



ASSOCIATION FOR HEALTHCARE QUALITY OF ARIZONA, INC.

AzAHQ is an affiliate of:



National Association for Healthcare Quality

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

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SPRING CONFERENCE MARCH 14

Savvy Leadership Tactics for Using Data for Improvement—March 14, 2014

Presented by: Sandra Murray

7:00 a.m. Registration

8:00 a.m. - 4:30 p.m. Program

Grand Canyon University, Peoria Campus

Desert Canyon Corporate Center

2411 W. Peoria Ave

Phoenix, AZ 85029

Please use our online registration:

<http://azahq.org/education>

MESSAGE FROM OUR PRESIDENT

By Michelle Bagford

Happy 2014, everyone! I hope the past year has been successful for you. My name is Michelle Bagford and I am the new President of the Association for Healthcare Quality of Arizona.

As many of you already know, the Arizona Association for Healthcare Quality (AzAHQ) changed its name to the **Association for Healthcare Quality of Arizona, Inc** (dba AzAHQ). The name change was necessary for legal reasons, but the objective of the organization did not change. AzAHQ will continue to serve as an organization whose primary responsibility will be to provide education to and promote certification of Healthcare Quality Professionals throughout the state.

I would like you to encourage your other colleagues to join and participate in this association and learn from national experts and statewide peers. We have an exciting year planned from an educational perspective starting with Sandra Murray on March 14, a summer program in Flagstaff on July 25 and a November program. We are hoping that each program this year will build from one another.

Wilfred Petersen said, "Walk with the dreamers, the believers, the courageous, the cheerful, the planners, the doers, the successful people with their heads in the clouds and their feet on the ground. Let their spirit ignite a fire within you to leave this world better than when you found it." This sentiment, while lofty, has in my opinion, been the guiding force of Healthcare Quality Professionals for many years. As Healthcare Quality Professionals, we have opportunities to impact the lives of healthcare consumers in a variety of settings, including hospitals, clinics, behavioral health and long term care centers, as third party payers, and through policy development. As I begin my term as the President of the Association for Healthcare Quality of Arizona, I'm thrilled to know that my colleagues are working to achieve better healthcare outcomes throughout this state.



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www.facebook.com/azahq



<http://www.linkedin.com/groups/Arizona-Association-Healthcare-Quality-3895572/about>

TRANSITIONS OF CARE: A PATH TO QUALITY OUTCOMES

Ellen Kane, RN, MSN, CPHQ

Whenever you start up a performance improvement team, you have to be able to present to those you have asked to be a part of your team an overview of the issue explaining why the facility has chosen to work on this issue. All areas of healthcare are looking at avoidable readmission rates (hospitals, insurance companies, etc.) to see what can be done to prevent these readmissions. Since I am on the Hospital's readmission team I am always attracted to articles on the subject. When I received the November issue of Nurse.com, I came across an article by Cheri Basso, RN-BC, CHFN entitled *Transitions of Care: A Path to Quality Outcomes*. When I was done, I put this article in my resource file. This article gives a brief but inclusive overview on what transitions of care is about and the importance of communicating with all entities involved (patients, family and care givers, physicians, insurance companies, community resources, etc.). If you need to do a simple explanation on transitions of care, I would recommend this brief article as a starting point and you can locate at [here](#).

THE ELECTRIC LIGHT WAS A FAILURE...

From the weekly blog of the Department of Veterans Affairs, Office of Quality Safety and Value

On the path toward quality improvement, successful organizational innovation is a multistep process involving development and knowledge sharing, the decision to implement, implementation, evaluation, and learning. This is a continuous process, in which we look for incremental change, and how well this is aligned with organizational needs, fully deployed throughout the organization, and sustained through the excellent use of measures, learning, and sharing of best practices.

We look for evidence that such innovation has improved organizational performance. We also look at the quality of an organization's performance, and for any gaps in processes and results, and assess whether the results show beneficial trends that are sustained with benchmark performance levels through all areas of the organization. This is a process of stops and starts, which takes into consideration both innovative failures, and what can be learned from them, as well as innovative successes . . . very similar to the winding path taken by other historical innovations such as the electric light . . .

Invented by the British chemist Humphry Davy in the early 1800s, it spent nearly 80 years being passed from one initially hopeful researcher to another, like some not-quite-housebroken puppy. In 1879, Thomas Edison finally figured out how to make an incandescent light bulb that people would buy. But that didn't mean the technology immediately became successful. It took another 40 years, into the 1920s, for electric utilities to become stable, profitable businesses. And even then, success happened only because the utilities created other reasons to consume electricity. They invented the electric toaster and the electric curling iron and found lots of uses for electric motors. They built Coney Island. They installed electric streetcar lines in any place large enough to call itself a town. All of this, these frivolous gadgets and pleasurable diversions, gave us the light bulb.

We tend to rewrite the histories of technological innovation, making myths about a guy who had a great idea that changed the world. In reality, though, innovation isn't the goal; it's everything that gets you there. It's bad financial decisions and blueprints for



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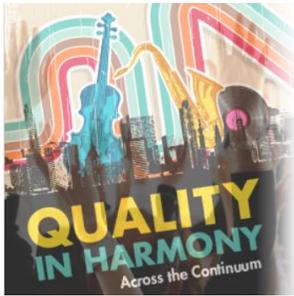
machines that weren't built until decades later. It's the important leaps forward that synthesize lots of ideas, and it's the belly-up failures that teach us what not to do.

When we ignore how innovation actually works, we make it hard to see what's happening right in front of us today. If you don't know that the incandescent light was a failure before it was a success, it's easy to write off some modern energy innovations — like solar panels — because they haven't hit the big time fast enough.

Worse, the fairy-tale view of history implies that innovation has an end. It doesn't. What we want and what we need keeps changing. The incandescent light was a 19th-century failure and a 20th-century success. Now it's a failure again, edged out by new technologies, like LEDs, that were, themselves, failures for many years.

This is what innovation looks like: all the little failures, trivialities and not-quite-solved mysteries that make the successes possible. It's messy, and it's awesome.

NAHQ NEWS



Call for Board Nominations. Are you devoted to the mission of NAHQ? Are you ready to be a leader in your profession? Apply for NAHQ board leadership position. Learn more and submit your application by March 14 at NAHQ.org.

Sign up for a SIG. Have you registered for a Special Interest Group on the NAHQ Network? Join any one of NAHQ's SIGs to join the discussion with other quality professionals. Register for a SIG now!

Conference: Save the Date. NAHQ's 39th Annual Educational Conference, *Quality in Harmony—Across the Continuum*, takes place in Nashville from September 7 to 10, 2014.

UPCOMING AZAHQ EDUCATIONAL EVENTS

- July 25, 2014 Summer Conference--Flagstaff
- May 17, 2014 CPHQ Review Course--Phoenix
- October 11, 2014 CPHQ Review Course--Phoenix

[Click here to register online.](#)

OTHER EDUCATIONAL EVENTS

Free Webinar Mon, Mar 24, 2014 11 AM - 12 PM
Improvement Science: Getting to "HOW"
Improvement Science Research Network
Speaker: Carolyn Clancy, MD, past Director of AHRQ
[Click here to register online.](#)

A PROACTIVE APPROACH TO HEALTHCARE QUALITY

By Mark Patton, CPHQ – Education Team Lead

Do you ever feel in healthcare quality that you spend more of your time trying to fix something that went wrong? Wish you could look into the crystal ball more often to plan the future of quality in your organization? In order to address those questions this article is designed to review a resource you may have already used to predict the future and perhaps plan ahead for those measures that will impact your respective organizations.



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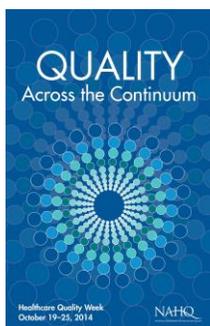
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Nearly two decades ago under the Balanced Budget Act of 1997 an independent Congressional agency called the Medicare Payment Advisory Commission (MEDPAC) was established. This agency advises Congress on issues affecting the Medicare program. Two reports issued in March and June of each year provides the primary outlet of recommendations from this seventeen person commission. Many of recommendations made by the commission have been adopted into policy in years to follow such as the readmissions program and the value based purchasing concepts that we all have at the top of our quality agenda these days. While we wait for the 2014 reports if we look back to those of 2013 from MEDPAC it may help to understand what is now and on the horizon. This research can assist in charting the course for the quality agenda in the coming years. The reports are lengthy but you can view an executive summary and table of contents to drill down to specific areas of interest.

The March report usually focuses on the Medicare fee for service (FFS), Medicare Advantage (MA), and prescription drug plan (Part D). With the 2013 report there was a view across the spectrum of healthcare services to address areas such as; adequacy of payments, access to care, volume of services, access to capital, quality of care, and comparing Medicare's payments with the costs of care. Additionally, we saw an increased emphasis around coordination of care across the continuum of services. In the June report, MEDPAC takes steps further to look at the healthcare delivery systems. Among some recommendations addressed in 2013 were further refinements to the readmissions program, examining payment model consistencies or differences in settings of care, and expanding the concepts of bundled payments to the post-acute settings. The recommendations of MEDPAC often come back to following the "money trail" but also have connections to optimizing the quality of care across the spectrum of healthcare delivery.

Should you be involved in helping to develop a strategic plan for your organization the MEDPAC documents may serve as good references to plot the course. You can pull down the reports through the MEDPAC website at <http://www.medpac.gov/index.cfm>. Good luck on your journey.

NEWS FROM THE FIELD



National Healthcare Quality Week (HQW) is October 19-25, 2014. HQW highlights the work of healthcare quality and patient safety professionals and their influence on improved patient care outcomes and healthcare delivery systems. NAHQ members are encouraged to alert administrators, allied health professionals and the public about the impact of healthcare quality through special events during the week of October 19-25, 2014. [Click here to get free materials.](#)

JAMA Study Finds TeamSTEPS® Associated with Reduction in Medical Errors. This team training, provided by AHRQ, led to a significant reduction in medical errors and preventable adverse events among hospitalized children, according to an article published in the December 4 issue of *The Journal of the American Medical Association (JAMA)*. [Click here to read more and get free materials.](#)

New Clinical Alarm National Patient Safety Goal. The alarm NPSG is being implemented in two phases. The first phase will go into effect on January 1, 2014, and heightens awareness of the potential risks associated with clinical alarms. The second phase, will be effective January 1, 2016, and introduces requirements to mitigate those risks. The goal addresses clinical alarms that can compromise patient safety if they are not properly managed. This includes alarms from equipment such as cardiac monitors, IV machines, ventilators, etc. that have visual and/or auditory components. In general, this does not include items such as nurse call systems, alerts from computerized provider order entry, or other information technology systems. [Click here to read more.](#)

NCQA Seeks Comments on New and Revised Measures. The National Committee for Quality Assurance invites the public to comment on 2015 Healthcare Effectiveness Data and Information Set (HEDIS®) measures. This is an opportunity for health plans, purchasers, consumers and other stakeholders to weigh-in on the relevance, scientific soundness and feasibility of new and revised measures.



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NCQA proposes:

- Two new measures on the potential overuse of cancer screenings;
- Six new measures on the safe and judicious use of antipsychotics in children and adolescents;
- Revisions to seven existing measures; and
- Retirement of two measures.

The comment period is open through March 19. Go to ncqa.org to comment.

76 Ways to Improve Your Behavioral Health Services. NIATx Promising Practices are changes that were tested and shown to be actual improvements by various behavioral health organizations. To access this free resource, visit niatx.net.

NAHQ is a proud member of the Stand for Quality coalition and is an active participant in the coalition's activities. Stand for Quality represents a diverse cross-section of private health care organizations who are calling on Congress to support the performance measurement reporting and improvement enterprise. Stand for Quality's recommendations - Building a Foundation for High Quality, Affordable Health Care: Linking Performance Measurement to Health Reform - are based on extensive input and dialogue from diverse stakeholders across the healthcare system.

Stand for Quality's current efforts are focused on a long term strategy to 1) extend current funding for measure endorsement and 2) to secure funding (an additional \$20 million/year) for measure development. Specifically, funding will support ongoing endorsement of measures for high-priority conditions, endorsement of measures that cross settings and conditions, support new areas of measurement such as value-based purchasing and registries, and work to facilitate the transition to eMeasures. For further information about SFQ's current efforts, please visit standforquality.org.

CONTRIBUTE AN ARTICLE OR IDEA FOR THIS NEWSLETTER

We are seeking articles and ideas for our next newsletter! Please [email them to Audrey Benenati, Communications Team Lead Elect.](#)



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AZAHQ 2014 BOARD MEMBERS

POSITION	NAME	Credentials	Employer	Work Title
President 2014-2015	Michelle Bagford	RN, MA, CPHQ	Phoenix VA Healthcare System	Chief of Quality Safety & Improvement
President Elect	(vacant even years)			
Past President 2012-2013	Susie Duffy	R.N., MBA/HCM, CPHQ	Scottsdale Health Care	Consultant/Supervisor, Quality Outcomes
Secretary 2013-2014	Alexis Megeath	BSIE, CPHQ, PMP, CSM	Aetna Medicaid	Sr. Director of National Quality Management & Improvement
Secretary Elect	Regan City	MSHS, PA-C	Scottsdale Medical Imaging Ltd	Quality Manager
Treasurer 2012-2014	Ellen Kane	RN, MSN, CDE, CPHQ	St Joseph's Hospital and Medical Center	Quality Specialist
Treasurer Elect	Andrew Kopolow	MPA, MSW, CPHQ, PMP	UnitedHealth Care	Senior Project Manager
Communications Team Lead	Holly Grems	RN, BS, BSN, MHA, CPHQ	John C Lincoln Health Network	QM Analyst, QA Coordinator
Communications Team Lead Elect	Audrey Benenati	MHA, CPHQ, CHC	Aurora Behavioral Health	Director of Quality and Risk Management
Education Team Lead	Mark Patton	CPHQ, BS	Sanofi	Quality Initiatives Manager
Education Team Lead Elect	Benjamin Keeler	RN, BSN, PCCN	Flagstaff Medical Center	Quality Manager
Membership Team Lead	Jeanne Stueland	R.N., BSN, MPA, CPHQ	Scottsdale Health Care	Consultant, Quality Outcomes
Member at Large	Lorraine Harrington	MS, CPHQ	Cenpatico	QM Administrator
AzAHQ Association Manager	Holly Grems	RN, BS, BSN, MHA, CPHQ	John C Lincoln Health Network	QM Analyst, QA Coordinator