Welcoming spring and hoping for warmer weather is on all of our minds and gives us something to look forward to as these weeks go by so quickly.

The CTAHQ board and I have been working on some new opportunities that will allow all of our membership to network with each other. Keep your eye on your e-mail for time, date and location of some fun events. Theresa Schmidt and Donita Semple will be sending some detailed information about these events.

CTAHQ is working toward submission of an application for the NAHQ award for state association excellence. Terri Savino has been coordinating all the documents needed for this award. Some of the key components are participation in educational programs by our membership. Attending the educational programs will assist us in achieving an award for state association excellence. Please make every effort to attend.

If you are interested in becoming more involved with NAHQ, please review their web site for opportunities to volunteer. Involvement with our national association is helpful to CTAHQ because we get first hand knowledge of what is happening at the national level.

The next education conference is Managing Change. It will be held on May 10, 2006 from 5-9 PM at the Four Points Sheraton Hotel in Meriden. The education team is developing an all day program for June. We will be updating the website with more detailed information. Join us to share your ideas. Please mark your calendars and make every effort to attend. The registration brochure with speaker information and topic discussions will be sent to you shortly. Don’t forget to visit the CTAHQ website often www.ctahq.org. We are continually updating the site and making it one that you will refer to often for local and national health care quality information.

If you would like to become more involved or just hear what is happening with CTAHQ please feel free to join us prior to the educational sessions for a CTAHQ board meeting.
Call for Nominations

The Award Selection Committee is seeking nominations for the 2006 Gail Greene Distinguished Member Award. This award dedicated to the memory of Gail Greene a CTAHQ member, was established in 2004 to honor an individual in our organization who has made an outstanding contribution in the area quality and patient safety. On page ten and eleven of this newsletter you will find the award selection criteria along with a nomination ballot. Nominations must be received no later than May 12, 2006. The award will be presented at our annual meeting in June. I hope you will take this opportunity to recognize one of your peers. Thank you.

Jacqueline Richo
Award Selection Committee
Team Leader

Any time you sincerely want to make a change, the first thing you must do is raise your standards
- Anthony Robbins

Membership Team
By Lois Benis
Team Leader

Our 2006 membership drive was very successful!
- Current membership is 95
- # of renewals – 69 (73%)
- # of new members – 26 (27%)
- # of members who are also CPHQs – 40 (42%)
- # of members who also belong to NAHQ – 43 (45%)

Membership benefits include:
- Quarterly educational programs with CEUs (for CPHQs)
- Recognition of Certified Professionals in Healthcare Quality (CPHQs)
- Networking opportunities
- Quarterly Newsletter (for Connecticut and National news and information)
- Member Directory (for contact information)
- Affiliation with the National Association for Healthcare Quality (NAHQ)

Treasurer’s Report
By Barbara Kaplowe

Balance as of February 28, 2006 $8,799.46
Revenue – March 457.46
Expenses – March 0.00
Current Balance $9,256.92
THE APPROPRIATE CARE MEASURE...
DELIVERING THE RIGHT CARE FOR THE RIGHT PATIENT,
EVERY TIME

Background
The Appropriate Care Measure (ACM) is a composite measure that captures whether or not a patient received all the care he/she was eligible to receive based on the 10 publicly reported measures (five for Acute Myocardial Infarction, two for heart failure and three for pneumonia) specified in the Medicare Modernization Act.

The individual components of the ACM measure are also referred to as the core measures, and all of them are completely aligned with the measures required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The ACM approach to assessing quality improvement helps create an environment where care is consistently safe, effective, patient-centered, timely and equitable, and ultimately readies a hospital for Pay-for-Performance programs.

Acute Myocardial Infarction (AMI)
The following AMI core measures were developed for patients hospitalized with AMI:
- Administration of aspirin within 24 hours before or after hospital arrival;
- Administration of beta blocker within 24 hours of hospital arrival;
- Aspirin prescribed at discharge;
- Beta blocker prescribed at discharge; and
- Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) prescribed at discharge if left ventricular ejection fraction (LVEF) is impaired.

Heart Failure
The core measures for heart failure are:
- The appropriate assessment of LVSF in heart failure patients; and
- Use of ACE inhibitor or ARB for heart failure patients with LVEF of less than 40 percent.

Pneumonia
The following core measures are used for patients hospitalized with pneumonia:
- Collection of arterial oxygenation assessment during the first 24 hours;
- Screen for pneumococcal immunization status and vaccinate prior to discharge, if indicated; and
- Antibiotic administration within four hours of arrival.

ACM Calculation Definitions
- Numerator: The number of patients who received all the care for which they were eligible.
- Denominator: The number of patients who were eligible to receive care in at least one of the core measures.

As an example: If it is appropriate for a patient admitted with an AMI to receive a beta blocker and ACE inhibitor, did the patient receive all the appropriate treatments.

ACM Calculation Methodology
- The ACM is calculated by dividing the number of patients in the ACM numerator by the number of patients in the ACM denominator across all three clinical conditions.

ACM Reports
- ACM reports are released to the QIO community on a quarterly basis (September, December, March and June).
- Available upon request, reports will provide the ACM for the individual hospital, as well as Connecticut and national ACM averages.

Qualidigm, under contract with the Centers for Medicaid and Medicare Services as Connecticut’s Quality Improvement Organization, is currently working with a group of the state’s acute care hospitals to educate and assist them on ways to strengthen their culture and optimize care for patients with AMI, heart failure and pneumonia.

If you have any questions or would like to learn more, please contact Anne Elwell, RN, BS, MPH, CPHQ, at (860) 632-6322, or Nancy Safer, RN, MSN, at (860) 632-3733.
AHRQ Launches Web-based Tool for States to Measure Healthcare Quality

The Agency for Healthcare Research and Quality (AHRQ) released a new interactive Web-based tool for states to use in measuring healthcare quality. The State Snapshot Web tool is based on the 2005 National Healthcare Quality Report and the 2005 National Healthcare Disparities Report. The tool provides valuable information on each individual state, including:

- State ranking tables that rank the 50 states and the District of Columbia on 15 representative measures of healthcare quality culled from 179 measures contained in the 2005 National Healthcare Quality Report
- Summary measures of the quality of types of care and settings of care for each state
- Comparisons of each state’s summary measures to regional and national performance relative to the region or nation
- Performance meters that show at a glance a state’s performance relative to the region or nation
- Data tables for each state’s summary measures that show the National Healthcare Quality Report detailed measures and numbers behind the performance meters

AHRQ will partner with four states in 2006 to develop a complementary guide to the State Snapshot Web tool that will help states use the information from the tool for priority setting and quality improvement. To read more about the tool, go to http://www.ahrq.gov/news/press/pr2006/stsnappr.htm

Quality Organizations Merge

Two national quality organizations announced last week that they will merge to focus on coordination and collaboration of quality efforts across the nation. The National Quality Forum and the National Committee for Quality Health Care (NCQHC) will form a new entity called the National Quality Forum. The group will be led by new CEO and president Janet M. Corrigan, PhD, MBA. Corrigan, most recently president and CEO of NCQHC, has held top positions at the Institute of Medicine and at the National Committee for Quality Assurance, where she is credited with leading the early development of NCQA’s HEDIS. For more information, go to http://www.qualityforum.org/corrigan-release.html.

Physician Offices to Begin Participation in Performance Improvement Measures

Physicians are responding to pressure from Congress and payers to demonstrate that they will adopt quality performance measures in return for higher Medicare fees. The American Medical Association (AMA) and others convinced Congress to reverse a planned cut in Medicare rates to physicians for 2006; now policymakers want firm assurances that the medical profession is working seriously to promote quality.

In response the AMA sent a letter to CMS promising to work collaboratively to establish 140 evidence-based performance measures by the end of this year.

(Continued on page 7)
CTAHQ
Going for the Gold in 2006
Please share what you have done to celebrate Quality at your hospital (storyboards, newsletters, patient safety events, celebration of Quality, education).

Have you:

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<th>Participated on a NAHQ Team over the past 2 years?</th>
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<td>Published in JHQ or other NAHQ publications in the past 5 years?</td>
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<td>Presented a poster at NAHQ or other seminar within the last 2 years?</td>
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<td>Authored books, chapters of books, or state newsletter articles or other publications related to healthcare quality, utilization and/or risk management within the last 2 years?</td>
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Please share your stories Terri Savino BSN, RN, CPHQ at terri-savino@midhosp.org
CPHQ Examination Study Group

Any member interested in joining a study group in preparation for the CPHQ examination contact Jacqueline Richo at jricho@srhs.org or via phone at 203/789-5132.

The CPHQ Candidate Handbook contains all of the information needed to apply and schedule for the CPHQ examination. Please visit the www.cphq.org to receive detailed information about this distinction of excellence.

FAQ’s about obtaining your CPHQ

What are the fees to sit for the CPHQ examination?
NAHQ member fee: $370.00
NAHQ Non-member fee: $440.00

What are the eligibility requirements for the CPHQ examination?
In 2003, the HQCB Board of Directors voted to eliminate the minimum education and experience requirement to take the CPHQ examination. However each candidate must take time to assess and judge his/her own readiness to apply to take the CPHQ examination particularly if you have not worked in the field for at least two years. A careful review of the examination content outline and the sample questions provided in the candidate handbook is advised.

How long do I have to take the examination once I receive eligibility confirmation?
You have 90 days to schedule and sit for the examination once your application has been approved.

May I apply for the CPHQ examination on-line?
Yes. You can apply for the examination and schedule your examination on-line. We have a link to Applied Measurement Professionals, the testing organization, on the HQCB website or you can go directly to the testing organizations website at www.goamp.com click on Candidates and follow the instructions.
Win A Free Registration and Join us at the 2006 NAHQ Conference in San Diego

At our annual meeting, a special drawing will be held to give a Free registration (est. value of $585.00) to a CTAHQ member to attend the NAHQ Conference. Each member present at the annual meeting is automatically enrolled in the drawing. You can also earn extra tickets for the drawing by:
- Attending each educational session
- Becoming a team member
- Leading a team
- Serving on the Board
- Presenting a paper or poster at the previous NAHQ conference

Conference Update

I hope you are planning on joining us at the 31st Annual Educational Conference in San Diego, CA to be held September 17 – 20, 2006.

The Conference Planning Team has been busy finalizing speaker contracts and preparing the conference brochure. This year besides being able to receive continuing education credits (CEUs) from NAHQ, the NAHQ staff will be applying for continuing education credits from AHIMA, ARN, ASHRM and CSMA. This should increase the amount of participants interested in the conference for CEUs.

In addition, this year will be the first time that the CPHQ exam will be offered on site at the conference. The 2006 NAHQ conference in San Diego is shaping into a memorable conference that you will not want to miss.

Looking forward to seeing you there.

Lois Benis, MBA RN CPHQ
Sr. Team Leader
NAHQ Conference Planning Team

Fellowship Review Board

The Fellowship Review Board has received notification from six NAHQ members of their intention to apply for fellowship. The Chairman of the Fellowship Review Board has contacted Fellows who are willing to mentor these individuals in their quest to become a Fellow. Conference calls have been held with both the mentors and the candidates for fellowship to review the fellowship application and to address questions concerning the application process. Mentors will be following up with the fellowship candidates on a regular basis to provide guidance as needed. The deadline for Fellowship applications is May 15, 2006.

Communities of Practice Team

This newly formed team will focus on developing electronic Communities of Practice on the NAHQ Plus website. At their first meeting, held in January 2006, the team selected the first three communities which will be implemented this spring. The communities are: “Hospital/Acute Care”, “Ambulatory/Non-Acute Care” and “Professional Issues.” The knowledge workers and moderators for each of the communities participated in a face to face meeting to finalize community definitions and the processes that will be used to implement the communities.

Please watch for the release of this new communication/networking tool in April.

Physician Quality Measures
Continued from page 4

AMA agreed on a “starter set” of three to five evidence-based quality measures for voluntary physician reporting beginning in 2007. AMA wants Medicare to pay a 0.4% bonus to all physicians who report on these measures to cover the cost additional data collection. These performance measures involved activities related to treating many of the most prevalent medical conditions, such as diabetes, asthma, heart failure, hypertension, depression and osteoarthritis.
Effective Change Management

About the Speaker:
Gary E. Rosentreter, PhD. is the Executive Director of the Connecticut Quality Council (CQC). He earned his doctorate degree in education from Northern Illinois University, with a focus in adult education.

Dr. Rosentreter has worked in the field of Organizational Development and Human Resources for 27 years. Prior to his current position, he was Director of Organizational Development at WellPoint Health Networks, the largest healthcare insurance company in the US, employing 40,000 people. He has also developed and taught courses on team effectiveness, role clarification, and quality improvement.

In his current role as Director of the Ct Quality Council, a part of Rensselaer Polytechnic Institute in Hartford, he has the opportunity to integrate his knowledge and expertise while also sharing his understanding of how quality principles can assist an organization to grow and improve.
Directions to Four Points by Sheraton

From Hartford (I-91 South): Take I-91 South to exit 17 (East Main Street). At the end of the exit, take a left onto East Main Street. At the second stop light, take a right onto Pomeroy Avenue (Texaco on the corner). The Four Points Sheraton Hotel will be ½ mile on the right.

From Hartford (Rt 15 South): Take Route 15 South (Merritt Parkway) to exit 67 W. At the end of the exit, take a left onto East Main Street. At the second stop light, take a right onto Pomeroy Avenue (Texaco on the corner). The Four Points Sheraton Hotel will be ½ mile on the right.

From New Haven (I-91 North): Take I-91 North to exit 16. At the end of the exit, take a right onto Pomeroy Avenue (Texaco on the corner). The Four Points Sheraton Hotel will be ½ mile on the right.

From New Haven (Rte 15 North): Take Route 15 North (Merritt Parkway) to exit 67. At the end of the exit, take a left onto East Main Street. At the second stop light, take a right onto Pomeroy Avenue (Texaco on the corner). The Four Points Sheraton Hotel will be ½ mile on the right.

From Waterbury: Take I-84 East to exit 27 onto I-691 East. Follow I-691 to exit 10 (I-91/ Rt 15 South exit). Stay in right hand lane and get off first exit, 67W (East Main Street exit). At the end of the exit, take a left onto East Main Street. At the second stop light take a right onto Pomeroy Avenue (Texaco on the corner). The Four Points Sheraton Hotel will be ½ mile on the right.

From Middletown: Take Route 66 to exit 13 (East Main Street). Follow straight through to second light. Take a left onto Research Highway. Follow to stop sign. Go straight. The Four Points Sheraton Hotel on the right hand side.

Program Objectives

1. Identify the dynamics of human change issues in an organizational change.
2. Identify the four key roles in implementing sustainable change in an organization.
3. Provide participants with a set of “Tools and principles for implementing sustainable organizational change.”

AGENDA

5:00-5:30 pm Registration/Networking
5:30-6:00 pm Dinner
6:00-6:45 pm Presentation
6:45 – 7:00 Breakout Session
7:00 – 7:30 Discussion

CONTINUING EDUCATION CREDITS

This activity has been submitted to the National Association for Healthcare Quality for 1.5 hours of Continuing Education Units.

Registration Information

Name: _____________________________
Address: ____________________________
____________________________________
Organization: _______________________
Phone: _____________________________

Member of CTAHQ? _____ Yes     _____ No
Member of NAHQ?  _____ Yes     _____ No

Please make your check payable to CTAHQ.
Registration deadline is May 3, 2006.

$50. Members (CTAHQ)
$65. Non-Members

CANCELLATION POLICY:
You may cancel up to 72 hours prior to the program and receive a refund. If you cancel with less notice or do not attend you forfeit your registration fee or will be responsible to make payment if you have not already done so.

Mail your check and this form to:
Gloria Telep
17 Reservoir Dr.
Ansonia, CT 06401
Phone: (203) 688-8874
Fax: (203) 688-5571
E-mail: gloria.telep@ynhh.org

Dietary Restrictions: If you should have any special dietary needs, please let us know in advance, and we will try to accommodate you.
2006 Gail Greene Distinguished Member Award

Purpose
Each year, the Connecticut Association for Healthcare Quality (CTAHQ) will seek to award the Gail Greene Distinguished Member Award to recognize a dynamic CTAHQ member who has made notable contributions to the healthcare quality profession.

Eligibility
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. Members of the award selection team, honorary members and prior winners are ineligible for the award. There is no time limit for when these requirements may have been accomplished.

Selection Criteria
Service to the Association:
- State association participation as an officer, director, leader, team member and/ or representative to the NAHQ Leadership Council.
- State association participation, as an officer, director, leader and/ or team member.
- National participation in NAHQ as a board member, team leader, team member, and/ or Leadership Council member.

Certification/Fellowship:
- Successful completion of CPHQ certification and/ or
- Achievement of Fellowship status (FNAHQ)

Education leadership:
- Presenter/ co-presenter at a local, state or national workshops, seminars, or conferences.
- Mentorship/ preceptorship in the area of healthcare quality

Publication activities:
- Publication of healthcare quality management articles in professional journals and/ or newsletters.

Recipient of awards or other achievements relating to healthcare and/or healthcare quality. These could have been accomplished on an individual level or as a member of a team.

Nomination Forms
Submit the attached nomination form by May 12, 2006 to the Team Leader, Jacqueline Richo, Hospital of Saint Raphael, QI Department, 1450 Chapel Street, New Haven, CT 06511, by e-mail to jricho@srhs.org or via fax to 203/ 789-3996. After the attached nomination form has been submitted, CTAHQ will forward a detailed Awards Questionnaire Form to each eligible candidate for completion. Any questions can be addressed with Jacqueline Richo, Award Team Leader at 203/ 789-5132.
Gail Greene
Distinguished Member Award
2006 Nomination Form

Nominee's Name: ____________________________________________

Title: ______________________________________________________

Organization: ______________________________________________

Address: ___________________________________________________

City: ___________________________ State ________ Zip Code _______

Phone: (______)_________________________ Fax: (______)_________________

Person nominating the candidate: ________________________________

Why do you believe this person should be considered? ________________________

________________________________________

________________________________________

________________________________________

________________________________________

Use an additional sheet of paper if more space is needed.

All of the information I have provided about the nominee for the Gail Greene Distinguished Member Award is true and accurate.

Date: ____________________ Signature: ___________________________

Nomination must be received by May 12, 2006

Mail to: Jacqueline Richo, Team Leader
         Gail Greene Award
         Hospital of Saint Raphael
         Quality Improvement Department
         1450 Chapel Street
         New Haven, CT 06511
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CTAHQ
Jacqueline Richo
c/o Hospital of Saint Raphael
QI Department
1450 Chapel Street
New Haven, CT 06511