

CTAHQ NEWS

A PUBLICATION OF THE CONNECTICUT ASSOCIATION FOR HEALTHCARE QUALITY

Celebrating our 25th Anniversary

Happy new year everyone! I hope that everyone had a happy and healthy holiday season and were able to welcome in this new year with loved ones. We have much to do and celebrate in this new year.

Did you know that our association is 25 years young? It appears, from the best that we have records of and can recollect, that our first president, Mary Howland, was elected President for the 1981-1982 year and we associated with NAHQ in 1983. 2007 being the year that the national convention is in Boston the board has decided to celebrate this milestone by having a presence there. Lois Benis has agreed to Chair this celebratory team. She has contacted the other New England state associations about possibly having a booth there together. We also would like to plan a special gathering one evening. We hope that many of our Connecticut CTAHQ members will be there to partake and enjoy these special activities. If you would like to help out with this team, we can always use some extra hands, please contact me by phone at 860-456-6852 or by e-mail at tschmidt@wcmh.org.

We were very fortunate to have Thomas Smith, NAHQ President Elect be a part of our October program. He updated those present on a number of topics concerning NAHQ and the relationship of the association with members and the state associations. One new service that I urge you to participate in, is the Communities of Practice (COPS) There are currently three communities - hospital/acute, ambulatory/non-acute, and professional.

At the same program we had Lecia Albright who spoke to us about writing professionally. She presented a number of ways that a person would be considered being an "author" that you may have not considered such as reviewing a book, and writing to the editor. The Board encourages you, our members, to write or do a poster presentation or paper presentation. Everyone has knowledge and experience that needs to be shared. I know I appreciate the experiences my colleagues have about an issue or topic. There are always great conversations going on when we meet at programs and now I want to encourage you to take that one step further to put it down on paper to share it with a wider audience. The members of the Board will assist you in any way that you may need so give it a try and do not hesitate to call on one of us for encouragement and assistance.

I am delighted that our Education Team has been working with the Connecticut Society for Healthcare Risk Management to present a joint education topic in 2007. So many healthcare topics have both a quality and risk component to them that it is great to get both perspectives on a topic. I hope that this joint collaboration will continue each year.

2007 is a milestone year for CTAHQ and I hope you will participate in our organization and celebrate our journey! Please call me or e-mail me if you have any ideas or would like to help out on any of the teams. May each of you have a 2007 filled with good friends, fruitful work and joyful celebrations!

President's Message

By Terri Schmidt



Winter 2007

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Your help is needed
as we
Mine for **GOLD**
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CTAHQ Needs Your Help as we begin “Mining For Gold”

As an Institution I want to hear from you. Did you celebrate Healthcare Quality week at your Hospital or have you celebrated a successful Quality initiative? Please email me information so that we can showcase your institution in the 2007 Application for the NAHQ State Association for Excellence Award.

As an Individual I want to hear from you. Have you published an article? Do you write quality/risk articles for your hospital newsletter? Are you involved in any CPHQ study groups? Please email me so that I can showcase your individual work.

As an individual what can you do to help? Support the CTAHQ organization by attending the education programs that we sponsor. We are scored by the % of members that attend these programs. They are a great learning environment and an excellent way to network with peers.

As Team Leader of the NAHQ State Association of Excellence Award I need to hear from you and share your stories so that we can win the GOLD in September at the NAHQ Annual conference in Boston. With your evidence in this application I know that we can succeed.

Please call if you have any specific questions about this award.

Terri Savino, Team Leader

NAHQ State Association for Excellence Award

terri_savino@midhosp.org

860-704-3026

I hear, I forget

I see, I remember

I do, I understand

- Chinese Proverb

CMS Releases Revised Restraint and Seclusion Rule

The CMS revised rule, which took effect January 8th, describes restraint as “any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.” It also notes that a drug or medication could be considered a restraint “when it is used as a restriction to manage a patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.”

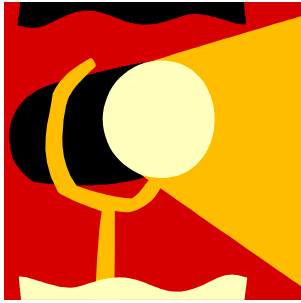
It also includes new language that notes “restraint” does not include “orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm.”

Other issues addressed in the revised rule include:

- ◆ the need for staff training and death reporting related to restraint and seclusion
- ◆ Staff be trained “and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion.”
- ◆ Training must include techniques to identify staff and patient behaviors that could trigger the need for restraint and seclusion.
- ◆ When restraint/seclusion is used to manage violent or self-destructive behavior the patient must be seen face to face within one hour by a physician, licensed independent practitioner, registered nurse or physician assistant (a requirement not included in the Joint Commission related standards)

Hospitals must meet Joint Commission standards on restraint and seclusion (PC 11.10—PC 12.190) that in many instances are more restrictive than CMS’s regulations.

For example, the Joint Commission has a standard (PC 12.160) that requires hospitals to debrief the patient and staff about restraint or seclusion episodes. But this requirement applies only for restraint and seclusion in behavioral health care settings. The CMS rule does not mention this and makes no distinction in restraint and seclusion requirements for behavioral health care settings and surgical-medical hospitals.



Qualidigm Spotlight: HCAHPS Survey

The intent of the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) is to provide a standardized survey instrument for measuring patients' perspectives on hospital care. HCAHPS is meant to support improvements in customer services and quality improvement activities. All PPS hospitals must collect and submit HCAHPS data to be eligible for the FY 2008 Annual Payment Update (APU).

To submit HCAHPS data, PPS hospitals must do the following:

1. Assign a vendor to conduct the survey and submit data to the Clinical Warehouse, or participate in two half-day webinar sessions by January 26, 2007 in order to self-administer the survey.
2. Hospitals not using a vendor must submit a program application and meet the minimum survey requirements.
3. If a hospital has not previously participated in a dry run, it must participate in the final dry run using data from March 2007 discharges.
4. Sign the FY 2008 Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Notice of Participation form (Summer 2007).
5. Submit HCAHPS data for public reporting beginning with July 2007 discharges.

For more information, please visit www.HCAHPSOnline.org

This material was prepared by Qualidigm, the Medicare Quality Improvement Organization for Connecticut, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Pub #8SOWCTHOSP200619.

JCAHO now The Joint Commission

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has shortened its name to The Joint Commission. The change was made official on Monday January 8th, when The Joint Commission launched a redesigned Web site.



The new name also came with a new logo for the accrediting body. The commission also changed the

Web sites for Joint Commission Resources, its publishing and education affiliate, Joint Commission International, and Joint Commission International Center for Patient Safety.

Joint Commission Seeking Feedback on Potential 2008 National Patient Safety Goals

The Joint Commission released for review a list of draft Goals which could potentially be included in the 2008 National Patient Safety Goals. The draft Goals include requiring organizations to:

- improve recognition and response to changes in a patient's condition
- reduce the risk of post-operative complications for patients with obstructive sleep apnea
- prevent patient harm associated with health care worker fatigue
- prevent catheter misconnections

The full text of the potential Goals can be found at <http://www.jointcommission.org/Standards/FieldReviews/> The deadline for feedback in Friday, January 26, 2007.

A QI Tool

Cause & Effect Diagram



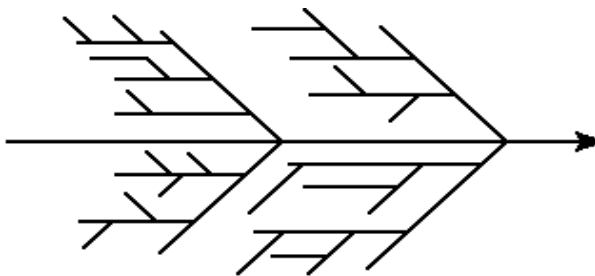
The cause & effect diagram was developed Kaoru Ishikawa, who pioneered quality management processes in the Kawasaki shipyards, and in the process became one of the founding fathers of modern management. The cause and effect diagram is used to explore all the potential or real causes (or inputs) that result in a single effect (or output). Causes are arranged according to their level of importance or detail, resulting in a depiction of relationships and hierarchy of events. This can help you search for root causes, identify areas where there may be problems, and compare the relative importance of different causes.

Causes in a cause & effect diagram are frequently arranged into four major categories. While these categories can be anything, you will often see:

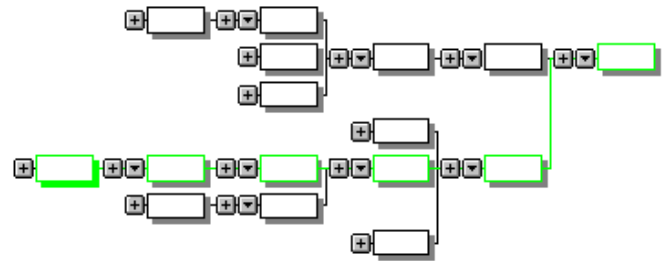
- manpower, methods, materials, and machinery (recommended for manufacturing)
- equipment, policies, procedures, and people (recommended for administration and service).

These guidelines can be helpful but should not be used if they limit the diagram or are inappropriate. The categories you use should suit your needs.

The C&E diagram is also known as the fishbone diagram because it was drawn to resemble the skeleton of a fish, with the main causal categories drawn as "bones" attached to the spine of the fish, as shown below.



Cause & effect diagrams can also be drawn as tree diagrams, resembling a tree turned on its side. From a single outcome or trunk, branches extend that represent major categories of inputs or causes that create that single outcome. These large branches then lead to smaller and smaller branches of causes all the way down to twigs at the ends. The tree structure has an advantage over the fishbone-style diagram. As a fishbone diagram becomes more and more complex, it becomes difficult to find and compare items that are the same distance from the effect because they are dispersed over the diagram. With the tree structure, all items on the same causal level are aligned vertically.



To successfully build a cause and effect diagram:

1. Be sure everyone agrees on the effect or problem statement before beginning.
2. Be succinct.
3. For each node, think what could be its causes. Add them to the tree.
4. Pursue each line of causality back to its root cause.
5. Consider grafting relatively empty branches onto others.
6. Consider splitting up overcrowded branches.
7. Consider which root causes are most likely to merit further investigation.

Other uses for the Cause and Effect tool include the organization diagramming, parts hierarchies, project planning, tree diagrams, and the 5 Why's.

Membership Team Update By Diane Collins

As of the end of the year we have 91 members. Middletown and New Haven zip codes are where about 50% of our membership are employed. Quality management is the area of responsibility that most members indicated. 38% of our members are CPHQ certified and 42% are members of NAHQ. Take this opportunity to share the membership application with a peer or co-worker. It can be found on page 8 of this newsletter.




EDUCATION TEAM REPORT By Pam Cullen



Save the date January 27, 2007, the Education Team has put together a morning program around QI Tools. This program includes some practical applications of Root Cause

Analysis, FMEA and Poka-Yoka.

Coming up on March 13, 2007 is a very exciting joint full day program with the Connecticut Society of Risk Managers. This program will include presentations on peer review, credentialing and E-discovery.

 Treasurer's Report Submitted by Barbara Kaplowe	
Opening Balance:	\$ 6,786.01
Deposits	1915.00
Interest Paid	.73
Expenses	
Plaques	6.50
Meeting	16.96
Postage	<u>4.20</u>
Total Expenses	\$ 27.66
Balance as of December 31, 2006	\$8,674.08

CMS Slightly Amends Requirements for Gel Dispensers

The Centers for Medicare & Medicaid Services (CMS) has released new rules on alcohol-based hand gel dispensers, which took effect on October 23, 2006..

Hospitals, nursing homes and ambulatory healthcare facilities that wish to install the dispensers must do so in accordance with requirements from amended paragraphs in the 2000 Life Safety Code (LSC).

In the new rules CMS states that dispenser installation must protect against inappropriate access. Steps to prevent inappropriate access might include not installing dispensers in certain units and installing them in areas under staff supervision.

CMS Hand Gel Provisions

The Centers for Medicare and Medicaid Services (CMS) allows healthcare facilities to install alcohol-based hand gel dispensers in exit corridors and rooms under the following conditions:

- ◆ The corridors must be at least 6 feet wide
- ◆ You must separate the dispensers from each other by at least 4 feet
- ◆ The maximum capacity for dispensers is 1.2 L (0.317 gal.) for dispensers in suites
- ◆ You can't install dispensers over or directly adjacent to electrical outlets and switches
- ◆ If you want to install dispensers over carpeted floors, those floors must be in smoke compartments protected by sprinklers
- ◆ Each smoke compartment may contain a cumulative 37.85 L (10 gal.) of hand gel solution in dispensers and a maximum of 18.92 L (5 gal.) in storage
- ◆ The use of the dispensers can't conflict with more stringent state or local codes
- ◆ You must install the dispensers in a way that minimizes leaks and spills that could lead to patient falls
- ◆ You must protect the dispensers against inappropriate access (e.g. by psychiatric patients)
- ◆ You must maintain dispensers according to manufacturer guidelines

To read the full rule, go to www.access.gpo.gov/su_docs/fedreg/a060922c.html and scroll to the CMS heading

**Connecticut Association for Healthcare Quality
2006-2007 Board of Directors/Team Leaders**

HQCB

January 31
**is the last day to renew
your certification if you
were due in 2006.**

The Healthcare Quality Certification Board (HQCB) held their annual meeting in December 2006. HQCB is currently working to finalize its periodic professional practice assessment, which may result in some test content changes by September 2007. HQCB also adopted a new mission and vision statements. These were developed collaboratively as a result of the market research project.

HQCB Mission Statement

The Healthcare Quality Certification Board (HQCB), providing the only accredited international healthcare quality certification, improves the quality of healthcare by advancing the theory, practice and development of healthcare quality professionals from every specialty.

HQCB Vision Statement

The Healthcare Quality Certification Board (HQCB) continually sets the standard for healthcare quality professionals by defining world-class professional excellence through international Certified Professional in Healthcare Quality (CPHQ) certification.



Important Deadlines

Claire Glover Award applications is due April 27, 2007
Distinguished Member Award applications is due April 27, 2007
Applications for the HQF Career Development Grant and HQF Certification Grant are due April 27, 2007
Applications for the Award for Association Excellence and subcategory awards are due June 22, 2007
Information and applications for the above are located at www.nahq.org

President	Terri Schmidt 860/456-6852
President-Elect Nominations Team Leader	Anne Huben-Kearney 800/225-6168 x374
Treasurer	Barbara Kaplowe 203/694-8365
Secretary	Janice Watkins 860/646-1222 x1087
Past President, Bylaws & Membership Team Leader	Diane Collins 203/688-5710
Board of Directors	Marcia Cobain 203/551-7464
Board of Directors	Laverne Jenkins 203/688-6621
Newsletter/Website Team Leader	Jacqueline Richo 203/789-5132
Award for State Excellence Team Leader	Terri Savino 860/704-3026
Education Team Leader	Pam Cullen 203/688-7706
Awards & Recognition Team Leader	Jacqueline Richo 203/789-5132

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 Assurance Specialist

At Backus Hospital, the caregiver's choice in Eastern Connecticut, patient-focused care is our number-one priority. Backus is a 213-bed facility providing surrounding communities with a broad range of medical services. At Backus, every position is important, and each employee contributes in a significant way to the overall team effort. We are currently recruiting for a full-time Quality Assurance Specialist. This position reports to the Director of Quality Improvement. Responsibilities include: compiling, displaying, analyzing and summarizing sensitive data required to monitor and evaluate the quality and appropriateness of patient care. They review medical records for peer review and Core Measurement Indicators.

Qualifications include current license in CT as a RN. Three to five years relevant experience. CPHQ a plus. This is a full-time position which offers a very competitive salary and comprehensive benefits package. For immediate and confidential attention, please apply online at www.backushospital.org. The William W. Backus Hospital, 326 Washington Street, Norwich CT 06360. EOE

Patient Safety Coordinator

The Hospital of Saint Raphael is searching for a dynamic individual interested in bringing fresh ideas to enhance our patient safety program. The ideal candidate will bring high energy and proven ability to work collaboratively with interdisciplinary teams at all levels. Knowledge of data design and management, and external regulatory and accreditation requirements are essential.

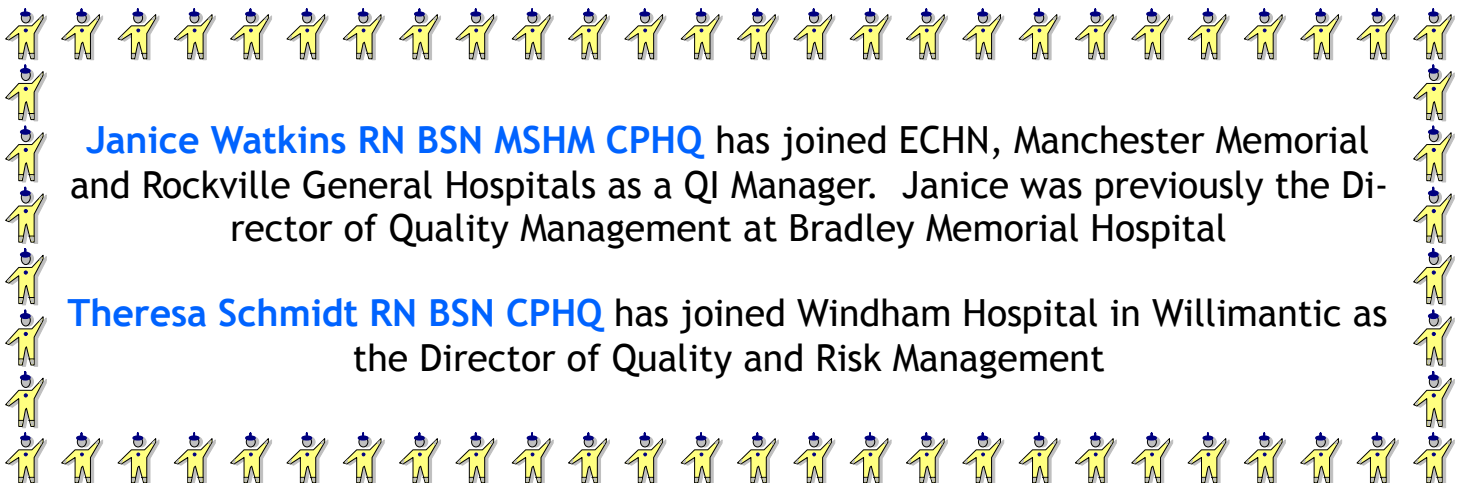
A clinical background is required with recent experience and a working knowledge of acute care structure and function. Prior experience and knowledge of Microsoft Office and statistical applications is also required. Minimum of two years experience in Quality Improvement with Master's level preparation and CPHQ certification preferred.

The Patient Safety Coordinator will have overall responsibility for facilitating the hospital's patient safety program. We offer a comprehensive benefit and wage package. For consideration, please forward your resume to Peggy Dillinger, Human Resources, Hospital of Saint Raphael, 1450 Chapel Street, New Haven, CT 06511 or visit our website at www.srhs.org.

We are an equal opportunity employer and encourage diversity

Congratulations to **Terri Savino BSN RN CPHQ**

Who co-wrote the article "Saving Lives, Plus" Rapid response team at Middlesex Hospital promotes a sense of teamwork and collaboration, which appeared in the December 4, 2006 issue of Advance for Nurses



Janice Watkins RN BSN MSHM CPHQ has joined ECHN, Manchester Memorial and Rockville General Hospitals as a QI Manager. Janice was previously the Director of Quality Management at Bradley Memorial Hospital

Theresa Schmidt RN BSN CPHQ has joined Windham Hospital in Willimantic as the Director of Quality and Risk Management

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

October 1, 2006 – September 30, 2007

**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

Type of Organization

___ UM/Case Management ___ Quality Management

___ Acute Care ___ Home Care

___ Infection Control ___ Home Services

___ Subacute ___ Consulting

___ Risk Management ___ Medical Records

___ Rehabilitation ___ HMO/Insurance

___ Other _____

___ Other _____

___ Individual Membership \$55

___ Organizational Membership \$110 3 applications from the same institution
(please submit together)

Please make check payable to CTAHQ and mail to:
Diane Collins
73 Center Road Circle
Orange, CT 06477

Pre-registration is required.
Deadline for registration: 01/24/07
Performance Improvement Tools
Wednesday, January 31, 2007

Name _____
Organization/Address _____

Phone Number _____

Are you aCTAHQ member? Yes No
Are you aNAHQ member? Yes No

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.

Registration Fee

- \$40 members
- \$55 non-members

Please make checks payable to: CTAHQ

Mail to: Gloria Telep
17 Reservoir Drive
Ansonia, CT 06401
Phone: 203/688-8874
Fax: 203/688-5571
Email: gloria.telep@ynhh.org

If you have any special dietary needs, please let us know in advance and we will try to accommodate you.



Crowne Plaza
100 Berlin Road
Cromwell, CT 06416
Telephone: 860/635-2000

Wednesday, January 31, 2007
8:30 a.m.—11:30 a.m.

Sponsored by the:



New Venue

Program Objectives

At the conclusion of this program, the participant should be able to:

1. Understand elements of responding to an adverse event
2. Discuss the benefits of conducting a Root Cause Analysis and Failure Mode and Effects Analysis
3. Distinguish between individual and systems accountability
4. Describe an error proofing technique

Who should attend:

Performance/Quality Improvement Professionals from all care delivery spectrums

Directions to the Crowne Plaza

100 Berlin Road
Cromwell, CT
860/635-2000

Take 1-91 North or South to Exit 21.
Turn left off the exit.
Hotel is on the left.

If any question of weather delay, please call the hotel main number at 860/635-2000.

Agenda

8:30 to 9:00 a.m.

Registration/Continental Breakfast
And Networking

8:55 a.m.

Welcome

Pamela Cullen, CTAHQ
Education Team Leader

9:00 to 9:30 a.m.

Root Cause Analysis

Terri Savino, BSN, CPHQ

QI Coordinator

Middlesex Hospital

9:45 to 10:15 a.m.

Failure Mode & Effects Analysis (FMEA)

Linda Pello, MBA, RN, CPHQ

Healthcare Consultant

10:30 to 11:00 a.m.

Poka-Yoke

Sahel Shwayhat, BS, MBA

Quality Performance Lead

Yale-New Haven Hospital

11:00 to 11:30 a.m.

Questions & Answers

Wrap Up

This activity will be submitted to the National Association for Healthcare Quality for 2 hours of CPHQ CE credit.

January 2007	February 2007	March 2007	April 2007	May 2007
Newsletter 17 Education Program TBD			Newsletter 13 Education Program	
June 2007	July 2007	August 2007	September 2007	October 2007
Newsletter 20 Annual Business Meeting & Education Program TBD		Newsletter 9-12 NAHQ 32nd Annual Educational Conference Boston, MA		

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