



Fall 2010 Newsletter

President's Message

Fall is here and once again some of us went to the NAHQ 35th annual conference. As you know it was moved from Nashville, TN after the devastating floods earlier this year, to Kansas City, MO. The conference dates were September 30th to October 3rd. We brought back a great deal of good information to share in newsletters!

On a personal note, I'd like to thank all of you who sent good wishes when my daughter had mitral valve surgery in August. She has recovered beautifully and is now working to regain

her strength. Between her friends and mine, as well as our big family, we were swamped with love and well wishes. I thank you from the bottom of my heart.

Our OAHQ board meeting was October 11th. You are all welcome to come to these, but I realize that it is not convenient for many of you. We will be reporting on the Strategic Planning session that occurred recently. I understand that some very good structure and planning was created to keep our organization moving forward. We're eager to share this information with you.

mation with you.

Enjoy the Fall weather.

Margie Wheeler, RN, BS, CPHQ

OAHQ President



NAHQ 35th Annual Conference

Jody Ciccone Snyder, RN, BS, MPH, CPHQ

President-Elect, 2011

Sept.30-Oct.3, 2010 was held in Kansas City, Mo.

800+ attendees were present.

Attendees from OAHQ were:

Margie Wheeler, President 2010

Jody Ciccone Snyder, President Elect, 2011

Sue Weaver, Treasurer

Nancy Terwoord, NAHQ Director-at-large

Cheree Clark, State member

The education content focused on leadership and collaboration, patient safety, regulatory issues, and measurement and methodology. There were multiple opportunities to

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Special points of interest:

- *May 2011 OAHQ State Conference*
- *Maintaining Your CPHQ—Easier than you think!*
- *NAHQ Conference: Sept 2010*
- *Quality TIPS: Radar or Spider Diagrams—a very useful analysis tool!*

NAHQ 35th Anniversary Conference continued...

network with other state association's colleagues while also enjoying the Kansas City hospitality. Pre-conference activities included an opportunity for CPHQ review sessions as well for those preparing for the CPHQ certification. Poster presentations and vendor exhibits were multiple and a great opportunity to establish an even greater connectivity for resources to enhance the tools of our quality professionals.

Additional activities were dedicated to a State Leadership Networking session, a CPHQ reception, and participation in the various SIG meetings that are a wealth of resources for: Acute Care, Behavioral Health, Critical Access, Home Health/Long Term Care, and Managed Care.

The Healthcare Quality Foundation (HQF) continued to have a strong presence during the NAHQ conference. HQF aids quality professional and state associations by supporting fundraising efforts during the NAHQ conference. Proceeds fund individual and state grants. A raffle was held with prizes donated from many of the state organizations. OAHQ donated an Apple I-Pod for a very lucky winner. Our very own OAHQ attendees were winners of some of the donated prizes. Margie Wheeler won a digital camera and Sue Weaver won an American Express gift card. Congrats to them!

Of course, we could not leave Kansas City without indulging in that great

Kansas City barbeque, which they are so famous for. Yummy!!

We encourage each of you to attend the next NAHQ conference, Sept. 15-18, 2011 in Sacramento, California. Find out for yourself what a worthwhile educational experience it is.



OAHQ 2011 Conference Update

Sue Weaver and Susan Butler are co-chairs of the 2011 OAHQ conference and planning is moving along! Some speakers have been secured and others are being contacted. The final agenda for the program should be finalized by the end of the calendar year. Remember to mark your calendars for May 12 and 13th 2011 so you don't miss out on this wonderful opportunity. Stay tuned for updates via the newsletter and OAHQ website. As a reminder, with the change in locations,

the new facility will provide a better environment to present posters for those individuals who are interested in this opportunity to share their work! Therefore, get your thinking caps on, and prepare your abstracts so when the call for abstracts arrives, you will be ready!

If any of you are aware of vendors who would like to participate, please send Sue Weaver (carol.weaver3@va.gov) or Susan Butler ((susan.butler@osumc.edu)

an email so we can begin securing appropriate vendors for our conference.

Conference Dates:

**Thursday, May 12, 2011
and**

Friday, May 13, 2011

Maintaining your CPHQ Certification

By : Carol L. Wise, MS, RN, BC, CPHQ

Your board members thought that it might be useful to share some key information with you regarding maintaining your CPHQ certification! After all, we have all worked hard to study and maintain our competencies in the field of quality/ performance improvement! Much like our nursing license...you don't want to let it expire!! Maintaining your certification is not as difficult as you may think.

First, the Ohio Association for Healthcare Quality provides an excellent two day conference each year. We have also begun offering a fall session that was held in Dayton this year. If you attended both events, you would have accomplished over half of the full requirement of 30 hours in just one year. Besides that, the content of these programs has been AWESOME! In addition to this, NAHQ offers online offerings that you can complete through the year. (Continued on page 4)

Quality TIPS: Using Radar or Spider Diagrams

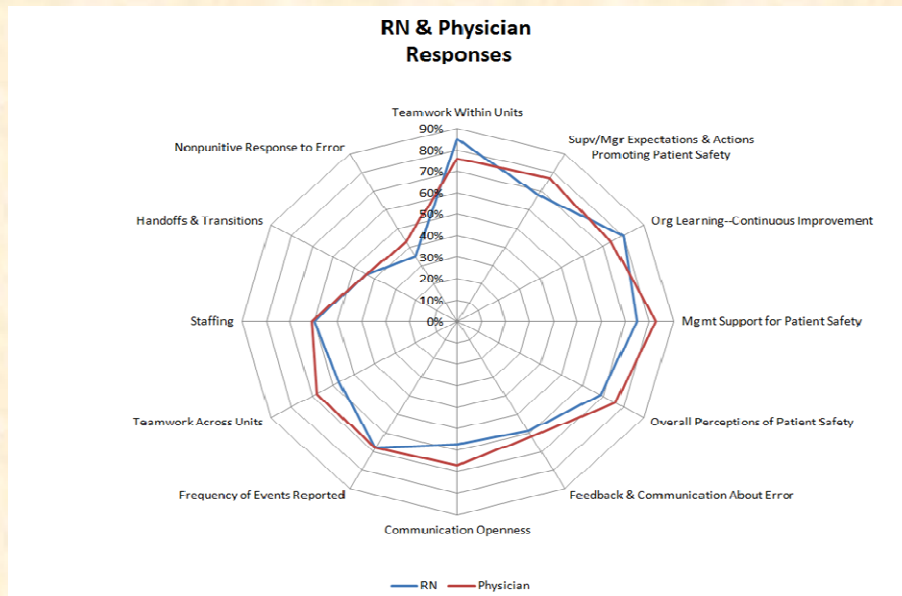
By Carol L. Wise, MS, RN, BC, CPHQ

If you have never explored the usefulness of radar (sometimes referred to as spider) diagrams, now is your chance! These are easy to do from Excel and there are other programs that will help you generate this useful diagram to analyze your data.

Here is a useful example of how this tool may help you! Many of you may have used the AHRQ Patient Safety Cultural Assessment for your employees. There are a number of dimensions that are assessed. You may have administered it to all staff or only to clinical staff. To look at the data when it is returned to you can be overwhelming. Lots to digest! Let's take a look at this "created data" for Saint Elsewhere Hospital.

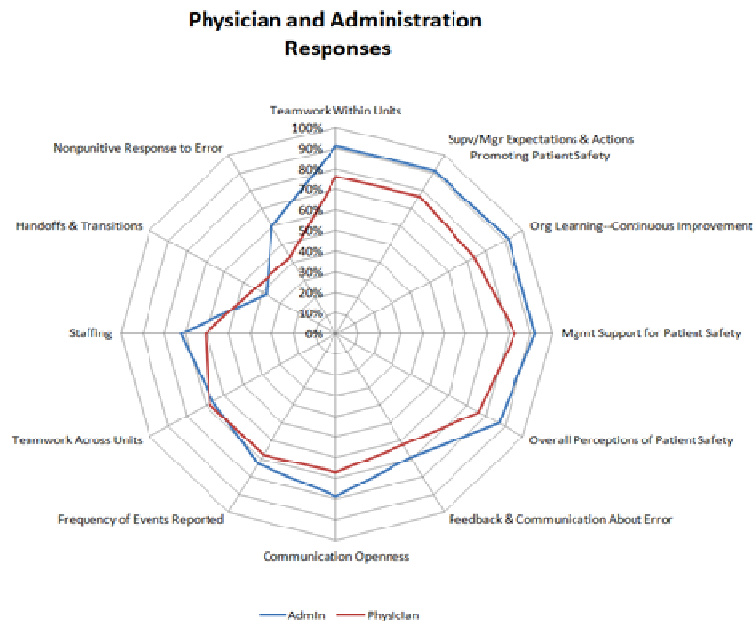
Try beginning by looking at the groups of staff and how they responded to the various dimensions. For example, how did nursing compare to the medical staff in your organization.

In this example, one can begin to see that the physician group has a more positive perception of management's response to patient safety expectations and management's support of patient safety than do the nursing staff. They also ranked higher scores for a "non-punitive environment and open communication and teamwork across units. In contrast, the nurses in this facility felt that teamwork was better within each unit than the physicians. Both groups reflected some lower scores when it came to handoff communication and the perception of a non-punitive environment. This may be where you would then want to start to focus your interventions.

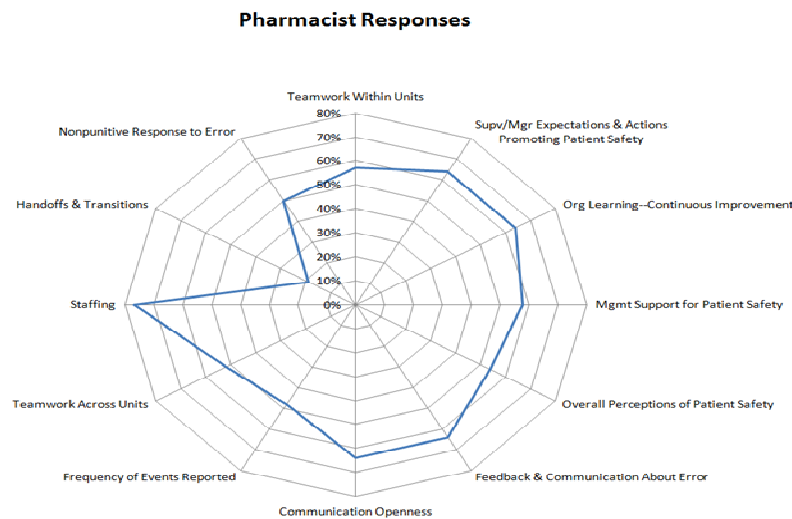


Now, contrast this with a comparison on how administration staff would compare these dimensions to those of the physicians. In the example on the next page, you can see that the administrative personnel had a far more positive perception of the culture of safety than did the physician team in this organization. Breaking down each of the questions and digging deeper can provide some very powerful insights as to how to begin to improve communication, teamwork and patient safety overall. It may also be useful when you need to go to your administration to present your proposal for implementing Team STEPPS or other communication strategies. Administrators can learn a great deal by looking at the differences in these diagrams!

Quality TIPS: Using Radar or Spider Diagrams ..continued..



If you are concerned with a specific department, focus solely on the analysis of that department’s personnel. In the following example, it is clear that the pharmacists at St. Elsewhere feel there is a need to focus on hand-off communication and creation of a non punitive environment. Maybe there is a need to consider doing a roll-out of the Just Culture to help them understand the accountability issues versus human error and at risk behaviors or system errors. The pharmacists also seem to be indicating that they are not confident that event reporting is occurring to the level that would be most useful. Perhaps they have some suggestions on how to improve reporting related to medication errors!



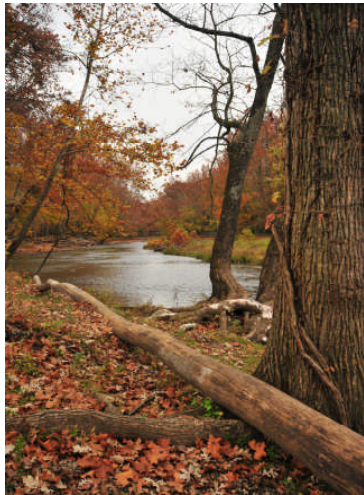
As I stated in the beginning of this article, you can do these diagrams in Excel. Where to find it? Look under the “insert” tab and go to “other charts.” These are labeled as radar charts! It is one of the best ways to begin to look at the results of survey data from the perspective of different groups. It can be used for other similar types of projects as well.



President: Margie Wheeler

President Elect: Jody Ciconne Snyder

Treasurer: Sue Weaver



REGISTER NOW!

OPSI Regional Patient Safety Conference: Milestones in Patient Safety: A Culture of Accountability

Date: November 18, 2010

Time: 7:30 a.m. registration

Program: 8 a.m. to 12 noon

Where: Dayton Children's Medical Center

Cost: \$75.00

More information at:

<http://www.ohiopatientsafety.org>

**(This, too, should apply toward your
CPHQ!)**

Maintaining Your CPHQ Certification...continued..

Further, you are permitted to use other nursing contact hours or specialty contact hours *if* they meet the requirements for the four content areas covered on the CPHQ examination. These four areas include Management and Leadership; Information Management; Performance Measurement and Improvement; and Patient Safety. If you go to this [link](#), you can easily find out more details within the certification manual on related sub-topics for each of these four areas. Have you attended any sessions on how to prevent surgical site infections or ventilator associated pneumonias? These continuing education programs would qualify! Have you attended the Joint Commission Executive Briefings or a similar regulatory training? It qualifies as well! Have you attended any programs such as Team STEPPS or Crucial Conversations or other leadership development topics? These, too, qualify! Odds are, there have been a number of offerings within your organization that qualify!

Remember that you must attain 30 continuing education credits for each two year re-

newal cycle. Keep a separate folder with the certificates in them so that you can copy and send if you are audited! Also remember that a 60 minute nursing contact hour is equivalent to one CPHQ hour (if the topic is deemed relevant). Also, make sure that you send your recertification in PRIOR to expiration. You will have a one month grace period if you fail to submit your recertification by the deadline. After that, you will need to take the examination again. The fee for recertification is \$175.00.

The following is a direct excerpt from the HQCB website:

For individual recertification HQCB accepts any continuing education that follows the content outline for the exam. The content outline is available in both the candidate handbook and the recertification handbook. One hour of class time equals one CE hour. **Please note courses relating to clinical patient care or medical treatment are not accepted.** All other guidelines for recertification are also available in the re-

[certification handbook](#).

There are a number of offerings throughout the state that you can take advantage of to remain current. The Ohio Patient Safety Institute (OPSI) is another great resource for hours. They often do regional conferences and a series of teleconferences that are applicable for recertification. Your organization can purchase the teleconferences and hold these in the auditorium at your facility so that numerous staff can listen and earn nursing credits or use for CPHQ!

We're on the Web!

[WWW.oahq.org](http://www.oahq.org)