SAFETY ALERT: THE NEAR MISS

by Liz Augusta, RN, MSN

Liz Augusta, RN, MSN, is a Quality Consultant for the Los Angeles County Department of Health Services (DHS) Quality Improvement Program. She is the chair of the DHS Patient Safety Committee and DHS Patient Safety Education Committee. Under these roles she has implemented an organization-wide Patient Safety Climate Survey, DHS Patient Safety Website, and was the primary author for the DHS Employee Patient Safety Handbook. She also holds a certificate in legal nurse consulting and assists in the review of medical malpractice cases.

Patient safety has increasingly become a prominent concern for healthcare providers and quality improvement directors. This interest has been driven, in part, by the Institute of Medicine’s (IOM’s) report “To Err is Human: Building a Safer Health System”. In the well known report, the IOM estimated the magnitude of medical errors-related deaths from 44,000 to 98,000 deaths per year (Kohn, Corrigan, & Donaldson, 1999). Identifying the processes responsible for contributing to these errors is the first step towards preventing them. The same patterns of contributing factors responsible for adverse events and errors are the same patterns identified in near misses. Only the presence or absence of recovery mechanisms determines the actual outcome (Van der Schaff, Hale, & Lucas, 1991). Focusing on the causal factors for near misses rather than a sole focus on preventing adverse events may actually increase the value of quality improvement activities (Barach & Small, 2000). In addition, evaluation of near misses offers significant benefits over strictly adverse event evaluation, including greater frequency of events allowing quantitative analysis, fewer barriers to collection of data, limited liability for involved parties, and identification of systems patterns that can be collected, analyzed, and used for improvement (Barach & Small, 2000).

In October 2003, Los Angeles County Department of Health Service’s Hospital Olive View-UCLA Medical Center in Sylmar, piloted a Near Miss Reporting Program on two small step-down units. The program was initiated after a brief educational lecture was given to all nursing staff and residents, on the definition of a near miss, the relationship between near misses and medical errors, and how to report a near miss. The goals of the Near Miss Reporting Program were to capture those events that could have adverse consequences, but did not, and to use this information to identify modifiable systems.

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Beginning in 2005, members will have access to earlier editions of the Forum on the CAHQ website!!! We are making progress.
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PRESIDENT’S MESSAGE

According to Peter Senge (Senge, P. M. 1990 The Fifth Discipline: The art and practice of the learning organization, London: Random House 1990:3) learning organizations are “…organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.

The basic rationale for such organizations is that in situations of rapid change only those that are flexible, adaptive and productive will excel. For this to happen, it is argued, organizations need to ‘discover how to tap people’s commitment and capacity to learn at all levels’ (ibid.: 4).”

When you ask people about what it is like being part of a great team, what is most striking is the meaningfulness of the experience. People talk about being part of something larger than themselves, of being connected, of being generative. It becomes quite clear that, for many, their experiences as part of truly great teams stand out as singular periods of life lived to the fullest. Some spend the rest of their lives looking for ways to recapture that spirit. (Senge 1990: 13)

CAHQ continues to grow and change, and strives to be that organization that you will commit to being an active part of and of having your association stand out as a great experience. As you will see in our newsletter and on our website, CAHQ is on the move with many positive changes. You are now able to renew your membership as well as register for a Workshop or our Spring Conference online. We have a new CAHQ booth which we debuted in Orlando at the NAHQ Annual Conference. We have become part of the Western Alliance – an alliance of state organizations.

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MESSAGE FROM THE EDITOR

The NAHQ conference in Orlando was fantastic! Keynote speaker Sister Mary Jean Ryan, FSM, President / CEO SSM HealthCare, St. Louis spoke about the efforts that led to her Organization being awarded the Malcolm Baldridge National Quality Award in 2002-the first healthcare organization recipient of that award. Sister Ryan spoke about establishing a climate of quality throughout the organization. Isn’t that what quality has value, is nurtured and can grow? She was inspiring and set the tone for quality on a national level.

In this edition, Roberta Buser writes a wonderful overview of NAHQ Conference 2004 with accompanying pictures (look for our new CAHQ booth – thanks to Tricia West, and two new awards for CAHQ). Carol Yocum, our past president, spent the greater part of this year preparing our application for association excellence consideration by NAHQ. I’ll let Carol tell you in her recap of News and Notes from NAHQ exactly what happened. I’ll give you a hint – it is all good, silver and there is a picture

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President

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providing member benefits to participating state members.

This will be our last mailed newsletter as we prepare to go to an e-newsletter format, due to your feedback. For the next issue of the Forum, you will receive an email with a link to the Forum on the member section of our CAHQ website. This will allow you to read it online, print it out, or access it solely on CD. You will have the same available on CD for a nominal charge, giving you the choice to have all of the information without traveling with and carrying a heavy syllabus. It has also been found to be an easier storage medium. For 2005, we will still have the printed syllabus for all, but will have the same available on CD for a nominal charge. Based upon your feedback, our vision is to provide the information for future conferences on CD only (at no additional charge), giving you the choice to print it or access it solely on CD.

I hope you have all received and had the opportunity to read my announcement of CAHQ’s honor of being awarded the Silver Excellence Award from NAHQ. The NAHQ Award for Association Excellence recognizes the state healthcare quality association that provides exceptional membership services and benefits. The award is intended to enhance the goals and objectives of NAHQ by promoting quality educational offerings and providing information to healthcare quality professionals through the affiliated organizations. Each state association application is assessed on the state’s achievement of its established goals and objectives, the quality of its newsletter, the quality of its educational programs, and the state membership’s involvement in NAHQ. Again, I want to thank all CAHQ members for responding to our request for your Quality Week and quality activities for inclusion in our application. Having said that, I hope that you will all provide a method by which you can receive the Forum.

Beginning at this Spring Conference, we are planning to offer the syllabus on CD. Many other professional organizations have gone to this platform with overwhelming success. It allows you to have all of the information without traveling with and carrying a heavy syllabus. It has also been found to be an easier storage medium. For 2005, we will still have the printed syllabus for all, but will also have the same available on CD for a nominal charge. Based upon your feedback, our vision is to provide the information for future conferences on CD only (at no additional charge), giving you the choice to print it or access it solely on CD.

Editor

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of our success included in this issue. Thanks Carol and to all of you who participate in making the California Association of Healthcare Quality among the very best in the Nation.

Our own Christy Beaudin was granted Fellowship status by NAHQ and, as promised, more about this event appears in this edition’s Quality Professionals in the News. Elizabeth Augusta, RN, MSN, from the Los Angeles County Department of Health Services, graces this edition as author of the lead off article with her NAHQ poster presentation regarding Near Miss Education and Reporting. What we can learn from our near misses and the importance of the correlation between near misses and medical errors, is a critical issue and well highlighted in this submission. A good read to take back to any healthcare organization.

Not to be missed is the update from our own Dorel Harms regarding Nursing Ratios and the preliminary view of the impact in California to date, while Jay Arthur reminds us that quality includes a high quality experience in all aspects of our service delivery.

The Forum wants to know what your organization did for National Quality Week. Please submit a paragraph or pictures to me via our website. Speaking of websites, remember, the Forum will be available to you electronically in 2005. More to come on this topic. Read on!

❖

COMING ATTRACTION:

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Beginning in 2005, members will have access to earlier editions of the Forum on the CAHQ website!!! We are making progress...
issues that have a direct impact on patient safety. Particular focus was given to those systems in which methods could be developed to decrease adverse events through a change in the perceived culture of patient safety. Research has indicated that the corporate culture of acknowledging the fallibility of systems and making determined efforts to improve them through supporting system re-design result in greater advances in patient safety (Boyer, 2001).

Objectives of the program included the collection of measurable data, utilization of the data to identify trends in systems, management of these trends through quality improvement activities, and a change in the perception of patient safety at the medical center. A quasi-experimental pre-test post-test design was used to evaluate the effectiveness of the program using a 6 question Likert scale survey that was given before implementation of the program and eight months after implementation. Success to the objectives was also measured by the number of near misses reported both before and after implementation of the Near Miss Reporting Program. In the year prior to implementation, one near miss was reported. In the eight months after implementation, 18 near misses were reported. Several of these near misses led to related system re-designs. In one case saline bags of differing concentrations with 20 meq potassium chloride were located in the unit stock of a pediatric ward. One of the bags contained 0.9% saline with 20 mEq of potassium while the other contained 0.2% saline with 20 mEq of potassium. The bags were nearly identical in appearance, except for small lettering under the title of “20 mEq Potassium Chloride". The near miss report indicated that the nurse inadvertently grabbed the 0.2% solution, however, noticed it was the wrong fluid before administering to fluid to the patient. Given incorrectly, the 0.2% solution could have caused cerebral edema. The 0.2% solution has now been removed from the unit stock and is available only through special order from the pharmacy.

How an organization uses the information gathered from near miss reporting determines the effect of the near miss reporting system. Management attitudes and responses to near miss reporting can greatly influence the success or failure of the reporting efforts. Significant disincentives to reporting near misses depend on the organizational culture and may include the fear of reprisals, fear of extra work, or skepticism about the effectiveness of the near miss reporting system (Billings, 1998). For these reasons it was essential for Near Miss Program administrators to introduce norms that instilled a learning, non-punitive safety reporting culture within the facility. This was accomplished through extensive communication with staff on all levels of the healthcare continuum, including attending physicians, resident physicians, registered nurses, licensed vocational nurses, nursing attendants and clerical staff during near miss education. The Near Miss Reporting Form was also designed to allow for anonymous reporting. Although the option for anonymous reporting was made available, all of the 18 reports received during the pilot had a name listed. In addition, the forms were printed on two sides, to allow staff to take the form home, fold it, and mail it directly to Risk Management. Drop boxes that were accessible only by Risk Management staff were available for submitting Near Miss Reports. The Near Miss Reporting Forms bypassed the employee’s usual means of reporting incidents by going directly to Risk Management and not the employee’s supervisor. Program administrators believe this was an integral part to the reporting program, and contributed to the decrease in the perception that reporting a near miss could lead to disciplinary actions.

Results from the Near Miss Program have been very promising. The program has directly impacted quality improvement actions related to patient safety and prevention of injury. Trends in near misses are identified allowing for focus on and change to modifiable, faulty systems. The facility has expanded the program to the remainder of the hospital and is planning to implement an online version of near miss reporting in the near future. Barriers to reporting near misses, however, still exist. Post-education surveys indicated that there was a decrease in the perception that near miss reporting contributed to the safety of patients. Program administrators believe that this may be caused in part by the failure to close the feedback loop with the staff regarding the positive system changes that were made as a result of the Near Miss Reporting Program. Program administrators plan to communicate related changes during quarterly nurse manager and physician chief meetings in an effort to close this feedback loop.

The Near Miss Reporting Program at Olive View-UCLA Medical Center goes beyond the surface characteristics of error reporting to discover the underlying patterns of systemic factors that influence performance and quality care. Development of this understanding through the implementation of the Near Miss Reporting Program has supported learning about systemic vulnerabilities when incidents and events occur; anticipating new areas of concern as change occurs; finding deeper and more generic patterns of failures; developing, prototyping, and evaluating new approaches; and linking the patterns in these specific health care contexts. The Near Miss Reporting Program has also
enhanced the understanding of the impact of changes in healthcare on the system, on human errors and on safety. Elucidating the paths that lead to medication errors, creating methods to alter the cultural barriers to reporting and openly discussing errors and preventable injuries will continue to assist the facility in the understanding of the multiple factors that contribute to errors and their interactions (NPSF, 2003).

REFERENCES


Most of the news for NAHQ for this report period comes from the September 2004 NAHQ National Conference in Florida. Activities and events in which CAHQ participated included:

- The 2004 Leadership Council of NAHQ: Eleven (11) members of CAHQ served as delegates to the NAHQ Leadership Council on September 20th, 2004 in Orlando, Florida. The Leadership Council’s purpose is to assure communication of members’ and states’ needs and expectations to the NAHQ Leadership. Delegates represent the interests of their state membership and serve for one year’s time in providing input and direction to decision making by NAHQ. Topics at the Council included: announcement of the 2005 NAHQ Officers; presentation of the NAHQ President’s Final Address to the Organization on the year’s accomplishments; and reports from the Healthcare Quality Certification Board as well as the Healthcare Quality Forum.

- Acknowledgement for Donation to the Healthcare Quality Forum: CAHQ was acknowledged as a Gold Level Donor.

by Carol Yocum, RN, MA, CNA, CPHQ

Questions regarding any of the topics may be referred 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).

The Healthcare Quality Forum used the donations to fund 2 new quality professional grants and 2 career development awards to NAHQ members for their continued advancement in the quality profession.

- Fellowship in NAHQ (FNAHQ) Award: CAHQ was proud to hear that Ms. Christy Beaudin, CAHQ Education Chair, was awarded a NAHQ Fellowship this year. NAHQ Fellowship represent a significant achievement on the part of the winner and requires the demonstration and documentation of activities denoting advancement of the profession of Quality including, but not limited to, teaching and publishing. Ms. Beaudin was one of only five who achieved fellowship this year. Congratulations to Ms. Beaudin.

- State Presidents’ Networking Session on September 19th, 2004: The CAHQ President Elect, Gino Conconi, attended this session and received the NAHQ Tool “Affiliated States President and President Elect Handbook” that covered NAHQ Mission, Vision, Knowledge Based Decision criteria, the Statement of Leadership Principles, the elements of partnership and affiliation with state associations; an NAHQ Contact List, and an Affiliated States Activities Calendar for 2004-2005.

- The Quality Alliance: CAHQ and other Western State organizations signed into agreement an alliance which allows the extension of member rates to those who attend state conferences outside their own state associations.

- The CAHQ Display Booth at NAHQ: The CAHQ Display Booth at the conference this year was well received by our own members as well as others. The booth display was the creation of our President, Ms. Tricia West.
The CAHQ Board of Directors sends its thanks to Ms. West and acknowledges the time for planning and implementing in order to make our booth so professional. The booth is portable and can be used again and again. Look for it at our next conference. CAHQ’s making of luggage tags for conference attendees was again well received. Our California Pistachios are always a huge success, too.

Other Highlights of the Conference included: NAHQ President, Ms. Nancy Claflin, PhD, RN, CCRN, CPHQ, FNAHQ presented her President’s Report identifying the successes of NAHQ for the past year in moving the organization forward. Various achievements included:

• NAHQ’s participation with important bodies such as the JCAHO’s Hospital Professional and Technical Advisory Committee (PTAC) allowing NAHQ a voice at the table in the revision of JCAHO’s policies, standards and national patient safety goals. And NAHQ’s participation in the National Quality Forum (NQF) which gives NAHQ members a significant voice in the development of NQF’s standardized measures. NAHQ representatives to NQF played a significant role in helping others to understand what makes a good performance measure.

• NAHQ’s Quality Volunteer Program: The Quality Volunteer Program was implemented this past year and is responsible for more and more participation by members in national organizational activities. Volunteer activities included providing feedback for the NQF and JCAHO Professional and Technical Advisory Committee Rapid Response Teams using a message board on the NAHQ-plus web site. If you wish to learn more about the Quality Volunteer Program, Ms. Kathy Chai, CAHQ Member and now NAHQ Member Services Director, is your contact.

• State Associations Presidents Conference Calls: Four (4) times per year NAHQ sponsors Member States’ Presidents Conference Calls lead by the President-Elect of NAHQ, John Hartley, to be replaced by Ms. Anne Marie Butrie as the next NAHQ President Elect. Topics for the 2004 conference calls included such items as membership retention strategies, opportunities for alliances and affiliations between states, regulatory updates, and NAHQ activities to support the Healthcare Quality Professional and affect the direction of the healthcare industry related to performance measurement and standards of quality.

For any further information regarding the NAHQ 2004 Annual Conference or for information detail regarding any of the above bullets, please contact CAHQ President Tricia West at tricia900@aol.com.

Tricia West, President of CAHQ, and Gino Conconi, President-elect, celebrating National Quality Week at the Janet Brown conference and during a break from the Board Meeting in October.
Nursing Forum: Nurse-to-Patient Ratios Nine Months Later

by Dorel Harms, MS, RN, FACHE

Dorel Harms, MS, RN, FACHE, is vice president, quality and professional services at the California Healthcare Association. Ms. Harms is responsible for nursing and other clinical issues, performance measures and outcomes, and quality improvement/assurance. She is the state association liaison to the Joint Commission on Accreditation of Healthcare Organizations, Department of Health Services, Licensing and Certification and Lumretta, the California QIO. In addition to her duties at CHA, she was the founder of the California Institute for Health Systems Performance (CIHSP) and served as president from 1996 until 2003. Harms has written several articles and has been quoted in many health care publications. She is currently serving as the American College of Healthcare Executives Regent to the Gold Country, district seven. Prior to joining the CHA staff, Dorel was chief executive officer at two California hospitals and chief nursing officer at three hospitals. Ms. Harms holds a master’s of science degree in health care administration from the University of LaVerne.

Governor Davis signed AB 394, the nurse-to-patient staffing ratios regulations in 1999. The ratio numbers and proposed regulations were released in 2002. The legislation was implemented January 1, 2004. The five-year delay from enactment of the legislation to implementation resulted from the need for studies and input from multiple sources because statewide mandated nurse-to-patient ratios were unique.

The original intent of the legislation was to increase the number of licensed nurses in acute-care hospitals that appeared understaffed, thereby improving quality of care. However, the stringent regulations resulted in the inability of most hospitals in California to meet the ratios. The top three issues for hospitals are: 1) the “at all times” requirement that demands nurses be replaced by other nurses with equal competencies even for short breaks; 2) emergency department (ED) triage and radio nurses cannot be used to meet the ratios, along with a 1:4 ratio in the ED where the number of incoming patients cannot be predicted and 3) behavioral health components that require the same ratios as medical surgical areas even though there are many other professionals involved in the treatment of behavioral health patients.

According to a six-month study conducted by the California Healthcare Association (CHA) with input from participating hospitals, less than one in nine hospitals are in compliance with the ratios. Diversion has gone up throughout the state, including Los Angeles County where the Local Emergency Medical Services Agency reported diversions up from 24.6 percent to 36 percent in the first quarter of 2004, as compared to the first quarter of 2003. Costs for nursing personnel have skyrocketed. The annual financial impact to California hospitals is estimated to be nearing one billion dollars. Seven hospitals have closed psychiatric beds resulting in a loss of 176 beds in Los Angeles County alone. In addition, seven hospitals have closed since January 1, 2004, all of them citing nurse-to-patient ratios as one of the causes that contributed to the decision.

Hospitals are struggling with state and federal laws and regulations that are in conflict. For example, a hospital that would no longer meet the state ratio regulations by accepting another patient must, according to the federal Emergency Medical

Treatment and Active Labor Act, accept the patient. As one chief executive officer said, “Whether or not hospitals break the law isn’t at issue; we are given the choice only to decide which law to break.”

CHA filed a lawsuit December 30, 2003. The lawsuit did not seek delay or repeal of ratios. It asked the court to change the Department of Health Services’ (DHS) interpretation of “at all times”. The “at all times” was not supported by the DHS administrative record or the University of California, Davis, study that was used to develop the ratios. A hearing was held May 4. However, the outcome was not favorable to CHA. No appeal was filed.

Several meetings have taken place with Kim Belshe, Secretary, California Health and Human Services Agency, and her staff. These meetings have not resulted in any action. Although hospitals were promised that changes would be made if supported by data, the Agency will not accept the data collected by CHA. Instead, the Agency is collecting data that is not reflecting the true status of the current situation.

On January 1, 2005 the ratios will become more stringent for medical surgical and mixed units going from one to six to one to five. CHA staff continues to work with the Schwarzenegger administration to delay the change, and continues to seek relief for the “at all times” requirement.

CHA believes that staffing should always be based on patient needs, focused on the individual and based on professional input, not confined to numbers. Outcomes are the true measure of successful patient care.

*EDITORS NOTE: Changes are occurring at press time.
Tricia West and Gino Conconi in our new CAHQ Booth at NAHQ National Conference in Orlando.

Our own CAHQ member, Elizabeth Augusta with her poster selected for presentation at the NAHQ National Conference in September.

Tricia West, President of CAHQ, with Silver Award for Excellence received by our California Association, Christy Beaudin, CAHQ Education Chair and newly inducted NAHQ Fellow and Gino Conconi our CAHQ President Elect.

Gino Conconi, Roberta Buser and Lucy FeVendovel man the CAHQ conference space prior to the arrival of our new booth.
National Association for Healthcare Quality 29th Annual Educational Conference

by Roberta Buser, Forum Editorial Staff

The planners of this year’s NAHQ Conference went ‘above and beyond’, arranging an idyll in beautiful Orlando, Florida, in between hurricanes Ivan and Jeanne!! From September 18th through 21st, the Florida sun shone at the beautiful Royal Pacific Resort, providing us with the perfect backdrop for a truly wonderful conference experience.

The Conference Planning Team: including Thomas M. Smith, Anita Garrison, Heidi Benson, Lois Benis, Tom Jackson, Cynthia McIntosh, and Bradley Virchis really outdid themselves with the choice of venue, along with the quality and choice of subjects. Conference ‘tracks’ offered sessions in the areas of Patient Safety, Data, Regulatory, and the Healthcare Continuum. An agenda of impressive speakers provided us with valuable information to meet the objectives of the conference:

- Recognize emerging trends in the regulatory area
- Identify sources and methods for data analysis and application
- Discuss the dimensions of patient safety
- Examine the application of quality across the healthcare continuum.

Preconference programs and workshops on September 16th, 17th, and 18th, were well attended, and generally given high marks. Programs included: The Healthcare Quality Management Review and Study Session, Making Sense Out of Data for Improvement: Help, Which Tool Do I Use When, Changing Patterns of Communication in Healthcare, and The Secrets of Competency Testing: Writing Questions for the CPHQ Exam.

Attendees were able to take away specific tools to utilize in their pursuit of excellence!

Keynote Speakers discussed: Establishing a Climate of Quality Throughout the Organization (Sister Mary Jean Ryan, PSM), and Pursuing Perfection: Raising the Bar for Healthcare Performance (Michael B. Rothman, MPP).

The Exhibit Hall opened on Saturday, September 18th with exhibits and poster presentations of interest to all. The improved Continuing Education and Conference Evaluation materials were a pleasure to work with.

The Conference began on a high note for CAHQ with the announcement that our organization had won the ‘Silver State Award’ for Association Excellence. Our heartfelt thanks go out to Carol Yocum, who was instrumental in pulling everything together for our application. The California booth, with its beautiful new backdrop, was the perfect place to proudly display our plaque. Our booth had a prime location and was a popular spot for continuing education material, along with our luggage tags and the signature California Pistachios. We invited attendees to leave their business cards for a chance to win a free registration at the CAHQ 2005 Spring Conference in Long Beach, CA, and a $25.00 gift certificate to Macy’s. The conference registration was won by Marisa Casado, RN, MSA, CPHQ, Program Officer, United States Department of Veterans Affairs, Office of Healthcare Inspections, Washington DC, and the Macy’s gift card went to M. Celia Humphreys, PHIT, CCS, CPHQ, Director of Strategic QI, FirstGuard Health Plan, Kansas City, MO.

Some other highlights of the conference were: Leadership Council Meeting, HQCB’s 20th Anniversary Breakfast, the Healthcare Quality Foundation’s State Basket Silent Auction, Fun Run/Walk, A Night Out On The Town, JHQ Writing Clinics, Presentation Skills Workshop, and so much more!!

On Tuesday September 21st, as we prepared to end our Conference experience, NAHQ reminded us of the exciting plans for the 30th Educational Conference, “Quality and All That Jazz”, September 17-20th in New Orleans, LA. Hope to see you there!!!!!! ❖
Tricia West and Gino Conconi accept the Silver Excellence Award for our state organization.

Our colleagues from the VA system in Minneapolis with their poster on minimizing the potential for error.

Royal Pacific Resort view from the room.

Lucy at Universal.

Elephant stop.
Plug the Leaks in Healthcare Quality

By Jay Arthur

Jay Arthur, The KnowWare Man, works with companies that want to plug the leaks in their cash flow. He is the author of the QI Macros SPC software for Excel that will do all of the charts for JCAHO and process improvement. He can be reached at: Knowwareman@mindspring.com, www.qimacros.com, 2244 S. Olive St., Denver, CO 80224 (888-468-1537 or 303-756-9144)

This year’s NAHQ conference in Orlando sandwiched itself in between Hurricane Ivan and tropical storm Jeanne. This after hurricanes Charles and Frances had pounded the state. Mounds of debris still litter the suburbs.

Although most hurricane seasons deliver three or four hurricanes, most people have now come to think of Florida as the hurricane state, not the sunshine state. What’s different about this season from the last? It’s not the number of hurricanes, because that’s about the same as every season. The difference is that they all happened in such close proximity that we were able to detect the pattern: tropical storm grows into a hurricane that hits Florida, the panhandle or gulf coast.

This is the challenge faced by all quality professionals. It’s easy for managers to detect mistakes and errors when they happen often enough and then to take action. But when the frequency of those mistakes falls below a certain level, when they happen too infrequently, you can no longer detect them with your five senses. You need some better tools. Fortunately, the tools are simple.

The process is simple:
1. Count your misses, mistakes and errors
2. Categorize your misses, mistakes and errors
3. Fix the biggest category first

COUNT YOUR MISSES, MISTAKES AND ERRORS

While much of healthcare quality is focused on clinical care and the ORYX measures, there’s a lot that can be done with the financial or “transaction” side of the house to eliminate costs and increase profits.

One healthcare client I worked with had 37,000 rejected insurance claims worth $156 million per year, $100 million appealed, and $12 million denied. In case it isn’t obvious, there was a lot of rework involved in fixing those rejects and appeals. While the $12 million denied is a big number, the costs of reworking the rejects and appeals were much higher.

CATEGORIZE YOUR MISSES, MISTAKES AND ERRORS

As you can tell, we began by categorizing these errors into the categories of rejects, appeals, and denied, but to make these categories actionable, we had to dive a little deeper.

Since “denied” involved “real” dollars, we did a number of Pareto charts to look for more important categories. The biggest category of denied claims was for timely filing (within 45 days). Then we categorized the denied claims by insurer. When we did, there was a big surprise: one small insurer accounted for 64% of denied claims.

This brings us to what I call the 4-50 rule: 4% of the categories cause 50% of rework waste, and lost profit. If you want to plug the leaks in healthcare quality, you have to use your data to find and fix these small, but costly, categories.

Armed with this data, the contract manager was able to resolve these issues with the one supplier that was truly a problem.

Rejected claims are bounced at the doorway of the insurer due to incorrect or incomplete information. When we looked at the reject data, one category, “duplicate claims”, stood out as 24% of problem or about $35 million. We used what I call the “dirty thirty” process for improvement: we looked at 30 examples of duplicate claims and discovered that these were simply miscoded. The claim had been paid and there was no duplicate claim. By changing the procedures and using the correct code, we eliminated a problem that inflated the overall error numbers.

Other categories included things like the alpha prefix on Blue Cross Blue Shield insurance ID cards and uninsured dependents like newborns and students.

FIX THE BIGGEST CATEGORY FIRST

So, category by category, we would use the dirty thirty process to identify and fix each of the most common problems first. These fixes often reduced other related categories as well. While most teams want to boil the ocean or solve world hunger, when you restrict yourself to fixing the biggest category first, you’ll find it easier to make a difference and a surprising amount of benefit will come along with it.

In the third big category, appeals, the real problem was time. The average length of time for an appeal to be resolved was 298 days. By focusing on the cycle time, the team was able to get the time under 90 days or three months. This, of course, improves cash flow and the bottom line.

DON’T WAIT FOR HURRICANE SEASON

Every healthcare business is plagued by occasional hurricanes
that are fanned by some series of problems that happen frequently enough to penetrate the dense fog of consciousness, but why wait? You probably already have the data you need to start finding and fixing the major categories of misses, mistakes and errors in all aspects of your facility.

Don’t just focus on the clinical side; turn your attention to the big problems in the transactional side of the house: purchasing, billing, and claims. A recent study estimated that eight out of ten hospital bills have mistakes. There’s a whole class of consultants who, for a fee, help patients navigate this maze to get their bills paid. Sometimes the claim is sent to the wrong insurer (e.g., medical vs psychological provider).

It’s not enough to provide high quality clinical care; you must also provide a high quality experience in all aspects of service delivery, from admissions to discharge and beyond. Patients are no longer patient. The global market place has taught them the value of better, faster and cheaper. Consider thinking of them as “impatient.”

The process is simple:
1. Count your misses, mistakes and errors
2. Categorize them
3. Use the 4-50 rule to narrow your attention to the vital few where you can make a big difference.
4. Analyze the transactional problems using the “dirty thirty” process.
5. Repeat until you retire, because there will always be more problems to solve, because the business of healthcare continues to change and evolve to meet the needs of a more demanding public.

As promised, here is more on the story of our own CAHQ member (and Board member) being inducted as a NAHQ Fellow. Christy Beaudin was honored at the National meeting in Orlando in September 2004. Kudos to Christy – this could inspire more of our CAHQ membership to look at Fellowship as an option!

The National Association for Healthcare Quality (NAHQ) announced Christy L. Beaudin, PhD, LCSW, CPHQ, as a Fellow of the National Association for Healthcare Quality (FN AHQ). The official presentation occurred at the NAHQ 29th Annual Educational Conference held in Orlando, FL, September 18 - 21, 2004. Dr. Beaudin is the corporate director of quality improvement at PacifiCare Behavioral Health in Van Nuys, CA. Dr. Beaudin earned her bachelor’s degree in Criminal Justice from California State University San Bernardino, a master’s in Social Work from San Diego State University, and a doctorate’s in Health Services from University of California Los Angeles. She has over 15 years experience as a healthcare quality professional, managed behavioral healthcare executive, writer, and researcher. Currently she serves on the Journal of Healthcare Quality editorial board, where she brings her enthusiasm, leadership abilities, and commitment to excellence to everything that she touches. Dr. Beaudin’s commitment to advancing health care quality is evidenced by her participation on the California Association for Healthcare Quality Board, URAC Health Standards Committee, NCQA Technical Subgroup for developing quality measures for attention deficit hyperactivity disorder, and co-chair on a Q-Solutions, a special project for NAHQ members.

NAHQ unveiled its Fellowship Program in 1996 with criteria developed by the Healthcare Quality Foundation. The Fellowship Program promotes and acknowledges individual achievement of professional excellence in the field of healthcare quality. Applicants must meet criteria in the categories of leadership and service, published works, lectures and presentations, and mentorship. Upon approval of the Fellowship Review Board and NAHQ Board of Directors applicants have fellowship status conferred on them. NAHQ bestows Fellowship on qualified applicants each year and formally recognizes Fellowship status at the annual conference. All CAHQ members are encouraged to apply. A copy of the Fellowship application can be obtained by calling NAHQ’s National Office at 800/966-9392.

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Leaks continued from page 11

Quality Professionals in the News

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POINT YOUR WEB BROWSER TO THE CAHQ WEB SITE

Be sure to hit the “Refresh” button to ensure that you get the most current information available.
THE INNER WORKINGS

Membership Committee Report

<table>
<thead>
<tr>
<th>MEMBERSHIP ON NOVEMBER 11, 2004</th>
<th>MEMBERSHIP ON NOVEMBER 5, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Members</td>
<td>466</td>
</tr>
<tr>
<td>Life Members</td>
<td>7</td>
</tr>
<tr>
<td>Total Membership</td>
<td>473</td>
</tr>
</tbody>
</table>

Please join the Board of Directors in welcoming

Nasrollah Ahmadpour
Cindy Angulo
Maureen Blair
Elizabeth Cardwell
Erlinda Castillo
Robert Cazares
Faye Chavis
Karen B. Coughenour
Thad Dufrenne
Ross Farley
Angeli Garg
Rachel C. Gray

Julia Haley
Therese Hutchinson
A. J. Johnson
Shalon Johnson-Taylor
Mary Jordan
Raed Khoury
Jackie Melkonian
Joanie Milligan
LuRae Mohrfeld
Jacqueline Moors
Pradeep Palazhi

Margaret Payne
Laura C. Peschel
Donna J. Pratt
Beverly Roberts
Lynda Rush
Robert C. Schroeder
Janilyn G. Shuman
Victoria Simmons
Elizabeth L. Thomas
Chris Watanabe
Olivia Williams

SAVE THESE DATES!

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

February 10-11, 2005 **The 2005 Healthcare Quality Overview & Certification Workshop** .................................................... Ontario, CA

March 16-18, 2005 **The CAHQ Annual Conference and Business Meeting, Hilton, Long Beach** ................................................ Long Beach, CA

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

September 17-20, 2005 **Quality and All That Jazz NAHQ National Conference** ....................................................... New Orleans, LA

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.

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 1, 2004 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)**

- $12.00 members
- $15.00 non-members
- **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 should be sent to Professional Print & Mail, Inc. 2818 E. Hamilton, Fresno, CA 93721, (559) 237-7468. Send payment for advertising to: CAHQ, P.O. Box 70819, Pasadena, CA 91117-7819*
California Association for Healthcare Quality
MEMBERSHIP APPLICATION

CAHQ, P. O. Box 70819, Pasadena, CA 91117-7819
800-230-3163 626-793-7125 FAX 626-793-7417 www.cahq.org Tax ID #95-3647787

□ New Application □ Renewal Referred by: ___________________ Date Mailed __________
□ Regular Dues $85 □ Discounted Dues $75 (prepaid by 12/31 for next year) □ Organization Membership $300
Mail completed application and check payable to CAHQ to the address above or pay by credit card:

MC/Visa/AmerExp ________________________________    _____________________________   _____________
(circle one) Credit card #            Signature    Expir. Date

Name _______________________________________________________________________________________________
Business: Facility Name ____________________________________________________________________________________
Title ______________________________________________________________________________________________
Address ___________________________________________________________________________________________
City_______________________________________________  State ____________  Zip ________________________
Home: Address ___________________________________________________________________________________________
City_______________________________________________  State ____________  Zip ________________________
Business phone ________________________________ e-mail address  ____________________________________
Fax number ___________________________________ Home phone ______________________________________

For publication in the CAHQ Directory, use my □ business □ home address.
For mailings, use my □ business □ home address.

□ Omit my name from promotions CAHQ sends via FAX.
□ Omit my name from promotions CAHQ sends via e-mail.
□ Omit my name from lists CAHQ shares with non-affiliated organizations. (You will still receive all CAHQ mailings.)

□ I hold active status as a Certified Professional in Healthcare Quality (CPHQ).
□ I am a current member of the National Association for Healthcare Quality (NAHQ), a CAHQ affiliate.
□ RN Calif. license #________________    Registered Record Administrator (RRA) #________________
□ MD/DO license #_________________    Accredited Records Technician (ART) #_________________
□ Cert. Med. Staff Coord. (CMSC) #__________    Cert. Prof. Cred. Specialist (CPCS) #_________________
□ Other professional license/certification/accreditation. Type_______________________  #_________________

In which type of organization/facility do you currently work? (select the 1 most appropriate description)
□ Acute care hospital or medical center    □ Outpatient clinical facility
□ Behavioral health facility    □ Specialty healthcare facility (e.g., chemical dependency or rehab.)
□ Home health/hospice    □ Long term care facility
□ Government agency (non-hospital)    □ Licensure or accreditation body
□ Insurance company/PPO    □ Managed care organization
□ Private review organization    □ Health maintenance organization
□ Corporate or network/system headquarters    □ Consultant
□ None of these apply

What is/are your area(s) of expertise? (check all that apply)
□ Quality management/improvement    □ Risk management
□ Medical staff services    □ Managed care
□ Information management    □ Infection control
□ Ambulatory/rehabilitative care    □ Behavioral health
□ Home care    □ Nursing

Which best describes your current position? □ Senior management
□ Supervisory    □ Middle Management
□ Consultant    □ Staff
□ Care/case/utilization management    □ Administration
□ Corporate compliance    □ Long term care
□ Patient Safety

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□ Consultant    □ Staff
□ Care/case/utilization management    □ Administration
□ Corporate compliance    □ Long term care
□ Patient Safety

Have you been a CAHQ member before? □ Yes □ No If yes, when? __________(year)
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.

Save $10 by prepaying $75 for your individual dues by December 31, 2004. 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

Discounted Individual Dues Individual Organization
(Prepaid by 12/31) Annual Annual

$75 $85 $300

Please check your choice of payment options below:
□ My check, payable to CAHQ, is enclosed for (circle):
□ I authorize a charge to my credit card for (circle amount):

To pay by credit card, please complete the following:

Credit Card Number Expiration Date
□ VISA □ Master Card □ American Express

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:

Address:

City, State, Zip

Phone#

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.
Are you:

- looking for quality information or continuing education?
- new to the healthcare quality field?
- seeking to enter the healthcare quality field?
- trying to put all the quality pieces together?
- preparing to take the certification exam or to re-certify?

Yes???

Then this Workshop is for you!!!

14 C.E. Hours!

The 2005 Healthcare Quality Overview and Certification Workshops

The CALIFORNIA ASSOCIATION FOR HEALTHCARE QUALITY presents this

2-Day Intensive Workshop for Professionals Preparing for CPHQ Certification and/or Seeking a Current Comprehensive Look at the Field of Healthcare Quality

Including The Healthcare Quality Handbook Valued at $155

Offered Three Times

Thursday and Friday February 10-11, 2005

Thursday and Friday July 14-15, 2005

Thursday and Friday October 20-21, 2005

Ontario Airport Marriott Ontario, California

The following organizations/associations recognize this CAHQ training program:

Lumetra
Brighter insights, Better Healthcare.

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Pasadena, CA 91117-7819

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