



The Tennessee Quality News and Networking Connection

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2008

2008 NAHQ GOLD AWARD RECIPIENT FOR ASSOCIATION EXCELLENCE

EDITOR: Joyce Hall, RN, CPHQ



President's Message:

As the year draws to a close it is always a good time to reflect on our accomplishments and prepare for the year to come. This year has been a dynamite year for TAHQ!! We have accomplished much this year and I thought it would be fun to think of it like Letterman's Top Ten List – so here goes....

10. Changes were made to the bylaws to more closely align with NAHQ Bylaws and extend the president's term to a two-year term for better continuity in the organization.
9. New SIG groups were formed to replace the structure of East, West, and Middle Tennessee representation on the TAHQ Board
8. We continued our partnership with THA and QSource to share ideas and information related to quality and patient safety.
7. TAHQ maintained its membership at 100+ members again this year. Given the financial impact on healthcare organizations and members personally, this shows the strong commitment our members have to quality and patient safety.
6. Our very own Susan Goodwin was honored as the Distinguished Member of both TAHQ and NAHQ! Way to go Susan!!
5. Held the first Spring Educational Conference at Cookeville Regional Medical Center. This free event was attended by 22 people and evaluations of the program were excellent.
4. For the fifth consecutive year the Honorable Phil Bredesen, Governor of Tennessee signed into proclamation recognition of National Health Care Quality Week.
3. Partnered with THA and held our Annual Education Conference at Opryland Hotel. Approximately 55 people attended and once again the evaluations were outstanding!
2. World renowned author and consultant, Rick Foster, held a mini-workshop during the TAHQ Annual Conference that focused on building effective teams. The workshop was a big hit and received high marks by those attending!
1. TAHQ was presented the Gold Award for State Association Excellence at the NAHQ national meeting AGAIN!!! This is the second time TAHQ has received this honor.

Michelle

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Plan to Volunteer!

The great state of Tennessee and our association has the privilege of hosting the 2010 NAHQ Annual Education Conference. The conference will be held at the Opryland Hotel and Conference Center - September 30 - October 3, 2010. Plan now to attend and be prepared to take advantage of the many volunteer opportunities that we will have to help make this one of the best NAHQ conferences ever!



2008 TAHQ Teams

If you are interested in participating on a team—contact the team leader or Michelle Franklin.

If you are on a team and have not yet been contacted, contact the leader!

Membership Team

Irv Koehler, Leader
 Sheila Gordon
 Jerry Hardwick
 Susan Nance
 Matt Sevier

By-Laws Team

Joyce Gentry, Leader
 Peggy Clark
 Kathy Cartwright

Nominating Team

Michael Greer, Leader
 Kathy Wright
 Susan McClanahan

Education Team

Helen Vaughn, Leader
 Ken Grubbs
 Joyce Gentry
 Cynthia Hooper
 Michelle Franklin
 Michael Greer

Publication Team

Joyce Hall, Leader
 Susan Nance
 Sue Sayre
 Heidi Benson

NAHQ State Award Team 2008

Michelle Franklin, Leader
 Sharon Pettigrew
 Michael Greer

CMS NEWS

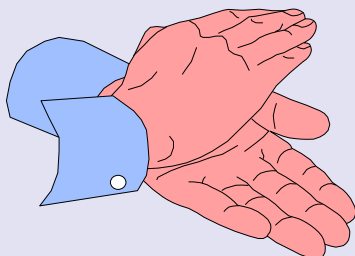
Revise Appendix A, "Interpretive Guidelines for Hospitals"

Appendix A revisions that reflect amended regulations and survey and certification policy issuances concerning the Conditions of Participation for Hospitals, 42 CFR Part 482 were released and became effective 10-17-08. . It also contains new guidance related to the Patients' Rights Final Rule, 42 CFR 482.13(e), (f), and (g), published in the Federal Register December 8, 2006 (71 FR 71378). The revised guidelines can be found at: <http://www.cms.hhs.gov/transmittals/downloads/R37SOMA.pdf>

Medicare Grants DNV Healthcare Deeming Authority for U.S. Hospitals

The Centers for Medicare and Medicaid Services announced the approval of [DNV Healthcare, Inc.](#) as a deeming authority for U.S. hospitals. DNV is the first new organization to receive deeming authority for hospitals in more than 30 years. DNV has crafted a system intended to combine CMS Conditions of Participation with ISO 9001 quality management. This program, called the National Integrated Accreditation for Healthcare Organizations, or NIAHO(SM), was created to make the accreditation process more streamlined as well as identify means for improving current standards and promoting continual improvement.

Congratulations to Penny Romeo, Director of Quality Resources at Wellmont Holston Valley Medical Center for being this year's THA 2008 Award Recipient of the Meritorious Service Award for Department Head. She was honored for her 40 years of service as a Registered Nurse, Case Manager and Quality Director at the hospital.



Congratulations to Michael Greer new Secretary/Treasurer of HCQB Board 2009!

Please let us know if you have good news you would like to share!

If you have news or individuals you would like to recognize, send the information to:

joyce_hall@bcbst.com

Kudos Corner

Tennessee Sparkles at 2008 NAHQ

The 2008 33rd Annual NAHQ Educational Conference Collaboration -The Spark behind Quality was held in Phoenix, Arizona in September. The Tennessee Association for Healthcare Quality definitely sparkled at this year's conference! We not only won the top State Association Award but one of our members, Susan Goodwin, was honored as the Distinguished Member of the Year.

If you did not get to attend the NAHQ conference, check out the article on pages 6 and 7 summarizing a couple of the wonderful concurrent sessions you missed. Susan Nance, recipient of the TAHQ scholarship for this year's NAHQ Conference, has submitted these articles as part of the requirement for receiving registration reimbursement for the conference.

Tennessee was also represented well by Poster and Concurrent Sessions presented by members of our association. If you have always thought you would like to attend NAHQ but the budget was too tight to cover the expense, start planning now for the 2009 and/or the 2010 conference! Remember 2010 is in Tennessee!



Susan Goodwin, MS, RN, FACHE, CPHQ, FNAHQ was the receipt of the 2008 NAHQ and TAHQ Distinguished Member Award. The Distinguished Member Award celebrates an outstanding NAHQ member who has made significant contributions to the healthcare quality profession. Those contributions include service to the national and state associations, contribution to the body of knowledge, publication activities, and education leadership. Susan has been instrumental in being an advocate for healthcare quality and patient safety. She has served on the Joint Commission Professional Technical Advisory Committee for the past 5 years, 3 of those serving as the Chairperson. Congratulations Susan on both deserving awards!

The picture above shows Susan receiving her award and congratulations from NAHQ President, Thomas M. Smith, who was dressed to "catch the wave" at the NAHQ conference.

The picture at right shows TAHQ members Michael Greer, Michelle Franklin, Irv Koehler and Heidi Benson show off the NAHQ Gold Award. See the article on page 4.

Congratulations to the members and Board of Directors for helping make TAHQ one of the best state associations in the nation!



The Tennessee Association for Healthcare Quality (TAHQ) Wins the 2008 NAHQ Award for Association Excellence

The 2008 Gold Award for Association Excellence was presented to the Tennessee Association for Healthcare Quality on Tuesday, September 16, 2008, at the NAHQ Annual Conference held in Phoenix AZ. The National Association for Healthcare Quality (NAHQ) Award for Association Excellence recognizes the state healthcare quality association that provides exceptional membership services and benefits in promotion of healthcare quality and patient safety. The NAHQ Award for Association Excellence is awarded annually on a three-tier system of gold, silver, and bronze (beginning in 1997).

Each state association application is assessed on the state's achievement of its established goals and objectives, the quality of its newsletter, the quality of its educational programs, and the state membership's involvement in NAHQ. With its mission to improve health care quality and patient safety through the development and support of initiatives designed to enhance the expertise of healthcare quality professionals, and a vision to be recognized as Tennessee's premier source of expertise in healthcare quality and patient safety, TAHQ represents a diverse group of healthcare professionals specializing in quality/performance improvement, patient safety, case management, utilization review, infection control, and risk management.

Employment venues include hospitals, home care agencies, nursing homes, managed care organizations, and consulting firms. TAHQ has over 130 members from all areas of the state. TAHQ is an affiliate of the Tennessee Hospital Association (THA). Healthcare quality professionals are advocates for safe, clinically sound, cost-effective, and customer-friendly patient care.

The NAHQ Award for Association Excellence is based on the following:

- achievement of goals and objectives consistent with, and supportive of, NAHQ, which are directed toward development of the state association and its members, in the promotion of healthcare quality and patient safety;
- quality of the newsletter in informing and educating members about issues relevant to healthcare quality and patient safety;
- quality of the educational programs sponsored by the association;
- state membership's involvement in NAHQ;
- support of CPHQ certification, National Healthcare Quality Week, and the Healthcare Quality Foundation (HQF); and
- publication and poster contributions of individual members within the state Organization.

The picture at left shows the 2008 NAHQ Gold Award and Certificate that TAHQ was awarded at the 2008 NAHQ conference in Phoenix. Also shown is the framed Governor's Proclamation proclaiming Tennessee Healthcare Quality Week in October.



Picture Highlights from 2008 TAHQ Conference



No, these ladies are not trying to settle an argument, nor are they actually arm wrestling in the traditional sense! What they are doing is participating in an exercise of team building as part of the 2008 TAHQ Educational Conference. The 2008 conference was full of excellent sessions and a lot of inspiration and fun.

At right, Susan Goodwin is honored as the 2008 TAHQ Distinguished Member award.



Below, one of the TAHQ speakers, Heidi Benson presented a program on targeting zero facility acquired adverse events.



New TAHQ Officers!

The 2009 President-Elect will be **Joyce Gentry**; **Mark Randolph** will serve as the Treasurer/Secretary; and **LeeAnn Hannah** has accepted the position of Director-At-Large. Congratulations and thank you for serving!

What you missed in Phoenix

By Susan Nance

I was fortunate to receive the TAHQ educational scholarship to attend the NAHQ seminar in Phoenix. It is a privilege to share with you some thoughts from that conference.

One of the breakout sessions I attended was Paulette Di Angi's Maintaining Trust Through Disclosure. Ms. Di Angi is Chief Clinical Information Officer at the Institute of Health Metrics in Boston MA. Not too long ago, my supervisor told me that one should never apologize for anything. I disagree - I think apologizing makes one more human and promotes an understanding between two people. I was interested in hearing Ms. Di Angi's presentation because it spoke of apologizing to a patient when a patient has been hurt due to an error, sentinel event, or adverse occurrence - not admitting blame, but apologizing. Her very first slide addressed the relationship between patient and provider:

“Research suggests patients are the least forgiving regarding unexpected results when the healthcare providers behave poorly and destroy the trust in the patient-provider relationship.”

Disclosure is expected by those abiding by the Joint Commission standards (RI.1.2.2) and the stated value of an apology is to reduce the impetus for the patient and family to go outside of the relationship by rebuilding rapport and trust, resolving disagreements, and negotiating fair settlements when appropriate. Patients want to know what happened, to receive an apology, to be reassured that the hospital is doing all it can to prevent a recurrence, and to know that changes were made so that others will not suffer.

So why do we hesitate to apologize? It is very hard to do emotionally and may require a skill set that some professionals lack. We are concerned that an apology may increase the possibility that the public would know about more problems and about the potential impact on our personal and institutional reputations. We fear that if we fully disclose all errors and inconsistencies of care there would be an increase in the number of claims from individuals who would not previously have known.

If there is a decision made to offer an apology, it is critical to do so promptly for delay only magnifies the issues. Don't wait for a complaint or for the patient to begin asking questions. Tell the person what you know now and that you will keep them informed as more is learned. Only disclose the facts known as of that moment, and what is known regarding the outcome of the event and next treatment steps.

In delivering bad news, anticipate what the patient might be feeling. Start with an expression of sympathy, prepare to listen, empathize and explain. Don't blame anyone. Listen to the person's story, use open-ended questions, ask about feelings, thoughts, and ideas. Make sure the patient has the experience of being seen (via eye contact), being heard (restate and clarify) and be accepted (be calm and present). Normalize thoughts and feelings as a result of the event. Be prepared for strong emotions and give them time to express them. If the involved provider is uncomfortable and not able to offer an empathetic expression of sorrow, consider identifying another provider for the task.

Tone of voice and sincerity is extremely important in offering an apology. Make the apology one of sympathy ("I'm sorry this happened to you"), not one of responsibility ("I am sorry I did this to you"). Be specific in the apology because failure to acknowledge can harm the relationship of trust that you are attempting to create. In other words, comments such as "I apologize for whatever I did", "Mistakes were made", "What we did was really minimal", and "If you didn't move, we wouldn't have this issue" only serve to distance the patient from the provider. Describe facts and answer questions to rebuild trust, explain what happened and what will happen next in their treatment. Reinforce that the agency is committed to investigate why and how the incident happened and prevent it next time.

(CONT on next page)

What you missed in Phoenix (cont from previous page)

Examples of apologies include: "As we discussed in the consent, this is a possible complication of the procedure. I feel so badly that you have experienced it." and "This is sad and not what any one of us expected. I wish it weren't this way. I feel badly about this." There is no acknowledgement of blame or responsibility by the provider or institution, just an acknowledgement of sympathy.

One of the other sessions I attended was Continuity and Coordination between Behavioral and Medical Care presented by Anne Boffa, Director of Quality Improvement and Effectiveness of United Behavioral Health.

UBH partners with Harvard Pilgrim Health Care in the northeast to serve the physical and emotional needs of their population. The two organizations developed ways to make linkages between the medical and behavioral health plans as well as between medical and behavioral health providers. Their collaboration included committee structure, rounds and consultation, training, and Quality Improvement Activities. They developed a Medical/Psychiatric steering committee which explored utilization of the services by its members and clinical trends. The Quality Improvement work group targeted early detection and member engagement.

Two interventions seemed to make the most difference for the members served: screening and intervention with primary care physicians. Pilgrim Health Care identified high-risk members of the Disease Management program to screen for depression using predictive models that included patterns of care, order of services, absence of services, pharmacy prescriptions, diagnosis, and place of service. UBH trained Pilgrim Health Care staff on depression screening and motivational interviewing. If a person was determined to need further evaluation for a mental health issue, Pilgrim Health Care staff transferred the call to a member of the UBH staff to assess their needs more thoroughly and offer assistance. This warm transfer from Pilgrim Health Care to UBH plus personal education about depression helped the member connect with services.

The second intervention which was quite successful involved intervention with primary care physicians. UBH developed a free hotline for primary care physicians to call to consult about behavioral health issues in any individual regardless of payment source. The PCPs are informed about different types of mental illness and treatment in monthly newsletters and are educated about the hotline. Many individuals choose not to see a psychiatrist for a variety of reasons, so the PCP is the primary and sometimes only point of contact when behavioral health issues emerge. By using the hotline, the PCPs are more equipped to work with the individual to get better, which is a better outcome than if the individual chose not to seek help for behavioral issues. Primary care physicians in the network were also given depression fact sheets to give to their patients and information about anti-depression medication worksheet to aid in their treatment.

The interventions of screening, a free hotline for PCPs, and education and worksheets about depression were effective in increasing the quality of life of the members served by Pilgrim Health Care and UBH.

Biographical information:

Susan Nance applied for and received the scholarship offered by TAHQ that reimburses the recipient for the cost of registration to the NAHQ annual education conference. Susan is the Director of Performance Improvement and Risk Management, Rolling Hills Hospital, Psychiatric Solutions, Inc.. She also formerly served as Co-Chair of the Quality Assurance and Compliance Committee of TAMHO.

Joint Commission News

Accreditation Decision Methodology for 2009

The Joint Commission announced their Accreditation Decision Model for 2009 on December 1, 2008. Thresholds will not be used for accreditation decisions but rather as screening points for intense review by central office for recommendations. The new method looks at the cut-points to establish bands of "thresholds" that account for complexity and size of a survey. The model is based on the number of surveyor days (total of each hospital surveyor's days including LSC specialists). Based on direct impact standards (criticality of 3) only (40% of standards) the numbers will seem smaller than 2008 thresholds. The table reveals the following triggers: 1-4 days/7 standards; 5-6 days/8 standards; 7-9 days/9 standards; 10-13 days/11 standards; \geq 14 days/13 standards. Of note, most of the LSC standards are indirect standards however, if there is an egregious number of findings, this could trigger an adverse decision. There are many unknowns as to the impact of adding the LSC into the standards. TJC is developing criteria now for what the central office screening process looks like (for example, understanding if findings were a single incident on a single unit versus generalized throughout). They will monitor closely in early 2009 as there are more EP's than previously after splitting many to make standards clearer. There is not a finite list of events that are immediate threat to life situations -- the list provided with the scoring model are examples of what has triggered this before. They will continue to monitor what falls into each of the tiers. For more information please refer to TJC *Perspectives* December 2008.

Joint Commission to revise the 2009 NPSGs

Through a process similar to the Standards Improvement Initiative (SII), The Joint Commission will revise the 2009 NPSGs. Input from the field is essential to improvement and you are invited to comment on the 2009 NPSGs.

To comment, please click on the link below or copy and paste the link into the address bar of your internet browser:

<http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>

At this site, you will:

1. Select the program you represent (you may provide comments for more than one program, but you will need to repeat this process for each program you select).
2. Read the 2009 NPSGs.
3. Follow the instructions for providing comments via mail, email, or online survey.

Joint Commission welcomes comments from all users of the 2009 NPSGs. If there is someone else in your organization that is responsible for the implementation of any of these goals, please forward this information to them.



Bonding with State Hospital Associations

Taken from NAHQ e-news

As healthcare funding continues to wane during these tough economic times, many state healthcare quality associations are looking to strengthen their relationships with quality improvement organizations (QIOs) and state hospital associations. Last June, *NAHQ E-News* reported on the movement toward increased cooperation among healthcare quality groups and QIOs. Now we look at three states that have solid working relationships with their state hospital associations: Tennessee, Arkansas, and Texas.



Tennessee

Six years ago, the Tennessee Hospital Association (THA) set out to strengthen its relationship with its affiliates, which included the Tennessee Association of Hospital Quality (TAHQ). It would do so by providing mutually beneficial outreach and educational programs, as well as financial support services, such as dues collection and accounting services.

Today, TAHQ convenes at THA's annual meetings, where it holds break-out sessions on topics specific to the quality profession. TAHQ members serve on THA councils, including the patient safety advisory council that comprises representatives from hospitals, nursing and infection control groups, the state's QIO, the state department of health, the Association for Professionals in Infection Control and Epidemiology (APIC), and a chapter of the American College of Surgeons.

Last year, TAHQ jointly held its annual meeting with the Tennessee Organization of Nurse Executives, another THA affiliate. "THA feels that often our groups work in silos a bit more than we want," says Chris Clarke, THA's senior vice president for quality and patient safety. At the annual meeting, "we brought in a nurse leader from the Michigan Keystone Center for Quality to speak on its central-line infection initiative and on its culture change and quality improvement efforts."

According to TAHQ President Michelle Franklin, MBA BSN RN CRNI CPHQ, the hospital association also handles TAHQ's annual dues, provides advertising for its annual meeting, and makes hotel arrangements for conferences (although TAHQ arranges its own conference schedule and speakers). "It makes logical sense for healthcare quality associations to partner with state hospital associations because the quality department is part of the hospital and these associations know hospitals and chief executive officers," Franklin says.

"We need each other, quite frankly," Clarke says. "The demands and expectations around quality [grow] as we move into pay for performance. The rapid acceleration of quality improvement—in areas such as processes, outcomes, reducing infections, and readmission—demands that we figure out how to strengthen and build upon these relationships and collaborations."

Clarke adds that "the tie that binds us all together is the desire to improve care for our patients. That's really the crux. Each of us brings our own expertise to the table, and if we can create the venue for sharing and networking, then we know that we can accelerate improvement."



Arkansas

Twenty years ago, the Arkansas Association for Healthcare Quality (AAHQ) made its headquarters at the Arkansas Hospital Association (AHA) and signed an affiliation agreement. AAHQ agreed to follow AHA guidelines and bylaws, and AHA provided AAHQ a broad range of management services, including continuing education programs, bookkeeping, recordkeeping, membership, and meeting and program arrangements, including the production of brochures. (AAHQ selects its own conference speakers and topics and also holds CPHQ review courses.)

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Bonding with State Hospital Associations

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“We have a very strong educational program here at AHA—about 75 to 100 educational workshops per year,” says Beth Ingram, AHA’s vice president. “Our affiliates actually give us access to their membership rosters. We established very good working relationships with their members—very close, friendly relationships. They see our educational programs as something they want their members to attend.” Meanwhile, AAHQ and the Arkansas Organization for Nursing Executives, an AHA affiliate, are planning to hold some joint conferences to educate hospital nurses on quality initiatives.

AHA now has 13 affiliated groups—down from the 20 it once had—and Ingram believes that her association may be an anomaly in providing such a broad range of services at low cost to these groups. “I think it’s the end of a trend,” says Ingram. “I’m in my 31st year doing this, and I’ve seen all the hospital associations change and do things differently for their groups. Back in the early days, almost every hospital association had affiliated groups. We did everything for all of our groups, but the focus of hospital associations has changed. We have to provide so many other services ... and the affiliated groups have kind of gone by the wayside. Most [state hospital associations] don’t have the manpower anymore.”



Texas

“Five years ago, the Texas Association for Healthcare Quality (TAHQ) had a very forward thinking president, Carol Lee Hamilton, who was looking at our online education calendar and noticed that we were duplicating educational offerings,” says Starr West, CPHQ, senior director for policy analysis at the Texas Hospital Association (THA). “We started to work together and share resources and then agreed to a formal affiliation because we were reaching out to many of the same people. We wondered: How can we support each other in education and communication?”

Today, the two associations cross-promote educational programs, and TAHQ provides input on THA public policies on topics such as medical error reporting, quality reporting, patient safety, and infection prevention. As with Tennessee and Arkansas, TAHQ also works on quality issues with the Texas Organization of Nurse Executives. “We look to TAHQ for expertise on speakers if we have conferences. Likewise, I’ve spoken at TAHQ events or [at events of] regional affiliates of TAHQ,” West says. Moreover, “sometimes legislation will get introduced, and we need to know how it will impact people in the field. Because of the breadth of TAHQ membership, which goes beyond hospitals to ambulatory care and managed care, TAHQ provides us ‘eyes and ears’ that we might not have through our traditional membership. It’s an exciting affiliation that’s able to do that.”

West says that networking among TAHQ, THA, and the state’s QIO enhances the services provided to all their members. “We’re all speaking with one voice,” West says. “It’s reduced competition. Why should we be competing instead of supporting each other?”

Jane Martinsons is editor of NAHQ E-News.





TAHQ CONTACTS: 2008 Officers and Board

TAHQ Mission:

To improve health care quality and patient safety through the development and support of initiatives designed to enhance the effectiveness of healthcare quality professionals.

TAHQ Vision:

To be recognized as Tennessee's premier source of expertise in healthcare quality and patient safety.

Calendar of Events

2009 TAHQ-THA Educational Conference

will be held at the Renaissance Hotel and Convention Center October 28-30. Watch for more information and details late summer 2009.

NAHQ 2009 Education Conference

September 13-16
Gaylord Texan Resort Hotel & Convention Center
Grapevine, TX

THOUGHT TO PONDER

"We are what we repeatedly do.
Excellence, then, is not an act, but a habit."

Aristotle



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