



AzAHQ Network

Summer 2011

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Arizona Association for Healthcare Quality

www.azahq.org

Please submit articles and correspondence to:
azahqassociationmanager@juno.com



2011 Fall Conference
Friday, November 4th
Save the Date!
Details will be posted at
www.azahq.org
Click on Education

Join Us On LinkedIn!

- Andrew Kopolow, MPA, MSW, CPHQ

AzAHQ is excited to announce the launch of its LinkedIn Discussion Group and Community Forum! LinkedIn is a networking website that connects you to industry colleagues both within Arizona and throughout the country. As a member of our group, you will have the opportunity to:

- Get the latest news on best practices and regulatory changes
- Post questions to our discussion board, engaging in real-time dialogue with other healthcare quality professionals
- Peruse our Job Board (for those interested in exploring new opportunities within Healthcare Quality)

You can stay in the loop by visiting the AzAHQ group webpage, signing up for regular updates (you decide how often to get them), or by downloading the LinkedIn Smartphone app.

AzAHQ's mission is to serve as a resource to advance healthcare quality within Arizona through leadership, education, and communication. We believe LinkedIn will be a valuable tool in this endeavor and hope you will too!

Get **LinkedIn** with AzAHQ!

Have a passion for website design? AzAHQ needs you!

Yearning to use your creative side? Have a knack for website design or know someone who does? This is your chance. AzAHQ would like to revamp www.AzAHQ.org and needs volunteers. This could be a school project for a web design student or a project for anyone who is knowledgeable about website design and willing to help. All ideas welcome. Please contact AzAHQ if you can help!

Message from the AzAHQ President

- Jeanne Stueland RN, BSN, MPA/HSA, CPHQ



New AzAHQ Certification Grant

The AzAHQ Board of Directors is pleased to announce a new Certified Professional in Healthcare Quality (CPHQ) Grant! This grant is being offered to all active AzAHQ members who have not obtained the CPHQ or do not have an active CPHQ status and who are not current AzAHQ Board of Directors members.

Purpose

To award financial assistance to AzAHQ members who have not yet obtained the CPHQ or have an inactive status.

Amount of Grant

Registration for ONE (1) AzAHQ CPHQ Review course and ONE (1) CPHQ exam. ONE (1) grant recipient will be determined annually by the AzAHQ Board of Directors. The recipient of this grant must complete the AzAHQ CPHQ review course & exam within one (1) year of receiving the grant.

Eligibility Criteria

1. Open to all quality professionals who are individual AzAHQ members in good standing, excluding current AzAHQ Board of Directors.
2. The applicant must be currently working in the healthcare quality field.
3. The applicant should not yet be a CPHQ at the time of grant submission.
4. Those applying for the Certification Grant are not eligible for the AzAHQ Memorial Scholarship fund.

Deadline

Applications are accepted annually at AzAHQ's Office and **must be received by September 30, 2011**. The application can be downloaded from the AzAHQ website. Applications may be submitted via email to Holly Grems at azahqassociationmanager@juno.com. Mailed applications should be sent to:
Holly Grems, AzAHQ Association Manager
20118 N. 67th Ave, Ste 300-470
Glendale, AZ 85308

Please note that incomplete applications will not be considered. The AzAHQ Board of Directors will review completed applications and score them based on the application criteria.

Notification

The grant recipient will be announced at the November 2011 Educational Conference. They will also be recognized in AzAHQ Newsletter.

Questions

For questions about this grant or the application process, contact Holly Grems at azahqassociationmanager@juno.com or 623-680-9955.

Directions

1. All applications will be scored based upon the applicant's compliance with eligibility criteria as well as the quality and comprehensiveness of responses.
2. Resumes/CVs will not be accepted.

Required Documentation

The following may be attached separately:

1. One complete, typed copy of the grant application. Hand-written applications will not be considered.
2. Two letters of recommendation from a colleague or supervisor in support of the applicant's pursuit of CPHQ.
3. Describe primary responsibilities in current job role and key work accomplishments within last 2 years. (250 word maximum)
4. An essay that describes reasons for seeking certification and perceived benefits for career advancement. (500 word maximum)

This is a great opportunity, so please take advantage of it!

Sincerely,
Jeanne Stueland RN, BSN, MPA/HSA, CPHQ
2011 AzAHQ President

Joint Commission Spotlight

Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Matrixed Approach to Compliance and Readiness



- Elizabeth Maish, RN, MSN, CPHQ
Consultant, Joint Commission Resources

Almost three years ago, an initiative was put in place to both integrate and further standards, laws, and regulations related to all aspects of the patient and provider related to effective communication, cultural competence, and patient and family center care. The project produced a large document known as ““Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals”. This document, although somewhat daunting in its length, provides the framework needed to build knowledge in leaders, Quality and Compliance professionals in hospitals that are accredited by the Joint Commission*. The Roadmap is a “group project”. The development of this document was the result of several pre-eminent organizations like The Commonwealth Fund, National Health Law Program, CMS, and the Joint Commission working together. Their goal was to address and further perhaps the most pressing *experiential* aspect of patient care today: The communication that goes on between the patient and family and the providers of care.

The standards were published in the 2011 hospital accreditation manual after a field review in 2010. Joint Commission surveyors began *evaluating* compliance with the patient-centered communication standards beginning January 1, 2011. The information collected by Joint Commission surveyors and staff during this pilot implementation phase will be used to prepare the field for full implementation by providing consultative comments and recommendations on implementation questions and concerns. Inclusion of the patient-centered communication standards in the accreditation decision is targeted for January 2012. Please note that two new aspects of the Patient Rights standards were signed into Law in 2010 and are applicable to current year surveys (7/11):

Those EPs are noted below the standard.

RI.01.01.01 The hospital respects, protects, and promotes patient rights

EP 28. The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay.

Note: The hospital allows for the presence of a support individual of the patient’s choice, unless the individual’s presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient’s surrogate decision-maker or legally authorized representative. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EPs 6-8.)

EP 29. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Know that there is a great deal to consider for both of these EPs. For example, a patient may designate a same-sex partner as family for visitation and other purposes. The organization is asked to define *family* to include any individual that plays a significant role in the patient’s life such as spouses, domestic partners, significant others (of both different-sex and same-sex), and other individuals not legally related to the patient. This expanded definition is to be used in all hospital policies, including those addressing visitation, access to chosen support person, identification of surrogate decision-makers and advance directives.

The impact of a more open visitation practice, especially in ICUs, should be examined carefully by nursing and staff on these units. Full implementation of this EP calls for, in some cases, a dramatic shift in unit organizational culture around visitation and the definitions of what a “family” is. Ensure that Ethics and Compliance officers, as well as senior leadership are educated on depth and breadth of the implications of these two EPs. The Roadmap can assist with this process.

There is a common refrain in the accreditation and compliance world. It goes like this: “oh no, not another set of standards from the Joint Commission!” The implication is that the standards go on a list, are evaluated for compliance, data is analyzed, and so forth. In fact, many if not most of these standards already exist and it is language changes in the Elements of Performance that are the “differences”. The set of standards virtually touches almost every member of an interdisciplinary team, including the Medical Staff, Quality, Therapies, and Human Resources. This is not a “Quality Department” project, but rather is a vehicle for the entire organization to use to improve care from every aspect...

As many hospitals began their journey to assess compliance, it was soon discovered that the work would need to be done in a multidisciplinary way from the very start. It starts with the agreement that a project will serve the organization better than placing each standard on a task list for assessment. In project mode, efficiencies will be gained, team will be built, and the communication will be widespread instead of in silos. I’ve included a couple of best practice actions that have helped for several organizations I work with.

Action
CEO or CNO designates a Project Lead. Can be shared role.
Write a project charter. Send through Quality Councils, MEC, and ultimately the Senior/Board level for approvals.
Form a small work group
Small Group studies the Roadmap
Place project on monthly agenda for Quality reviews, committees, etc.
Small Group conducts the gap analysis
Present standards at scheduled employee forums.
Project Lead overviews the basic concepts, the Project, milestones at Leadership/Medical Staff meetings
Form a workgroup that includes clinical and medical staff and leaders.

Rationale/Comments
Establishes the “face” for project. Engage a clinician and project facilitator to help with logistics.
Establishes scope, assures resourcing and senior oversight and support
This group will conduct a high level gap analysis
Builds knowledge base, establishes content experts, clarifies intent, may identify current or planned duplicative projects
Keeps it on track, identifies ongoing barriers, duplication of work.
Identifies focus of work
Engages, informs line staff.
Informs and engages organizational leaders
Workgroup accountable for gap closures.

It seems essential to success to treat the content not as single standards, but in a matrix, which could be framed within a Performance Improvement methodology.

Most of us have experienced or seen the results of poor communication in hospitals. Near misses, untoward events, patient dissatisfaction, and other serious problems that come from lack of a consistent patient care communication framework. Although the concepts of communication are well understood by most healthcare professionals, the devil is in the details as the saying goes. Lack of known methods and tools, provider competencies, and the sheer stress of hospitalization can derail the interactions needed to

plan and deliver care, and yes, meet the intent of the Standards. The Roadmap provides the methods to begin or improve upon their efforts to ensure that *all patients receive the same high quality care*. The recommendations in the Roadmap for Hospitals do not encompass every aspect, but represent key issues that hospitals should consider to meet the unique needs of each patient.

* A free monograph by The Joint Commission, entitled “[Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals,](#)” is available at this link.

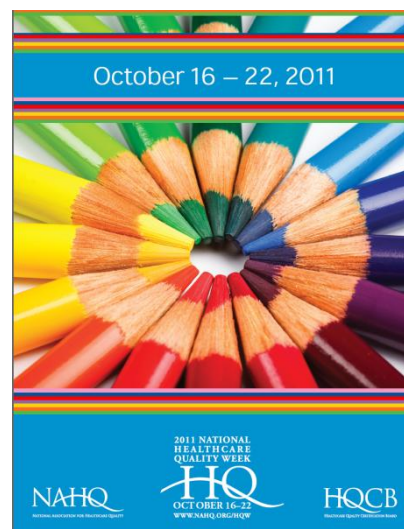
The NAHQ Annual Education Conference is coming soon – register by August 19th to save \$100! Visit www.nahq.org for more information and register today!

Healthcare Quality Week is coming, are you ready?

Healthcare Quality Week

October 16th – 22nd, 2011

Take advantage of this opportunity to showcase the contribution you make to your organization’s quality patient care! NAHQ offers a Healthcare Quality Week Planning Guide that provides lots of tips and checklists for hosting your facility’s recognition activities as well as specialty promotional items (www.nahq.org). Check out the AZAHQ LinkedIn site for the thread about Quality Week Ideas – check out the ideas posted there and share your own!



News You Can Use!

This new feature of the AzAHQ Spotlight is designed to bring you practical information you can put into practice right away. If you have suggestions for future topics, please send them to azahqassociationmanager@juno.com.

Pivot Tables 101

- Sallie Weems, RN, MBA, CCMEP

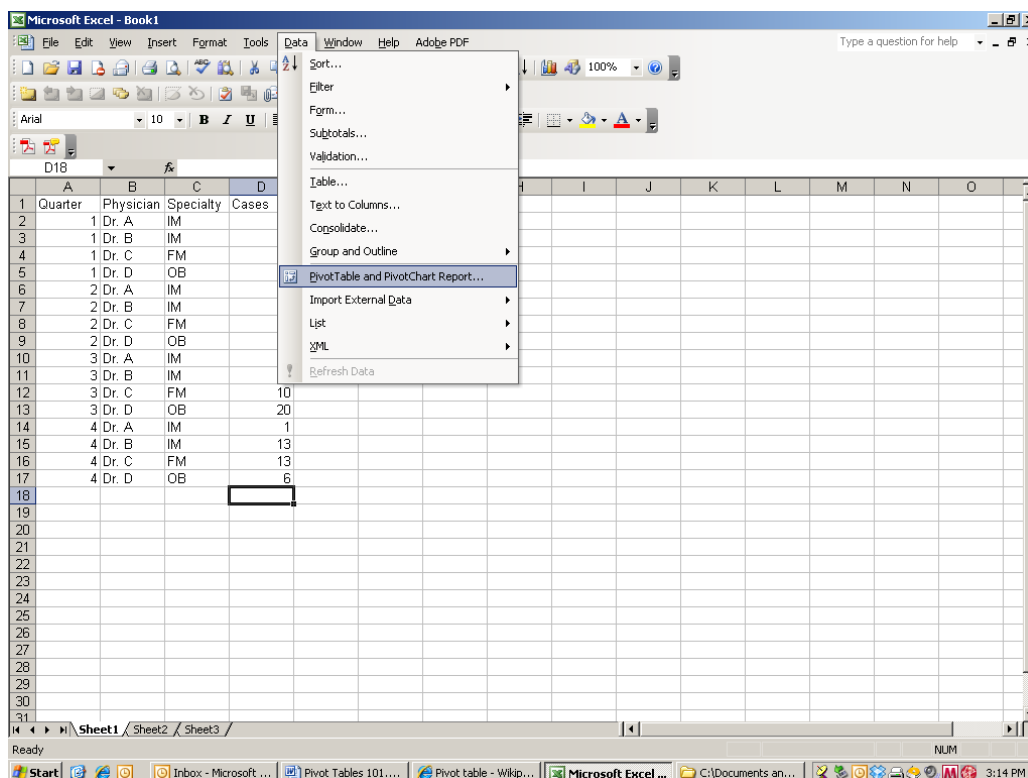
If you haven't used Excel pivot tables, don't be intimidated. This article will provide you with an introduction into the world of pivot tables, and hopefully motivate you to explore this powerful tool and amaze your friends and family.

What is a pivot table?

A pivot table is a data summarization tool that allows you to quickly manipulate and analyze large amounts of data. You can create a pivot table from an Excel or Access database, and move fields with the mouse to easily change, or "pivot" the way the data is presented.

Building a simple pivot table

You can build a simple pivot table with the PivotTable Wizard. The wizard walks you through the process of creating a pivot table, and you get to see a highlight of the information you are looking for. To manipulate the data, simply drag field buttons onto the diagram. Because the data in the pivot table is linked to your database, you cannot edit data directly in the pivot table. To update your pivot table, make the changes in your source data (your original database file). After you change the source data, click the Refresh External Data button on the PivotTable toolbar and any new or changed information will be displayed in your table. The screenshots below will show you how to create a pivot table in Excel 2003:



Microsoft Excel - Book1

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7	2	Dr. B	IM	11											
8	2	Dr. C	FM	13											
9	2	Dr. D	OB	24											
10	3	Dr. A	IM	10											
11	3	Dr. B	IM	8											
12	3	Dr. C	FM	10											
13	3	Dr. D	OB	20											
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PivotTable and PivotChart Wizard - Step 1 of 3

Where is the data that you want to analyze?

- Microsoft Office Excel list or database
- External data source
- Multiple consolidation ranges
- Another PivotTable report or PivotChart report

What kind of report do you want to create?

- PivotTable
- PivotChart report (with PivotTable report)

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Microsoft Excel - Book1

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9	2	Dr. D	OB	24											
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PivotTable and PivotChart Wizard - Step 2 of 3

Where is the data that you want to use?

Range: Browse...

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