

President's Corner

WAHQ President



Judy Frisch, CPHQ

This year's WAHQ Annual Conference was held at the Crowne Plaza on March 12, 2010. There were 94 participants signed up; and by the start of the conference 12 more people registered the day of the conference.

How exciting to have 104 people in the audience for the 2010 conference. We had a full spectrum of speakers, vendors and storyboards that provided a wealth of knowledge. And networking was amazing as the participants talked with others.

The WAHQ board set a goal to become paper limited and with the hard work of its members, we had the first mostly paperless conference. It is our intention to keep working towards paperless.

We are looking into survey monkey to get the input from our regions throughout the state. Stay tuned to see what else we are doing for the association. The next WAHQ Board meeting is May 14, 2010 at MetaStar. If you would like to attend, please contact your



representative or Judy Frisch @ jfrisch@metastar.com.

NAHQ CONFERENCE UPDATE: Nashville Flooding

NAHQ CONFERENCE UPDATE 5/7/2010: Nashville Flooding

NAHQ received word today from the Gaylord Opryland in Nashville, TN, that all conferences scheduled at the facility through October are canceled. This includes the contract for NAHQ's 35th Annual Educational Conference. With the cancellation of our contract, NAHQ's meeting team immediately began the process of locating an alternate site to host the event.

The NAHQ 35th Annual Educational Conference will still take place this year. The search to confirm a new venue should take about two weeks. Once we have confirmed a new meeting venue and dates, we will immediately send those details to you, our valued members and

customers, and update this page. **Please check back here after Friday, May 21, for the most current information.**

If you have additional questions, please contact NAHQ staff at conference2010@nahq.org.

What's Inside

WAHQ Goals	pg 2
2010 WAHQ Conference Reports	pg 3 & pg 4
WAHQ Election results	pg 5
History of the WAHQ	pg 6
WAHQ Board of Directors	pg 7

Summer 2010



2010 Conference Participants Network

Visit our WAHQ Website

Looking for the latest WAHQ news? You can visit our Web site at www.wahq.org for the latest information on healthcare activities at home and around the country.

We are fortunate to have the expertise of MetaStar to guide us in the development of our Web page. This avenue of networking would not be possible without Metastar's technical and financial support. Special thanks to Rich Chapman, webmaster, Metastar Inc.

Other Quality Websites

National Association Healthcare Quality	http://www.nahq.org/
WI Bureau of Quality Assurance	http://dhfs.wisconsin.gov
New CMS Internet site	www.cms.hhs.gov
Wisconsin Collaborative	www.wiqualitycollaborative.org
Wisconsin Price Point	www.wipricepoint.org
Health Grades	www.healthgrades.com
Center for Disease Control	www.cdc.gov
Healthy People 2010	www.healthypeople.gov
Minnesota Adverse Health Reports	
www.health.state.mn.us/patientsafety/	
Caring right at home	http://www.caringnews.com.

The video "The NQF Efficiency Measurement Framework: Can it Help Heal the Schism Between Public Health and Medicine?" is now live.

You can view it at

<http://videos.med.wisc.edu/videoInfo.php?videoid=1677>

2010-2011 WAHQ Goals

Submitted by Judy Frisch, President

Goal 1 – Annual Conference –

Will be strategizing with WSHRM for a joint conference in spring 2011.

Goal 2 – Membership

Networking/Communication – Improved communications with our members through an enhanced website, and continued liaison with other state organizations.

Goal 3 – CPHQ Study Session – CPHQ

recognition and acknowledgement of member awards through the newsletter. Just a reminder, if you pass your CPHQ exam, please send evidence of your success and membership to our treasurer for \$75.00 reimbursement.

Goal 4 – Utilize Newsletter for Education

Provide educational article in each published Newsletter and solicit educational articles through regions-region rep connections with constituency. Regional Representatives to circulate educational articles or linkage to newsletter; web-sites, etc.

Goal 5 – Liaison Relationships with Other Organizations –

The board is continually looking for ways to increase member benefits and maintain budget conscious activities.

Goal 6 – Website

Establish a quick Link to NAHQ member access. Update the web site. Set up Board page-password protected for region reps to link to region members. Begin to develop special membership page

Treasurer's Report

Submitted by Matt Wahoske, Treasurer

ACCOUNT BALANCES

• Checking	\$ 6,383.05
• Savings	\$ 35,579.49
• Annuity	\$ 5,517.92

Total	\$ 47,530.46
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2010 WAHQ Conference Reports

Unbreakable Linkage: Public Safety, Electronic Medical Records & Never Events

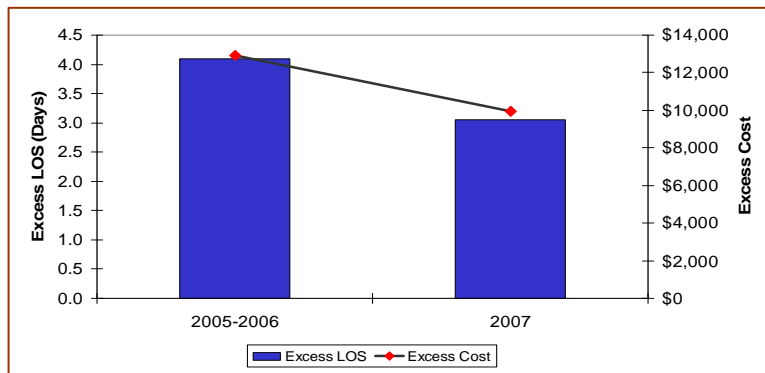
Making the Business Case for Safety: The Cost of Patient Safety Events

By Linda Sauer, WAHQ South Central Representative

In an era of rising health care costs, Mark Kirschbaum and Sue Sanford-Ring from University of Wisconsin Hospital & Clinics (UWHC) presented the case for investing in safety by quantifying the waste associated with patient safety events. A significant economic incentive was found for achieving improved patient outcomes.

This analysis uses a voluntary event reporting system and administrative data. UWHC limited analysis to events that reached the patient. Self-inflicted events were excluded.

Abhik Bhattacharya, UWHC Statistician, used a matched case-control design. For each case, he selected a control from the rest of the population by matching on five criteria.



**Mark Kirschbaum,
RN PhD**



Sue Sanford-Ring
University of Wisconsin
Hospital & Clinics
(UWHC)

This method is subsequently being used to analyze the costs of specific events like anticoagulation medication events. ROI from improvement work results in an annual savings of \$758,476.

Adverse Events Reporting in MN: Successes, Opportunities and Challenge



by Dana Richardson,
WAHQ Wisconsin
Hospital Association
Liaison

What do transparency, safety culture and mandated public reporting have in common? They are closely linked to improve and sustain patient safety. Many national reports like “To Error is Human” provide us with an accounting of how errors affect the quality and safety in the delivery of healthcare.

Our first speaker Diane Rydyrh, Assistant Director of the Division of Health Policy at the Minnesota Department of Health, reminded participants that:

“Every adverse event represents a real person”.

Minnesota’s Hospital Association, Health Department and Medical Association joined forces to begin the transparent reporting of adverse events.

Minnesota is one of several states to mandate public reporting; and by doing so they will bring adverse events to the forefront. She points to two reasons why public reporting is necessary: one, to make people and organizations accountable for their part in the event; and second, to learn from the event to improve and prevent further events from happening. This occurs through root cause analysis of the event(s) to understand what led up to the situation and what are the

Adverse Events (continued from page 2)

plans for corrective action.

The lessons learned from Minnesota's years in public reporting were outlined by Diane. They include: mistakes happen (we are all human); mistakes contain many factors; systems need to be built to prevent the mistakes; and the top focus is on falls, retained instruments, wrong site surgery, and pressure ulcers.

Minnesota has enacted state wide protocols through statewide implementation support and established collaboration throughout the state healthcare systems. Being transparent by sharing experiences with others is another step in improving healthcare. Dana Richardson, VP of Quality Initiatives at the Wisconsin Hospital Association, brought the audience up to date with public reporting in Wisconsin. Currently, Wisconsin is a state where public reporting is voluntary. The Wisconsin Hospital Association is publicly reporting quality and cost data on its website. The Wisconsin Collaborative for Healthcare Quality posts ambulatory data and some hospital and HMO data.

Even though adverse events are not yet reported, there is an increasing interest by the public and the Wisconsin Legislative bodies to go transparent.

Quality Basics: True or False?

by Ray Riska Newsletter Assistant

1. The purpose of an Affinity diagram is to gather and group ideas/ issues/ in order to understand the essence of a problem?
2. An Affinity diagram does not help consensus when there is an overwhelming array of options
3. A flowchart can be used to design a new process or map an existing one. It is used to help everyone understand the process and is used to identify inefficiencies, open processes, non-value adding steps, inspection or validation steps

Answers 1-true 2-false 3-true

Nuts and Bolts of Quality Measurement

by Dana Richardson, WAHQ Wisconsin Hospital Association Liaison

John Bott, AHRQ Quality Indicators Measure Expert and statistician, provided an overview of the technical aspects of quality measurement. The Agency for Healthcare Research and Quality (AHRQ) is a federally funded organization whose mission is "To improve the quality, safety, efficiency and effectiveness of health care for all Americans." Mr. Bott indicated that there are three main types of quality measures (see chart).



John Bott Msw

Measure Type	Definition	Pros	Cons
Structure	Enabling factors that make it easier or harder for professionals to provide high-quality care	<ul style="list-style-type: none"> - easy to measure - often relied upon when process and outcome measures not available 	<ul style="list-style-type: none"> - causal relationships are often unclear
Process	Activities that constitute health care (adherence to guidelines)	<ul style="list-style-type: none"> - directly actionable by health care providers - highly responsive to change 	<ul style="list-style-type: none"> - may lack peer reviewer reliability - often lack validity since they may not really be evidence based and many important processes have not been defined
Outcome	Changes attributable to health care	<ul style="list-style-type: none"> - important to consumers - easy to understand - often ascertainable using administrative data 	<ul style="list-style-type: none"> - poor documentation and coding results in inconsistent values - Severity of illness varies across providers and all information needed for risk adjustment may not be available

The AHRQ Quality Indicators (QIs) produce outcome measures using administrative claims data. To assure that the results are comparable across organizations, AHRQ uses a risk adjustment methodology that includes the four elements listed on the next page

Nuts and Bolts (continued from page 4)

1. Large risk adjustment data set – AHRQ uses the Healthcare Cost & Utilization Program (HCUP) data set for risk adjustment as this data set includes 90% of all inpatient discharges, has uniform data elements and includes several years of data.
2. Variables related to the outcome measure – Variables used for risk adjustment include age, gender, co-morbidities, medical and surgical procedures, admission source, MS DRG and the interaction between the variables.
3. Mathematical approach – A regression model is used to determine if there is a sufficient relationship between each variable and the outcome of interest. This results in a weight for each variable that indicate the influence the variable has on the outcome of interest.
4. Test of significance – Once the risk adjusted rate is created, a test of significance is applied using a 95% confidence interval.

Currently, AHRQ offers the Inpatient QIs (mortality, utilization & volume), Prevention QIs (avoidable hospitalizations & conditions), Pediatric QIs (neonatal) and Patient Safety QIs (complications & unexpected deaths). These tools, as well as the documentation on how to use the software are available free of charge at <http://qualityindicators.ahrq.gov/>.

In the News-Best Wishes extended to Dana Richardson

The Wisconsin Association for Healthcare Quality Board of Directors extends well wishes to **Dana Richardson** who has accepted a position with the American Medical Association.

WAHQ 2010 Election Results



President Elect Linda Burrell

Secretary-Lisa Rowe Peplinski

South East Region Gail Wietor

South West Region-Sally Rosemeyer

North Central Region-pending appointment

Wisconsin Association for Healthcare Quality (WAHQ) www.WAHQ.org 2010 Annual Membership Application

Name _____ Credentials _____ (CPHQ, RN, LPN, RRA, ART, Other)

Title _____ Business Phone () _____ - _____ Home Phone () _____ - _____

Organization _____ FAX () _____ - _____ Email _____

Business Address _____ City _____ State _____ Zip _____

Are you a member of NAHQ? ___ Yes ___ No (Please check) Send more information regarding ___ NAHQ

Annual Member Renewal Fee \$45

Make check payable to **WAHQ**

Mail completed Registration to:

Gloria Field

Email fieldg@ministryhealth.org Phone: (715) 346-5257

Affiliation with the National Association for Healthcare Quality (NAHQ) to join logon to:
NAHQ Membership <http://www.nahq.org/member/NAHQapplication.pdf> annual membership \$150

HOW DID WE GET HERE? WAHQ 1979 – PRESENT

A history of the Wisconsin Association of Health Care Quality

by **Ms. Virginia Wyss**, WAHQ Membership coordinator 1980-2010



I have reached my senior years and true retirement is upon me. When I announced to the Wisconsin Association of Healthcare Quality (WAHQ) Board of Directors (BOD), that I was retiring and would no longer be able to be the membership coordinator, there were many well wishes but also some sadness as I have worked with this organization for many years. In fact because of my years of service, the BOD felt it would be losing one of its few members remaining from the organizations beginning. It was at that point in time I was asked if I could put down on paper my memories of the 31 years I have been with the association and a brief history of the organization.

It began with the introduction of Medicare to the Healthcare Industry in 1965. Nineteen seventy two saw the establishment of Professional Standards Review Organization (PSRO).

In 1975 the U.S. government enacted the utilization review regulations. It was at this time the Wisconsin Professional Review Organization (WisPRO) became the official state utilization review organization. Utilization Reviewers (UR) gradually grew to become a new occupation in hospitals across the Nation. We reviewed of patient charts for compliance with federal regulation. WisPRO held spring and fall conferences in Madison, Milwaukee and La Crosse from 1973-1978. At these conferences, WisPRO met with UR personnel from across the state and recognized the wide variety in practice and the need universal standards. It was with this thought we looked into the development of a professional association.

On October 7–8, 1976 in Atlanta, the first National Convention of Utilization Reviewers was sponsored by the National Association of Utilization Review Coordinators(NAURC). After this convention the Wisconsin Association of Quality Assurance Professionals (WAQAP) came into being, this organization would later become the Wisconsin Association of Healthcare Quality.

In 1978 a group from the NAURC broke from the organization and formed its own organization called the National Association of Quality Assurance Professionals (NAQAP). This organization would later become the National Association for Healthcare Quality (NAHQ). On September 14, 1979, the WAQAP voted to change the name of our organization to WAHQ (Wisconsin Association Healthcare Quality) and became the State affiliation of the NAHQ.

After the name change in 1979, the first elected officers were:

President: Diane Borchardt St. Mary's/ Madison,

Vice President: Esther Graybar of Mt Sinai / Milwaukee,

Secretary: Diane Ebersburger of Methodist/ Madison,

Treasurer: Sandy Knesting of Methodist/ Madison.

The regional representatives were:
South East-**Bernadette Roubal** from Kenosha, North East-**Kay Schaus** from Green Bay, North Central-**Gerine Amen-Keller** from Wi Rapids, North West-**Deanna Cornforth** of La Cresent, MN, and South Central-**Gloyd Marquardt** from Beaver Dam.

In 1979 the membership was only about 12 people and at that time our bylaws read: "The purpose of this association shall be to promote the delivery of quality healthcare in the most efficient and effective manner".

Many changes have occurred since our humble beginning.

Diagnostic Related Groups (DRG's) another medical acronym was introduced to the hospitals for review of payments in 1981.

In the Peer Review Improvement Act of 1982, Center for Medicare and Medicaid Services (CMS) established the Utilization and Quality Control Peer Review Organization Program, now known as the QIO Program. Nineteen eighty two also saw the establishment of the Quality Assurance Certification Board (QACB). Professional Standards Review Organizations (PSRO) became a Professional Utilization and Quality Control Peer Review Organization

In 1984, the first certification examination was administered for the Certified Professional in Quality Assurance (CPQA) designation. In 1991, the QACB voted to change its name to the Healthcare Quality Certification Board (HQCB) and the CPQA changed to the Certified Professional in Healthcare Quality (CPHQ).

In 2002 many Peer Review Organizations (PRO) like WIPRO became Quality Improvement Organization (QIO). In 2005 WIPRO changed its name to MetaStar

My involvement with the association has been a very educational, seeing the changes in regulation, review and payment in the healthcare industry has been unbelievable.

Thanks to all of you for the education and friendships I have received over these 30+ years. I will stay connected; attending conferences, but let you folks that are a little bit younger and actively employed in Quality oversee and Lead this great organization.

WAHQ Board of Directors

Officers

President

Judy Frisch
(608) 441-8216
jfrisch@metastar.com

President Elect

Linda Burrell
(715)-835-7620
(715)-838-5674
burrell.linda@mayo.edu

Secretary

Lisa K. Rowe-Peplinski, MSN RN
(715)-422-9251
Rowlis@rhahealthcare.org

Treasurer

Matt Wahoske
(608) 469-8590
mwahoske@fincorsolutions.com

Membership Coordinators

Gloria Field
(715) 346-5257
fieldg@ministryhealth.org

Bill French

(715) 221-6044
william.french@ministryhealth.org

Newsletter Editor

Mary Conti
(414) 955-3166
mconti@fmlh.edu

Newsletter Assistant Editor

Ray Riska
(414) 955-3167
rriska@fmlh.edu

Internet Development

Sheryl Krueger Dix
(262) 257-3495
sdix@fmlh.edu

Metastar Liaison

Judy Frisch
(608) 441-8216
jfrisch@metastar.com

Regional Representatives

North central

Mary Firkus
(715) 346-5540
msfirkuse@ministryhealth.org

Northeast

Betsy Benz
(920)-498-4236
Betsy.Benz@stmbg.org

Northwest

vacant

South central

Linda Sauer
(608) 203-4617
lsauer@uwhealth.org

Southeast

Gail Wietor
(608) 441-8216
gwietor@metastar.com

Southwest

Sally Rosemeyer
608-375-6234
srosemeyer@bascobelhealth.com

WAHQ members may attend board meetings provided there is sufficient room. Check with your regional representative if you are interested in attending a future meeting.

Upcoming Board Meeting Schedule: May 14, 2010, MetaStar

If you would like to attend, please contact your representative or Judy Frisch jfrisch@metastar.com

Annual Conference Attendees enjoy networking with Vendors.



Treasurer Matt Wahoske



Southeast Representative Gail Wietor