CAHQ Forum

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Hospital Accreditation

Exploring the Irish Experience

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Irish Healthcare Strategy

In keeping with global trends, attempting to improve the quality of healthcare has become a central tenet of Irish healthcare strategy. Numerous government strategies and reports have articulated the need for the proactive management of healthcare quality. For example, in 1987, the Report of the Commission of Health Funding identified the key fault of the health service as being the absence of the evaluation of the effectiveness, efficiency or quality of the health service, while Shaping a Healthier Future (1994) stated that the principles of quality management should underpin all future developments across the health service. Despite these findings and recommendations, there has been very little evidence to suggest that Irish healthcare organisations have made any significant progress in terms of the formal management of quality. Ennis and Harrington (1999) reported on a study conducted in 1998 covering a range of healthcare organisations where only 25% of respondents indicated that their organisations were involved with quality programmes and 13% stated that there was no intention of adopting any type of quality initiative in the future.

To some extent the picture would appear to have changed. Ireland's most recent health strategy – Quality and Fairness: A Health System for You (2001), which has served as the key driver for the current wide-scale reform within the health service, further reinforced the notion that managing quality was key to improving both service delivery and value-for-money from revenue spent. Prior to the publication of the strategy, the notion of using accreditation as the primary vehicle for developing a culture of quality and continuous improvement within healthcare and particularly acute-care hospitals, had gained some attention. Leahy and Wiley (1998), reflecting on the Irish situation, suggested that "..the process of accreditation is attractive, as it leads to improved patient care, an active risk management strategy and independent recognition of conformity"(p.113).

In 1998, the Irish government took the step towards actively "pushing" the healthcare quality agenda through the development and funding of the Irish Health Services Accreditation Board (IHSAB), which was in turn formally established via statutory instrument in 2002. Its initial standards were developed with the support of the Canadian Council for Health Services Accreditation and these have subsequently been awarded the international ISQua ALPHA validation.

A key characteristic of the Irish approach to the accreditation process is that it is voluntary in nature, although the majority of the acute-care sector has now signed up to the scheme. The initial rollout commenced with the major academic teaching hospitals, and subsequently with all larger acute-care regional and general hospitals and other smaller hospitals to which the standards are applicable.

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CAHQ Forum

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President's Message

And now, the time has come...

Tricia West

It is hard to believe that a year has passed and we are again approaching our Annual Meeting and Spring Conference. Gratefully, this has been a very successful year for CAHQ. We have seen positive growth in our organization in both numbers and profit. In March at our Annual Meeting I will announce our complete financial standing for the year, yet we do know that we exceeded our profit goal for the year by 4.1%. In addition, due in large part to the meticulous bookkeeping of our Finance Manager, Jan Maronde, we sailed through an IRS audit. Although we had no doubts as to its outcome, I want to thank Jan for her tireless efforts and exceptional organization in seeing us to a positive outcome. It was a true example of quality and excellence!

We have all heard slightly different definitions of how quality is defined. Dr. Deming believes, "Quality control does not mean achieving perfection. It means the efficient production of quality that the market expects." Dr. Joseph Duran defines quality as "Fitness for use," and the American Society for Quality defines quality as "The totality of features and characteristics of a product that bear on its ability to satisfy a given need." In the Fall, we had the opportunity to see how all of you and your organizations define quality as we announced CAHQ's Quality Week Contest. I want to thank all those who took the time and effort to submit projects sharing your Quality Week activities from your organizations. Congratulations to our first annual Quality Week Award Gold recipient Cedars Sinai in Los Angeles.

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Editor's Message

Paula Packwood

Welcome to the first quarter edition of The Forum. Our international lead article comes to us from Waterford, Ireland. Brigid Milner, a lecturer with the Centre for Management Research in Healthcare and Health Economics from the Business School at Waterford Institute of Technology briefs us on Hospital Accrediation and the Irish Healthcare Strategy. I found it especially interesting that Ireland's initial rollout for the accreditation process is started in the major academic teaching hospitals with the large acute and other hospital sizes and types following. This is a very informative article-reminding us that quality care is in the hearts and minds of the entire international healthcare community.

In that community spirit, this month we have a reprint from our sister organization, the Indiana Association of Healthcare Quality. In the spirit of the football state that they are, Indiana has sent us the "JCAHO's Big Ten"-actually the big eleven from JCAHO. They remind us of the team spirit we use in so many places where teamwork helps organizations get the best results-healthcare, football and team sports, our state, national and international organizations working together. More to come with this state to state collaboration.

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PRESIDENT – continued from page 2

PacifiCare earned our Silver Award coming in as a close second. Cedars will receive one free registration to our Annual Spring Conference and PacifiCare has been awarded 1 day of registration to the Conference. Please be certain to look at their projects which will be on display at the Annual Conference in Long Beach. This will help you to get ideas and begin planning for next year's contest!

Shortly, you will be receiving ballots for this year's election. I want to thank those who came forward to serve CAHQ and encourage everyone to review their profiles included with the ballot and cast your vote.

Additionally you will also find a By-laws Amendment which will allow us to go to an email format for next year's election. Many professional organizations have already gone to this platform and I encourage everyone to support CAHQ's move in this direction. In addition to being more efficient, it will also be more cost effective.This year your hard working Board made some positive changes in managing and running CAHQ. We have a new CPA, a new insurance carrier and a new printer. Not only do we feel positive about the additional benefits from these changes in what will be offered to CAHQ, but there will also be financial benefits for us. We anticipate this will again positively affect our bottom line in the coming year.

For those of you who were unable to make it to National in Orlando last September, you will have the opportunity to see our new booth at the Spring Conference in Long Beach. I know you will be pleased with its representation of CAHQ. It is also a great way for us to display our National Excellence Awards. I encourage all of you to make plans now to attend the National Meeting this September in New Orleans. Since the following year (Fall 2006) National will be held in San Diego, CAHQ will have a sponsor booth in New Orleans. For any of you attending, please let us know if you are able to help in our booth and join us for some dinner and jazz!

Lastly, I want to take this opportunity to thank the Board for their dedication and work this past year. It has been a tremendous experience working with such a talented and dedicated group. I feel very blessed to have had this positive experience, had the opportunity to give, learn and develop long lasting professional and personal relationships.

As always, I thank you for your continued support and look forward to seeing you in Long Beach next month.

Respectfully,

Tricia West, RN, BSN,MBA/HCM, LNC

President

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Nowhere is collaboration more important than in Disease Management. This Forum features a submission from Dr. Sandeep Wadhwa, Vice President of Government Programs at McKesson Health Solutions. Dr Wadhwa highlights the issues surrounding the most prevalent chronic illnesses amenable to disease management. A critical read for quality professionals.

Another critical and collaborative issue on the Nation's quality health scene is the call to reduce disparities in healthcare. Scheduled for the next issue is a reprint from the Health and Human Services Agency for Healthcare Research and Quality (AHRQ) announcing a new public private partnership designed to help reduce disparities in health care for people with diabetes and other condidions.This article come to us from Bridget Brodie, Executive Vice President of the American College of Medical Quality in Bethesda, Maryland.

Don't Miss two other important features of this Forum edition- Carol Yocum's past president column on NAHQ activities keeps us in the loop regarding national quality activities and initiatives. A very informative and important read. And Christy Beaudin, our Education Chair briefs us on the fabulous program she and her committee have crafted for our CAHQ Spring conference on March 17th and 18th-with a preconference workshop the afternoon of March 16th. This great educational event takes place at the Hilton Long Beach Hotel and Conference Center-time to register!

And hear more about a recent honor bestowed upon one of our own Members in "Quality Professionals in the News".

With that, the current editorial staff and I offer you our final edition of the Forum, and I complete my second year as Editor and turn the reins over to Julie Booth's very capable hands.

With this edition, we completed one of our major goals for the year which was to convert the Forum to an electronic publication. This is the first electronic Forum—-mission accomplished!

I appreciate the hard work of the Forum Staff editors-Roberta Buser, the former Editor who knows everything about publishing a professional newsletter and is a great mentor, Maureen Gaffney, a real leader, Jill Lindsey and Joann Kimmel two extremely creative and organized people, Lucy Fe Vendoval who has supported CAHQ consistently for many years and Carol Yocum who has recently joined us for the NAHQ column.

Thanks to all of you for your hard work and dedication, and thanks to you, the members for your input and support!

Editor

IRISH EXPERIENCE – continued from page 1

Accreditation Research

My research commenced in January 2004 when accreditation "kicked off" at a public regional hospital. The site is the primary focus of the three-year, funded accreditation study conducted by the Centre for Management Research in Healthcare and Health Economics in Waterford Institute of Technology.

The hospital is a key general and specialist service provider for a regional population of some 423,000 and in 2004 was funded by a budget of €47million. Employing 1700 staff that support 470 in-patient beds and 60 day beds, the hospital achieved 24,000 in-patent discharges in 2004.

Getting the first phase of the accreditation process up and running and gaining initial employee commitment, not surprisingly, required significant effort particularly as the environment, like all public healthcare organisations in Ireland, is highly unionised. It was also made more difficult due to the absence of a Quality Manager on site. However, the up-front commitment for the input of time from a senior nurse manager and the Deputy Hospital Manager was pivotal in moving the process forward. Initially their role was to run staff communication sessions to heighten awareness of the accreditation exercise (these were attended by approximately 50% of employees) and then, on an on-going basis, to act as facilitators to the accreditation teams.

Bearing in mind the range of generalist and specialist activities taking place on site, it was deemed that formation of ten teams (six clinical services and four support services) would fully reflect the spectrum of disciplines and interests. The teams were mobilised and commenced their formal two-weekly meetings in April 2004.

My interaction with the teams began at this time through attendance at the team meetings for five of the accreditation teams (three clinical services and two support services). As an impartial observer to the process, a number of issues soon became evident. Firstly, it became apparent that some of the team leaders (who were appointed by their fellow team members without reference to position and experience in the organisation) found their role a challenge, having received no specific training to support them in terms of leading and managing the sessions. As a result, several of the earlier meetings were characterised by a lack of focus on the standards and the self-assessment exercise itself.

Secondly, the non-attendance of the majority of the senior hospital doctors (Consultants) meant that the clinical services teams became overly-dependent on nursing input coupled with some representation from allied health professionals (e.g. physical therapists, occupational therapists and pharmacists) and this continues to be an on-going source of frustration. It should be noted that the Consultants were, and still are, engaged in an on-going dialog with the Government (their employer) around the terms of their professional indemnity insurance and as a result of this, their union had directed them not to participate. Notwithstanding this, a minority decided to actively commit to the accreditation process and regularly attended team meetings.

Thirdly, as time went on, the attendance at many of the team meetings, particularly on the clinical side, began to dwindle. Sometimes only three or four members, from a possible fifteen, showed up, leaving a minority of members to tackle the review of the accreditation standards in their area.

At the five-month stage of the first phase of the accreditation exercise, I conducted an interim evaluation of the process from the perspective of the team members. This involved the development of a detailed questionnaire instrument, largely constructed around Likert scales. It's aim was to capture the attitudes of individuals towards the accreditation exercise, the level of support that they gained from colleagues and the extent to which they believed that accreditation had already penetrated the organisation in terms of impact and employee awareness of the process.

From a total team membership of 204, a response rate of 60% was achieved, comprising 55% from clinical services and 45% from the support services teams. The questionnaires were administered and completed during the team meetings and those not in attendance, received a copy for completion through the internal mail. The findings presented a mixed picture of team members' experiences of the accreditation process. Not surprisingly, many respondents had had no previous exposure to quality initiatives prior to accreditation (67%) and even fewer (84%) to accreditation itself. In terms of getting involved as a team member, some 85% indicated that they were "asked". Many team members went on to elaborate with comments such as ***"I was nominated so I had no choice in the matter"*** and ***"I was volunteered by my manager"***.

Gauging how well team members felt that they understood the accreditation process prior to commencing the exercise, seemed worthy of exploring. 63% agreed that they did understand the issues up front. However, when asked about their understanding of the time commitment necessary for participation, only 47% responded that they had been fully aware of the requirements on them.

In relation to the meetings, a range of issues were investigated, generating varied results. While many of the respondents felt that the meetings worked well (63% agreed), conversely only 49% felt that any definite progress was made and 35% were uncertain. Likewise, only 45% indicated that the deadlines that were agreed in the meetings were taken seriously. On the issue of the equity of task allocation, 66% felt that work was shared fairly among those who attended meetings, although this dropped to 42% when asked the same question but in relation to those who were listed as being a team member.

As accreditation aims to have an organisation-wide impact, a number of questions were posed which might provide some indication of the level of awareness, commitment and support for the exercise outside the domain of teams themselves. Many respondents (59%) agreed that there was hospital-wide awareness that the process was taking place, although only 21% agreed that the aims and objectives of accreditation were understood. Looking more closely at the working environment of team members, only 23% of respondents indicated that their colleagues expressed interest in the process and only 38% stated that they received support from colleagues who were not team members. Mirroring these results, 15% and 46% agreed that they got recognition for their contribution to accreditation from their colleagues and line manager respectively.

Finally, team members were given the opportunity to comment on any aspect of the first phase of the accreditation project. Traditionally, in management research, this tends to be an element that often suffers from non-completion, however this was not the case. Multitudes of views were articulated that captured the diverse range of feelings around the entire accreditation process. On a positive note these included:

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News & Notes from NAHQ

by Carol Yocum, CAHQ Past President NAHQ Board News

This Column in the CAHQ Forum serves as the vehicle to bring information to CAHQ Members about issues and activities of the National Association for Healthcare Quality (NAHQ). Questions regarding any of the topics may be reffered to the Immediate Past President of CAHQ who will respond with the desired information or will provide a contact name for the additional information requested. (Immediate Past President is ***Carol Yocum*** *who can be contacted at carol@yocum.biz).*

COMMUNICATION:
The NAHQ Board held a conference call in early December and many items were addressed at this meeting. Here are the highlights.

FINANCIAL STATUS:
The Board reviewed the 2005 operating budgets for HQCB, HQF and NAHQ and all have been accepted. It was reported that the financial status of the organization is strong and that membership is stable. NAHQ is exploring ways to increase those numbers as is our own CAHQ.

ELECTRONIC VOTING:
NAHQ reports that they are planning to move into the electronic age with balloting. This would allow for all of you who regularly utilize your computers to complete your ballots "online". Email invitations will be sent to all members with known email addresses inviting them to vote. The online ballot will provide the candidate pictures, bios, profile statements and other information for each office. The system will track responders and for subsequent waves of the initiation, will only invite those who did not respond to previous email invitations. Each email will contain individual pass words for members to enter on the first voting page to gain access to vote. For those who do not have email address or are uncomfortable using a computer, hard copy ballots will be sent to those members.

CRITERIA CHANGE FOR THE CLAIRE GLOVER AWARD:
Based on member feedback by those who were acquainted with her,the Claire Glover Award criterion has been changed to more closely reflect the values that Claire stood for. Claire breathed life into the organization and welcomed people with such passion that it became their passion as well. This award is one way for NAHQ to not only honor her uniqueness but also to recognize this trait as something that sets NAHQ apart from other similar organizations. With the revised criteria for this award, NAHQ will recognize and reward those who have given heart, soul and passion to the organization. This award will be for someone who has promoted NAHQ above all else; someone who cares about the organization so deeply that it becomes a passion, a way of life. The recipient of this award will receive complimentary Conference registration and hotel for the NAHQ Annual Educational Conference.

NEW AWARD:
The Board approved a new award category, entitled. "NAHQ Distinguished Member Award." Eligible candidates will be members who have made an outstanding contribution to the profession in one or more of the following: service to the association, contribution to the body of knowledge, publication activities and education leadership. The recipient of this award will receive a $1,000 travel grant for travel to the NAHQ Annual Educational Conference.

DATA TOOL KIT:
The latest Data Tool Kit is in production of the cover artwork, packaging of handouts and DVDs themselves. It is anticipated that the DVD will be available for sale after the first of the year. A blast email will be sent out to members around the first week of January, with subsequent promotion in NAHQ News and JHQ.

LEADERSHIP COUNCIL:
Minor policy/procedure changes were made to the Leadership Council process to improve communication between the Leadership Council, NAHQ Members the NAHQ Board of Directors. The changes were based on feedback from the NAHQ board members at our meeting in September as well as from individual Leadership Council members gathered at the conference. Changes include communication to affiliated State presidents who were unable to attend leadership council, but sent a representative in their stead. For those NAHQ members who reside in Non-Affiliated States, the NAHQ Board wanted to allow for them to have the opportunity to actively participate in the Leadership Council, if only as non-voting members. Leadership Council should at a

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minimum includes all state presidents so that they are in the communication loop. Therefore, State Presidents will be added to the Leadership Council mail group when elected to the state office, as this may occur between annual meetings. The NAHQ President-elect will track the terms of office for state presidents and ensure that this information is given to staff to update the Council mail group. And finally, the NAHQ Past Presidents will make up a Past President's Council, with the past president leaving the board chairing the group for the year. The group will be responsible for 1) developing a goal for the group for the year, in conjunction with the incoming NAHQ president; 2) providing support to the NAHQ president and board; 3) serving as mentor to NAHQ members who are interested in leadership opportunities in quality healthcare and/or NAHQ, not to include Fellowship.

STATE PRESIDENTS' CONFERENCE CALLS
on November 16 and 18, 2004. Members reviewed the results of the NAHQ affiliated state survey conducted in October 2004. The next set of calls will focus on financial policies and procedures, including what is a prudent reserve, how to determine long-term financial management goals and strategic budgeting. Also Reviewed were the two new pages on the NAHQ web site. The first is an area for state leaders to gain access to frequently-asked questions at:
http://www.nahq.org/affiliates/info/index.html.
This is a resource area that will hopefully grow with time. The other area is a new customer service directory at:
http://www.nahq.org.contact.html.
This will hopefully direct questions to the appropriate staff person.
Affiliation compliance information will be distributed to the States in January with a mid-March deadline. For those new to this process, this is the annual "check-in" that affiliated states must supply to NAHQ the number of state members who are NAHQ members, and to let us know of any bylaws changes.
Eden Essex, NAHQ's Marketing Director, gave an overview of a handout on marketing and membership tips.

FELLOWSHIP REVIEW BOARD:
There are 11 Letters of Intent from individuals who plan to apply for Fellow. The Board is soliciting current Fellows to volunteer as "mentors" to these candidates.
Awards Team:

2005 NAHQ ANNUAL CONFERENCE PLANNING TEAM:
It was reported that the keynote speakers and 3 preconferences have been confirmed. These preconferences include: Quality Boot camp 101; Statistics for Quality Managers and Root Cause Analysis.
The Team is working on a 4th preconference, to cover "Women & Leadership". The paper and poster submissions have been reviewed and the acceptance/rejection letters will be going out this month. The Team is very appreciative of the number of submissions this year, given the new timelines.

QUALITY VOLUNTEERS:
Three (3) new Task Teams have been formed to review the content of NAHQ Internet Web Page; NAHQPlus and NAHQ News.

Important Deadlines for NAHQ
September 17-20, 2005: NAHQ 30th Annual Education Conference, New Orleans, LA.

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News

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"I am enjoying my involvement in the accreditation process…I think in the end it will have a very positive impact on the way we deliver services and will lead to a lot of money and time being saved".

" The process…has brought members from all disciplines together to share a focus in improving standards in healthcare" while some of those with reservations commented:

"I am sceptical about how many of the recommendations will actually be implemented, mainly due to the shortfall in resources"

"….need to get a commitment from Doctors - none are attending or contributing to the process from our team. ..need to get hospital management to get commitment from Doctors to contribute….."

Issues Arising

The interim evaluation has raised a number of issues for both the research site and other hospitals in the region that are about to commence accreditation. These include the provision of training, participation and equity within the teams, multidisciplinary commitment and ultimately communicating the potential of accreditation for improving healthcare quality to both team members and other stakeholders throughout the organisation.

The teams are now reaching the end of the first phase of accreditation. Despite many of the challenges reported above, each of the standards have been completed and evidenced and the final versions of documentation are being prepared for submission in advance of the summer 2005 IHSAB survey visit. For the accreditation teams, the finishing post of the first phase is in sight.

However, a number of issues still remain. Obviously, the assessment by the IHSAB surveyors will provide valuable feedback not only about their evaluation of current service provision but also on the comprehensiveness of the documentation and its ability to fully and accurately reflect both practices and resources within the hospital.

Secondly, and of equal significance, will be the willingness of team members to participate in phase two of accreditation within continuous improvement teams based on their experiences of the initial exercise.

The scope for further research is vast and ultimately the aim is to provide a greater understanding of how to implement and manage hospital accreditation in an Irish context.

"Report of the Commission on Health Funding", Department of Health, 1987
"Shaping a Healthier Future", Department of Health, 1994
"Quality and Fairness: A Health System for You", Department of Health and Children, 2001
Ennis, K. & Harrington, D.: "Quality Management in Irish Health Care" International Journal of Health Care Quality Assurance, Vol 12, Issue 6, 1999
Leahy, L. & Wiley, M. "The Irish Health System in the 21st Century", 1998, Oak Tree Press
(www.ihsab.ie)

JCAHO'S BIG TEN"?

As I am writing this article, I am thinking about this Saturday (November 20th) because the Purdue vs. IU football rivalry ("the old oaken bucket") game will be taking place. We are in the thick of the college football season in Indiana as well as nationally…did you know the ***"Big Ten"*** actually has eleven teams?! Approximately five years ago Penn State was added, but this well-known conference maintained its famous name.

Did you know that JCAHO has its own ***"Big Ten"*** of sorts (which is actually eleven)?! It is the eleven main functions of a healthcare organization—at least that is how they divide up their CAMH (hospital) manual.

The ***"Big Eleven"*** are:

Provision of Care/Treatment/Services (PC)-"Penn State"
Environment of Care (EC)-"Minnesota"
Ethics/Rights/Responsibilites (RI)-"Iowa"
Medication Management (MM)-"Purdue"
Surveillance/Prevention/Control of Infection (IC)-"Wisconsin"
Improving Organization Performance (PI)-"Illinois"
Medical Staff (MS)-"Indiana"
Nursing (NR)-"Northwestern"
Human Resources (HR)-"Ohio State"
Leadership (LD)-"Michigan"
Management of Information (IM)-"Michigan State"

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GO TEAM!

Respectfully submitted by Ann Bumb, President-Elect/Indiana Association for Healthcare Quality
(Reprinted with permission of IAHQ)

Disease Management Today

By Sandeep Wadhwa, M.D., MBA

Sandeep Wadhwa, MD, MBA, *is vice president of Government Programs at McKesson Health Solutions.* ***Dr. Wadhwa*** *oversees government services and products for the company, which is the largest provider of healthcare information technology and pharmaceutical distribution services. As a national expert in disease management for Commercial, Medicaid and Medicare beneficiaries,* ***Dr. Wadhwa*** *is regularly called upon by the media to offer an expert opinion about issues in these areas.*

Dr. Wadhwa *received his undergraduate degree from Wesleyan University and attended medical school at the Cornell University Medical College.* ***Dr. Wadhwa*** *received an MBA from the Wharton School of Business and completed a health services research and geriatrics fellowship at the University of Pennsylvania.*

Prior to joining McKesson, ***Dr. Wadhwa*** *was active in health care policy. He worked for the White House and the U.S. Congress, and has testified before four Congressional committees.* ***Dr. Wadhwa*** *is on the Executive Committee of the Disease Management Association of America and also chairs its Government Affairs Committee.*

As more and more people in the United States suffer from comorbid, chronic conditions that call for prescription and over-the-counter medications, disease management services become the logical choice to help physicians educate patients and to manage the potential complications caused by multiple chronic illnesses and the medications necessary to treat them.

The top five chronic illnesses most often managed through disease management programs are: asthma, diabetes, heart failure, coronary artery disease and COPD (chronic obstructive pulmonary disease). Other illnesses and conditions managed include mental health, pain, cancer and weight management.

Many chronic illnesses are growing in prevalence nationwide, which provides more impetus for healthcare organizations and state agencies to establish disease management programs.

Diabetes, for example, is affecting more and more people each year. According to *"Diabetes: Disabling, Deadly, and on the Rise,"* published in 2004 by the National Center for Chronic Disease Prevention and Health Promotion:

> More than 18 million Americans have diabetes;

> (Diabetes is) now the sixth leading cause of death in America (and) is responsible for over 200,000 deaths each year; and

> The number of U.S. adults with diagnosed diabetes has increased 61% since 1991 and is projected to more than double by 2050.

If disease management can help even a fraction of those afflicted with severe chronic illnesses, we will alleviate much pain and suffering. In addition, disease management can help organizations save a substantial amount of money through prevention and education, while improving the health of those participating in the programs.

A recent article published in the peer-reviewed *"Journal of the American Geriatrics Society"* showed just that.

Medicare+Choice members with heart failure who participated in a McKesson Health Solutions heart failure program experienced a significant decrease in clinical utilization compared to those who received standard care.
Study highlights included:

> 23 percent reduction in hospitalizations

> 22 percent reduction in emergency department visits

> 45 percent reduction in 30 day readmission rates

> 45 percent reduction in skilled nursing facility bed days

These decreases produced a 2.3:1 return on investment and a 10 percent reduction in claims paid costs including program fees.

As is evident by this study, both the healthcare organization and the program participant have much to gain by participating in a disease management program.

Outsourced or Homegrown

Today the question isn't when an organization will offer disease management services, but whether the services will be outsourced to a vendor or performed by the organization's staff.

There are advantages to both.

Outsourcing to a company that specializes in disease management allows health plans and state agencies to quickly start a program without incurring the time and expense of creating a complicated infrastructure to support the program, including the purchase of communications and computer equipment, and the software used to administer the program.

Because registered nurses are the backbone of every disease management program, an organization must be prepared to hire and train hundreds of registered nurses, which is an expensive and time-consuming task.

Many vendors, as well, will guarantee a specific performance level, which puts little financial risk on the contracting organization.

A vendor should be a "one-stop shop" for implementing a disease management program – from providing the necessary infrastructure to launching the program to member communications.

Organizations deciding to provide disease management services through existing staff are faced with the challenges mentioned above. However, the organization does have complete control over the look and feel of the program and how it's executed. For some organizations, having complete control is extremely important and necessary.

In either instance, the registered nurses who administer the disease management program provide health education and prevention information during community-based and over-the-phone outreach.

Collaboration is Crucial

No matter which option an organization chooses, collaboration is essential to the acceptance and success of the program. Disease management is collaboration among healthcare providers, local organizations and other health-related groups. It must be a team effort.

Working closely with physician groups, local health agencies and others is extremely important. This collaboration is vital in the commercial setting and even more so in government settings, such as Medicaid and Medicare.

Collaboration pays off in a number of ways.

It helps to create informed stakeholders, such as the patient's physician, which in turn increases acceptance among many groups. If physicians understand that the program is a supplement to their practices, rather than a mechanism to gain control over their patients, they are typically accepting and interested in participating.

To ensure acceptance, the physician must have input into the member's care plan and know that nurses will reinforce the physician's treatment plan.

When physicians and other stakeholders commit to the program, this has an extremely positive effect on the participants. Once participants learn that their doctors embrace the program they do so as well.

Community-Based Programs

Like any other health or medical service, disease management constantly undergoes change — specifically improvements in the ways services are delivered to participants.

A significant change that disease management has recently undergone is fine-tuning the way that registered nurses work with participants.

Since the inception of these programs, nurses have primarily worked in call centers, contacting participants by phone. While this remains in place, certain participants are more inclined to take part in the program when a registered nurse travels to their home.

These participants are difficult to reach by phone for a variety of reasons or simply respond to prevention education better with face-to-face contact.

Contacting physicians is no less important because he or she is integral to the success and acceptance of every disease management program. It's important to work with a variety of physician-related organizations as well as directly with participating physicians to accomplish this.

See Disease Management on page 10

DISEASE MANAGEMENT – continued from page 9

PHYSICIANS AND PARTICIPANTS RESPOND

Community-based disease management programs that make an impact generate comments from participants – doctors and program members alike. The following are two of the many remarks that McKesson receives each month about how the programs work for physicians and their patients.

Dr. Sitesh Roy, a staff physician at the Jackson Medical Mall in Jackson, Miss., and an assistant professor in the Department of Pediatrics at the University of Mississippi Medical Center School of Medicine, treats many children with asthma and allergies. Some of his young patients are members of a disease management program sponsored by the state.

Recently, Dr. Roy received a medical alert about one of his patients – a six-year-old boy with asthma – from a disease management program nurse. As part of the disease management program a nurse calls the boy's parents at regular intervals to check on the child and to ensure that he closely follows Dr. Roy's treatment recommendations.

It was during one of these calls that a nurse learned that the boy was having a problem. As soon as the nurse had the details, she faxed the information to Dr. Roy's office to let him know that one of his patients was reporting difficulties related to asthma.

After receiving the medical alert information, Dr. Roy checked the boy's chart and had his clinic nurse contact the family for more information. The problem was serious enough that Dr. Roy prescribed prednisone to control the boy's asthma symptoms.

As Dr. Roy said, *"We were able to prevent a visit to the emergency room for that child by intervening early."*

His story is typical of those physicians whose patients are enrolled in disease management services. As soon as physicians understand that the program is really an extension of his or her office staff – ensuring that any disease exacerbations are promptly reported – they are pleased with the results.

The patients and families we regularly work with are extremely thankful to receive the extra attention from a registered nurse.

Forty-six-year-old Anita Porter has diabetes and knows that the chronic disease can easily consume part of her body if she fails to strictly manage her health.

"When I get off-track I think about all of the things that I read. I want to go out with all of my limbs," she said. Adding, *"I know if I don't do 'A, B and C,' I could be dead."*

Porter learned the ABCs of chronic disease management by participating in a disease management program, which helps her establish health goals and manage medications.

Porter said she's received invaluable assistance and health information from nurse Vernessa Sanders, a community-based registered nurse who travels to Porter's home to help her. Other times Porter received calls from a registered nurse who has provided her with diabetes and hypertension information.

She uses the information as a guideline for her treatment, and the knowledge enables her to ask informed questions when she sees her doctor.

"The program helps me take better care of myself," she says. *"If I'm not doing what I'm supposed to do my blood pressure goes up, and if I can keep the diseases under control I might be taken off some of these medicines."*

Both vignettes are the pinnacle that every organization providing disease management services strives to reach: physicians and program members who appreciate the program and what it helps them accomplish every day in their practices and their lives, respectively.

Quality Professionals in the News

*The Association of California Nurse Leaders (ACNL) presented **Dorel Harms**, RN, Vice President , quality and professional services, California Healthcare Association with it's annual Contributions to ACNL award. Dorel currently serves as the Chair of our CAHQ Nominating Committee. Kudos and*

Congratulations Dorel!

Join Healthcare Professionals at the Annual Spring Conference on Quality Improvement through Collaboration and Integration:

GAINING MOMENTUM

Christy Beaudin

The 2004-2005 CAHQ Education Committee and the CAHQ Board of Directors invites members and other healthcare professionals to participate in this learning and networking opportunity. This Conference is supported in part by Tap Pharmaceutical Products and endorsed by CAMSS, CHIA and Lumetra. The Annual Spring Conference will provide participants the opportunity to learn from experts who will share insights and experience with topical issues related to the CAHQ vision and the daily work of the healthcare quality professional.

- Identify and advance best practices to advance collaboration and integration of care across the health care delivery system
- Promote professional development through learning about tools and ways to use performance data
- Gain knowledge to influence the industry in patient safety and performance improvement practices
- Earn CEUs to maintain certification

The Pre-Conference Workshop and Conference will be held at the Hilton Long Beach Hotel & Executive Meeting Center in Long Beach, CA. Registration information is available on the CAHQ Website (http://www.cahq.org).

During the Pre-Conference Workshop on March 16, 2005 (1pm - 5pm), Suzanne Williams, RN CPHQ FNAHQ will explore the benefits of the international CPHQ examination that is available on an ongoing basis at over 100 computer testing centers located throughout the United States. The objectives of Competency Testing: The CPHQ Exam in Motion include:

- Discuss development of the CPHQ Exam
- State components of clear, concise and topical test questions
- Describe elements of a valid test question
- Identify cognitive levels of thinking and comprehension
- Discuss use of the information in the work place for assessment of competency for the health care quality professional

This session is approved for 4 CE hours for CPHQ certification by the HQCB and 4.8 contact nursing hours.

An esteemed Faculty will present on many topical issues for improving care during the two-day Conference on March 17-March 18, 2005. *The Keynote* will be given by Joel E. Bennett, PhD is the President of Organizational Wellness and Learning Systems (OWLS), an organization that provides tools to create, sustain and renew healthy workplaces. Author of "*Time & Intimacy"* and developer of "*Team Awareness"* – an award winning, science-based training program. Dr. Joel Bennett will talk about *"Heart-Centered Leadership"* as an approach that combines leadership development with executive health. This keynote, "*Healthy Leadership: Making a Difference…For You…For Them*," will combine a review of four areas of health (physical, mental, spiritual, and ethical) with exercises to help participants learn to lead from the inside out. Other topics to be covered over the two days include:

- The Leapfrog Group: Initiating and Rewarding Breakthrough Improvements in Patient Safety
- Failure Mode Effects Analysis
- Impact of Nurse and Physician Disruptive Behavior on Clinical Outcomes of Care
- Patient Safety Standards and the Continuum of Care: An NCQA Perspective
- Regulatory Environment in the Schwarzenegger Era Effective Peer Review
- Shared Visions/New Pathways: Joint Commission Follow-up from 1st Year Survey
- Creating Data Infrastructure for Performance Monitoring and Improvement
- Re-inventing Excellence in Care: It's Not Team Nursing Revisited

The two-day conference is approved for 14 CE hours for CPHQ certification by the HQCB and 15.0 nursing contact hours.

CALIFORNIA ASSOCIATION FOR HEALTHCARE QUALITY

2005 ANNUAL SPRING CONFERENCE

Quality Improvement through Collaboration and Integration: Gaining Momentum

REGISTRATION

Please type or print only

Name:_____

Position/Title:_____

Organization/Department:_____

Street Address: _____

_____

City:_____

State_____Zip Code_____

Telephone: (____) - _____ - _____

Email address _____

License Number(s) _____

ADA or Dietary Requirements _____

COST

Registration fee includes Conference plus Conference Book, CPHQ CEs, Continental Breakfast and Lunch. Pre-Conference Workshop not included.

_____$450.00 for CAHQ and Western Alliance members
_____$525.00 for non-members with CAHQ membership fees
_____$575.00 without CAHQ membership
_____$350 Single Day
_____$75 Pre-Conference Workshop
_____$10 Conference Materials on CD

_____TOTAL

___Check enclosed ___Mastercard ___VISA ___American Express

Credit Card #_____ Expiration Date _____

Authorized Signature_____ Date_____

A charge of $25.00 will apply to checks returned for insufficient funds.
A $25.00 processing fee will be charged if rebilling of a credit card charge is necessary.

Written confirmation will be sent to each participant. Registration will be guaranteed with receipt of payment. Onsite registration will be accepted with full payment on a first come, first serve basis. All cancellations must be made in writing by mail or fax. A $75 processing fee will be charged for cancellations. **No refunds are provided for cancellations received after March 9, 2005.** Registrants who are unable to attend and want to send an alternate can notify CAHQ in writing prior to March 17, 2005.

Payment and registration due by March 2, 2005
To register, mail this registration form along with your check or credit card information to
California Association for Healthcare Quality
PO Box 70819
Pasadena, CA 91117-7819

Fax registrations with credit card information to 626.793.7417
Further Information call: 800.230.3163 or 626.793.7125.

Membership Renewal Statement **January 1, 2005 to December 31, 2005**

The Board of California Association for Healthcare Quality (CAHQ) invites you to renew your membership for 2005. Membership in the California Association for Healthcare Quality (CAHQ), established in 1977, provides educational and networking opportunities for experienced or new professionals to the healthcare quality field. Your continued membership is essential for CAHQ to achieve the goals of providing the products and services to meet the needs of our members and maintain financial stability.

The CAHQ web site (www.cahq.org) will assist you to keep up with the latest news about your organization and provides links to other key organizations such as NAHQ, HQCB and JCAHO. There are continuing education articles to help you maintain CPHQ certification, a job opportunity page, a Members Only section (CAHQ/quality) and a products/services page. The FORUM, our quarterly newsletter, provides you with current articles about quality, patient safety, risk, utilization management, and other areas of focus in our field as well as the Association's activities, advertising opportunities, and other information.

Membership dues post-marked or faxed after December 31, 2004, are $85. Dues for Organizational memberships are $300.

Please complete and forward this entire form with your check or credit card information to:

California Association for Healthcare Quality
P.O. Box 70819
Pasadena, CA 91117-7819

Please check your choice of payment options below:	**Individual** Annual Dues	**Organization** Annual Dues
☐ My check, payable to CAHQ, is enclosed for (circle):	$85	$300
☐ I authorize a charge to my credit card for (circle amount):	$85	$300

To pay by credit card, please complete the following: _____ _____
Credit Card Number Expiration Date

☐ VISA ☐ Master Card ☐ American Express

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Print Name Signature

(Dues are non-refundable. A $25 processing fee will apply to checks returned for insufficient funds or if rebilling of a credit card charge is necessary.)

☐ I have reviewed my address as shown above and wish to change it for receiving mail to:

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E-mail: _____

☐ I am interested in writing an article for the FORUM.
☐ I am interested in running for a Board position, i.e., President Elect, Secretary/Treasurer, Nominating Committee or participating on a committee/team.
☐ I am interested in volunteering administrative services for CAHQ.

THE INNER WORKINGS

Membership Committee Report (February 4th, 2005)

Active Members	**519**
Organizational Members	**3**
Lifetime Members	**7**
Total Members	**529**

Please Join the Board of Directors in Welcoming

Anderson Doretha
Batalla Barbara A.
Booth Julie Harmata
Buchanan Ann
Bunch Mia M.
Collier Ann
Dailey Jodie
Duman Rena
Dustin John
Einhorn Michelle
Field Lynn
Finn Laura A.
Funk Joanie
Gattenuo Anita
Gawne Jill
Green Nannette E.
Howard Melissa
Hudspeth Susan
Kastner Rosemary
Khleif Aroub
Korenberg Yelena
Kozik Carolyn
Le Thuy
Marasco Tara
Maxworthy Juli
McCann Carol
Montgomery Emy D.
Nguy My Thanh
Nix Janet
Oliquiano Rosabel
Orr Laura
Owen Mary M.
Perez Eveth J.
Perias Melinda
Poehland Terri
Roosenberg Lenette
Schultz Sandy
Smith Mary Lynn
Soresi Denise
Thweatt Evangeline
Tom Eric
Toneck Catherine E.
Ueno Ursula
Van Pelt
Williams Darlene
Wolf Cheryl
Zamudio-Ruiz Susana

SAVE THE DATES!

CAHQ is proud to be your resource for quality in education.

March 16-18, 2005	**CAHQ Annual Conference Business Meeting**	*Long Beach, CA*
July 14-15, 2005	**The 2005 Healthcare Quality Overview & Certification Workshop**	*Ontario, CA*
October 20-21, 2005	**The 2005 Healthcare Quality Overview & Certification Workshop**	*Ontario, CA*

CAHQ ADVERTISING AND CEU RESOURCES

CAHQ is proud to provide affordable advertising and CEU offerings in The Forum and on our website. As of January 1st, 2005 our price list is as follows:

Website Job Opportunities Postings:

30 day posting	*$200.00*
90 day posting	*$500.00*
150 day posting	*$700.00*
CEU Articles (Forum and Website)	
members	*$12.00*
non-members	*$15.00*
CEU replacement certificate	*$20.00*

Newsletter Advertising:

whole page ad (7-1/2x10)	*$600.00*
half page ad (7-1/2x5)	*$300.00*
quarter page ad (5x5)	*$150.00*

Ad copy to T/O Printing
5334 Sterling Center Drive,
Westlake Village, CA 91361-4612
P 818.706.8330 F 818.889.9781

IT'S HERE...

WEB ACCESS TO THE FORUM

Now, in 2005, members will have access to earlier editions of the Forum on the CAHQ website!!!
We are making progress.

>> SAVE THE DATES! <<

CAHQ is proud to be your resource for quality in education.

July 14-15, 2005
The 2005 Healthcare Quality Overview & Certification Workshop _____ *Ontario, CA*

October 20-21, 2005
The 2005 Healthcare Quality Overview & Certification Workshop _____ *Ontario, CA*

Please check our website @ www.cahq.org for on line CEU articles, as well as additional information on pricing and registration for the above educational Programs.

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