



AzAHQ Network

Summer 2012

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Arizona Association for Healthcare Quality

www.azahq.org

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

The 2012 Summer Conference

Attaining and Sustaining Peak Performance in Healthcare Quality

Friday, June 22, 2012

9:00am Registration

10:00am-2:30pm Program

Flagstaff Medical Center

McGee Auditorium

1200 N. Beaver Street Flagstaff, AZ
86001

Speakers from Northern, Central and Southern Arizona!



2012 Summer Conference

Friday, June 22, 2012

Details are posted at

www.azahq.org

Click on Education

OR

Check your email from AzAHQ



Have a passion for website design? AzAHQ needs you!

AzAHQ would like to revamp www.AzAHQ.org. 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!

Quality Professionals: You're Worth Your Weight in Gold, Can You Prove It?

Jennifer Wolfe-Pearce, RN, MBA, CPHQ



It is no secret that the healthcare industry is undergoing revolutionary changes. Are you responding by re-evaluating your approach to Process Improvement (PI)? In a world where doing more work with less resources is the norm instead of the exception, now is the right time to update your own work processes and ensure your projects provide quantifiable value to your organization. Healthcare reform will create significant challenges and unparalleled opportunities for healthcare quality professionals. But managing limited resources will be necessary for success. Developing synergistic relationships with your peers in finance will ensure that PI projects meet not only quality goals, but financial objectives as well.

Developing Collaborative Relationships with Finance

Historically the clinical and financial functions have not been well integrated within healthcare. This is changing rapidly as government initiatives such as Pay for Performance are implemented. The inter-dependencies between cost and quality will increase under the pressures of healthcare reform. It is imperative that you have a close working relationship with your finance peers.

Just as quality professionals are not always comfortable analyzing financial statements, finance professionals typically aren't comfortable evaluating clinical outcomes. This creates an opportunity for sharing and learning from both areas with the outcome of optimal decision-making, benefitting the organization as a whole.

There are ways the bottom line can be affected that may not be evident unless finance is consulted. One example is Medicare's Post Acute Transfer policy, better known as "Transfer DRGs." Under this rule, patients who fall into

one of the 273 affected DRGs and are transferred to another facility or receive home health care within three days are subject to reduced reimbursement if their length of stay is less than Medicare's Geometric Mean Length of Stay. While quality professionals generally aren't familiar with the complexities of payment policies, it is imperative that they be factored into PI activities. Adding a financial representative to your team can assist with understanding the financial impact of your planned PI activities.

In addition to avoiding pitfalls, engaging a financial peer can help you quantify the bottom-line value of your projects. PI activities inherently make positive contributions to the bottom line and it is important to demonstrate that. Your quality department should be seen as a financial asset, not a non-revenue-producing cost center. The best way to promulgate that information is to attach financial value to your work and share that information, early and often.

The Value Proposition

When we make purchases in our personal lives we consider costs and benefits. Choosing PI initiatives should follow the same process. The value of the project equals the benefits your organization receives minus the costs. When that value is positive, the activity has a return on investment.

Working with finance early in the development of your value proposition has many benefits. By vetting your proposition before you present it to your leadership, you will learn what financial considerations surround your project. You may also find that discussing your proposal with finance in advance helps them understand your perspective and may provide you with an ally in the process of securing or maintaining resources.

Conclusion

Now is the right time to re-think how you prioritize your PI projects. Get comfortable applying dollar figures to your work and including cost in your project selection process. Taking these important steps now will protect your quality department and your own career. Be sure to share your value so your organization is acutely aware that you are a critical part of not only excellent patient care, but the organization's financial viability.

Joint Commission Spotlight

Understanding *competency*.....



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The Joint Commission 2011 SENTINEL EVENT list showed that the most frequent root causes were 1) Orientation and training of staff, 2) Competency assessment & credentialing, and 3) Communication among staff members. This means that in ALL sentinel events measured and trended, these three aspects of care were at the core of every event reported.....think about that.

Competency has different meanings, and continues to remain a diffuse term in the employee and management development sector, and in the organizational and occupational literature. However, it is commonly held that **Competence** (or **competency**) is the ability of an individual to do a job properly. Some see "competence" as a combination of knowledge, skills and behavior used to improve performance; Others see it as having the ability to perform a specific role. For instance, management competency might include systems thinking, emotional intelligence, and skills in influence and negotiation.

Some basic definitions:

- **A skill:** something requiring training. Skills are specific learned activities.
- **A competency:** an ability to do something using skills, judgment, and experience, especially when **measured** against a standard. They develop over time, as judgment, experience, role development, and behaviors develop. Think about Pat Benner's work on the nurse's Novice to Expert journey.

Competencies may refer to sets of skills, but "**competency**" is an **umbrella term** that includes behaviors and knowledge.

Ok, so where does **Performance** fit into this? Competency assessment focuses on specific knowledge, skills, and abilities. Performance assessment is broader in scope. The performance evaluation is not only focuses on competence but also includes expectations that have been established for staff by the organization. Examples might be service level, teamwork, appearance, Time and

Attendance, and how well he or she carries out job responsibilities.

We have all worked with individuals that are highly skilled (and clinically competent), but they may not perform well due to poor attitude, difficult interactions with others, and low levels of teamwork.

Here are a few comparison examples to think over.....

Competency: Problem solving is a competency that requires several skills, knowledge & behaviors to be performed well. To solve problems effectively one must have the skill to define the problem, have knowledge of possible solutions, and exhibit behavior that enables decision making.

Example: New Graduate VS Experienced RN managing a rapid Response Process.

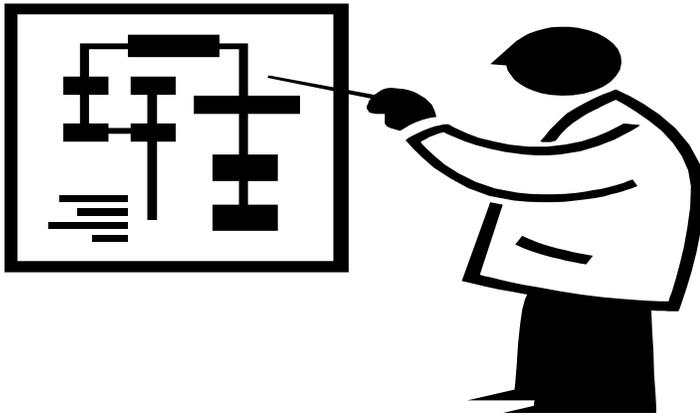
Skill: Event Planning is a skill that can be taught to anyone with the ability to learn it. Several steps are considered when planning an event, and tasks must be completed for different kinds of events. These are hard skills, but may be part of an overall competency like leadership or problem solving.

Example: Using downtime forms in Emergency Response.

Competency: Communication- Communication is a competency that relies on a combination of certain skills, behavior & knowledge. To communicate well, a person may need to understand cultural diversity, have advanced language skills, and behave with patience and sensitivity.

Example: The management of an unruly family on the medical unit by a New Graduate and an experienced RN.

There are plenty of Applicable Accreditation Standards...some of them can lead to a "situational" findings that can derail your survey. We are charged by CMS and the Joint Commission to assure competent staff at the bedside and elsewhere in healthcare.



Ensuring adequate staffing and competent and skilled individuals at the bedside is a key leadership accountability outlined in the Leadership Chapter of the Joint Commission Manual for Hospital accreditation.

LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.

- **EP 3. Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (Direct)**
- **EP 4. Those who work in the hospital are competent to complete their assigned responsibilities. (Direct)**
- **EP 6. Leaders evaluate the effectiveness of those who work in the hospital to promote safety and quality.**

What competencies do we need to be concerned with?
Here's the short list:

- Regulatory requirements: Blood Administration, Early Response, Emergency Response, Falls Reduction, Sedation, Waived Testing, ACLS , PALS (role dependent)
- Chronic bedside practices that may hardwire through competency validation such as Restraints (its not just about documentation and policy!), Falls Reduction programs.
- Low Volume, High Risk events (assisting with Chest Tube placement and ongoing care)
- Emergent processes (Codes, Drills, Rapid Trauma stabilization).
- High Volume, High Risk (Triage Process, Sedation/Airway Management).
- Special roles that involve managing clinical teams, mentoring or Performance Improvement projects. (Charge RNs, Preceptors, PI Leaders)

• **HR.01.01.01** The hospital has the necessary staff to support the care, treatment, and services it provides.

HR.01.05.03 Staff participates in ongoing education and training

HR.01.06.01 Staff are competent to perform their responsibilities.

IC.02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies. (Example: Orientation, training, and competency of health care workers who are processing medical equipment, devices, and supplies. (CDS Tracer))

There are many others that apply.

For some organizations, it can be difficult to understand how effective their competency assessment program really is. The best way to start is to begin with an analysis of current state-but you knew that didn't you!

Apply the definitions that you have learned to the materials and processes you use to measure competency. Answer the question: is it a skill, a competency, or part of overall performance. Taking the time to fully understand these concepts and how they apply to your environment will put safe, competent staff at the bedside and support them as they grow and develop into experienced professionals.

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.

Patient-Centered Outcomes Research

Arizona Association for HealthCare Quality has partnered with the Agency for Healthcare Research and Quality (AHRQ), on an important initiative, enabling us to offer you and your patients free evidence-based guides that summarize the benefits and risks different treatment options for common health conditions based on patient-centered outcomes research.

Why Patient-Centered Outcomes Research Is Important

Momentum is growing for a key component in the national strategy to improve health care quality: *patient-centered outcomes research*.

But what *is* patient-centered outcomes research?

Also known as comparative effectiveness research, this research informs health care decision-making by comparing evidence on the effectiveness, benefits, and harms of different treatment options for common health conditions. Through systematic reviews, researchers synthesize available evidence on:

- Drugs
- Medical devices
- Tests
- Surgeries
- Ways to deliver health care

The Agency for Healthcare Research and Quality (AHRQ), part of the U.S. Department of Health and Human Services, is the first Federal agency to have a legislative mandate to conduct patient-centered outcomes research. AHRQ's Effective Health Care Program supports research on 14 priority conditions, including cardiovascular diseases, diabetes, arthritis, mental health disorders, and pregnancy.

“Patient-centered outcomes research is fundamental to improving the quality, safety, appropriateness, and effectiveness of health care and creating a system that truly meets the needs of patients,” says AHRQ Director Carolyn M. Clancy, M.D. “The ultimate goal is to provide information that clinicians and patients can use in partnership to make the best individual treatment choices.”

As an advocate for evidence-based research and informed decision-making, AzAHQ is partnering with AHRQ to share the Agency's growing inventory of free research reports and tools to help clinicians educate patients about common conditions and work with patients to make informed decisions about care.

AHRQ's Effective Health Care Program works with a variety of stakeholders to identify priority research topics. Once a topic is chosen, researchers from one of the Agency's network of Evidence-based Practice Centers conduct a systematic review of published and unpublished evidence. Unbiased findings are then synthesized into comprehensive reports and related products, including plain-language guides for both clinicians and patients. These publications help clinicians and patients work together to make the best possible decisions among treatment options. The Effective Health Care Program also offers free continuing education modules for a variety of health care professionals and downloadable faculty slide sets for health care educators.

How To Use AHRQ's Products

AHRQ's patient-centered outcomes research is "descriptive, not prescriptive." The Agency's research and support products do not recommend treatments or tests, nor do they tell clinicians how to treat their patients. Instead, AHRQ's products are designed to clearly communicate treatment options' benefits, harms, and side effects, so clinicians and patients have evidence-based information when making individual treatment decisions. With these goals in mind, AHRQ's clinician guides are designed to help clinicians quickly access reliable information. The guides, typically just two pages, provide context about key clinical questions and offer a "Clinical Bottom Line" section that summarizes research conclusions and indicates the strength of evidence behind each finding. The guides also highlight areas where more evidence is needed to address additional clinical issues.

To make the best use of AHRQ's products, clinicians may:

- Review the "Clinical Bottom Line" in clinician guides and learn about the strength of evidence behind research findings. Share the guides with colleagues. See all of the available clinician guides by visiting <http://go.usa.gov/k3d>.
- Make AHRQ's companion guides for patients available in waiting rooms or encourage patients to access AHRQ's Effective Health Care Program Web site and find a list of available guides at <http://go.usa.gov/k3p>.
- Participate in free continuing medical education/continuing education modules (CME/CE) from AHRQ based on patient-centered outcomes research studies. Visit <http://go.usa.gov/k3d>.
- Sign up for email updates to stay up to date on AHRQ's patient-centered outcomes research. Visit www.effectivehealthcare.ahrq.gov.

In addition to these resources, AHRQ offers podcasts, Web conferences, and advice columns written by Dr. Clancy. To access these products and learn more about AHRQ's work, visit www.effectivehealthcare.ahrq.gov. To order copies of the guide, call the AHRQ Publications Clearinghouse at 800-358-9295 and use code C-02.

See you in the cool pines of Flagstaff....Make a weekend of it!

