

## **Association News**

### **Vote for Your NAHQ Board of Directors**

Be sure to cast your vote now through June 30 for next year's NAHQ officers: president-elect, secretary-treasurer, professional development director, and special interest groups director. Vote today by visiting [www.nahq.org](http://www.nahq.org) or <https://eballot3.votenet.com/nahq/login.cfm>. To cast your ballot, you'll need to enter the 8-digit ID number listed on the back of your NAHQ membership card (your password is your last name). When you've read the candidates' biographies, please make your selection. Each NAHQ member is allowed only one vote. Your participation in voting is vital to our association, so if you need any assistance during the voting process, please call 800/966-9392. Thank you for your time and support, and remember that your vote makes a difference!

### **2009 Call for Abstracts**

*Abstract Submission Period: June 16–October 31, 2008*

Here's your opportunity to shape the field of healthcare quality! NAHQ's Conference Planning Team invites applications to present at NAHQ's 34th Annual Educational Conference. The conference, titled "NAHQ: Deep in the Heart of Quality," is scheduled for September 13–16, 2009, in Grapevine, TX, at the Gaylord Texan Resort Hotel and Convention Center.

Presentations are encouraged in the following areas: accreditation issues and successes, behavioral healthcare quality, case management, compliance, confidentiality, continuum focus, collaboration, cost versus quality, data management, disease management, ethical concerns, evidence-based practice, government affairs and policy making, healthcare administration and management, information systems and management, innovations in healthcare, knowledge management, medical management, pain management, patient and staff safety, performance measurement and improvement, public reporting, quality culture, quality leadership, regulatory compliance, research in healthcare quality, risk management, and utilization management.

### **Product of the Month**

#### ***Healthcare Quality Handbook, 22nd Edition***

The 22nd edition of *Healthcare Quality Handbook: A Professional Resource and Study Guide*, by Janet A. Brown, RN CPHQ FNAHQ, is an excellent tool for preparing for the CPHQ certification exam. The volume is revised annually to cover the most current CPHQ exam content and to incorporate new and relevant information in the field. This tabbed, 2-inch-thick D-ring-binder handbook is designed for convenient use and contains chapters on quality concepts, strategic leadership, quality systems management, performance improvement processes, information management, people management, standards and surveys, and U.S. federal legislation. Cost: \$165 for NAHQ members; \$195 for nonmembers.

### **Study: Five Case Studies on Performance Measures Using EHRs**

According to a study published last month by the Commonwealth Fund, the emergence of the electronic health record (EHR) has made new indicators of quality and safety both necessary and feasible. According to *Performance Measures Using Electronic Health*

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*Records: Five Case Studies*, appropriate indicators now can be integrated “early on” into evolving EHR systems. The report examines the experiences of five provider organizations in developing, testing, and implementing such indicators, using data collected from their EHR systems:

- HealthPartners, Minneapolis, MN, used the EHR to compile blood pressure measurements.
- Park Nicollet Health Services, Minneapolis, MN, developed a composite measure for care of people with diabetes.
- Billings Clinic, Billings, MT, tested an automatic alert on potential interactions between antibiotics and the anticoagulant warfarin.
- Kaiser Permanente of the Northwest, Portland, OR, used a natural-language processing tool for counseling about tobacco use.
- Geisinger Health System, Danville, PA, explored ways of reconciling problem lists and provider-visit notes regarding high-impact chronic-disease diagnoses.

The authors found that common themes emerged from the case studies: “They included challenges—of ensuring the validity and reliability of data, efficient workflow, and staff support—but the providers’ successes in implementing their respective EHR-based quality measures demonstrated that such measures are adaptable to different EHR systems, amenable to improvement, and worth pursuing.”

The study, supported by the Commonwealth Fund and the Robert Wood Johnson Foundation, with additional support from the Agency for Healthcare Research and Quality, is available at [www.commonwealthfund.org](http://www.commonwealthfund.org).

### **New Report Addresses Language and Cultural Barriers in Hospitals**

A new Joint Commission report, *One Does Not Fit All: Diverse Populations Pose Special Health Needs*, is now available at <http://www.jointcommission.org/>. Based on successful practices now being used in hospitals, the report includes a self-assessment tool to help healthcare organizations tailor their initiatives to meet the needs of diverse populations. The tool provides a framework for discussing needs, resources, and goals for providing high-quality care to patients. The report urges hospitals to engage in a range of practices across four areas: building a foundation, collecting and using data to improve services, accommodating the specific needs of a patient population, and establishing internal and external collaborations. The report is the result of a multiyear research study—*Hospitals, Language, and Culture: A Snapshot of the Nation*—supported by funding from the California Endowment, San Francisco, CA. That study of 60 hospitals nationwide looked at how hospitals respond to the diverse cultural and language needs of their patients.

## **Survey Looks at Nursing Home “Culture Change”**

“Picture a nursing home where you can stay up late to watch the end of a movie, get yourself a midnight snack, and then be helped to bed by an aide who knows all your quirks and enjoys listening to your stories,” wrote Mary Jane Koren, MD MPH, assistant vice president at the Commonwealth Fund, in a recent Commonwealth Fund article. “This evening is light years away from the usual way of doing business.” According to Koren, the nursing home “culture change” movement is working to transform nursing homes from places that put institutional imperatives ahead of the needs, rights, and interests of the residents into places where residents come first.

A recent Commonwealth Fund survey of 1,435 nursing homes found that providers are familiar with the term *culture change* or a resident-centered approach to care. Although 43% continue to follow the traditional model, 31% of respondents say they adhere, either fully or partially, to a resident-centered approach to care, and 23% say they are committed to culture change even though it does not yet describe their facility.

Culture change includes initiatives that give residents more control over their lives, such as letting people get up when they want to and choose what to wear. Organizational changes are involved as well, Koren said. “For example, for aides to really get to know residents, it’s important that the same aide always take care of the same resident—a practice called *consistent assignment*. Culture change homes involve certified nurse aides in care planning and decision making.”

Despite the findings, Koren noted that relatively few homes have made recommended alterations to their physical environments, such as eliminating the nurse’s station or setting up small “households” rather than the typical long corridors with a large recreation or dining hall. For the entire survey, see [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=684709](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=684709).

## **Joint Commission Awards First COPD Certification**

Easy Breathing Clinic LLC, an outpatient clinic for lung health in Augusta, ME, is the first organization in the country to be certified under the Joint Commission’s new Chronic Obstructive Pulmonary Disease (COPD) Certification program. Developed in conjunction with the American Lung Association, this new certification program for COPD is part of the Joint Commission’s Disease-Specific Care Certification program. Organizations seeking COPD certification are required to meet standards and performance measurement requirements for the current Disease-Specific Care program and COPD-specific requirements.