

CONTENTS

WEB ARTICLES

W6-3 **q&a: Susan Dragoo on Integrus Health's Quality Journey**

Deborah M. Flores

Susan D. Dragoo, MS BA CPHQ, is currently the vice president for quality and medical staff services at Integrus Health in Oklahoma City, OK. She holds a certificate in Lean healthcare and has participated in the Health Research and Educational Trust's Patient Safety Leadership Fellowship program. She is also on the Technical Advisory Panel on Public Reporting for the National Quality Forum.

DEPARTMENTS

W6-5 **Media Reviews**

W6-9 **Quality NETWORK**

W6-13 **Industry Trends**



Mission

Journal for Healthcare Quality is a professional forum that continuously advances healthcare quality practice in diverse and changing environments.

Vision

Journal for Healthcare Quality is the first choice for creative and scientific solutions in the pursuit of healthcare quality.

Editor in Chief

**Joann Genovick-Richards, PhD MBA
 MSN RN**
 Sharendipity Enterprises
 Sterling Heights, MI

Research Editor

Robert J. Rosati, PhD
 Visiting Nurse Service of New York
 New York, NY

Interviews Editor

**Susan V. White, PhD RN NEA-BC
 CPHQ FNAHQ**
 Orlando VA Medical Center
 Orlando, FL

q&a Editors

Deborah M. Flores, EdD MBA RN
 Driscoll Children's Hospital
 Corpus Christi, TX

Michelle Horvath, RN CPHQ
 Hospital for Special Surgery
 Croton-on-Hudson, NY

Quality NETWORK Editors

Susan C. Boisvert, MHSA RN
 Parkview Adventist Medical Center
 Brunswick, ME

**Daniel H. van Leeuwen, MPH RN
 CPHQ**
 Children's Hospital Boston
 Boston, MA

Media Editor

Eileen Johnson, MSN RN CPHQ
 Cogent Healthcare
 Brentwood, TN

Senior Managing Editor

Barbara Hofmaier, MAT

Graphic Designer

Eric Trisilla

Editorial Assistant

Cori Mohr

Editorial Board

Lecia A. Albright, CPHQ
 LARA Consulting, LLC
 Spotsylvania, VA

**Christy L. Beaudin, PhD LCSW CPHQ
 FNAHQ**
 Childrens Hospital Los Angeles
 Los Angeles, CA

Diane Brown, PhD RN CPHQ FNAHQ
 Kaiser Foundation Hospitals
 Pittsburg, CA

**Jacqueline Fowler Byers, PhD RN
 CPHQ NEA-BC FAAN**
 University of Central Florida
 Orlando, FL

Jean A. Grube, PhD MBA MSN
 Medical College of Wisconsin
 Madison, WI

Kevin C. Park, MD CHCA
 Attest Health Care Advisors, LLC
 Las Vegas, NV

Pamela K. Scarrow, CPHQ
 American College of Obstetricians
 and Gynecologists
 Washington, DC

**Wayne E. Soo Hoo, PhD MSN RN
 CPHQ**
 Mercy San Juan Medical Center
 Carmichael, CA

**Sandra E. Ward, MA MS RN CPUR
 CPHQ**
 Senior Health Partners, Inc.
 New York, NY

NAHQ 2008 Board of Directors



Thomas M. Smith, MA RN CPHQ
President

Cathy Munn, MPH RHIA CPHQ
President-Elect

Heidi Benson, MS RN CPHQ FNAHQ
Immediate Past President

Sandra Grinder, MSN RN CPHQ
Secretary-Treasurer

Lenard L. Parisi, MA RN CPHQ FNAHQ
Member Services Director

Linda Scribner, BA CPHQ
Professional Development Director

Denise Donnelly, CPHQ
Special Interest Groups Director

David S. Loose, MSN CNA RN CPHQ
HQCB Chair

Stacy Sochacki, MS
Ex-Officio, Executive Director

Journal for Healthcare Quality is an official publication of the National Association for Healthcare Quality (NAHQ) and is a refereed journal. Journal articles express the authors' views only and are not necessarily the official policy of NAHQ or the editors of the journal. The Information for Authors is available at www.nahq.org/journal/resource/2007infoforauthors.pdf or from the editorial office of *Journal for*

Healthcare Quality. The association reserves the right to accept, reject, or alter all editorial and advertising material submitted for publication. Advertising published in the journal does not imply endorsement of products and services. Members of the National Association for Healthcare Quality receive a subscription to *Journal for Healthcare Quality* as a benefit of membership.

Vol. 30, No. 6
www.nahq.org/journal/online/
 © 2008 National Association for
 Healthcare Quality

q&a: Susan Dragoo on Integris Health's Quality Journey

Deborah M. Flores, Interviewer



q Please share with our readers Integris's quality journey.

a Integris Health is a relatively young health system, having been created from a combination of three other healthcare organizations in the late 1990s. We have 11 acute care facilities as well as behavioral health, home care, rehabilitation, and physician practices spread across the state of Oklahoma. I have been with Integris Baptist Medical Center in Oklahoma City, the "mother ship" of the organization, for 22 years. From the inception of our health system, we worked to develop a collaborative approach to quality issues, and, early on, we devoted significant energy to measurement and improvement for some of the patient populations that were eventually included in the Joint Commission's Core Measures and the Centers for Medicare and Medicaid Services' (CMS) pay-for-reporting (soon to be pay-for-performance) measures. Around 2000, with new leadership from our chief medical officer, we began to focus intently on patient safety and to create internal incentives for improvement in core measures. We have sustained both of these efforts and have been recognized with the Institution for Safe Medical Practices' Cheers Award, the American Hospital Association-McKesson Quest for Quality Prize, and Magnet status.

q What have you learned from going through the award process, and how have your quality and performance improvement efforts changed?

a The award process emphasized the importance of measurement, the sustainability of improvements, and the necessity for leaders to stay focused on our improvement goals. Our quality efforts are

Susan D. Dragoo, MS BA CPHQ, is currently the vice president for quality and medical staff services at Integris Health in Oklahoma City, OK. She received her BA from the University of Tulsa and master's degrees in management and biostatistics from Southern Nazarene University and the University of Oklahoma. She holds a certificate in Lean healthcare and has participated in the Health Research and Educational Trust's Patient Safety Leadership Fellowship program. She is a member of the American Society for Quality, the National Association for Healthcare Quality, and the Oklahoma Society for Healthcare Quality and Risk Management, and she is certified as a credentialing specialist for medical staff services. She is also on the Technical Advisory Panel on Public Reporting for the National Quality Forum. She has published in the areas of transparency and patient safety and won NAHQ's David L. Stumph Award for Excellence in Publication in 2002.

increasingly incorporating the principles of Lean thinking, which addresses all those issues and further heightens our awareness of them.

q Explain the approach that Integris is taking toward quality transparency and pay for performance.

a For several years we have posted clinical quality measures, patient satisfaction data, and pricing data on our public Web site. We are continuing to add to that group of measures and are in the process of adding infection rates. Internal transparency is also important to us. We share data among all our facilities about how each is doing, using a color-coded scorecard format. I believe that such transparency is very effective in driving improvement. No one likes to look bad on the scorecard. Thanks to this approach, we are fairly well-positioned to operate in a

Key Words

organizational performance improvement
pay for performance
transparency

pay-for-performance environment: the measures proposed by CMS for inclusion in its first round of value-based purchasing are those that we've been working very hard on for a long time. That's not to say that we don't still have room for improvement!

q How have you adapted to the new healthcare landscape created by the National Quality Forum's identification of "never events" and CMS's expansion of nonreimbursable hospital-acquired conditions (HACs) in your facility?

a Our corporate-level board recently approved a resolution that we would not seek payment for any of the never events if we determine them to have been preventable. This resolution is actually consistent with our long-time practice, but we thought that it was important for us to take a public stance on the issue.

Concerning CMS's HACs, we are closely monitoring our incidence of these events and have been working for some time to improve in most of these areas.

q What advice would you give other quality professionals, whether they are just starting or have been working in the field for some time?

a First, learn all you can about "the big picture" of healthcare and about the government and accreditation mandates for quality measurement and improvement that are coming down the road. In other words, try to stay ahead of the game. Second, learn about Lean thinking, and bring those principles into your organization. I think the Lean approach will have a huge impact on healthcare.

Deborah M. Flores, EdD MBA RN, is assistant vice president for quality risk management at Driscoll Children's Hospital, Corpus Christi, TX.

Media Reviews

Eileen Johnson, Media Editor

Budgeting Concepts for Nurse Managers

Steven A. Finkler and Mary L. McHugh,
Saunders Elsevier, www.elsevier.com, 2008,
\$67.95, 520 pages, ISBN 978-1-4160-3341-7

Audience: clinical leaders, managers of nursing and other clinical departments, medical directors, quality professionals

Key Words: administration and management, cost containment and management, data analysis, data management, statistical analysis

Budgeting Concepts for Nurse Managers is a real find. This textbook is written to explain the basic principles of budgeting for all areas in which nurses work. It can serve as a valuable resource for nurse executives, management executives, and nurses who are just beginning their careers.

Every chapter is prefaced with helpful objectives and includes extensive references and suggested readings. The appendix includes budget forms and instructions for their use. Free online resources—study guides, practice quizzes, and Web links—are included with the purchase of the book.

In the first two chapters, the authors cover different types of budgets, such as operating, long-range, program, capital, product-line, cash, performance, and special-purpose. For first-time managers, these chapters introduce the budgeting process, including information about planning, program evaluation and review technique (PERT), and critical path method (CPM) tools; ways to control results; flexibility; and details on how to gather information for cost, human resources, and forecasting. The third chapter covers motivation and incentives; the authors discuss the importance of communication and the negative implications of unrealistic expectations. In Chapter 4, the authors orient the reader to cost concepts, including fixed and variable costs, service units, cost estimation, and adjusting for inflation. Activity-based costing closes out the chapter. Chapter 5 focuses on personnel issues such as the nursing shortage, recruitment, and retention.

In Chapters 6 and 7, the authors introduce forecasting and strategic planning. Data collection, analysis, and forecasting formulas are reviewed in detail. The authors also devote a section to process improvement and quality. Chapters 8 and 9 cover operating and revenue budgets, the review of all aspects of preparation, financial structure, planning elements, activity budget, computerization, patient classification, workload measurement, and nonproductive time. These chapters may be particularly helpful for new nurse managers. Chapter 10 covers the four basic components of capital budgeting: capital item identification, item justification, item priority, and competitive bids for items with a cost exceeding a specific threshold.

Chapter 11 emphasizes the need for performance budgeting as healthcare organizations face budget cuts, less revenue growth, and problems with quality of care and outcomes. The authors devote a section of this chapter to quality of care, staffing, and satisfaction. Chapter 12 discusses cash budgeting. Even though nursing typically does not perform this function, its coverage sheds light on the importance of this activity relative to organizational survival. Chapter 13 explains variance analysis, with extensive examples described in Chapter 14.

Chapter 15 provides information on budgeting for computer systems. It covers new system identification, project management, systems analysis, security, implementation and evaluation, and maintenance. In Chapter 16, the authors deliver a detailed account of budgeting for operating rooms—areas filled with high-dollar items and resources. Chapter 17 reviews the ways in which effective budgeting can help organizations improve through the use of benchmarking, productivity, and cost-benefit and cost-effectiveness analysis. This is a key chapter for quality professionals. In the final chapter, the authors share information about “costing out” nursing services. Acuity-adjusted measures as well as direct and indirect nursing hours are included.

A quality professional must understand the financial side of nursing. For many of the projects and initiatives that take place in healthcare

settings, project value ties back to the impact of the initiative on overall care cost and clinical care outcomes. Labor makes up the greatest cost in any healthcare setting; knowing how labor, supplies, and other resources are managed is invaluable. Quality projects that tie in clinical and cost outcomes typically provide the greatest return for any healthcare organization. I plan to keep this book nearby as a day-to-day reference and present it to clinical managers in my organization.

Reviewed by Carole S. Guinane, chief clinical officer, New Hope Bariatrics, Inc., Charlotte, NC

Nursing Research: Reading, Using and Creating Evidence

Janet Houser, Jones and Bartlett Publishers, www.jbpub.com, 2008, \$58.95, 586 pages, ISBN 13 978-0-7637-4267-6

Key Words: data analysis, evidence-based medicine, research

Audience: nurses, practicing nurses, RNs returning to school, undergraduate nursing students

Nursing Research: Reading, Using and Creating Evidence provides an easy-to-read approach to understanding nursing research, the ways to apply it to practice, and how to use practice to generate questions regarding the best evidence. This is a blended approach that describes research methods and ways in which to understand research for practice. The book's primary purpose is not to present a traditional treatise on how to conduct nursing research. The user-friendly chapter presentation targets basic nursing students or those in practice who may not have taken courses on using research and evidence for practice. The book is not designed for the advanced student. It differs from more traditional texts: the author states it "does not focus primarily on interpreting inferential research, rather it focuses on imparting a fundamental understanding of all types of research that may be used as evidence" (p. xv).

The book is organized into seven sections: Introduction to Research, Planning for Research, Research Process, Research Processes that Describe Populations, Research that Measures Effectiveness, Research that Describes the

Meaning of the Patient's Experience, and Use of Research as Evidence.

Four themed sidebars are incorporated into each chapter: Gray Matter, More Depth/Detail, Critical Appraisal Exercise, and New Terms. Voices from the field provide real-life examples from nurses on how to use the research process. A mixture of experiences that nurses may find helpful is presented in the form of a current problem, along with ways to consider using evidence within their own organizations. Gray Matter summarizes the key concepts of each chapter. This is particularly useful when the book is used as a classroom text by both students and instructors. More Depth/Detail includes articles for further reference. The Critical Appraisal Exercise references a full research article and features a list of questions based on the concepts in the chapter. Again, this is useful for coursework or journal clubs. When a new term is introduced in a chapter, it is noted in the New Term sidebar for easy reference. The terms are not repeated in a glossary, however, so if you want to review a term, you must search for it in the text or by the index.

Because this book is designed to be used by undergraduate nursing students, online resources for instructors are available at <http://nursing.jbpub.com/nursingresearch>. Here instructors will find a variety of slides and a sample test or study questions, but users must complete specific information on the course. My library already contains a variety of nursing research methods books, but this book offers a solid approach to integrating evidence for practice with research.

Reviewed by Susan V. White, PhD RN CNAA-BC CPHQ FNAHQ, chief quality management, Orlando VA Medical Center, Orlando, FL

Medical Informatics 20/20: Quality and Electronic Health Records through Collaboration, Open Solutions, and Innovation

Douglas Goldstein, Peter J. Groen, Suniti Ponske, and Marc Wine, Jones and Bartlett Publishers, www.jbpub.com, 2007, \$75.60, 566 pages, ISBN 13-978-0-7637-3925-6

Audience: healthcare quality professionals, informaticians, policy makers

Key Words: health information, outcomes, performance measurement, technology

The premise of *Medical Informatics 20/20: Quality and Electronic Health Records through Collaboration, Open Solutions, and Innovation* is that we can and must create a better healthcare system using a three-pronged approach of collaboration, open solutions, and innovation. The authors' purpose is to begin to develop a clearly envisioned model for implementation of a quality electronic health record (EHR) by 2020. They call the model Medical Informatics 20/20.

The book is divided into five sections: Medical Informatics, Collaborating for Quality, Deploying Solutions, Toolkit for Excellence and Quality Improvement, and Inventing the Future. In the Medical Informatics section, the authors outline the vision and strategies of the proposed open-sharing solution. They call for a consumer-centered solution supported by high-quality, low-cost technology. In the Collaborating for Quality section, they discuss current efforts in open technology sharing through health information exchanges, regional health information organizations, VistA, and the National Health Information Network. The third section of the book discusses ways in which open-source solutions may be used to implement EHRs in a sharing environment. In the Toolkit section, the authors provide case studies and offer strategies to implement a quality EHR. In this section, they also discuss how we should begin to measure the value of an electronic record. The Toolkit section would be valuable for anyone working on an EHR. In the final section, the authors discuss the current state of health care and their recommended steps to achieve the desired future state. This final section provides the most interesting reading in the book, using the theory presented in the first sections of the book to describe where we are today and where we might be tomorrow.

This is not an easy book to read. It is heavily laden with information systems and technology jargon; fortunately, the authors usually provide a definition for these terms in language that is accessible to most readers. This is an exceptional book that takes a broad view in defining an overarching philosophy for change while also providing specific steps to actualize the vision.

Reviewed by Eileen Johnson, MSN CPHQ, clinical systems analysis, Cogent Healthcare, Brentwood, TN

Health Sciences Literature Review Made Easy: The Matrix Method

Judith Garrard, Jones and Bartlett Publishers, www.jbpub.com, 2007, \$44.95, 199 pages, ISBN 13-978-0-7637-4004-7, ISBN 10-0-7637-4004-7

Audience: graduate students, researchers

Key Words: clinical pathways, critical thinking, data collection, data management, evidence-based medicine, peer review, practice guidelines, professional development

Health Sciences Literature Review Made Easy: The Matrix Method takes a step-by-step approach to teach readers to review scientific literature using a process the author calls the Matrix Method. The book is well organized and easy to read, and the author provides specific examples throughout. These examples help readers understand the approach.

Garrard suggests that through thorough review and analysis of the literature, a robust perspective of available knowledge on a topic can be developed. The introduction offers an overview of the methodology. Subsequent chapters feature the specific steps of the system; here Garrard reviews detailed information regarding valuable resources and ways to use key words to narrow a literature search. The author then walks readers through the steps of setting up a review matrix. To use this method, the researcher first reads each document and then catalogues the document in the matrix. The matrix includes categorization topics such as author, purpose, and methodological design, depending on the body of work being reviewed. The content on literature abstraction offers a focused and systematic strategy on how to critically review and analyze a research paper. After the matrix is complete, synthesis of the literature can be a concise and focused task. Each chapter is followed by a specific example of how a graduate student used the tools to work towards her thesis.

If your organization looks to you as the resource on current healthcare topics, the methodology described in *Health Sciences Literature Review Made Easy: The Matrix Method* will help you organize and critically analyze a particular body of literature. I intend to use this method to assist in the review of literature to prepare for a near-future journal submission. I believe

the upfront investment in setting up the matrix will be well worth the effort in the long run.

Reviewed by Renata Sampson, performance improvement coordinator, Virginia Commonwealth University Health System, Richmond, VA

Eileen Johnson, MSN CPHQ, is a clinical systems analyst at Cogent Healthcare in Brentwood, TN.

Quality NETWORK

Daniel H. van Leeuwen and Susan C. Boisvert, *Quality NETWORK* Editors

“Quality NETWORK” offers reviews of selected Web sites relevant to healthcare quality professionals. The editors welcome comments and feedback on the column as well as suggestions for future reviews. To read previous reviews that have appeared in the journal, visit www.nahqplus.org, the exclusive Web site for NAHQ members.

The Commonwealth Fund

www.commonwealthfund.org

Key Words: evidence-based medicine, legislative issues, performance improvement public policy issues

The Commonwealth Fund is a private foundation with a mission to promote a high-performing healthcare system that achieves better access, improved quality, and greater efficiency. The site is well-organized, easy to navigate, and packed with information that is updated weekly. One of the best features of the site is the Topics page, which offers information on 10 topics ranging from health system performance to international health policy. Each of the 10 topics is divided into four sections. The What’s New and Publications sections contain articles on current hot topics; most are written by nationally recognized subject-matter experts. The Innovations and Surveys sections primarily feature studies sponsored by Commonwealth Fund grants. These studies, like the rest of the site, are well-written and easy to read. Other features of the site include downloadable podcasts and a multimedia center with viewable Webcasts and videos on current topics in healthcare practice and policy.

This Web site does not require registration, but two registration benefits are the user’s ability to download the considerable amount of high-quality content and to publicly comment on posted articles. I added this site to my favorites because it is a current, one-stop location for quality performance improvement and policy topics.

Reviewed by Shelly van’t Riet, MSHA RD CPHQ, performance improvement specialist, Virginia Commonwealth University Health System, Richmond, VA

Quality Interagency Coordination (QuIC) Task Force

www.quic.gov

Key Words: consumer advocacy, healthcare settings and delivery systems, knowledge management, public policy issues

The Quality Interagency Coordination Task Force (QuIC) was established in 1998 by a presidential directive as the next step in federal commitment to improving patient care beyond the Patient Bill of Rights. The group’s purpose was to assure that all federal agencies involved in “purchasing, providing, studying or regulating healthcare services were working in a coordinated manner toward the common goal of improving quality care.”

Sponsored by the Agency for Healthcare Research and Quality (AHRQ), the site provides public notice of coordinated federal efforts working toward the common goal of improving quality care. Access to all information on the site is free without registration, log-in, or membership fees. Navigation is intuitive, with bolded tabs and highlighted menus. The pages load with minimal wait times. Site content is limited to basic information about the various projects of the federal agencies involved. Navigating to the AHRQ’s Web site or back to individual agency Web sites is required to see progress or project results. Also, the site’s primary link is to consumer.gov, which provides no data or outcomes. It appears the site has not been updated since about 2000, and there is no mechanism for feedback to the Webmaster. Based on these restrictions, the value of www.quic.gov to healthcare professionals is limited. I have not added this site to my favorites list.

Reviewed by Patricia A. C. Hildebrand, MSN RN CPHQ CCS-P, executive director, Hildebrand Healthcare Consulting, Houston, TX

*Journal for Healthcare Quality
Web Exclusive
Vol. 30, No. 6, pp. W6-9-W6-12
www.nahq.org/journal/online/*

© 2008 National Association for Healthcare Quality

QUALITY NETWORK

NIHR Health Technology Assessment Programme

www.ncchta.org

Key Words: cost containment and management, evidence-based medicine, outcomes, program evaluation

The Web site of the National Institute for Health Research, Health Technology Assessment Programme was designed with the world's wider health community in mind. It is essential that we provide health care that is both cost- and clinically effective, given the worldwide emphasis that is placed on quality care, patient safety, and cost containment. The site demonstrates its importance and value by providing new evidence-based information acquired through sound methodologies and theories. A listing of published research articles and reports is provided, as well as work-in-progress projects. The list is extensive and diverse, including topics about treatment and tests for various chronic illnesses and medical problems (e.g., diabetes, cardiovascular diseases, cancer, macular degeneration, asthma, cardiac rehabilitation, urinary incontinence, and multiple sclerosis) and surgical procedures (e.g., total hip replacement, renal transplantation, and coronary artery bypass). A major strength of the site is the full-text availability of these articles and reports. One of its unique features is that it provides an avenue for the public to make valid contributions through ideas and suggestions, research topics, and proposals.

The content of the site is timely, informative, and can serve as a tool for quality healthcare professionals when developing policies and procedures. It also can be a valuable resource center when applying research findings into practice. The site is easy to access and navigate, and information retrieval is simple. There is indication that the Web pages were designed to meet Web accessibility initiative standards. For example, users can click the accessibility button to modify features such as color and font to fit their needs. Also, access is unlimited. The homepage alerted my interest because its content is organized and conveyed in a user-friendly manner. It also sets the stage for subsequent topics and the links. The links are descriptive and differ in color from the surrounding text, which enhances search-engine visibility. The site is kept up to date, and contact

information is easy to find. On the other hand, the line spacing in certain areas of the pages is distracting. For example, the list of frequently asked questions is too crowded, and I recommend modifying the line spacing to enhance the readability and appearance of the text. This site also can be used as a cost-effective approach to enhance professional development.

Reviewed by Marie St. Rose, PhD RN, assistant professor, Allied Health, Norfolk State University, Norfolk, VA

Health Care Renewal

<http://hcrenewal.blogspot.com>

Key Words: accountability, consumer advocacy, Internet, public policy issues, risk management

Health Care Renewal is a blog generated through Google's eBlogger site. The site is sponsored by eight independent contributors, including four physicians. Current and relevant healthcare issues are discussed on the site. The mission of the blog is to "address threats to health care's core values, especially those stemming from concentration and abuse of power." The blog is easily navigated with quick-loading pages that do not have unnecessary pictures or advertisements to slow the downloading process. The value this site provides to quality professionals is in the thought-provoking responses to current issues such as health information technology, physician practices, conflicts of interest, and fraud and corruption. There is no cost to access the site and membership is not required to enter any area. Created in 2004, the blog is updated on a weekly basis. The blog encourages comments relevant to the current issues posted on the site. Comments are moderated through the contributors, and spam, product advertisements, and profanity are not allowed. The site also offers the opportunity to become a registered blogger. In addition, the blog provides links to other thought-provoking healthcare blogs. I added this site to my favorites list because it offers different views on common, factual issues in the current healthcare arena.

Reviewed by Sheila D. Keller, PhD, president and research consultant for Professional Research Solutions, LLC, and clinical assistant professor, University of Mississippi Medical Center, Jackson, MS

eMJA: The Medical Journal of Australia

www.mjia.com.au

Key Words: administration and management, evidence-based healthcare settings/delivery systems, medicine, practice guidelines, public policy issues

The Medical Journal of Australia is Australia's premier journal of medical practice and clinical research, published by the Australasian Medical Publishing Company for the Australian Medical Association. The online journal provides free and easy access to all articles contained in current and recent issues as well as archives dating back to 1996. The full text of all issues since January 2002 is provided on this site, making it a quick and easy resource for recent information. Journal articles cover a wide variety of topics on clinical research, healthcare policy, chronic disease, public health, and patient outcomes.

The eMJA site is well organized with links to the various sections of each issue (e.g., editorials, research, policy, health care, book reviews, letters, and columns.) Links also are available within each article to references and other resources. The journal primarily is intended for physicians and other health professionals. It provides links to reputable sources of health information for the general public. Although the large number of clinical practice guidelines included in eMJA pertain to health care and regulatory requirements in Australia, the information proves useful for clinicians and healthcare professionals across the globe.

Reviewed by Jan Weaver, PhD RN CPHQ, analyst, medical staff peer review, Parkland Health and Hospital System, Dallas, TX

MASSPRO

www.masspro.org

Key Word: performance improvement

Masspro, founded by the Massachusetts Medical Society, describes itself as one of the leading performance improvement organizations in the United States that is dedicated to advancing healthcare quality. Its mission is to improve the safety, effectiveness, and efficiency of patient care through market-leading quality solutions. Masspro serves as the federal subcontractor for the quality improvement organization program within Massachusetts.

The intent of the site is to provide information to Medicare consumers and to market Masspro's services to healthcare providers. A menu bar facilitates navigation to hospital, home health, nursing home, physician, and consumer sections. Each section includes the following subsections: past-event materials, white papers, tool kits, newsletters, education and training, and forms. Many of the subsections end in "please check back for future updates." It is difficult to determine when sections were last updated. A link is provided to give feedback to the Webmaster, and Masspro lists its phone and fax numbers. Membership is not required, and all sections are accessible.

Healthcare quality professionals will find the Links/Partners sections with brief descriptions the most beneficial component of this site. I added this site to my favorites for the Links/Partners section.

Reviewed by Twila Damon, MBA RN CPHQ, senior quality specialist, Maine General Medical Center, Waterville, ME

Homelessness Resource Center

www.homeless.samhsa.gov

Key Words: consumer/advocacy, evidence-based medicine, psychiatric/behavioral care

The Homelessness Resource Center (HRC) site was launched in July 2008 from the Substance Abuse Mental Health Services Administration (SAMHSA). The HRC is targeted toward providers who work with people who are homeless. The site provides knowledge, evidence-based practices, practical resources, and an interactive learning community using a Web design that is a departure from the familiar SAMHSA site. Quality professionals will find the extensive library of research studies and projects most helpful. Searches using the library reveal an item-by-item synopsis and community rating. Behavioral health outcomes and evidence-based practices are easy to find on a wide array of topics for those who work with people who are homeless.

Quality professionals can access most of the site's features—including program, training, best practices, events, facts, and, most important, the library—without registering. Registration was slightly cumbersome for this reviewer. Registration allows the user to

participate in the community forum. There were several ways to provide feedback on the site through the Contact Us page. This site is best suited for quality professionals searching for best practices or evidence-based practices in working with the homeless population.

Reviewed by Suzanne Conroy, MS CPHQ, director of quality management, ValueOptions Empire Service Center, Troy, NY

Many of the recommended sites for reviews come from healthcare quality professionals just like you. The editors are always looking for new sites and new reviewers and would love to hear from you. Please send us a list of Web sites you have bookmarked as favorites, and tell us why you like them. Please contact "Quality NETWORK" coeditors Susan Boisvert or Daniel van Leeuwen with your comments, ideas, suggestions or reviews.

Susan C. Boisvert, MHA BSN, is vice president for clinical services and chief nursing officer, Parkview Adventist Medical Center, Brunswick, ME.

Daniel H. van Leeuwen, MPH RN CPHQ, is project manager, Children's Hospital Boston, Boston, MA.

Industry Trends

Deborah A. Dowling

Hospitals Consider Color-Coded Wristband Use

The American Hospital Association (AHA) is taking the lead in asking all hospitals to consider using three standardized colors for wrist bands. This approach to alerting healthcare staff to certain patient risks already has been adopted in about 20 states. Proponents of the system say standardized colors are essential to ensure patient safety, especially because nurses and physicians often move among several hospitals. On the other hand, some say that uniform colors may inadvertently broadcast patient choices and/or conditions to family and friends who have not been consulted. There also is concern that pediatric patients may choose to trade their colorful bracelets. The AHA recommends the following colors: purple to indicate do-not-resuscitate, red for patient allergies, and yellow for patients at risk for falling. More details about this AHA patient safety recommendation are available at www.aha.org/aha/advisory/2008/080904-quality-adv.pdf.

Bar Coding Assists with Surgical Sponge Counts

Bar coding increasingly is being used in health-care settings in which an estimated 3,000–5,000 surgical sponges are retained in error each year. The technology, which has found its way into operating room suites, is used with surgical sponges and towels that are pre-labeled with a two-dimensional bar code. A portable scanner will track towels and sponges used during procedures. All sponges are identified with a unique code and cannot be counted twice. At the end of a procedure, the system can either immediately produce a printed report or the information can be imported into a database.

Strategies to Prevent Errors with Anticoagulant Use

The Joint Commission has published a comprehensive Sentinel Event Alert related to improving patient safety with the use of anticoagulants. This alert expands suggestions made in the 2008 and 2009 National Patient Safety Goal 3E: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy. The multidisciplinary risk strategies are valuable pearls for use by physicians, nurses, pharmacists, dieticians, and case managers. This alert is located at www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_41.htm.

New Organization Approved by CMS to Accredit Hospitals

DNV Healthcare, Inc., has been approved by the Centers for Medicare and Medicaid (CMS) to provide accreditation for hospitals. This is the first new organization to receive deeming authority for hospitals in more than 30 years. The new program, National Integrated Accreditation for Healthcare Organizations (NIAHO), combines review of the CMS *Conditions of Participation* and ISO 9001 quality management standards. The NIAHO standards and guidelines are available for download at www.dnv.com/industry/healthcare/services_solutions/hospital_accreditation/index.asp.

Deborah A. Dowling, MPH BSN CPHQ, is senior director of quality management at Randolph Hospital, Asheboro, NC, and a member of the JHQ review panel. If you have news or trends that you feel are of interest to the JHQ readership, please e-mail them to ddowling@randolphhospital.org.