in self-examination of his or her leadership style as it relates to quality improvement (QI). This simple self-assessment enables a leader to recognize strengths and weaknesses in modeling QI behavior and sustaining a facility's continuous quality improvement (CQI) mindset. Leaders should capitalize on their QI strengths, work to improve skills, and delegate roles and responsibilities as needed.

Answers	1-----------------2-----------------3-----------------4-----------------5-----------------6-----------------7 very infrequently ... very frequently As a manager or leader, I......
	1. am an active participant on a QI team or initiative
	2. coach staff who are struggling with QI
	3. design QI learning opportunities for staff who want to learn more about QI
	4. seriously consider input from staff regarding QI
	5. talk about QI all the time
	6. demonstrate commitment and support for QI.
	7. tell inspirational stories to staff regarding QI
	8. show passion for QI
	9. encourage staff to participate on QI teams
	10. provide needed time for QI activities
	11. make certain that staff have appropriate QI training
	12. help staff get access to needed QI resources
	13. provide feedback to staff regarding how well the facility is doing with respect to QI
	14. show staff gaps between the level of quality desired and actual quality
	15. have objective measures to monitor QI
	16. demonstrate a positive attitude toward change efforts
	17. show empathy and concern in dealing with staff.
	18. reward staff efforts to improve quality
	19. openly express approval of staff who make an effort toward QI
	20. celebrate small staff successes with respect to QI

- Continued on page 3

Assess Your Leadership Style

Record the numbers you assigned to each self-assessment question onto the appropriate blanks below. Total the 4 scores under each role and then divide by 4 to get an average.

Compute Self-Assessment Scores

Visionary	Enabler	Role Model
#5 ______	#9 _______	#1_______
#6 ______	#10 _______	#2_______
#7 ______	#11 _______	#3 _______
#8 ______	#12 _______	#4 _______
Total__________	Total__________	Total__________
Average _______	Average _______	Average _______

Change Agent (Innovator)	Heart Encourager
#13 ______	#17 _______
#14 ______	#18 _______
#15 ______	#19 _______
#16 ______	#20 _______
Total__________	Total__________
Average _______	Average _______

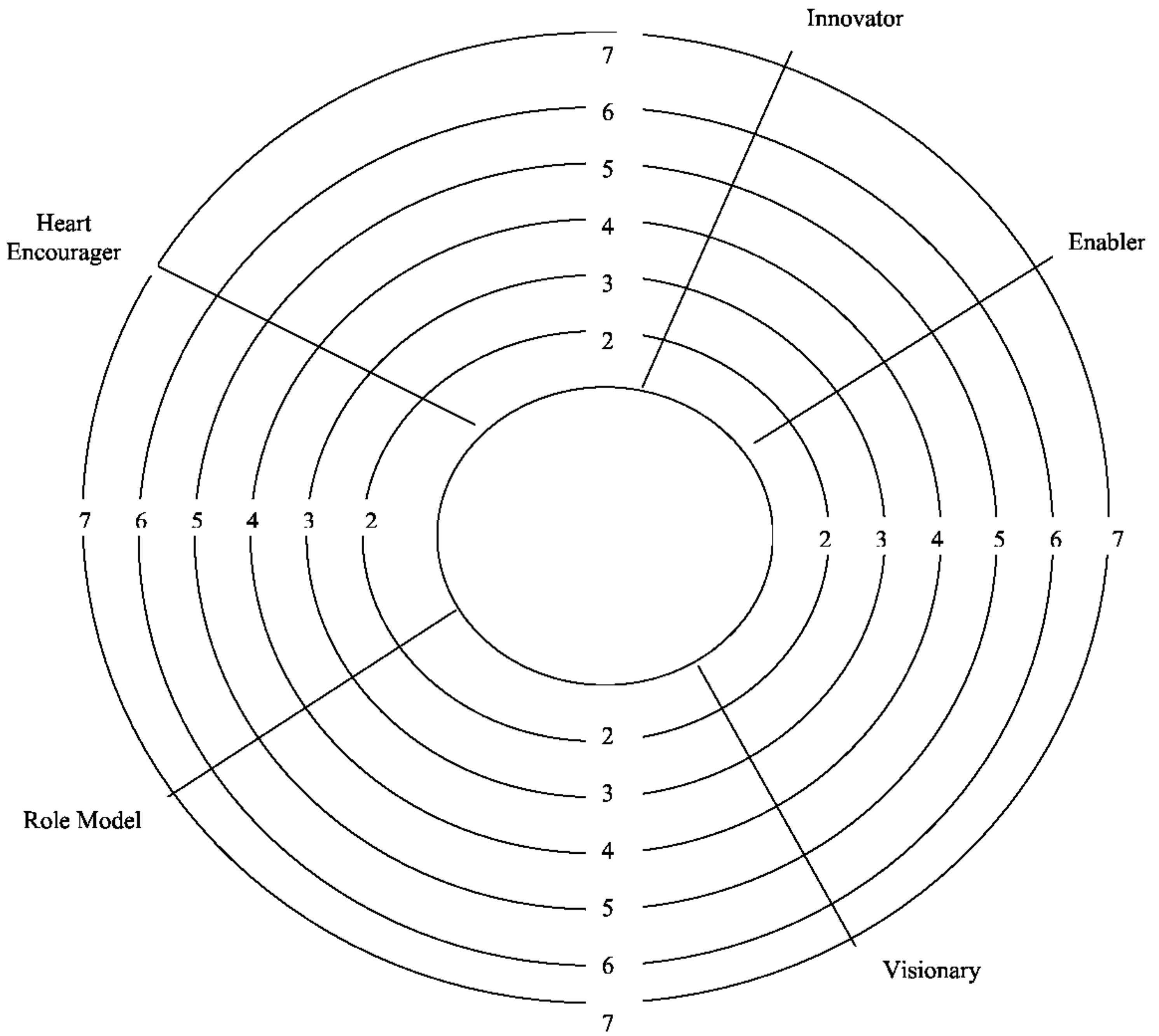
Record the averages for each role onto the line in the diagram on the next page corresponding to the appropriate role. To complete the profile, draw straight lines to connect the five scores.

Interpretation

In general, roles in which you have averaged 5 or above are your most preferred roles. Role with a score of 3 or below are least preferred. The roles were selected to match our framework and offer a very general starting point by which you can examine your values and skills as a manager and leader with respect to QI within this framework.

This is abbreviated version of an approach adapted from Quinn (1988, Beyond Rational Management).

-Continued on page 4


Innovator
Enabler
Heart
Encourager
Role Model
Visionary
7
6
5
4
3
2
7 6 5 4 3 2
2 3 4 5 6 7
2
3
4
5
6
7

A QI Tool
Run Charts

Run charts (often known as line graphs outside the quality management field) display process performance over time. Upward and downward trends, cycles, and large aberrations may be spotted and investigated further. In a run chart, events, shown on the *y* axis, are graphed against a time period on the *x* axis. For example, a run chart might plot the number of patient transfer delays against the time of day or day of the week. The results might show that there are more delays at noon than at 3 p.m. Investigating this phenomenon could unearth potential for improvement. Run charts can also be used to track improvements that have been put into place, checking to determine their success. Also, an average line can be added to a run chart to clarify movement of the data away from the average (also known as the mean).

Alternatives with run charts:

- An average line, representing the average of all the y values recorded, can easily be added to a run chart to clarify movement of the data away from the average. An average line runs parallel to the x axis.
- Several variables may be tracked on a single chart, with each variable having its own line. The chart is then called a multiple run chart.
- Run charts can also be used to track improvements that have been put into place, checking their success.

Questions to ask about a run chart:

1. Is the average line where it should be to meet customer requirements?
2. Is there a significant trend or pattern that should be investigated?

Two ways to misinterpret run charts:

1. You conclude that some trend or cycle exists, when in fact you are just seeing normal process variation (and **every** process will show some variation).
2. You do not recognize a trend or cycle when it **does** exist.

Both of these mistakes are common, but people are generally less aware that they are making the first type, and are tampering with a process which is really behaving normally. To avoid mistakes, use the following rules of thumb for run chart interpretation:

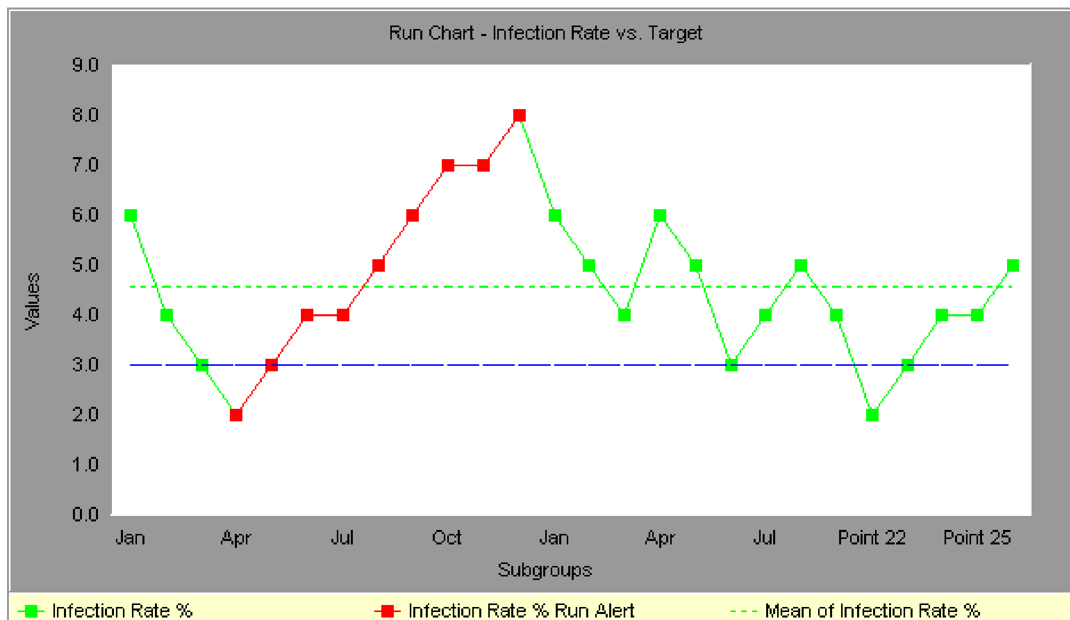
1. Look at data for a long enough period of time, so that a "usual" range of variation is evident.
2. Is the recent data within the usual range of variation?
3. Is there a daily pattern? Weekly? Monthly? Yearly?

Using run charts to detect "special causes" of variation:

If you have 25 points or more in your data series, you can use run charts to detect special causes - something beyond the usual variability of the process -acting on the process.

1. Shifts: If you see eight or more consecutive points on one side of the center line, that indicates that a special cause has influenced the process. Points on the center line don't count; they neither break the string, nor add to it.
2. Trends: Six consecutive jumps in the same direction indicate that a special cause is acting on the process to cause a trend. Flat line segments don't count, either to break a trend, or to count towards it.
3. Pattern: If you see a pattern that recurs eight or more times in a row, it is a good idea to look for a special cause.

For more robust monitoring of a process, and better information about when your process is showing variation beyond what is expected, try using a control chart. It will detect special causes more quickly, and with more accuracy.



Job Opportunities

Director of Quality and Patient Safety
Connecticut Hospital Association
Wallingford, Connecticut

The Connecticut Hospital Association (CHA), one of the most diverse and respected hospital associations in the nation, has an exceptional opportunity for an experienced professional to assume responsibility as Director of Quality and Patient Safety.

The primary function of the Director is to provide leadership and support for the successful execution of CHA quality and patient safety initiatives. He /she will identify current and emerging quality and patient safety issues for CHA member hospitals, and will design, develop, plan, and implement programs to assist member hospitals in their continuing efforts to improve patient care.

Qualifications
The ideal candidate will be an articulate, polished, and knowledgeable healthcare professional, with a track record of excellence in quality and patient safety leadership within a healthcare setting. Other characteristics that will ensure success in this position include enthusiasm, strong written and oral communication skills, and excellent interpersonal skills.

In addition to a strong working knowledge of hospital operations, patient care services, regulations, and quality improvement methodologies, a bachelor's degree in nursing or related field is required. An advanced degree in nursing, public health, or related field is strongly preferred. A minimum of seven years of leadership experience in healthcare quality improvement, preferably within an acute care hospital environment, is also needed.

Contact
Please forward resume or referrals (email preferred) to:
Janet Clifford, Phillips DiPisa, at 781-740-9699
E-mail: Jclifford@PhillipsDiPisa.com
www.phillipsdipisa.com

About Phillips DiPisa
This is an exclusive, retained search led by Phillips DiPisa. Phillips DiPisa recruits leaders for healthcare providers, managed care organizations, and life sciences firms. The firm's roots are in Greater Boston-a historical center of medical innovation and excellence. Phillips DiPisa serves clients along the East Coast and throughout the Midwest, and draws on a national pool of candidates.

Director of Quality Assurance
Harbor Health Services, Inc.

Harbor Health Services, Inc. is a private, non-profit organization providing a comprehensive range of community behavioral health services to adults. Harbor Health Services is proud to be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Harbor Health's main office is located in Branford, CT.

We are currently looking for a **DIRECTOR OF QUALITY ASSURANCE.** The position is 32 hours/week, flexible within the Monday-Friday schedule. This is a senior-level position reporting directly to the President/CEO.

The Director of Quality Assurance is accountable for the quality assurance and performance improvement activities for all programs and the three contracted agencies. This position also manages the Agency's utilization management activities to ensure that the services provided to clients are appropriate and least restrictive. To be successful in this job, the Director must not only lead, but also be hands-on and able to collaboratively work with others. Other key responsibilities for this position are:

- Works with MIS department to improve accuracy of data collection, analysis, reporting and monitoring.
- Participates in the ongoing development, review, and revision of policies and procedures including an annual review of all policies and procedures.
- Acts as the Agency Corporate Compliance Officer by providing staff training as well as investigating and resolving corporate compliance issues.
- Acts as the Agency Privacy Officer for HIPAA regulations assuring implementation of Privacy Standards and training of staff.
- Oversees and directs CARF accreditation issues including preparation for site visits, remedying deficiencies discovered during visits and ensuring ongoing compliance with CARF standards.
- Supervises an administrative assistant.

Requirements: Bachelor's degree and four years of progressively-responsible quality assurance experience within the healthcare field. Minimum three years exp managing complex projects. Supervisory experience is required. Requires advanced computer literacy; experience with Crystal reporting preferred. Quality assurance experience in mental health and/or substance abuse fields is highly preferred. Master's degree is preferred.

To apply, please send your resume to bwalker@harborhealthservices.org or mail to HHSI, Human Resources Department, 13 Sycamore Way, Branford, CT 06405. AA/EEO

Job Opportunities

COME JOIN THE SAINT FRANCIS HOSPITAL QUALITY TEAM!
We currently have openings for the following positions

Critical Care Clinical Analyst
Full time

Under the general supervision of the Director of Quality and Outcomes, and in collaboration with the Critical Care team, responsible for the collection and submission of reliable data to the Critical Outcomes database. This is accomplished through high-quality clinical screening, data compilation, documentation and entry into the Cerner Critical Outcomes database of a sampling of eligible critical care patients for St. Francis Hospital and Medical Center. This position also works closely with the members of the Critical Care team to identify opportunities for clinical quality improvement and other special projects as may be identified.

Education: Bachelors Degree in Nursing.

Experience: Minimum 3 years clinical experience as an inpatient critical care nurse. 2-3 years of quality improvement, utilization review, and/or data management preferred.

Licensure: CT RN, Licensure required

Skills: Strong organizational, computer and internet skills essential. Must demonstrate proficiency in data collection and data analysis for quality improvement purposes. Must possess excellent verbal and written communication skills. Clinical chart review and abstraction experience required. The individual selected must demonstrate a high level of accountability, independent decision-making and the ability to work with physicians and other health care providers in an interdependent relationship.

Interested candidates should apply online at
www.saintfranciscare.org

Quality Documentation Specialist
Full time and Per Diem

The Quality Documentation Specialist is responsible for the daily review of records potentially falling into the DRG categories for Hospital Quality Measure (Core 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 and other multidisciplinary team members to ensure appropriate documentation to achieve success with core measures and other regulatory requirements. Other responsibilities include data entry and participation in hospital Quality Teams.

Education: RN Degree required.

Experience: One to two years experience in quality improvement, data collection and analysis or utilization management required. One to two years clinical acute care hospital experience with cardiac, surgical or respiratory focus necessary.

Interested candidates should apply online at
www.saintfranciscare.org

Education Team Update
By Lois Benis

Plans are well underway for a joint program with the Connecticut Society for Healthcare Risk Management (CSHRM) on March 19, 2008 at the Crowne Plaza in Cromwell, CT. The program is titled: "Pay for Performance and Impact on the "Never Events" with a focus on positives and pitfalls. We will be offering approximately 4 CE credits. The program will begin around 8:30 a.m. with registration and networking and end around 2:00 p.m. after lunch. Save the date and watch your mail for more information.

We are also planning a CPHQ review course in conjunction with the Massachusetts Association for Healthcare Quality (MAHQ). It will be held at the Publick House in Sturbridge, MA on June 13 & 14, 2008 from 8 a.m. to 4:30 p.m. on both days. Kathy Clinefelter (past NAHQ president) and Sandi O'Neil have committed to facilitating the course. Kathy and Sandi have done many pre-conference workshops at the annual NAHQ educational conferences with very positive evaluations. The first day will be an in general overview of quality – Quality 101 for new professionals and anyone who would like a review. The second day will be the CPHQ review course. There will be options to attend one or both days. So save the dates and watch your mail for more information.

In June we will have our Annual Business Meeting. Anne Huben-Kearney, CTAHQ President will provide an update on the state of the Association. There will also be 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.

We will plan an October 2008 program with updates from the annual NAHQ conference in September.

If you are interested in participating in one or all of the planning for any of the above, or if you have a suggestion for an educational program, please contact either Jim Judson at jjudson@srhs.org or Lois Benis at lois.benis@ynhh.org. We would love to have you be part of our team.

Membership Update
By Jacqueline Richo

Our 2008 Membership Drive continues! Thank you to all of you who have renewed your membership and to our 22 new members. Everyone should have received an acknowledgement via email. If you have not, please contact me at 203-789-5132 to confirm I have your correct email address. Later this month you will be receiving you membership cards via US Mail.

Welcome to the following new members!

CT Children's Medical Center
Tina Sacco

Glastonbury Healthcare Center
Mohamed Hussain

Midstate Medical Center
Amy Catlin
Lorraine Krampitz
Barbara Kubeck

Waterbury Hospital
Virginia Poptrepka

PLEASE CONTACT ME AT JRICHO@SRHS.ORG FOR ANY CHANGES IN YOUR MEMBERSHIP INFORMATION

Treasurer's Report
Submitted by Barbara Kaplowe

Opening Balance:	$ 4,522.70
Membership	275.00
Interest Paid	.33
Expenses	
None to report this month	
Balance as of January 31, 200	**$ 4,798.03**

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

President	Anne Huben-Kearney 800/225-6168 x 374
President-Elect Nominations Team Leader	Janice Watkins 860/646-1222 x1087
Secretary	Paula Hankard 860/714-4301
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 Membership Team Leader	Jacqueline Richo 203/789-5132
Education Co-Team Leader	Lois Benis 203/688-5571
	Jim Judson 203/789-6061

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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.

Dates to Remember

04.01.08 NAHQ ballot is available online
Your vote counts!
04.11.08 Fellowship applications due
04.26.08 Nominations due for Claire Glover & Awards Distinguished Member Awards
04.30.08 NAHQ online voting ends

2008 Annual Educational Conference Highlights

NAHQ's 33rd Annual Educational Conference in Phoenix, AZ, September 14–17, 2008, promises to be an exciting event with some important "firsts." Consider these highlights:

Keynote Speakers: Mark R. Chassin, MD MPP MPH, president of the Joint Commission, and Karyn Buxman, MSN CSP CPAE, will be the keynote speakers at this year's conference. Buxman, founder of The HumorLab, will be the opening keynote speaker on Monday, September 15, 2008, 8–10 am. Chassin will be the closing keynote speaker on Wednesday, September 17, 2008, 9–10:15 am.

Town Hall Meeting: All conference attendees are invited to attend NAHQ's first-ever Town Hall Meeting on Wednesday, September 17, 2008, 7–8:45 am. The meeting will feature updates on current NAHQ initiatives.

Quality Forum: Quality Forum, a panel discussion, will be held on Wednesday, September 17, 2008, 10:30 am–Noon. Panelists for "Collaboration Across the Continuum—Will It Really Make a Difference?" are Chuck Mowll, the Joint Commission's executive vice president for business development, government, and external relations; Helen Burstin, senior vice president, performance measures, National Quality Forum; Kathie Kendrick, deputy director, Agency for Healthcare Research and Quality; and David Schulke, executive vice president, American Health Quality Association. Make sure you attend this exciting discussion.

Conference registration begins in late April.
Watch for information on the NAHQ Web site

News Tidbits

AHRQ Toolkit Fine-tunes Patient Safety

An array of toolkits designed to help doctors, nurses, hospital managers, patients and others reduce medical errors was released by Health and Human Services' Agency for Healthcare Research and Quality (AHRQ).

The 17 toolkits, developed by AHRQ-funded experts who specialize in patient safety research, are free, publicly available, and can be adapted to most healthcare settings. The toolkits range from checklists to help reconcile medications when patients are discharged from the hospital to processes to enhance effective communication among caregivers and with patients, as well as toolkits to help patients with taking medications.

The toolkits were developed through AHRQ's Partnerships in Implementing Patient Safety (PIPS) program. The researchers who developed the toolkits examined best practices in a variety of healthcare settings, including small rural facilities, large urban hospitals, health clinics, and hospital emergency departments (EDs). They also studied patient safety interventions among diverse populations, including children and older patients.

While some toolkits focus on identifying high-risk practices, others are designed to help health professionals reduce medication errors or other patient harm. Examples of interventions that the toolkits promote include the following:

- The Testing the Re-Engineering Hospital Discharge toolkit standardizes the hospital discharge process through a set of manuals and software designed to improve communication between patients and clinicians.
- The Reducing Discrepancies in Medication Orders toolkit focuses on identifying the patient risk factors frequently responsible for inaccurate medication reconciliation, including limited English proficiency and low health literacy, complex medication histories, and impaired mental status.
- The Preventing Venous Thromboembolisms in the Hospital and the interactive Venous Thromboembolism Safety Toolkit for Providers and Patients focus on multi-disciplinary approaches to the elimination of preventable hospital-acquired blood clots.
- The ED Pharmacist as a Safety Measure in Emergency Medicine toolkit focuses on improving medication safety and reconciliation through the implementation of a program that places pharmacists in hospital EDs.

In addition, the 17 PIPS toolkits correlate with the Joint Commission's National Patient Safety Goals, which promote system wide improvements in patient safety.

For more information, visit www.ahrq.gov/qual/pips.

Study Indicates Physicians Experience Stress Following Medical Errors

Many physicians experience significant emotional distress and job-related stress following near misses and medical errors, according to a new study published in the August 2007 issue of The Joint Commission Journal on Quality and Patient Safety. The findings point out the need to improve organizational resources for all healthcare professionals to receive the support they need following an error.

The study of more than 3,100 physicians in the United States and Canada examined the impact of errors on physicians, which physicians are most affected, and how physicians could be better supported after errors occur. Ninety-two percent of the surveyed physicians had been involved with a near miss or a minor or serious error.

The study, "The Emotional Impact of Medical Errors on Practicing Physicians in the United States and Canada," is the first large study of its kind to demonstrate that physicians can also be negatively affected by medical errors. Approximately one half of the physicians surveyed reported that their involvement in medical errors increased their job-related stress. One in three physicians involved only with near misses also reported that their lives were negatively affected, indicating that physicians distress after errors is not limited to the occurrence of serious errors. However, the greater the severity of the error, the more likely it was that the physician would be affected.

Continued on page 11

News Tidbits....continued

Although more than 80% of physicians expressed interest in counseling after serious errors, many also agreed that a variety of barriers may prevent them from seeking it out. The authors of the study, led by Amy Waterman, Ph.D. of Washington University in St. Louis, and colleagues note that hospitals and other healthcare organizations should consider broadening the array of formal and informal sources of error--related support available to physicians during after work hours.

"Everyone involved with a medical error-the involved patient, the patient's family, and the physicians and healthcare team providing care—is affected by it," says Waterman. "Counseling needs to be made available to patients and healthcare professionals so that everyone involved with errors receives the support they need."

Other notable findings in the study include the following:

- Physicians reported increased anxiety about future errors (61%), loss of confidence (44%), sleeping difficulties (42%), reduced job satisfaction (42%) and harm to their reputation (13%) following errors.
- Physicians were more likely to report that their job-related stress increased when they had been involved with a serious error. However, one third of physicians only involved with near misses also reported increased stress.
- Physicians were more likely to be distressed after serious errors when they were dissatisfied with how error disclosure to patients went.
- Only 18% of physicians had received education or training in disclosure of errors, and 86% expressed interest in such education or training.
- Only 10% of physicians surveyed agreed that healthcare organizations adequately supported them in coping with error-relates stress.
- More than one third of physicians felt that taking time away from work for counseling was difficult (43%), did not believe that counseling would be helpful (35%), were concerned that what was said in a counseling session would not be kept confidential if they were sued (35%), and were concerned that their counseling history would be placed in their permanent record (34%).
- In addition, 23% of physicians were concerned that receiving counseling could affect their malpractice insurance costs, and 18% were concerned that they would be judged negatively by their colleagues for receiving counseling.

-Source: Joint Commission Resources, Inc.

The Big

A recent live on-line chat discussion at www.patientsafetyinfo.org about the "Big 8" as it was called, conditions for which Medicare will no longer pay if they are acquired during an inpatient stay, was quite educational and at time controversial. Not everyone feels it's a "good" thing for hospitals to lose money on errors and should they be taken case by case or all lumped together?

Seeing the dollar amount and cost associated with these errors helps to realize the bigger picture and the additional need for public education as to where this money is going. Thanks to Douglas Hall who compiled this list for us, we though we would share it:

1. Object left in patient during surgery - 764 Medicare Cases in 2006 - Average Medicare payment per event $61K 2. Air embolism - 45 cases - $66K each 3. Blood incompatibility - 33 cases - $46K each 4. Catheter associated urinary tract infection - 11,780 cases - $40K each 5. Pressure ulcer - 322,946 cases - $40K each 6. Vascular catheter associated infections (I.V.s) - unknown number and unknown dollar amount 7. Mediastinitis (inflammation of breast bone) after coronary artery bypass grafting - 108 cases - $304Keach 8. Fall from bed - 2,591 cases - $25K each.

NJM article:
http://content.nejm.org/cgi/content/full/357/16/1573

"Hospital Quality Reporting; Roadmap for 2008". Is an 11 page, in-depth examination of quality measure reporting programs and includes a month-by-month calendar of reporting activities you can use to keep abreast of deadlines

www.aha.org/aha/advisory/2007/071219-quality-adv.pdf

February 2008	March 2008	April 2008	May 2008	June 2008
		Newsletter		
	19th Educational Program Co-sponsored with CSHRM	Educational Program TBA		Annual Business Meeting TBA

July 2008	August 2008	September 2008	October 2008	November 2008
Newsletter			**Newsletter**	
		14-17 NAHQ's 33rd Annual Educational Conference Phoenix, AZ	Educational Program TBA	

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