

Association News

NAHQ Update

Fellowships: The NAHQ Fellowship Program was developed by the Healthcare Quality Foundation to recognize NAHQ members who have made outstanding contributions to the field of healthcare quality and to act as a blueprint for an ideal career path in the healthcare quality profession. Consideration of an applicant for fellowship includes review of the applicant's credentials, employment background, and education. The NAHQ Fellowship Review Board (FRB) determines the granting of Fellowship based on an evaluation of the applicant's contributions to the field of healthcare quality in the following categories: leadership and service, published works, lectures and presentations, and mentorship.

Please review the NAHQ Fellowship application before you apply; changes occur from year to year. Declare your intent to apply by December 15, 2007, by sending a letter to the NAHQ FRB Chair, Lenard L. Parisi. For more information, visit www.nahq.org/awards/fellow.htm or contact NAHQ headquarters at 800/966-9392.

Call for Nominations: The nominations team is seeking individuals interested in serving as leaders. If you are a member in good standing and are interested in being a candidate for a position, or if you know of another NAHQ member who would be an excellent nominee, please visit www.nahq.org/about/posdes.html for the nominations form. The positions to be filled for 2009 are president-elect (3-year commitment), secretary/treasurer (2-year commitment), and professional development director (2-year commitment). The deadline for nominations is January 18, 2008.

2007 Conference Presidential Message Now Online: If you missed the 32nd Annual Educational Conference in Boston, here's your chance to catch up on the many highlights of NAHQ's journey down the "good-to-great" path. Visit www.nahq.org/conference/current/udpate.html to watch the 2007 Conference: President's Video and hear NAHQ President Heidi Benson review NAHQ's 2007 achievements (our fresh new look and updated Web site, educational offerings, and new member initiatives), share our plans for the future, and explain how our strategic plan guided each step of the way.

NAHQ 2008 Officers: The 2008 NAHQ Board of Directors will take office effective January 1, 2008. Our special thanks to Lee Hamilton, outgoing member services director, and Anna Marie Butrie, immediate past president, for their years of service and support to NAHQ.

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Luc R. Pelletier: Colleague and Contributor to Healthcare Quality

Christy L. Beaudin and Jacquie Byers

Luc R. Pelletier, MSN APRN BC CPHQ FAAN FNAHQ, has held the post of editor in chief of the *Journal for Healthcare Quality (JHQ)* since 1998. He has had a distinguished career as an advanced psychiatric-mental health nurse, having held positions in academic medical centers, managed behavioral healthcare, consulting, and academia. He advocated excellence in behavioral health practice and took time to share his expertise through his involvement in professional organizations and by teaching, writing, and publishing. His lifelong contributions as a nurse and healthcare executive were acknowledged with his inductions as Fellow into the American Academy of Nursing, American College of Mental Health Administration, and NAHQ.

As editor in chief, Luc worked tirelessly with NAHQ, the editorial board, and contributors to help the publication grow in both size and stature. *JHQ* began in 1976, but significant strides were made in the past 10 years under his leadership. *JHQ*'s content expanded to include applied research and practice articles, reviews of new media (books, video, software, and CDs) and new healthcare products and Web sites. The publication won several APEX awards for publication excellence. Meanwhile, Luc's most recent book, *Q Solutions: Essential Resources for the Healthcare Quality Professional*, is considered a go-to resource in healthcare quality and serves as the core curriculum for healthcare quality professionals.

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We editorial board members who have worked very closely with Luc over the years believe that he is a visionary who promoted tracking progress through quality metrics and who celebrated successes. His inclusionary style inspired all of us to work as hard as he did, even with the addition of so many new journal features over the years. Always optimistic, he rarely sweats the big or small things and is quick to acknowledge that we have so much to be thankful for. We wish this humane and humorous leader all the best in his future endeavors. Thanks, Luc—for everything!

Christy L. Beaudin, PhD LCSW CPHQ FNAHQ, is vice president and chief quality officer at Childrens Hospital Los Angeles, and Jacquie Byers, PhD RN CPHQ CNAFAAN, is professor at the College of Nursing at the University of Central Florida in Orlando, FL. Both currently serve on JHQ's Editorial Board.

Note: Throughout December, Joann Genovich-Richards, PhD MBA MSN RN, will be working with Luc to transition into her new role as editor in chief of JHQ. She began her term on December 1, 2007.

CPHQ Recertification Deadline Nears

For those whose recertification cycle ends December 31, 2007, the time to submit your recertification is now. Try the online recertification process. Recertification forms are located on the Healthcare Quality Certification Board's Web site at www.cphq.org/2reCertification.html. Don't delay and risk losing your CPHQ certification!

IHI Seminar on Implementing Team Practice

Collaboration and cooperation are vital to your role as a healthcare quality professional. Join your peers in a 2-day seminar that will offer strategies and tools for leadership skills, team practice, and process improvement. The Institute for Healthcare Improvement's seminar, *Implementing Team Practice in High-Risk Clinical Settings: A Systematic Approach*, is February 20–21, 2008, in San Diego. To learn more about the seminar, visit www.ihl.org/IHI/Programs/ConferencesAndSeminars/ImplementingTeamPracticeSeminarFeb2008.htm. To enroll, visit www.ihl.org/events/SourceTracking.aspx?returnUrl=http%3a%2f%2fwww.ihl.org%2fevents%2fSelectAttendee.aspx%3fNew%3d1%26EventID%3d1632&EventId=1632.

Washington State Stops Public Release of Hospital Errors

Hospital-specific errors in Washington State are no longer being made available to the public after the state sided with the hospital association in interpreting a 2006 law on quality improvement. The law expanded the list of mistakes hospitals were required to report to 28 serious, preventable errors outlined by the National Quality Forum. For more than a year, the state has made that data available to the public, revealing serious errors at individual hospitals; however, according to the Washington State Hospital Association, the state should have been reporting those errors in aggregate. "This topic generated lively discussion among the board members of the Washington State Association for Healthcare Quality," says Celeste Derheimer, MBA RN CPHQ, administrative director of corporate quality and safety at Virginia Mason Medical Center in Seattle. "Overall, board members are supportive of transparency in reporting and agree unanimously that the

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emphasis needs to be less on what is reported, and more on how we can work together to improve our systems of care.”

The Impact of Language Barriers

Between 1980 and 2000, the number of Americans who could not speak English jumped from 1.2 million to 3.4 million—a 176% increase, according to the most recent U.S. Census data. Language barriers not only decrease a patient’s quality of care but can lead to potential errors. Patients who speak minimal English are less likely to receive recommended healthcare services and to sign consent forms.

According to a supplement of the *Journal of General Internal Medicine*, (23% of hospital staff interpreters—administrative assistants, medical assistants, and clinical staff—either fail bilingual competency tests or have only limited fluency in another language.

“Communication is part of the foundation of safe care,” says Amy Wilson-Stronks, MPP CPHQ, principal investigator for the Joint Commission study *Hospitals, Language, and Culture: A Snapshot of the Nation* (www.jointcommission.org/PatientSafety/HLC/). She says that not understanding the intricacies of language is a main contributor to medical errors. She recommends that healthcare organizations devote leadership and resources to developing a system to resolve language barriers, particularly as American demographics continue to change.

The key to reducing language barriers is for healthcare organizations to know their patient populations, Wilson-Stronks says. “Meeting patients’ communication needs is a necessity for providers to do their job, which is to provide appropriate healthcare.”

Survey: Half of Physicians Fail to Report Incompetence, Medical Errors

A survey of more than 1,600 physicians published in the December 4 issue of the *Annals of Internal Medicine* shows that 45% of doctors with direct knowledge of impaired or incompetent colleagues in their practice did not always report them. Nearly half (46%) of physicians who knew of a serious medical error did not report it to authorities at least once, say findings from the Institute on Medicine as a Profession’s (IMAP) Survey on Medical Professionalism. IMAP, a New York-based organization affiliated with Columbia University, supported the research.

Study Cites Risks to Hospital Safety and Quality

Fatigue among residents and nurses, inadequate nurse staffing levels, and emergency department crowding pose serious risks to safety and quality in American hospitals, according to research discussed in the November 2007 supplement to the *Joint Commission Journal on Quality and Patient Safety*. Supported by the Agency for Healthcare Research and Quality, the supplement also examines effects of the physical environment and organizational climate on quality and safety.