

# AzAHQ Network



Fall 2005

A Publication of the Arizona Association for Healthcare Quality

Available Online at: <http://www.azahq.org>

AzAHQ is an affiliate of:



National Association  
for Healthcare Quality

Advancing Healthcare Quality in Arizona through leadership, education and communication.



## AzAHQ PRESIDENT'S MESSAGE:

While shopping yesterday, I ran into a nurse I knew from my days in Home Health. She was rushing to return home so she could relieve her husband from his duties as caregiver. After sustaining a fractured pelvis from a ground level fall, his 80-year-old mother had taken up temporary residence with her son and daughter-in-law and required round-the-clock care.

As I continued shopping, I started wondering how many lives are impacted by falls every day – especially falls in the 65+ population. People fall in hospitals, they fall in nursing homes, and they fall in their own homes. The consequences can be minor or devastating; they can be physical or psychological – or both. I wondered, too, how many of those falls could have been prevented. Many lives have been saved with the addition of seat belts and airbags to the automobile. **Are we making any headway on falls?**

Those of us in healthcare are very interested in this question. We are committed to promoting safety and quality for our patients every day, and we need to know how we're doing and how we can do it better. Those of us who have elderly family or friends are very interested in this question as well. One slip, trip or fall can change the life of a loved one forever. Of course, JCAHO is also very interested in this question. JCAHO's new safety goal requires hospitals to "assess and periodically reassess each patient's risk for falling, including the potential risk associated with a patient's medication regimen, and take action to address any identified risks."

Thanks in part to the pioneering work of Don Berwick and the Institute for Healthcare Improvement (IHI) we are way past the point of accepting the status quo. That applies not only to falls, but also to surgical site infections, medication errors, and ventilator-associated pneumonias. In healthcare, we are taking a hard, fresh (and overdue) look at preventable injuries and death. As a tribute to IHI and to all those who are working diligently to reduce errors and promote safety, AzAHQ is dedicating its Fall Conference to that topic. The Education Team has lined up an outstanding array of speakers for this occasion, including Dr. Rein Tideiksaar who has devoted over 20 years to fall prevention. You won't want to let this opportunity slip by! Please join us for a full day of networking and education on Friday, October 21<sup>st</sup>, 2005.

*Chrys Anderson, RN MS CPHQ*  
President, AzAHQ

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### **PATIENT WAITS ARE GETTING LONGER, AND SOME PATIENTS ARE WALKING AWAY**

*The New York Times* continues its "Being a Patient" series this week with a look at the increasingly lengthy waits patients must endure at the hospital and doctor's office.

The article opens with a woman who waited for word on a CT scan to determine whether her cancer had spread to her lungs. The physician said he would be leaving in two days for a vacation, but would call with the results of her tests before then. The call never came, and the patient was forced to wait for potentially devastating news on whether her cancer had spread. She finally received word that the mass in her lungs was not cancerous, but the physician never called after returning from vacation, and the patient has not spoken to him since.

The story also deals with the sometimes hours-long wait in a doctor's office, as physicians overbook their schedules to compensate for any cancellations. Emergency rooms are also overcrowded and force unreasonable lengthy wait times on patients. Many of those patients simply leave before ever receiving treatment.

One physician in the article quit his three-physician practice and started anew in a two-room office with no staff. Because he had no staff or other normal overhead, he was able to reduce his patient load from 2,000 to 500 and eliminate long waits.

Source: Patient Safety Monitor, Aug 2005



### **NOTICE: Membership Meeting**

There will be a brief general membership meeting during lunch at AzAHQ's fall conference on Friday, 10/21. Board members will use this time to inform you of recent activities, upcoming events and plans for the future. This is also the perfect opportunity for you to **tell us what we can do to better** serve you. We hope to see you there!

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## TREASURER'S UPDATE:



You asked for it...and we made it happen! PayPal is now one of the options available for you to pay for AzAHQ educational events and membership. Of course, we will continue to accept personal and corporate checks. We've made it more convenient for you to register and pay for our fabulous October 21<sup>st</sup> fall conference, **Don't "Fall" Behind – Join Us for the Latest in Patient Safety Topics** and to renew your membership for next year! Just go to [www.AzAHQ.org](http://www.AzAHQ.org) and follow the links.  
Maureen Mulligan, AzAHQ Treasurer

## DOCS' FEARS OF REPORTING ERRORS LIFTED BY NEW LAW

The Patient Safety and Quality Improvement Act of 2005 was signed into law by President Bush, paving the way to what many people hope will be a reduction in medical mistakes and improvement in medical treatments.

The new law allows providers to report their errors without fear of the information being used against them in lawsuits, according to the *Chicago Tribune*.

Although error reporting is still voluntary, the new law removes what providers said was a major hurdle to reporting such errors.

The lack of reporting has led to poor gathering of data on medical errors. The need for improving the data became evident following a study conducted by the Institute of Medicine in 1999 that indicated as many as 98,000 people die each year as a result of medical errors.

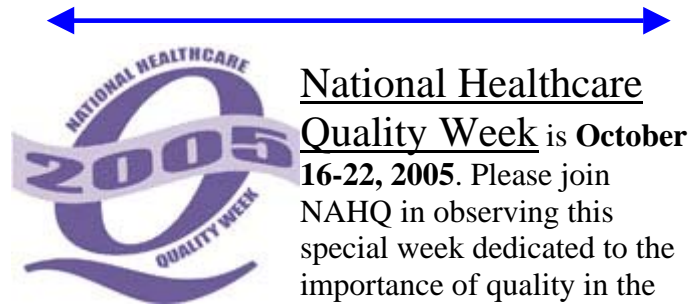
In the signing ceremony at the White House, Bush said the new law will help researchers obtain more accurate information about treatments.

"And by providing doctors with information about what treatments work and what treatments cause problems, we will reduce medical errors that injure and cause the

deaths of thousands of Americans each year," Bush said, according to the *Chicago Tribune*.

To view the Patient Safety and Quality Improvement Act of 2005, click [here](#).

Source: Patient Safety Monitor, Aug 2005



## National Healthcare Quality Week is October 16-22, 2005.

Please join NAHQ in observing this special week dedicated to the importance of quality in the healthcare arena by engaging

in recognition and celebratory activities at your institution.

For suggestions on Quality Week activities, go to: <http://www.nahq.org/calendar/healthcareqw.htm>

## AZAHQ FALL EDUCATION OPPORTUNITY

### Don't "Fall" Behind – Join Us for the Latest in Patient Safety Topics

We are pleased to offer the Fall Conference featuring Rein Tideiksaar, Founder/President of fallPREVENT, L.L.C., Blackwood, NJ speaking on "Fall Prevention Program" in the morning. In the afternoon, Roni Cummings from Phoenix Children's Hospital will speak on "Fall Prevention Program in Pediatrics", Lisa Mead from Scottsdale Healthcare on "IHI 100K Lives Campaign", and Suzanne Anders from HSAG on "Who is to Blame with Medication Reconciliation". Seven hours of CEUs have been applied for.

Find out more about this excellent educational offering on the AzAHQ web site calendar of events. The link to the calendar is: Find out more about this excellent educational offering on the AzAHQ web site calendar of events. The link to the calendar is:

[http://www.azahq.org/education/azahq\\_calendar\\_of\\_events.htm](http://www.azahq.org/education/azahq_calendar_of_events.htm)

If the link does not take you there, follow these steps:

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Go to [www.azahq.org](http://www.azahq.org)  
Click on the Education tab  
Scroll down the Calendar to October 21, 2005  
Click on the Fall Conference to open flyer.

**Registration options** will be described in detail on the flyer. You can register by mailing in the form, using PayPal on the website, calling your reservation (toll free) to (866) 442-9247, or E-mailing your reservation to [quality@azahq.org](mailto:quality@azahq.org).

This should be a great educational opportunity, so share it with others that you work with who may be interested in these topics. Please check out the website in the next few days for all the details.

**I hope to see you on October 21<sup>st</sup>!**

Gayle Bielanski  
Education Team Lead  
AzAHQ

When: Friday, October 21st, 2005; 8:00 - 5:00 PM  
Where: Mountain Preserve Reception Center  
1431 East Dunlap, Phoenix

## **NEW STUDY RECOMMENDS TEAMWORK TRAINING FOR PHYSICIANS TO IMPROVE PATIENT SAFETY**

A new AHRQ-funded study has examined the role of teamwork in the professional education of physicians and made recommendations for measuring specific knowledge, skill, and attitude (KSA) competencies throughout a physician's career. Researchers identified eight KSA requirements for physicians to function effectively in health care teams and also stressed the importance of measuring and assessing process as well as outcomes. In addition to the type of training necessary at various stages of a physician's career, such as during their medical education, board certification, licensure, and continuing practice, researchers also suggested the professional groups most appropriate for assessing the training. The study, "The Role of Teamwork in the Professional Education of Physicians: Current Status and Assessment Recommendations," led by David P. Baker, Ph.D., of the American Institutes for Research, was prepared for AHRQ and the Department of Defense TRICARE Management Activity. Select to read the

[abstract](#) of the article in PubMed®, published in the April edition of the *Joint Commission Journal on Quality and Patient Safety*.

Source: Agency for Healthcare Research and Quality, Jul 2005

## **What are you looking for? Is it an opportunity to grow personally? Network locally and nationally? Distinguish your resume from "all the others"?**

The AzAHQ Board is currently looking for candidates to run for the following positions:

President - Elect (3 year term, year 1 as elect, year 2 as president, and year 3 as immediate past president),

Treasurer (1 year) and

Treasurer -Elect (2 years),

Membership - Elect (2 year),

Communications - Elect (2 years).

Participation in your professional organization at the board level can be a rewarding step.

Are you are interested in growing professionally? The current AzAHQ board would like to invite members in good standing to consider placing their name on the ballot for the 2006 board. If you would like to find out more about the benefits and responsibilities of a board position, or know some one who would, please contact me via e-mail, or at 602.665.6113. I look forward to talking to many of you. Marianne Canady, Past President AzAHQ (2004).

**What are you waiting for?**

**This is your opportunity.**

## **JCAHO Unannounced Survey**

**By Nancy Claflin RN PhD CPHQ FNAHQ**

The Carl T. Hayden VAMC in Phoenix was part of JCAHO's unannounced survey pilot this year, and the surveyors arrived n Monday, July 11. The surveyors were Dr. Mohammed Ansari, team leader; Therese Walsh MSW, behavioral health; Kathy Leonard, RN, hospital and

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ambulatory care; Bonnie Borchman RN, integrated nurse surveyor; Suzan Lambert RN, home care' and Steve Olson PharmD, pharmacy home care and home medical equipment and oxygen.

Bonnie Borchman spent the first day in the mental health inpatient area. She asked about seclusion. She wanted to look at a record and trace the care, and also look at the environment. Some of the questions she asked included: When do you ask about allergies? What about pain assessment? What about the functional screen? What about skin integrity? What about nutritional screening? What about the initial plan of care? What medications is the patient on? Who else needs to see the patient? What about a psychological evaluation? What is the policy for the time frame for the psychiatrist to see the patient? Where is it documented in the record? Do you do drug screens on admission? What do you ask about spiritual/cultural issues? It's more than just religion. How important is spirituality in the person's life? What is the time frame to be seen by physical therapy? What happened that the patient is in seclusion? Did the nurse have a say in the plan of care? Walk me through the flow sheet. How do you reflect that he's ready to come out? How do you actually do a master treatment plan? Who else sees the patient? What are the criteria for a patient to be seen by social work? When is the care plan reviewed as a group? How do you reassess pain? When do you reassess pain? Where is the pain score? The surveyor recommended a website for safety equipment for mental health units, [www.naphs.org](http://www.naphs.org). If you'd like more information about the survey, please contact Nancy at [Nancy.Claflin@med.va.gov](mailto:Nancy.Claflin@med.va.gov).

### LAWSUIT TESTIMONY

Q: Doctor, before you performed the autopsy, did you check for a pulse?

A: No.

Q: Did you check for blood pressure?

A: No.

Q: Did you check for breathing?

A: No.

Q: So, then it is possible that the patient was alive when you began the autopsy?

A: No.

Q: How can you be so sure, Doctor?

A: Because his brain was sitting on my desk in a jar.

Q: But could the patient have still been alive,

nevertheless?

A: Yes, it is possible that he could have been alive and practicing law somewhere.



Hungry?



Because of the devastation in the Gulf States caused by Hurricane Katrina, the Annual NAHQ Conference was cancelled. Consequently, the basket that AzAHQ prepared to donate for the Healthcare Quality Foundation silent auction sits as a sad reminder of this national tragedy. Initially, the Board considered opening the basket and using its contents as door prizes at the upcoming fall conference, but that just didn't seem like the best option. Instead, we agreed that to sell raffle tickets for the basket at our fall conference and use the proceeds to benefit evacuees from the Gulf States who have been re-located in Arizona.



**Q:** How can my staff ensure they follow the JCAHO's National Patient Safety Goal #2 on improving the effectiveness of communication among caregivers?

**A:** One way to improve communication within your organization is to encourage leadership walkarounds.

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Management must foster a culture of communication if they expect employees to do the same.

To execute successful walkarounds, let management know that the program should be kept positive and friendly. Ask staff about what they do and listen to their concerns for patient safety.

After information has been collected, managers should review the data and enter comments into a database. If a pattern of significant concern arises, create an action plan that involves the appropriate staff, says Paulette DiAngi, PhD, RN, patient safety director at Newton-Wellesley (MA) Hospital.

"We've had a lot of success in getting little things identified that could very easily slip through the cracks," she says.

Source: Accreditation Connection Q & A, Jul 2005



Membership Team Leader

Sylvia Bushell

Membership Team Leader-Elect

vacant

Past - President 2004

Marianne Canady



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