

NAHQRS

Nebraska Association for Healthcare
Quality, Risk, & Safety



Nebraska Association for Healthcare
Quality, Risk and Safety

**Volume 1
Issue 2**



**Gail Brondum
President, NAHQRS
Member, NAHQ and ASHRM
Quality & Risk Management Director
Pender Community Hospital
Pender, Nebraska**

Dear Members:

Winter is finally over (I think)! It seems very appropriate that everything around us is fresh and growing, as we share the excitement of being involved in a new and growing organization.

The NAHQRS Board met in Wahoo on April 22 (Earth Day). We penciled in a proposed budget for 2008. We will be reviewing this and will need to finalize and approve it at the June membership meeting. We also discussed a plan to TWIV meetings to improve communications and availability to all members and potential members in Nebraska. The Communications Team is working out the details so the June meeting can be “TWIV’d” from St. E’s in Lincoln.

As the board worked through the agenda items for the day, there was much discussion about continuing to focus on improving the visibility and value of NAHQRS. The strategic goals that were developed for this year will be great guidelines to help keep us moving in the right direction. I encourage members (and non-members) to continue to voice suggestions, concerns, and ideas on how we can better meet their needs as an organization.

I hope many of you are planning to attend the fifth annual Nebraska Healthcare Quality Forum in Lincoln on May 13. The excellent speakers and presentations on various quality improvement and patient safety topics, as well as the sharing of best practices, make it a very worthwhile

day of learning and networking. The vendor show will also be a great place to learn about new resources and products, as well as help to support the NAHQRS sponsorship of a keynote speaker for the day.

There's "Safety in Numbers" is the theme for Healthcare Risk Management Week this year, June 16-20. Check out the ASHRM web site for ideas and promotional materials to celebrate the week.

I look forward to seeing you in Lincoln on May 13th and June 6th!

Gail

Historian Report

As we are now officially NAHQRS, I have secured a new box with which to begin a collection of memorabilia about our organization.

Currently I have 3 boxes of interesting "stuff" that show the progress and growth of NEAHQ. I would like to have information, pictures, articles, and other items of interest from HRMS so we have a history of that organization as well.

I always have great aspirations of putting together a display for one of our meetings and hopefully I can make that happen this year. It seems that work always gets in the way of doing more fun things!

Anyway, as we plan our future, let's not let go of the past. Part of who we are lies in the history of our respective groups, where we started and how we have evolved to become the ONE great organization that we are.

See you at the CIMRO conference May 13.

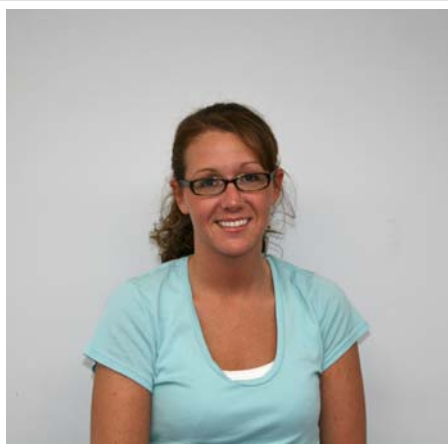
Donna Jorgensen

**If you haven't had time to complete your Education Assessment forms to please still do so and send them to Mary Meyer at mmeyer@frhs.org.
Thank you.**

**Mary Meyer
Corporate Compliance Officer
Faith Regional Health Services**

Membership

Biography – Erin Starr



Hello, my name is Erin Starr. I have been an RN, BSN for 6 years, of which I've been in Fairbury at JCHC for 5 years. My first love in nursing was in cardiac. I recently became Director of Patient Safety and Risk Management in October 2007. I am responsible for our Patient Safety Committee and attend Medical Staff monthly to given updates on medication errors and variances reported. At this current time, it's pretty overwhelming to think of all the information I should know by now, but of course I don't.

This position has been very challenging, and also very rewarding, though I do miss the bump and grind of the nursing floor.

My interests include my children, Ben who is 2 ½ and Samantha who is 1 ½. My husband and I also love to golf, fish and camp. If there is anything more you'd like to know about me, just ask, I love to talk.

NHA's Seeland receives NHIMA Distinguished Member award

LINCOLN — On April 24, 2008, Monica Seeland, RHIA was recognized as the 2008 Distinguished Member at the Spring Conference of the Nebraska Health Information Management Association (NHIMA).

NHIMA is a professional health care organization of approximately 500 members affiliated with the field of health information management. The Distinguished

Member award is given annually to a member who has made outstanding contributions to the NHIMA. Ms. Seeland has been a member of the NHIMA for more than 30 years, during which she has served the association as a volunteer on program committees, task forces and as a member of the board of directors.

Ms. Seeland has been a steady, positive influence on the NHIMA. She mentors students and HIM peers with dignity and respect. She exhibits true professionalism in every aspect of her work life and in her volunteerism; and she is an excellent communicator and champion for the HIM profession.

April 4, 2008 meeting minutes

**Nebraska Association for Healthcare Quality, Risk and Safety
Meeting Minutes – April 4, 2008
Memorial Hospital, Seward, NE**

In attendance:

Diane Allen	Bergan Mercy - Omaha
Shauna Birchard	Howard Co Med Ctr -
Gail Brondum	Pender Comm Hosp
Vicky Burbach	MMIC
Julie Bydalek	Franklin Co. Mem Hosp
Tom Cleary	MMIC
Janet Dooley	CIMRO of NE
Jennifer Galvan	Howard Co Med Ctr -
Sara Hough	Columbus Comm Hosp
Deidre Hurlburt	Howard Co Med Ctr -
Shari Jaros	Nemaha Co Hosp – Auburn
Pam John	Nemaha Co Hosp – Auburn
Donna Jorgensen	Litzenberg Mem Cty Hosp - Central City
Kathi Kelly	Memorial Hosp – Seward
Gladys Lake	Thayer County - Hebron
Mary Meyer	Faith Regional – Norfolk
Kermit Moore	Nemaha Co Hosp – Auburn
Julie Rezac	Saunders Med Ctr – Wahoo
Lucy Roberts	Butler Co Health Care - David City
Monica Seeland	NHA
Tracy Sells	Community Med Center - Falls City
Erin Starr	Jefferson Comm Hlth Ctr – Fairbury
Jeanne Temme	Boone County Hlth Ctr – Albion
Sharon Vandegrift	Jefferson Comm Hlth Ctr – Fairbury
Cathy Webber	Franklin Co. Mem Hosp

The meeting was called to order on April 4, 2008 by Gail Brondum, President at 9:30 AM.

A motion to approve agenda was presented by Rezac, 2nd Allen. Ayes – all. Motion passed.

Strategic Goals

Kathi Kelli & Gail Brondum presented the Strategic Goals and metrics for 2008/2009 for NAHQRS.

GOAL: Complete HRMS and NEAHQ merger by 2008 year end and re-evaluate goals at that time.

- Logo options have been narrowed to 6 choices. Following a vote, the logo was chosen.
- Pam Kohn has obtained a single bank account for the organization @ Bank of the West.
- The legislative team will present recommendations regarding an “event coordinator” for the June 2008 membership meeting. Donna Jorgensen will lead the effort.

GOAL: Communication Team will facilitate membership & visibility of the organization through consistent, complete and concise communication.

- Standards & ground rules for TWIV connection and participation will be presented at the June 2008 membership meeting.
- A list of organizational teams and their respective members will be published in the newsletter.
- A basic format for the organizational newsletter has been established.
- Website will be completed by June 2008.

GOAL: Education team will provide opportunities for continuing education.

- By August 2008, guidelines will be obtained outlining the continuing education requirements by ASHRM & NAHQ.
- Obtain information in 2008 regarding the potential for a certification in “clinical safety”.
- By 2009 year end, evaluate the potential for NAHQRS to provide support for members to obtain ASHRM & NAHQ certification.

GOAL: Membership team will spearhead the effort to increase the number of members in our organization and enhance the value of membership to current members.

- NAHQRS will retain at least 90% of the previous year membership total – keeping in mind the inevitable turn-over of member roles in the respective facilities due to retirement, position changes etc.
- NAHQRS will increase the number of members by 10 % annually.

GOAL: Treasurer Pam Kohn will establish a budget by June 2008 membership meeting.

- Annual audits will be conducted.

It was suggested that the organization’s purpose as stated in the bylaws forms the mission statement and purpose of the organization.

Cleary made the motion, 2nd Jaros, to accept the Strategic Goals and Metrics as presented. Ayes – all. Motion passed.

Logo Selection

Following a vote of the membership, an organization logo was selected.

Treasurer’s Report

Pam Kohn was unable to be present. A written report was presented by Brondum. Cleary made the motion, 2nd Lake, to accept the treasurer’s report. Ayes – all. Motion carried.

Membership Team Report

Rezac reported 47 paid members.

Historically, NEAHQ has awarded a Quality Member Award presented at the fall forum. The recipient was given the opportunity to attend the NAHQ conference at the expense of NEAHQ.

With the merger of the 2 organizations, this concept needs to be further developed – a suggestion was made to consider an “outstanding member”.

The question has been raised, to be further addressed by the Membership Team, to consider a hospital/organization membership as well as individual memberships in NAHQRS.

Education Team Report

The needs assessment conducted earlier is currently being tabulated. Mary Meyer requested that anyone interested in participating on the education team stay for a short meeting after today’s membership meeting.

Today’s educational session is *Nebraska Legislative Update* presented by Roger Keetle, legislative aide to Senator Joel Johnson, Chair, Health and Human Services and member of the Education Committee. The education session in June, at St. Elizabeth Regional Medical Center – Lincoln, will be provided by the National Association for Healthcare Quality.

Meyer reported there is some money available to off-set the cost of educational sessions.

By-Laws Team Report

There is no report for today. The need for some “tweaking” has been identified. Thanks to Megin Garriets and Patty Zieg of the law firm Stinson, Morrison, Hecker LLP for their assistance in developing the bylaws – we still need to identify a method for “thanking” them as they did not charge for their services.

Legislative Team/Historian Report

Monica Seeland, Beverly Sporhase, and Deidre Hurlburt have volunteered to assist team leader Donna Jorgensen. Donna reported an ongoing discussion with NNA regarding use of the bill tracker and membership options for joining NNA. Donna reported “quality” / NEAHQ in Nebraska is 25 years old. During quality week in October, consideration will be given to the best way to welcome & introduce the combined organization during the annual proclamation with the Governor. The legislative team will present the concept of an “event coordinator” at the June 2008 membership meeting which will include a budget along with consideration for a new organization banner.

Communications Team Report

Kari Clark, team leader, prepared a written report:

- Members – Vicky Burbach, Bill Redinger (Editor of the Newsletter), Janet Dooley, Tina Mazuch & Shirley Simons.
- TWIV – Improvement. The committee will present a final recommendation at the June 2008 with consideration being given to 24 hours notice prior to the meeting, sign-in 15 minutes prior to start of the meeting, and scheduling the TWIV meeting for 30 minutes before and after the scheduled start and ending times.
- Further exploring: Is there a method for signaling host site for questions or comments from remote sites? Faxing a sign-in sheet from the remote site to the host site prior to the meeting? Is there computer or telephone access in the TWIV rooms at sites?
- The current format for the newsletter includes:
 - President’s page
 - Member accomplishment
 - Meeting minutes
 - Board summary (as needed)
 - NHA update – Thanks Monica

- o CIMRO update – Thanks Janet
- o Articles of interest submitted by members
- o “Next Meeting” information
- o Due dates for next Newsletter
- o Job Postings as needed

Do we want to consider adding Team reports? Updates to the strategic plan? Other suggestions? The membership is invited to submit articles & information for publication.

- Website. The domain has been purchased and Kari is accepting bids from design only firms as well as those who design and host.

Please e-mail Kari Clark at KClark13@neb.rr.com with information regarding availability of telephone or computer in your TWIV rooms for communicating with the host site.

Team leaders – please e-mail Kari & Bill with your memberships for publication in the newsletter. Nomination Team Report

Jeanne Temme offered that Monica Seeland and Erin Starr have volunteered to be on the ballot for nominations committee. Write-in is available. Monica and Erin were elected to the nominations committee by ballot.

For new members present, Meyer reported that terms for officers are staggering 2 year terms. The president-elect moves into the presidency and the immediate past president serves as the Education Team leader.

CIMRO Vendor Show Update

There are currently 13 paid vendors. Kathy Corbett and Gail Brondum volunteered to assist at NAHQRS booth for the show. Let Bill or Kari know if you would like to volunteer. Membership applications, newsletters and applications for ASHRM and NAHQ will be available at the booth. Proceeds from the vendor show help to defray costs for educational speakers for NAHQRS.

NEAHQ President’s Plaque Presentation

The NEAHQ President’s Plaque was presented to Mary Meyer, immediate past president, in recognition and appreciation of her service. Mary thanked all who stepped up to help with the merger of HRMS and NEAHQ.

CIMRO Report

Janet reported renewal of a 3 year contract with CMS. 56 NE hospitals are currently enrolled in the 5 Million Lives Campaign of IHI. The CIMRO Quality Form will be held May 13.

NHA Report

Monica presented a web demonstration of the Care Compare website. Hospital CEOs are currently looking at the website which will be available to the public the week of May 11, Hospital Week.

NAHQ/ASHRM Update

NAHQ convention is September 14 – 17, 2008.

ASHRM convention is October 2 – 5, 2008

HCCA (Health Care Compliance Association) convention is April 13 – 16, 2008

Other

Several members shared their personal experiences with APIC’s “professional day”. The education team will explore NAHQRS having a professional day for sharing in November.

Meyer made the motion, 2nd Corbett, to sponsor the Nebraska Coalition for Patient Safety with an amount to be determined through the budget process. Aye – all. Motion passed.

Gladys Lake, Thayer County Health Services, gave an overview of the implementation of upgrades to their electronic health record through a federal grant. It includes connection to their hub hospital, to the nursing home and assisted living facility, to the physician clinic and to the community EMS services.

Meeting adjourned @ 2:15 PM.

June 6th Meeting Education

National Speakers:

Thomas Smith will represent the NAHQ Board

Joan Boldrey will represent the HQCB Board

***Raise Your Professional
Profile through
NAHQ & HQCB***



Session Objectives

At the end of this session, the participant will be able to:

1. Describe the organizational mission and vision for NAHQ and HQCB
2. Explain the governance structure of the organization
3. Identify the anticipated changes to the NAHQ and HQCB governance structure, including the emphasis on "Good to Great"
4. Identify the steps required to achieve and maintain certification as an HQ professional

Communication Team update -> we asked 5 companies to place bids on hosting, creating, & supporting the NAHQRS website.
We have received 3 bids.

The Communication Team will meet in May and bring their final recommendation to the full membership at the June meeting.



NHA Update

The Centers for Medicare and Medicaid Services (CMS) has issued its proposed inpatient prospective payment system (IPPS) rule for public comment. Comments are due to CMS by June 13, 2008.

Reporting of Hospital Quality Data: In the proposed rule, CMS lists 43 additional measures that it is proposing to add for FY 2010, in addition to the measures already reported on the Hospital Compare web site. The proposed measures include:

- One surgical care measure
- Four nursing sensitive measures
- Three readmission measures
- Six venous thromboembolism (VTE) measures
- Five stroke measures
- Nine patient safety and quality indicators from the Agency for Healthcare Research and Quality (AHRQ)
- Fifteen cardiac surgery measures from the Society of Thoracic Surgeons (STS) registry

Most of these proposed measures have not been endorsed by the NQF and adopted by the Hospital Quality Alliance (HQA). Of the proposed measures, only the surgical care measure, the six VTE measures, and three of the nine AHRQ measures have been adopted by the HQA.

Hospital Acquired Conditions

In the proposed rule, CMS has made two refinements to the eight hospital-acquired conditions adopted last year. CMS proposes to include an additional ICD-9 code (998.7) under the condition of object left in during surgery. Additionally, with the development of new ICD-9 codes to identify different stages of pressure ulcers, CMS plans to include only stage III and stage IV pressure ulcers under the new payment policy.

This year, CMS proposes to expand the list and include an additional nine conditions when the payment policy takes effect on October 1. The nine conditions are:

- Surgical site infections following elective procedures;
- Legionnaires' disease;
- Glycemic control;
- Iatrogenic pneumothorax;
- Delirium;
- Ventilator-associated pneumonia;
- Deep-vein thrombosis/pulmonary embolism;
- *Staphylococcus aureus* septicemia; and
- *Clostridium difficile*-associated disease.

CMS is seeking comments on any problematic issues for specific conditions that may support not selecting them as one of the initial conditions, in particular the degree to which these conditions are not reasonably preventable through the application of evidence-based guidelines. AHA, and others have concerns that most of the selected conditions are not always preventable. Even when appropriate precautions are taken, some patients, particularly high-risk individuals, may still develop the conditions on the list.

CMS proposes to allow hospitals that have fewer than five heart attack, heart failure, pneumonia or surgical care patients in a calendar quarter to not submit quality measures data for those patients beginning in FY 2010. Hospitals that have fewer than five HCAHPS-eligible patients in any month will not be required to submit HCAHPS surveys for that month. Also, CMS proposes to retire one existing measure, pneumonia oxygenation assessment, and no longer require hospitals to report on it. Almost all hospitals have been consistently performing at or near 100 percent on this measure.

Monica Seeland, RHIA
Vice President Quality Initiatives
Nebraska Hospital Association

**NAHQRS will be providing Judges for the NHA Quest for Excellence Award.
If you would like to volunteer to be a Judge please contact Gail Brondom at
Brondumg@mercyhealth.com .**



Resources for better healthcare

Understanding Health Literacy of Patients

Submitted by Paula Sitzman, RN, BSN, Quality Improvement Manager

Health literacy is the ability to obtain, process, and understand health information and use that information to make appropriate decisions about one's health and medical care. Understanding a patient's health literacy can help with effective communication and use of educational tools to better meet the needs of each individual patient. Improved health literacy may lead to fewer hospitalizations and reduced costs for individual patients.

National surveys conducted by the US Department of Education indicate about one third of the American adult population (90 million) has limited health literacy. Health literacy is closely related to general literacy. Graduation from high school does not assure good literacy skills and does not predict a person's ability to understand medical information. Language is a predictor of limited health literacy, especially when the person is non-English speaking. Socioeconomic status is not a reliable predictor of health literacy, as even those in the highest socioeconomic groups can have limited literacy skills. Risk factors, such as being in a racial or ethnic minority group, limited education, advanced age, poverty and others, alone do not identify patients who have limited health literacy.

Patients with limited health literacy have limited health knowledge and often misunderstand how to take medications or how to manage their chronic disease, which can lead to more hospitalizations and higher healthcare costs.

Communication experts have pointed out patients with limited health literacy sometimes provide clues to their literacy skills. The clues fall into three categories:

- I. responses to receiving written information (e.g., "I don't have my glasses" or "I will talk with my children about this later");
- II. responses to questions about medication regimens (e.g., unable to provide medication names or explain what they are for or how to take them); and
- III. specific behaviors (e.g., do not adhere to medication regimens, do not keep appointments).

Health literacy researchers have developed instruments to screen for limited health literacy. Three of the most widely used instruments are the Newest Vital Sign (NVS), the Rapid Estimate of Adult Literacy in Medicine (REALM) and the Test of Functional Health Literacy in Adults (TOFHLA).

Perhaps one of the simplest tools is the NVS. The patient is presented with a nutrition label specifically designed and tested as part of NVS development. An ice cream example is used as a guide (see example). The examiner asks the patient six questions about the content on the nutrition label (e.g., to determine if the list of ingredients on the ice cream label contains a substance to which the patient is allergic) and also to perform computations (e.g., calculate the number of calories in a serving of ice cream). The NVS and instructions are also available in Spanish and can be obtained at no cost from the Partnership for Clear Communication at <http://www.clearhealthcommunication.org/physicians-providers/newest-vital-sign.html>

It is important for healthcare professionals to be aware of the varying degrees of healthcare literacy to help reduce unnecessary complications and improve the level of healthcare services offered to patients.

To better understand the topic of "Health Literacy", CIMRO of Nebraska will be hosting a webex presentation later this summer. Please mark your calendar with the following information.

Web Ex: Addressing Health Literacy in Nebraska

Thursday, June 26, 2008

1:00 p.m. CDT

Presenter: Paul Smith, MD, Director of the Wisconsin Research and Education Network and Associate Professor with the University of Wisconsin.

Additional details will be sent in the next few weeks.

This information is excerpted from an article written by Barry D. Weiss, MD, Assessing Health Literacy in Clinical Practice. To read the entire article, visit http://www.medscape.com/viewarticle/566053_1

This material was adapted by CIMRO of Nebraska, the Quality Improvement Organization for the state of Nebraska, under a contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 8SOW-NE-HOSP-0830/0408

"When a great ship is in harbor and moored, it is safe, there can be no doubt.
But ... that is not what great ships are built for."

Clarissa Pinkola Estes

**Quality – Risk
Management – Patient
Safety**



WEDNESDAY, April 30, 2008, 6:04 p.m. By [Guy Boulton](#)

ThedaCare plans \$90M expansion, redesign

ThedaCare said today it will spend \$90 million to redesign the nursing units and patient rooms at Appleton Medical Center and Theda Clark Medical Center in Neenah.

The project includes an eight-story, 112-bed addition to Appleton Medical Center to replace beds in the hospital's north tower that cannot be modified for the new design. No new inpatient beds are being added but the new tower will include space for 24 additional beds if needed in the future.

The redesign will enable ThedaCare to implement its so-called [Collaborative Care](#) model throughout its two largest hospitals. The new model, which redefines the roles of doctors, pharmacists, nurses and others involved in the patient's care, has been tested in the general medicine unit at Appleton Medical Center since February 2007.

The model has reduced the cost of care by 28%, reduced lengths of stay by 21% and resulted in 100% compliance on nearly all quality measures, ThedaCare said.

One of the key changes in the new model is doctors make their rounds with a pharmacist, nurse and other staff. The model also includes a process for an ongoing review of a patient's progress, condition and care during hospitalization. The so-called tollgates were designed partly using quality improvement tools first developed by manufacturers to detect and eliminate any potential errors.

ThedaCare, based in Appleton, said project will cost one-fourth to one-sixth less than other alternatives, such as building new hospitals.

"The spread of the Collaborative Care clinical model to all of our general medical patients, combined with

the new nursing unit and room design for all inpatient care, will provide the best care at the lowest cost," Dean Gruner, a physician and president and CEO of ThedaCare, said in a news release.

ThedaCare expects to complete the renovations and construction of the tower at Appleton Medical Center by the second quarter of 2010 and to complete the renovations at Theda Clark Medical Center by the fourth quarter of 2011.

The health care system, which employs more than 5,400 people, also includes New London Family Medical Center and Riverside Medical Center in Waupaca and a physician practice with 120 doctors at 21 sites.

Interpreting P values

What is a P value?

Assume that you've collected data from two samples of animals treated with different drugs. You've measured an enzyme in each animal's plasma, and the means are different. You want to know whether that difference is due to an effect of the drug - whether the two populations have different means.

Observing different sample means is not enough to persuade you to conclude that the populations have different means. It is possible that the populations have the same mean (the drugs have no effect on the enzyme you are measuring), and that the difference you observed is simply a coincidence. There is no way you can ever be sure if the difference you observed reflects a true difference or if it is just a coincidence of random sampling. All you can do is calculate probabilities.

Statistical calculations can answer this question: If the populations really have the same mean, what is the probability of observing such a large difference (or larger) between sample means in an experiment of this size? The answer to this question is called the *P value*.

The P value is a probability, with a value ranging from zero to one. If the P value is small, you'll conclude that the difference between sample means is unlikely to be a coincidence. Instead, you'll conclude that the populations have different means.

What is a null hypothesis?

When statisticians discuss P values, they use the term *null hypothesis*. The null hypothesis simply states that there is no difference between the groups. Using that term, you can define the P value to be the probability of observing a difference as large as or larger than you observed if the null hypothesis were true.

Common misinterpretation of a P value

Many people misunderstand P values. If the P value is 0.03 that means that there is a 3% chance of observing a difference as large as you observed even if the two population means are identical (the null hypothesis is true). It is tempting to conclude, therefore, that there is a 97% chance that the difference you observed reflects a real difference between populations and a 3% chance that the difference is due to chance. However, this would be an incorrect conclusion. What you can say is that random sampling from identical populations would lead to a difference smaller than you observed in 97% of experiments and larger than you observed in 3% of experiments. This distinction may become clear after you read [Bayesian perspective](#).

One- vs. two-tail P values

When comparing two groups, you must distinguish between one- and two-tail P values. Start with the null hypothesis that the two populations really are the same and that the observed discrepancy between sample means is due to chance.

Note: This example is for an unpaired *t* test that compares the means of two groups. The same ideas can be applied to other statistical tests.

The two-tail P value answers this question: Assuming the null hypothesis is true, what is the chance that randomly selected samples would have means as far apart as (or further than) you observed in this experiment *with either group having the larger mean?*

To interpret a one-tail P value, you must predict which group will have the larger mean before collecting any data. The one-tail P value answers this question: Assuming the null hypothesis is true, what is the chance that randomly selected samples would have means as far apart as (or further than) observed in this experiment *with the specified group having the larger mean?*

A one-tail P value is appropriate only when previous data, physical limitations or common sense tell you that a difference, if any, can only go in one direction. The issue is not whether you expect a difference to exist - that is what you are trying to find out with the experiment. The issue is whether you should interpret increases and decreases in the same manner.

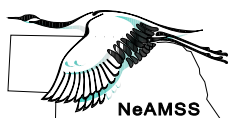
You should only choose a one-tail P value when two things are true.

- You must predict which group will have the larger mean (or proportion) before you collect any data.
- If the other group ends up with the larger mean - even if it is quite a bit larger -- you must be willing to attribute that difference to chance.

It is usually best to use a two-tail P value for these reasons:

- The relationship between P values and confidence intervals is easier to understand with two-tail P values.
- Some tests compare three or more groups, which makes the concept of tails inappropriate (more precisely, the P values have many tails). A two-tail P value is more consistent with the P values reported by these tests.
- Choosing a one-tail P value can pose a dilemma. What would you do if you chose to use a one-tail P value, observed a large difference between means, but the "wrong" group had the larger mean? In other words, the observed difference was in the opposite direction to your experimental hypothesis. To be rigorous, you must conclude that the difference is due to chance, even if the difference is huge. While tempting, it is not fair to switch to a two-tail P value or to reverse the direction of the experimental hypothesis. You avoid this situation by always using two-tail P values.

The following information is courtesy of Gail Brondum in response to questions that came up in the April NAHQRS meeting regarding the credentialing of the medical staff



HISTORY OF NEBRASKA ASSOCIATION MEDICAL STAFF SERVICES (NeAMSS)

In 1983, a small group of individuals organized the Omaha Metro Area Medical Staff Services Association. This group became affiliated as a state organization with the National Association of Medical Staff Services in 1987 and set the goal to provide the best opportunity for its members to become Certified Medical Staff Coordinators.

WHAT IS NeAMSS TODAY?

- A professional association which provides opportunity to improve professional knowledge in the field of medical health care provider activities.
- Comprised of members who are experienced in the field of health care provider credentialing,

appointment, reappointment, privileging, development of bylaws, policies, and procedures for medical staffs and other health care provider organizations.

- A state organization which has many members from a variety of hospitals (small, large, rural, and teaching), managed care organizations, insurance companies, credentialing services, health maintenance organizations, and physician officers.

WHAT CAN NeAMSS OFFER YOU?

- Reduced registration fees for NeAMSS Spring Education Conference
- Nebraska Hospital Association Conference participation
- Bi-monthly meetings for current and prospective members.
- Opportunity to earn NAMSS CEUs for attending educational offerings.
- Local, state, and national networking opportunities which promote personal and professional development.
- Scholarship opportunities to the National Association Medical Staff Services annual meeting and education conference.

WHO SHOULD JOIN NeAMSS?

- Medical Staff Coordinators, Assistants, Secretaries
- Medical Staff Officer Professionals
- Administrative Assistants/Secretaries
- Managed Care Organization Credentialing Specialists, Secretaries
- Other related health care organization professionals.

BENEFITS OF THE NATIONAL ASSOCIATION MEDICAL STAFF SERVICES (NAMSS):

- Annual National Education Conference which continues to provide great information exchange, knowledgeable speakers, and a wonderful experience.
- Informative publications which include "Synergy" and "NAMSS eNewsletter".
- Current certification examination information for Certified Professional in Medical Services Management (CPMSM) and Certified Provider Credentialing Specialist (CPCS).
- Scholarship opportunities awarded by the NAMSS Education Council.
- Useful and informative resource materials and tools.
- Networking on a national, regional, and state level regarding NCQA, JCAHO, AMA, AHA, NPDB, and other professional organizations.
- Continued education opportunities including seminars, self-paced programs, publications, resource materials, and an independent study program which is accredited by the DETC to assist with earning college credit.

HOW DO I JOIN NeAMSS?

Complete the enclosed application and return it along with your \$35 dues payment to:

NeAMSS

Lorrie Shreve, Treasurer of NeAMSS
Lincoln Surgical Hospital
QI/RM Administrative Coordinator
1710 S. 70th Street
Lincoln, NE 68506

Questions regarding NeAMSS or NAMSS may be directed to:

Nancy Walker, CPCS
NeAMSS President
Phone #: (402) 280-5823
Fax #: (402) 280-2129

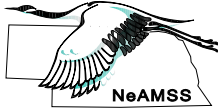
E-Mail: nancywalker@creighton.edu

You may visit our website by visiting www.namss.org, select state news and reports on the left side of the screen, click on the state of Nebraska.

NEBRASKA ASSOCIATION MEDICAL STAFF SERVICES

2008

Membership Application/Renewal Form



New Renewal

MEMBERSHIP CATEGORY: PLEASE SELECT THE APPROPRIATE CATEGORY

- ACTIVE:** Individuals having responsibility in medical health care provider staff activities. Shall pay dues and shall be eligible to vote and hold office. Encouraged to join NAMSS.
- ASSOCIATE:** Individuals interested in overall goals and objectives of NeAMSS. Shall pay dues but NOT eligible to vote or hold office.
- HONORARY:** Awarded at discretion of NeAMSS Board of Directors to individuals who have contributed to advancement of goals and objectives of NeAMSS. Shall NOT pay dues and shall NOT be eligible to vote or hold office.

Decline Membership for 2008

To help improve our State Association, please tell us why you are discontinuing your membership:

DUES: \$35.00

INSTRUCTIONS: Please type or print. Copy this form for each person in your organization applying for membership/renewal. Make checks payable to: Nebraska Association Medical Staff Services and return to address below by February 1, 2008.

Lorrie Shreve, NeAMSS Treasurer
QI/RM Administrative Coordinator
Lincoln Surgical Hospital
1710 S. 70th Street
Lincoln, NE 68506

Name: _____

Title: _____

Name of Facility: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail Address: _____

Number of Years in Profession: _____

Current Member of NAMSS: _____ Yes _____ No

I would like more information regarding:

- _____ NeAMSS Spring Education Conference
_____ NAMSS Annual Conference
_____ NAMSS Certification
_____ Upcoming Meetings
_____ Other _____

I would like a NeAMSS Board member to contact me regarding:

Signature

Date

Member Articles

By Mary Meyer, Corporate Compliance Officer, Faith Regional Health Services

Corporate Compliance – Friend or Foe?

If you are relatively new to corporate compliance responsibilities for your organization, your co-workers may be asking why you would want to embark on that path. Compliance generally hasn't been considered one of those engaging, enriching fields of responsibility that attract people. A great deal of that has to do with the enforcement side that was deemed to be necessary in order for many organizations to take this responsibility seriously.

However, a commitment to compliance can be a “shot in the arm” for organizations who are continuously striving to do the right thing – whether it is excellence in healthcare, strict adherence to laws, improvement efforts, striving to be a responsible community citizen, or all of the above. Efforts in the compliance realm include preserving our federal health plan for beneficiaries (Medicare for you and I some day, too), quality healthcare, rooting out fraud and abuse, and providing recommendations for organizations to better protect their operations from fraud and abuse. These recommendations were initially considered voluntary when they were first published. But in 2005, the Deficit Reduction Act made the recommendations for an effective compliance program mandatory for healthcare organizations with at least \$5 million in Medicaid receipts.

So if you are new to compliance responsibilities for your organization, do yourself a favor and begin by reading the Federal Register notice* dated February 23, 1998. This is the initial compliance program guidance documented for hospitals, and will answer the question,

“Where do I begin?” It’s a very well-written guide (and can dissolve your initial perception of what reading the Federal Register may be like).

*Federal Register/Vol. 63, No. 35/February 23, 1998/Notices

Career Opportunities

Palomar Pomerado Health *System Director Quality/Patient Safety*

Reports to: Chief Quality Officer

All positions at PPH support the mission of the organization to heal, comfort and promote health in the communities we serve.

Job Summary

The System Director is responsible for the operations of the Quality Management/Patient Safety (to include Infection Control) Departments. This position is accountable for leading the operations of the Quality/Patient Safety initiatives of the health system, and for oversight of the Quality Resource Management Functions. This position:

- Develops, coordinates, and monitors systems to ensure PPH is consistently measuring, assessing and improving the quality of care, patient safety and managing efficiencies necessary to move patients through the continuum of care.
- Responsible for analyzing data and market trends to advise and facilitate the Quality Committees in the development of strategic quality/patient safety goals that support the organization’s mission and values.
- Works with medical staff leadership and their respective committees and departments in the implementation of quality/performance improvement initiatives to increase clinical excellence and develop an integrated approach to improving patient care across the organization.
- Coordinates with risk management interventions to meet regulatory agencies, accrediting or certifying bodies, and third party contracts to promote safety and security at PPH.
- Oversees system wide clinical benchmarking to analyze and measure organizational excellence.
- Provides on-going education to all personnel on quality/performance improvement methodology and facilitates quality/clinical excellence teams and committees.
- Develops and mentors a high performing team for all areas of responsibility.

Performs other duties as assigned. Follows PPH rules, policies, procedures, applicable laws, and standards. Carries out the mission, vision, values, and quality commitment of PPH.

Scott Johnson,
Recruiter; Moore & Associates
Phone 562-501-9280
Fax 562-694-0213
www.whmoore.com

Have a new Job?

Get a new phone number?

Change your email address?

Forgot to tell your best friends?

If you have changes that we should know about – hey, just click on the link below to forward those changes to the people who really care.

jrezac@saunders-health.org

Next Meeting June 6, 2008 in Lincoln

Saint Elizabeth

Regional Medical Center

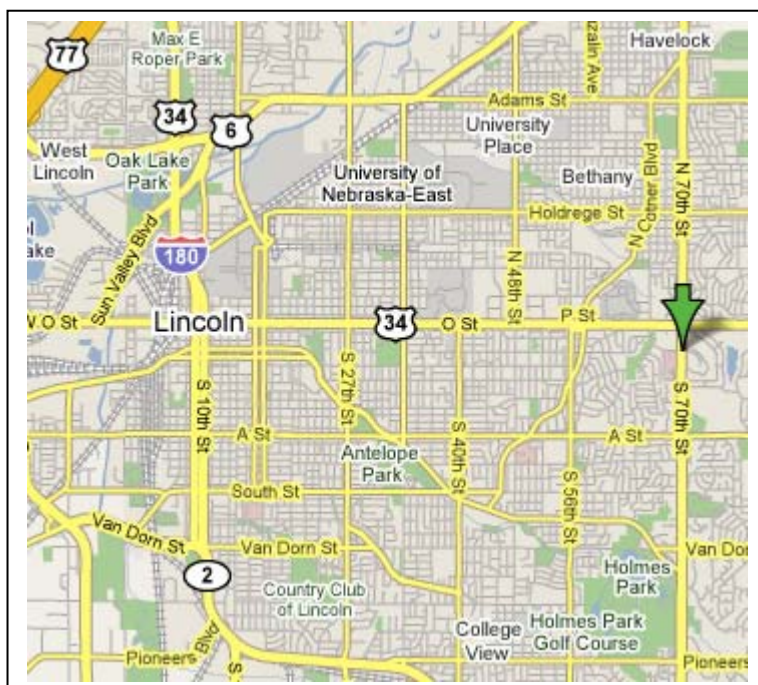
555 South 70th

Lincoln NE 68510

<http://www.saintelizabethonline.com>

Click on the link
below to bring
up St. E's web
map:

<http://maps.google.com/maps?hl=en&q=saint%20elizabeth%20555%20So.%2070th%20lincoln&um=1&ie=UTF-8&sa=N&tab=wl>



Future NAHQRS Meetings

August 1, 2008 York @ Chance "R"

October, 3, 2008 Kearney

December 5, 2008 Omaha

Next publish date is July 1, 2008

Comments on this newsletter, or future articles for submission or information, or other tidbits for publication can be sent to Bill Redinger at:

wredinger@sfmc-gi.org

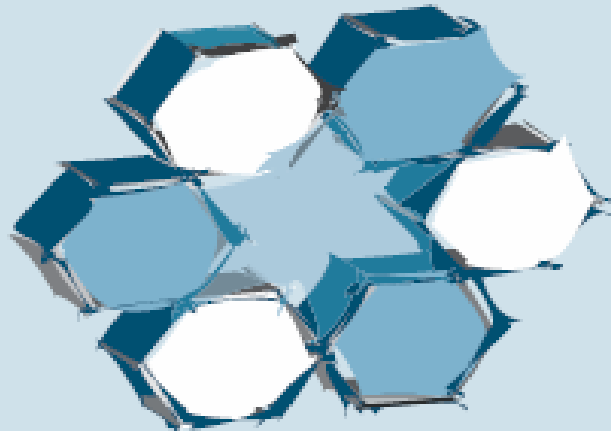
Future Newsletter publish dates:

- September 5, 2008
- November 7, 2008
- January 6, 2009
- March 3, 2009

May 13, 2008

Nebraska Healthcare Quality Forum

Visit www.cimronebraska.org
for more information and registration details!



2008 Nebraska Healthcare Quality Forum



Resources for better healthcare

