

# AzAHQ Network



Summer 2005  
A Publication of the Arizona Association for Healthcare Quality  
Available Online at: <http://www.azahq.org>

AzAHQ is an affiliate of:



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

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### AzAHQ PRESIDENT'S MESSAGE:

In early April, I was privileged to attend a historic gathering: the First National Conference on Nursing Quality Databases. The keynote address described the "exploding strategic demand" for nursing-sensitive quality data; however, those of us working in healthcare quality know that the demand for every type of data has never been greater. On a daily basis, we are challenged to retrieve it, sort it, organize and report it. At the same time, we must stay current with our professional literature. It's essential for us to know what the latest evidence shows so we can help plan, guide and prioritize in our own organization.

How can the determined and conscientious healthcare quality professional keep up with the exploding demands of our position? It's my deeply held belief that active participation in our professional organization is a key factor – perhaps even a critical success factor.

I am inspired every time I remember that the mission of AzAHQ is to serve as a resource to advance healthcare quality within Arizona. We accomplish this through leadership, education, and communication. On June 17, AzAHQ is providing another opportunity to do just that at our Spring Conference. The Education Team has planned an outstanding all-day event, which will cover the latest in evidence-based care, nursing-sensitive indicators, a CMS update, and everything-you-ever-wanted-to-know about pivot tables.

Yes, it's true that the demands for data are exploding but -- to paraphrase a well-known musical -- AzAHQ is 'bustin' out all over' with opportunities to educate and communicate. Take a moment to block June 17<sup>th</sup> on your calendar so you can join your colleagues for a day of education and networking. Advancing the healthcare quality in Arizona requires the participation of each and every one of us. As I'm writing this, it's almost Mother's Day ... we'll make our mothers proud!

*Chrys Anderson, RN MS CPHQ*  
President, AzAHQ

[Editor's note: she wrote it close to Mother's Day. So Dad's did not feel left out, we published it closer to Father's Day ☺ ]

### PHYSICIANS LEERY OF NEW AZ APOLOGY LAW

Physicians in Arizona have mixed feelings about a new law in Arizona that removes apologies as an admission of fault in malpractice cases, according to the *Arizona Daily Star*. Although some say the new law makes it easier for hospitals to sympathize and show concern for patients, others think that the doctors who don't already apologize aren't going to start.

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The hope of medical professionals in the state is that saying sorry and showing a more human response to a medical error will help reduce the number of malpractice cases. Proponents point to several states with "I'm sorry" laws that have had significant decreases in malpractice suits filed, according to the *Daily Star*.

Critics said the law will have a negligible affect because those physicians with good bedside manners and empathy already say they're sorry or act remorsefully towards patients and families. The ones who don't act that way now are unlikely to change overnight.

Source: Patient Safety Monitor, May 2005

## Another Thought, by "The PI Guy"

Regarding the last paragraph of the above article: While it is true that physicians will not change overnight, it IS time to start the change. As "quality people" we are change agents in the healthcare industry, and perfectly suited to take on the challenge.

**"Healing Words, The Power of Apology in Medicine"** by Michael S Woods, M.D. is an 89 page paperback book that will appeal to physicians. The author is a board certified practicing physician-surgeon, a Fellow in the ACS, and author of a previously published book on healthcare leadership principles.

Dr. Woods does more than make a persuasive appeal for trading our "deny and defend" strategy for one of full disclosure. He systematically demonstrates that the latter is a superior course of action, for the patient, for the provider, for the healthcare community, and for the healthcare organization's bottom line. Although the book is easy to read, it is still "hard-hitting." For example, Dr. Woods addresses why physicians are not quick to embrace this proven new philosophy: "...our schooling sets us up to deny the failure that is embedded in our discipline."

Dr. Woods does a great job of examining the

"fuzzy" area of provider-patients relationships and the physicians' need to apologize. He covers disclosure issues, the elements of an apology, how to apologize and how to do so sincerely without increasing ones risk profile.

Even though I am a "data-driven" Outcomes Manager, I appreciate a well-crafted opinion that helps me place data in perspective. Dr. Woods quotes Albert Einstein: "Sometimes what counts can't be counted, and what can be counted doesn't count". Count this book as a worthy of your time. The "Overview - Appendix" on pages 79-82 (which serves as a good executive overview) and the extensive bibliography and two footnotes on pages 83-89 alone are worth the price of the book. (\$19.95) It's possible to get a free copy for evaluation, but then the cost will be that you will be on the company's mailing list. Find them on line at [www.doctorsintouch.com](http://www.doctorsintouch.com) or write to: Doctors In Touch, 1100 Lake Street Suite 200, Oak Park IL 60301.

Keywords for your on-line search are "Humanistic Risk Management".

**TREASURER'S UPDATE: ON-LINE PAYMENT IS COMING!**



You asked for it...& it's coming! The AzAHQ board & our webmaster have been working diligently "behind the scenes" to make this possible. On-line payment capability has been our most frequent customer service request this past year. By the time you register for the 2005 fall educational session, or renew your annual membership, you will be able to pay on-line, if you so choose. You will still have the option of paying by check, as you do now. We expect to be able to give you the "go-live" announcement in the next AzAHQ newsletter!

Maureen Mulligan, AzAHQ Treasurer

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## AzAHQ SUMMER EDUCATION OPPORTUNITY

Arizona's desert isn't the only thing heating up this June! Your AzAHQ Education Team has put together a sizzling day of educational offerings.

Dr. Ellen Fineout-Overholt, Associate Professor for Clinical Nursing at ASU and Director of the Center for the Advancement of Evidence Based Practice, will jump start the day with the topic "Using the Best Evidence for Clinical Decision Making." In the afternoon, Jon Chandler will share his extensive and very practical knowledge of Excel in a presentation titled "Pivot Tables for Quality Management." Marianne Canady will provide a timely and relevant "Update on CMS." The day will conclude with a panel discussion of "Nursing Sensitive Quality Indicators." Chrys Anderson, AzAHQ President, will introduce the topic by providing a brief synopsis of the historic 1st Annual Conference of Nursing Quality Databases, held in April of this year. To bring it all together, representatives from Mayo Clinic, Phoenix Children's Hospital, and Scottsdale Healthcare will describe challenges faces, lessons learned, and emerging findings from their work with a variety of nursing-sensitive indicators.

Yes, we've got some hot topics in store for you at the Spring Conference, but we promise you'll leave with some great ideas and very cool tips pertaining to pivot tables!

When: Friday, June 17, 2005  
8:00 - 5:00 PM

Where: Best Western Grace Inn at Ahwatukee  
10831 S. 51st Street, Phoenix  
(I-10 and Elliot)

Find a detailed description of the conference on the website at  
[http://www.azahq.org/education/azahq\\_calendar\\_of\\_events.htm](http://www.azahq.org/education/azahq_calendar_of_events.htm) Hope to see you there!

## Spring Into Performance

Participants at the AzAHQ education session on May 5th had a "sneak preview" of the NAHQ fall conference when Dr. Andrea Silvey, PhD MSN, presented "Transformational Quality Improvement: What Can We

Learn From High Performing Hospitals?" Dr. Silvey described the approach and algorithm used to identify "high performer" hospitals based on data in the CMS Clinical Warehouse. She also described how research is continuing with the goal of identifying change concepts used by high-performing hospitals to improve quality of care for patients with AMI, CHF, and pneumonia. If you missed this session, you'll have another chance to hear Dr. Silvey speak on the same topic at NAHQ 30th Annual Educational Conference, "Quality and All That Jazz", scheduled for September 17-20 in New Orleans.

"Quicker access -- Fewer errors -- Improved Efficiency" was an apt title for Sharon Miller's presentation at the May 5th conference. Most of us were unaware of the extensive efforts underway to bring technology into Arizona physician's offices through the *DOC-IT* initiative. Ms. Miller was as articulate as she was knowledgeable of issues pertaining to technology in healthcare. Attendees especially appreciated Ms. Miller's discussion of the advantages and pitfalls of using computerized physician order entry (CPOE) in the hospital setting.

## POORLY WRITTEN PRESCRIPTION LINKED TO CA PATIENT'S DEATH

An illegible prescription is responsible for the death of a California man after he was administered 10 times the recommended dose of a chemotherapy drug, according to a report in the *San Francisco Examiner*.

A report by the Institute for Safe Medication blamed the poorly written script in the death of a 41-year-old San Mateo Medical Center patient in 2004. That was the first in a number of miscommunications in the case, according to the report.

Since the incident, the prescribing pharmacist has been reprimanded and fined. The nurses involved also face reprimands. The hospital no longer allows written prescriptions, requiring instead that scripts be administered electronically.

Source: Patient Safety Monitor, May 2005

## Did you know?

NAHQ News can now be accessed on line. For those of us who don't want to wait for the hard copy in the mail, we can simply log on to NAHQ Plus and be the first to read the latest from NAHQ.

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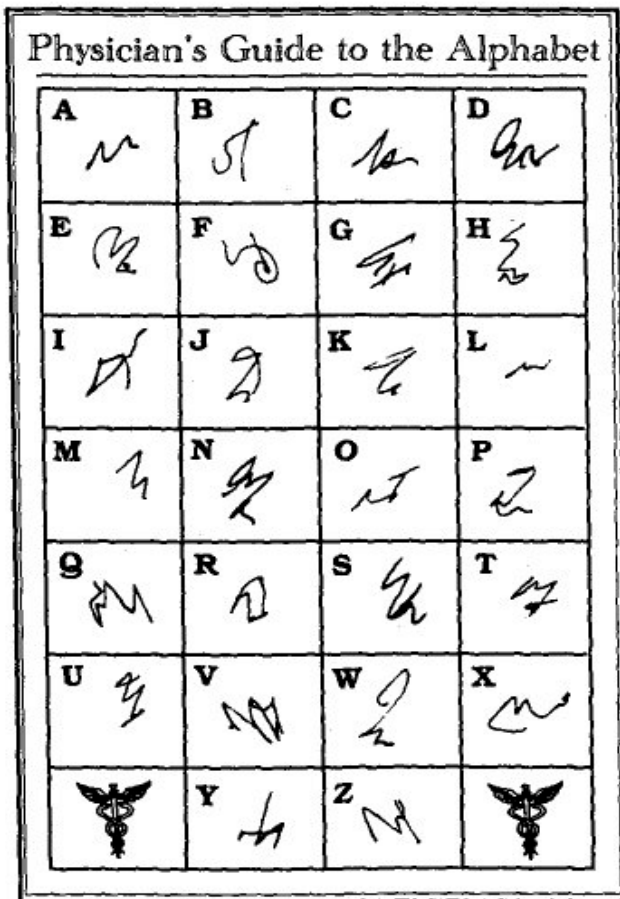


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Hospital-acquired infections increased by 20 percent, and accounted for 30 percent of the costs of patient safety incidents, according to the second annual report by HealthGrades, an organization that evaluates the quality of hospitals, physicians and nursing homes.

The top 10 percent of hospitals had 267,151 fewer patient safety incidents and 48,417 fewer deaths compared with the bottom 10 percent of hospitals. In addition, the top 10 percent of hospitals improved at a greater rate than the bottom 10 percent between 2001 and 2003.

"The reason we see the hospitals with the lowest incident rates improving the fastest is that they have what I call a 'culture of safety,'" study author Dr. Samantha Collier, vice president of medical affairs at HealthGrades, said in a prepared statement.

"A 'culture of safety' requires rapid identification of errors and root causes of and the successful implementation of improvement strategies, which can only be achieved with strong leadership, critical thinking, and commitment to excellence. For patients, it's important to know which hospitals meet this standard, as they are nearly 200 percent less likely to have an incident at hospitals in the top 10 percent," Collier said.

The study concluded that if the bottom 10 percent of hospitals improved only their hospital-acquired infection rates to levels that matched those of the top 10 percent of hospitals, 2,734 lives and \$792 million could have been saved from 2001 through 2003.

Source: Forbes.com, May 2005



## SAFETY GAP WIDENING BETWEEN BEST, WORST HOSPITALS

There's a widening gap in medical errors between the best and worst hospitals in the United States, says a recently released news report.

The study of 37 million patient records found that 1.18 million patient safety incidents occurred among Medicare hospitalizations in the years 2001, 2002 and 2003, with a cost to Medicare of about \$3 billion a year. That compares to 1.14 million incidents in the three years beginning with 2000, the report found.

## CMS TAKES MAJOR STEP

The Centers for Medicare & Medicaid Services (CMS) took another major step to improve health care quality and protect the Medicare Trust Fund by launching an ambitious program designed to provide consumers with better information on the quality of care they receive and reward providers for the quality of care they deliver. This ambitious program is known as the 8<sup>th</sup> Statement of Work (SoW) for the Quality Improvement Organization (QIO) Program. The QIO for Arizona is Health Services Advisory Group (<http://www.hsag.com/>).

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The vision of the 8th SoW is to ensure that "every person receives the right care, every time." This vision will be realized by assisting providers (nursing homes, home health agencies, hospitals, and physician practices) in

- Measuring and reporting quality
- Producing and using electronic clinical information
- Redesigning care processes
- Transforming organizational culture

*The 8th Statement of Work will build on accomplishments under the current 7th Statement of Work, which laid the foundation for public reporting of provider performance through the Nursing Home Quality Initiative, the Home Health Quality Initiative, and the Hospital Quality Initiative.*

Several noteworthy changes in the 8<sup>th</sup> SoW include work with providers on health information technology (HIT), organizational culture, cultural competency, and safety in the delivery of prescription drugs.

"Our goal is to promote care that improves safety, effectiveness, efficiency, patient-centeredness, equity, and timeliness," said William Rollow, M.D., director of the Quality Improvement Program at CMS. "Through these contracts, QIOs will work with providers, partners, and stakeholders to accomplish this and transform health care quality."

Source:  
<http://www.cms.hhs.gov/media/press/release.asp?Counter=1421>

Submitted by: Dawn Holata, Comm Project Mngr, HSAG

### KEYBOARDS FOUND TO BE GERM PLAYGROUND

The technologies more institutions are using to improve patient care may be negatively affecting the patient's health in the process.

A new study conducted at Northwestern Memorial Hospital in Chicago shows that germs and bacteria can survive on keyboards up to 24 hours, a possible danger for patients as technology finds its way to patients' bedsides, according to the *American Medical Association*

(AMA). This news comes following research showing that anything from pens, to stethoscopes, to white coats, and even neckties can all be carriers of harmful bacteria.

"We touch a lot of things and don't consciously think about the effect of touching things and what we carry around," said Lawrence Brandt, MD, chief of gastroenterology at Montefiore Medical Center in Bronx, NY, according to the AMA.

In addition to seeing how long different types of bacteria could survive on keyboards and keyboard covers, the study also examined transmittance of the bacteria. The research showed that contact with a contaminated keyboard could lead to contamination of both gloved and ungloved hands.

Although disinfectants can be effective against preventing germs from spreading, "hand washing is still seen as one of the best defenses against spreading germs," according to the AMA.

Source: Ambulatory Safety Monitor, Apr 2005



Source: HCPPro HCHumor

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## JCAHO QUESTION SERIES

**Q:** Should I have a policy on what to do with medical records that have blood or bodily fluids on them? If so, what should be in it?

**A:** Yes, says **Dina Kassel, RN**, policy and procedure coordinator/educator at Community Medical Centers in Fresno, CA. Her organization's policy says that when an original medical record form becomes soiled and is assessed as a potential health risk or may soil another part of the medical record, the following steps are to be taken:

- A copy of the soiled medical record form is made.
- The care provider will document on the copied form "original" medical record copied due to spoilage and date and sign the entry.
- The soiled section is placed in the back of the chart in a protective cover.

Source: Accreditation Survey Connection Q & A, Apr 2005

## Knowledge is Power - Share it!

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