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

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FREE ICD-10 GUIDES FOR SPECIALTIES

To help physicians and other providers get quickly up to speed, CMS has launched the ICD-10 Clinical Concepts Series for specialties. Each guide in the series compiles key information from the Road to 10 online tool in a PDF format that can be readily shared, emailed, posted to websites, and printed. The guides include common ICD-10 codes, clinical documentation tips, clinical scenarios, and links to Road to 10.

- Family Practice
- Internal Medicine
- Cardiology
- OB/GYN
- Orthopedics
- Pediatrics

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JUST CULTURE

By Regan City, MSHS, PA-C, CPHQ
Secretary, AzAHQ Board of Directors

In 2009, Eric Croop, an Ohio pharmacist, was sentenced to six months in prison for failing to detect a technician's error in mixing chemotherapy, which resulted in the death of a 2-year-old child. The chemotherapy Eric was checking had been prepared by an experienced technician, but instead of premixed 0.9% sodium chloride, she had used three vials of 23.4% sodium chloride. Eric failed to detect the error and dispensed the solution. In this case, the confluence of errors led to tragedy.

But why did this pharmacist go to jail? He made an error. He did not intentionally make the error nor did he intend the consequences. According to the Just Culture model he should be consoled and coached, but not punished.

AZAHQ FALL CONFERENCE

Accelerating the Rate of Improvement! What We've Learned the Hard Way about Improvement!

Presented by: Sandra Murray
Friday November 13th, 2015
7:00am Registration
8:00am -4:30pm Program
Banner Estrella Medical Center
9201 West Thomas Road, Phoenix, AZ 85037
Breakfast and lunch will be provided.
NOTE: Register early because seating is limited.
Cost: Members $125 /Non-members $160
CPHQ Credit: 7.0 hours planned
NOTE: Register now because seating is limited.
Please use our online registration here.

Culture is the overarching theme of how and why we do what we do. In a work setting we refer specifically to organizational culture, or the written and unwritten rules governing our behavior. We all strive for safe, high-quality work performance and we all must recognize the inevitability of error. When a culture is based on 'shame and blame,' like the example with Eric, the first actions taken when an error occurs are finding out what happened and then finding someone to punish for it.
In a Just Culture, there is zero tolerance for reckless behavior however individuals are not held accountable for system failings over which they have no control and. At its core there is an atmosphere of trust and openness where all are encouraged to disclose near misses, errors and incidents; where there is also a clear line drawn between acceptable and unacceptable behavior.

Human error has been widely studied. We all commit errors daily. Most are minor and have few, if any, consequences. Some are slips or lapses, an inadvertent action, where you forget to add water to the dog's bowl despite it being something you do every morning. Unaware of the difference, you may use wood glue to repair a plastic part of your eyeglass frame, which doesn't hold a strong bond and it breaks again. Others may be intentional risks, like knowing the posted speed limit and exceeding it anyway, knowing if caught you will be punished.

A Just Culture is a learning culture where everyone benefits from open discussion of incidents to improve safety and production. The organization strives for a culture where the staff is not afraid to report events, as information gained from reports is used to make performance improvements, and leadership seeks new ways to protect patients and staff from harm. In order to achieve this, an organization must have the competence to draw the right conclusions and the willingness to implement reforms.

Implementing a Just Culture, also often referred to as a *culture of safety*, is hard work in the complex, fast-paced environment of healthcare but we can learn a bit from the aviation world. Faced with a number of catastrophic accidents resulting from human error, leaders in the aviation industry began working to change the culture of the cockpit.

One identified area was the hierarchy of flight crew itself. In 70% of accidents studies, someone in the cockpit knew there was a problem but did not communicate ii because subordinate officers were trained to not challenge a captain. That combined with many societal norms, particularly showing respect for ones elders, played a part in the 1997 Korean Air Flight 801 tragedy in Guam. The flight crew had been trained that while on approach to land, the flying captain makes all decisions and their job is to monitor. But they received no specific training on how or what to say when the captain made procedural errors. They didn't know what to do or say when the captain had placed the airplane 600 feet lower than expected. Finally recognizing he was out of position, the captain initiated the procedure to try their approach again but it was too late and four seconds later they collided in to the ground, killing all passengers and crew members aboard.

By acknowledging that errors are ever-present and can have disastrous results, airline industry leaders were able to get buy-in from pilots and crews alike. Buy-in was an essential aspect of these changes, as the processes that were implanted required strict adherence to checklists and double-checking one another's work. Flattening the hierarchy allowed communication to flow freely despite rank and title, and removed the stigma associated with questioning a decision or pointing out an error. This was successfully moved out of the cockpit and applied to flight attendants, ground crews and maintenance teams, making the airline industry one of the safest high risk industries in our world.

A Just Culture can save lives. It can also pave the way for innovation, efficiency and excellence in safe patient care. All of these are important goals for everyone in the healthcare industry. Effective teamwork, open communication and shared learning are the ways in which our organizations can continue to evolve and develop a deeper commitment to our patients and each other.

If you're interested, please read more about these topics:

Marx, David. Whack-a-Mole: The Price We Pay For Expecting Perfection.

Dekker, Sidney. Just Culture: Balancing Safety and Accountability.
Reason, James. Human Error.
Nance, John. Why Hospitals Should Fly.
Langley, et al. The Performance Guide.

ARIZONA RECEIVES CDC FUNDING TO COMBAT OVERDOSE

The Arizona Department of Health Services has received a $3.6 million grant from the Centers for Disease Control and Prevention to prevent overdose deaths related prescription opioids. The grant will be funded over a four year period as part of the Prescription Drug Overdose: Prevention for States program.
"Prescription drug overdose is a public health crisis in Arizona, yet it is a preventable one," said Dr. Cara Christ, director of the Arizona Department of Health Services. "Now we have additional resources to combat the epidemic in our state."

This funding allocated through the National Center for Injury Prevention and Control, will support 16 states to implement prevention strategies to improve safe prescribing practices and turn the tide on the prescription drug overdose epidemic. Funding will support:

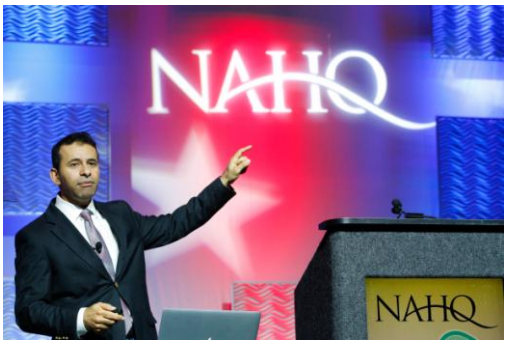
- Prescription drug monitoring programs,
- Improvements to opioid prescribing practices,
- Prevention efforts at the state and community level and
- "Rapid response projects" to address new and emerging problems related to prescription drug overdose.

In 2014, approximately one Arizonan died every day from an overdose due to prescription opioid pain relievers. Compared to other states, these alarming outcomes placed Arizona as the 12th highest state in the nation for drug overdose death rates in 2012 and 12th highest in prescription misuse and abuse among people 12 years of age and older.

ADHS is part of the Arizona Prescription Drug Misuse and Abuse Initiative, a multi-agency, multi-systemic approach to addressing the epidemic. As part of this initiative, a comprehensive Community Toolkit has been developed, and guidelines have been issued for prescribing controlled substances and dispensing of controlled substances by pharmacists. ADHS will be partnering with six counties that are experiencing the highest burden including: Gila County, Maricopa County, Mohave County, Navajo County, Pima County and Yavapai County. Arizona's participation in the Prevention for States program is part of CDC's efforts to provide resources and support to advance comprehensive state-level interventions for preventing prescription drug overuse, misuse, abuse and overdose in participating states.

For more information: Arizona Opioid Prescribing Guidelines or Arizona Criminal Justice Commission.

NAHQ Webinars



Webinars. Whether you are new to the world of healthcare quality or if you have been here for over a decade, NAHQ has an event that is perfect for you. Learn healthcare quality basics in our Introduction to Healthcare Quality courses, take the next step and prepare for your CPHQ credential with a CPHQ Review Course, or simply gain overall quality knowledge within the industry by attending the Annual Educational Conference. Click here to view a list of educational webinars.

Upcoming AzAHQ Educational Events

Check our website for ongoing information about our educational events.

HHS proposes improvements to care and safety for nursing homes

Revisions mark first major rewrite of long-term care conditions of participation since 1991

A proposal announced by the White House Conference on Aging would make major changes to improve the care and safety of the nearly 1.5 million residents in the more than 15,000 long-term care facilities or nursing homes that participate in the Medicare and Medicaid programs. If finalized, unnecessary hospital readmissions and infections would be reduced, quality care increased, and safety measures strengthened for the more than one million residents in these facilities.

Changes include:

- Making sure that nursing home staff is properly trained on caring for residents with dementia and in preventing elder abuse.
- Ensuring that nursing homes to take into consideration the health of residents when making decisions on the kinds and levels of staffing a facility needs to properly take care of its residents.
- Ensuring that staff members have the right skill sets and competencies to provide person-centered care to residents. The care plan developed will take the resident's goals of care and preferences into consideration.

- Improving care planning, including discharge planning for all residents with involvement of the facility's interdisciplinary team and consideration of the caregiver's capacity, giving residents information they need for follow-up, and ensuring that instructions are transmitted to any receiving facilities or services.
- Allowing dietitians and therapy providers the authority to write orders in their areas of expertise when a physician delegates the responsibility and state licensing laws allow.
- Requiring nursing homes to provide greater food choice for residents while also giving flexibility for nursing homes.
- Updating the nursing home's infection prevention and control program, including requiring an infection prevention and control officer, and an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
- Strengthening rights of nursing home residents, including placing limits on when and how binding arbitration agreements may be used.

The recommended reforms were published in proposed rule CMS-3260-P, in the July 16, 2015 Federal Register.

HAVE YOU JOINED A SIG YET?

If not, you're missing out on great opportunities to network and share ideas! NAHQ Members are invited to join any of NAHQ's special interest group (SIG) discussion communities on the NAHQ Network. Visit www.NAHQ.org/sigs for instructions on how to sign up for a SIG. You can choose to receive no emails (and read all posts online), daily e-mails or a digest of messages. Take advantage of this popular member benefit and sign up today!

CHALLENGES, PROMISES FOR HEALTH CARE QUALITY MEASUREMENT

By Richard Kronick Ph.D., Director of the Agency for Healthcare Research and Quality

In our quest to improve health care, a consensus is emerging about the need to measure quality and to pay more for value and less for volume. Secretary Sylvia Burwell announced in January that HHS intends to link 85 percent of Medicare payments to quality or value by 2016 and 90 percent by 2018. Another HHS goal: to have 30 percent of Medicare payments go through alternative payment models, such as Accountable Care Organizations or bundled payment arrangements, by the end of 2016 and 50 percent by the end of 2018.

We've relied too long on payment systems that do not measure or reward quality. Too often, these systems have delivered care whose value has been uncertain, not adequately responsive to patient preferences, and not sufficiently devoted to improving safety.

In light of this, AHRQ and the National Quality Forum (NQF) recently convened a meeting of 23 leaders in the health care quality field to discuss the best ways to grow and support the field of quality measurement. The take-aways from this meeting, which NQF CEO Christine K. Cassel, M.D., and I wrote about in viewpoint published in the September 1 issue of the Journal of the American Medical Association (JAMA), included the following:

Align measures. We need to ensure that clinicians consistently focus on things that matter to patients and clinicians. NQF, the Centers for Medicare & Medicaid Services (CMS), and America's Health Insurance Plans are working together to align measures across payers.

Support internal improvement. The current emphasis on external incentives, such as paying for quality, neglects providers' inherent motivation to provide the best care possible. There are many examples of rapid improvements occurring in the absence of financial incentives. Supporting local quality improvement efforts and providing feedback on performance may be at least as important as the current emphasis on payment and accountability.

Collaborate with users in the development of measures. Performance measures must be meaningful to clinicians, purchasers, and patients. To help achieve this goal, CMS encourages the use of patient representatives in its measurement development contracts. Further, we need better lines of communication between those who develop and review measures and those who use them at the point of care. This is vital to see what is working and to identify flaws so that measures may be modified or used in a different way. There has been significant progress in our efforts to measure desired outcomes over the past 15 years. But challenges continue related to our ability to measure important concepts—such as diagnostic accuracy, meaningful involvement of patients in decision making, and care coordination. It is important to ensure that the time and energy required to fulfill the current measurement requirements is well spent and produces useful information for improvement.

I look forward to working with others in the field to find solutions and to work toward a future in which all health care is safe and provides good outcomes that are valued by patients, clinicians, and policymakers. In fact, one example of an improved measurement system that AHRQ is testing, the Quality and Safety Review System, is envisioned as an enhanced replacement for the Medicare Patient Safety Monitoring System that is currently used to measure the national rate of hospital-acquired conditions. Although we have had good news to share regarding the nation's progress toward making care safer, patients are still being harmed far too frequently while receiving health care.

As with all safety and quality measurement efforts, the Agency's goal is to support the field by providing reliable information to guide further improvement.

Citation: Challenges, Promises for Health Care Quality Measurement. September 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/news/blog/ahrqviews/090315.html

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AZAHQ'S LINKEDIN GROUP

http://www.linkedin.com/groups/Arizona-Association-Healthcare-Quality-3895572/about
The AZAHQ LinkedIn Group is now available to all. Please take a moment to invite your colleagues and other LinkedIn connections to join the group.

HHS RESOURCES ON MULTIPLE CHRONIC CONDITIONS

New training material to help provide health care professionals with education necessary to care for people living with multiple chronic conditions was launched today by the U.S. Department of Health and Human Services. The HHS Education and Training Resources on Multiple Chronic Conditions (MCC) for the Healthcare Workforce materials –a first of their kind– were created by the Office of the Assistant Secretary for Health, in collaboration with the Health Resources and Services Administration (HRSA).

Through these new resources, HHS seeks to bolster interprofessional education and training materials for health professions students, faculty, practitioners, direct care workers, and patients and their families that address the care of persons with multiple chronic conditions. In addition, health professions education focuses on caring for patients with a single disease rather than those with multiple chronic conditions.

One in four Americans has multiple concurrent chronic conditions and their care costs nearly two-thirds of health care spending in the United States. "Working with academic faculties and educators on providing integrated care will help improve health, lower costs and maximize quality of life for some of our sickest patients," said Anand Parekh, M.D., M.P.H., HHS deputy assistant secretary for health.

The resources are available online and include:

- "Multiple Chronic Conditions Education and Training Repository" - a searchable database of existing educational resources that specifically address the care of persons living with MCC;

- "Multiple Chronic Conditions: A Framework for Education and Training" – a conceptual model that outlines the core domains and competencies for the interprofessional health care team and;
- "Education and Training Curriculum on Multiple Chronic Conditions" - a web-based course consisting of six modules.

For more information about the HHS Initiative on Multiple Chronic Conditions and the HHS Education and Training Resources on MCC, go to: http://www.hhs.gov/ash/initiatives/mcc.

CPHQ Grant

AzAHQ offers a grant annually to assist one member with attaining his/her professional goals. The AzAHQ Certification Grant is offered to all active AzAHQ members who have not obtained the CPHQ or do not have an active CPHQ status and who are not current AzAHQ Board of Directors.

Winners receive registration for ONE (1) AzAHQ CPHQ Review course and ONE (1) CPHQ exam. ONE (1) grant recipient will be determined annually by the AzAHQ Board of Directors. The recipient of this grant must complete the AzAHQ CPHQ review course & exam within one (1) year of receiving the grant. The recipient is also required to submit an article for the AzAHQ newsletter within the year after attaining certification.

The winners will be announced at the Fall conference.

AzAHQ Board Updates

Annual elections are under way! Keep an eye on our website to vote online.

Contribute an Article or Idea for this Newsletter

We are seeking articles and ideas for our next newsletter! Please email them to Ellen Kane, Communications Team Lead Elect.

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AzAHQ 2015 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)	Mark Patton	CPHQ, BS		
Past President 2012-2013	Susie Duffy	R.N., MBA/HCM, CPHQ	HonorHealth	Consultant/Supervisor, Quality Outcomes
Secretary 2015-2016	Regan City	MSHS, PA-C, CPHQ	Scottsdale Medical Imaging Ltd	Quality Manager
Secretary Elect (vacant odd years)				
Treasurer 2015	Andrew Kopolow	MPA, MSW, CPHQ, PMP	UnitedHealth Care	Senior Project Manager
Treasurer Elect	Shari Baird	MS, RD		
Communications Team Lead	Audrey Benenati	MHA, CPHQ, CHTS	Aetna Medicaid	Manager
Communications Team Lead Elect	Ellen Kane	RN, MSN, CDE, CPHQ	St Joseph's Hospital and Medical Center	Quality Specialist
Education Team Lead				
Education Team Lead Elect	Tonna Dexter	RN, BA, MSN		
Membership Team Lead	Alexis Megeath	BSIE, CPHQ, PMP, CSM	Aetna Medicaid	Sr. Director of National Quality Management & Improvement
Member at Large	Jeanne Stueland	RN, BSN, MPA, CPHQ	HonorHealth	Consultant, Quality Outcomes
AzAHQ Association Manager	Holly Grems	RN, BS, BSN, MHA, CPHQ	HonorHealth	Consultant, Quality Outcomes