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Beth Rowett, MA MHA CPHQ, is vice president of quality, Children's Hospital of Orange County (CHOC), Orange, CA, and CHOC at Mission, in Mission Viejo, CA. She has served on the Malcolm Baldrige National Quality Program Board of Examiners for 5 years, the last 4 as a senior examiner. Previously she had served 2 years on the State Board of Examiners for the California Awards for Performance Excellence (CAPE), the Baldrige-based program run by the California Council for Excellence. In 2008 Rowett was appointed to the CAPE State Panel of Judges. She has spearheaded two award-winning CAPE Baldrige applications for two California hospitals.

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q&a: Beth Rowett on Quality and the Pediatric Specialty Hospital

Michelle Horvath, Interviewer



q Children's Hospital of Orange County (CHOC) serves a pediatric population of more than a million children (neonates through adolescents) through its specialty programs, dedicated pediatric emergency services, and four centers of excellence (Heart, Cancer, Neuroscience, and Orthopaedic Institutes), including two state-of-the-art hospitals in Orange and Mission Viejo, CA. At your hospital, is there tension in striking a balance between internal, specialty-specific performance improvement priorities (that are not publicly reported) and mandated reporting initiatives at a state or national level?

a We are very fortunate at CHOC in our ability to prioritize and implement improvement initiatives that align with our strategic plan, the results of Leapfrog and other self-assessments, trends and patterns identified in internal reporting data, and our Baldrige-based California Awards for Performance Excellence (CAPE) feedback reports. Some of our most robust performance improvement initiatives are formal collaborations with the Child Health Corporation of America (CHCA) Quality and Safety Leaders Forum, including the sharing of unblinded comparative data among peer children's hospitals. We learn from the experiences of our peers, which enables us to be more focused and proactive in our quality and patient safety efforts. Examples of these yearlong collaborations are Eliminating Codes and Associated Mortality on Inpatient Units, and Reducing Catheter-Associated Bloodstream Infections in Children. We also benefit greatly from the outstanding work of the Institute for Healthcare Improvement (IHI), the National Association of Children's Hospitals and Related Institutions (NACHRI), and the National Quality Forum (NQF).

Beth Rowett, MA MHA CPHQ, is vice president of quality, Children's Hospital of Orange County (CHOC), Orange, CA, and CHOC at Mission, in Mission Viejo, CA. She has served on the Malcolm Baldrige National Quality Program Board of Examiners for 5 years, the last 4 as a senior examiner. Previously she had served 2 years on the State Board of Examiners for the California Awards for Performance Excellence (CAPE), the Baldrige-based program run by the California Council for Excellence. In 2008 Rowett was appointed to the CAPE State Panel of Judges. She has spearheaded two award-winning CAPE Baldrige applications for two California hospitals and recently coordinated the submission of a second CHOC application. Rowett serves on the board of the California Association for Healthcare Quality (CAHQ) and on the Risk Forum Steering Committee for the Child Health Corporation of America (CHCA), an affiliation of more than 40 leading children's hospitals across the United States. She holds master's degrees from the University of Chicago and the University of LaVerne (LaVerne, CA) and teaches in the University of California–Santa Barbara extension program. She has previously held positions at Loma Linda University Medical Center, Santa Barbara Cottage Health System, and Glendale Adventist Medical Center.

Regarding mandated reporting initiatives at state and national levels, the importance of developing and selecting measures specific to the pediatric patient population cannot be overstated. Generally speaking, adult measures have been developed before pediatric measures, and adult measures cannot automatically be extended to pediatric patients without careful review of supporting evidence regarding their applicability. Pediatric hospitals and physicians are engaged with a number of organizations to provide effective measures for children, including the Joint Commission, NQF, the Institute for Clinical Systems Improvement (ICSI), the National Initiative for Children's

Key Words

pediatric healthcare
quality improvement

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Healthcare Quality (NICHQ), and the National Committee for Quality Assurance (NCQA).

q You've been at CHOC a relatively brief time, having arrived in 2004. Was your initial charge to continue leading an already defined improvement agenda or to develop a new agenda for quality?

a When I arrived at CHOC, the quality department included many strong staff members, and many excellent processes and practices were in place. For example, CHCA improvement collaboratives were already well under way, as was extensive networking and sharing of data with peer children's hospitals. Very engaged physicians, nurses, and other key clinicians were participating in Improving Organizational Performance committees, and a scorecard of important performance measures, including the use of statistical process control charts, was reviewed regularly by the Joint Leadership Committee, the CHOC quality council that brings together medical staff and administrative leadership. A new full-time position of medical director for quality and patient safety was under development. CHOC had also established a research institute.

Pivotal to my decision to join CHOC was its commitment to strive for higher levels of performance as reflected in its vision, "To receive national recognition as a premier children's hospital." Part of the interview process addressed the use of Baldrige criteria to enhance organizational performance. I was asked to assess the quality agenda and was told of the organization's commitment to strengthen quality even further.

An important initial priority was preparation for the Joint Commission survey, which occurred during my first year at CHOC. Another focus was on the CHOC strategic plan, in order to gain an understanding of the context for quality throughout the organization. *The Healthcare Quality Handbook*, by Janet A. Brown, was helpful in assessing the organization's approach to quality and its effectiveness. I also networked extensively with pediatric hospital CHCA members.

The quality department has now developed a mission, vision, and strategic plan that aligns with and supports the CHOC strategic plan. A newly designed quality committee of the board of directors has been approved and is

under development, including a quality expert from outside the healthcare industry. The quality department has supported a redesign of the medical staff peer review process and the move to a centralized, interdisciplinary committee model. A framework of more than 100 balanced, aligned scorecards that cascade from the CHOC strategic plan has been developed. An electronic notification system has been instituted for incident reporting and is being implemented for complaint management. And through the leadership of the nursing administration, CHOC has recently been designated a Magnet facility.

q Can you elaborate on your framework of 100-plus balanced scorecards? How did they come about, and how are they used?

a The major initiative to construct a framework of balanced scorecards that cascade from the CHOC strategic plan was launched following a request from the chief executive officer (CEO), who wanted to keep her finger on the pulse of key organizational performance levels in a more effective, data-driven manner. Measures encompass partnerships and affiliations (noting the percentage of action-plan steps completed on schedule); workforce; operations; clinical quality, safety, and service; physician alignment; growth and program development; and financial stewardship. The work began in 2005 with the selection of ActiveStrategy software and support services. A 6-month pilot project was initiated in January 2006, encompassing training and the creation of balanced scorecards for the governing board, oncology services, and portions of the human resources and medical staff education departments.

A governance committee was created to oversee the creation and implementation of the Strategic Balanced Scorecard framework. Chaired by the CEO, the composition includes selected executive management team members and directors. An example of guidance provided by the committee includes the requirement that variance reports be entered into the system by measure owners when a target is unmet and that they include data analysis and action plans to address causal factors. These variance reports are the basis for periodic business reviews, during which measure owners discuss results with their supervisors, including both

successes and challenges. Green, yellow, and red color-coding indicates measures that are met, almost met, and not met, respectively. In addition, blue indicates “blue ribbon” or best-practice performance, as demonstrated by top decile levels per external comparative data.

Six sequential phases of scorecard design and construction have resulted in the 100-plus scorecards. Although the scorecards initially mirrored the CHOC organization chart, more sophisticated mapping has led to the creation of committee and improvement team scorecards that cross traditional departmental boundaries. During meetings, presenters use their electronic scorecard to generate substantive discussion regarding the latest data, graphs, and variance reports. The governing board reviews its scorecard every other month to provide oversight for organizational performance, the executive management team is on a monthly review schedule, and an increasing number of committees, departments, and improvement teams have scheduled reviews as well.

Two grant applications were funded for \$250,000 apiece by the UniHealth Foundation; the first grant was used to create a system of scorecards at CHOC, and the second to expand the scorecard structure to CHOC at Mission, our second children’s hospital.

q In addition to a long list of specialty-specific clinical accomplishments, CHOC has recently received several important recognitions. In 2006 and 2007 CHOC was named to the Leapfrog “Top Hospitals” list. In 2006, CHOC received the Excellence in Patient Safety and Health Care Quality Award presented by Aetna, Cigna, and United Healthcare of California based on the Leapfrog survey; CHOC achieved top decile performance among 216 participating California hospitals. Most recently, in 2007, CHOC was recognized for ranking 23rd of 1,216 hospitals that participated in the Leapfrog Group’s Hospital Quality and Safety Survey’s National Quality Forum “Safe Practices” section. Could you comment on the decision to participate in the Leapfrog Group’s survey and recognition programs?

a CHOC is strongly committed to its mission: “To nurture, advance and protect the health and well-being of children.” The Leapfrog Group hospital survey, endorsed

by NQF, is based on quality and safety practices that are proven to save lives and reduce preventable medical mistakes. Therefore the Leapfrog survey provides CHOC with an important mechanism to gauge progress toward achievement of our hospital’s mission. Given such close alignment between the Leapfrog survey and the CHOC mission, to my knowledge there has never been serious doubt regarding CHOC’s participation.

q In what way did participation in the Leapfrog survey contribute to incremental or breakthrough performance for CHOC? Or was your participation motivated by other benefits?

a The opportunity to benchmark key measures with other children’s hospitals allows us to compare performance levels with those of our peers, as opposed to functioning in a vacuum. Although we were very gratified to be designated a Leapfrog “Top Hospital” in 2006 and 2007, we are acutely aware of ongoing challenges and the imperative that healthcare professionals collaborate with one another and glean learning from other industries to elevate quality and patient safety to higher performance levels.

Implementation of computerized physician order entry (CPOE) in January 2007 truly represents a giant leap for CHOC. Hospital-wide use of CPOE has now reached 97% of all orders. Very few physicians currently use verbal, telephone, or fax orders routinely or predominantly. Although verbal and telephone orders represent a much smaller percentage of total orders than pre-CPOE, their authentication within 48 hours is a continuing challenge.

q You’ve been on the board of examiners for the Malcolm Baldrige National Quality Award for several years and were appointed as a senior examiner in 2003. CHOC is using the annual application and feedback process associated with the award criteria as a framework for excellence. Volunteering as a surveyor demands a major commitment of time and energy, and being an applicant organization also involves a rigorous process. In what ways have your Leapfrog efforts dovetailed with using the Baldrige criteria as a framework for excellence?

a The Baldrige Criteria for Performance Excellence provide an invaluable systems perspective through which overall organizational performance can be planned, viewed, and measured. The healthcare criteria are divided into seven categories: leadership; strategic planning; focus on patients, other customers, and markets; measurement, analysis, and knowledge management; workforce focus; process management; and results. The concept of quality performance applies not only to clinical quality and processes but also to an organization's way of approaching the criteria; the extent to which its approaches are deployed; new knowledge or skills acquired through evaluation, study, experience, and innovation; and integration, that is, the harmonization of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals.

The effective implementation and deployment of Leapfrog quality and safety approaches are excellent examples of best practice as viewed through the Baldrige criteria. Leapfrog embodies patient-focused excellence as well as a focus on results and creating value, two Baldrige core values that include such things as patient safety, health and functional status outcomes, the practice of evidence-based medicine, developments in technology, and ongoing measurement and analysis of results to ensure sustainability of performance improvements.

Involvement with Baldrige at both state and national levels represents the most exciting and significant learning I have experienced in recent years of my career in healthcare. Without a doubt, the best way to learn and deepen understanding of the Baldrige criteria is to become an examiner and actually assess

organizations through use of the criteria. I have found that although this experience requires a commitment of time and energy, it has truly transformed the way I view and contribute to the hospitals with which I am affiliated. Writing an application, analyzing feedback reports, prioritizing and implementing improvement initiatives, and supporting others in their efforts to become examiners expands organizational learning and embeds beliefs and behaviors found in high-performing organizations.

q If you could share one piece of wisdom with our readership, what would it be?

a Although the following is certainly not a new piece of wisdom, I find it helpful to reflect upon the importance of supporting one another in the unrelenting and passionate pursuit of quality. We all face seemingly insurmountable challenges every day and know up close the special pain that accompanies unnecessary harm or compromised outcomes. We may feel on many days that our best efforts are ineffectual when we are confronted by complacency or intransigence. Yet we also have moments to celebrate—fleeting instances when we know we have made a difference that affects a patient or family member or when we pause to look back and recognize progress. One reason that I love healthcare is the privilege it offers of working alongside the special people drawn to this field. Let us be good to one another.

Michelle Horvath is assistant vice president for quality management at the Hospital for Special Surgery, New York, NY, and serves as JHQ's q&a coeditor.

Media Reviews

Eileen Johnson, Media Editor

The Executive Guide to Understanding and Implementing the Baldrige Criteria: Improve Revenue and Create Organizational Excellence

Denis Leonard and Mac McGuire, ASQ Quality Press, www.qualitypress.asq.org, 2007, \$29.40, 114 pages, ISBN 978-0-87389-717-4

Audience: executives, healthcare quality professionals

Key Words: Baldrige, performance improvement, organizational behavior change and development, centers of excellence

By focusing on the financial benefits of understanding and implementing the Baldrige criteria, Leonard and McGuire differ slightly from many authors who have written about the Baldrige model for achieving organizational excellence. The authors seek to inspire senior leaders and executives by discussing the financial rewards available to those organizations implementing the Baldrige criteria.

The Executive Guide to Understanding and Implementing the Baldrige Criteria: Improve Revenue and Create Organizational Excellence begins by giving sufficient basic information about Baldrige concepts for leaders to understand the process. The authors discuss the Baldrige categories and criteria, the organizational improvement model, and the advantages and disadvantages of implementing Baldrige criteria. This synopsis is essential for anyone who is unfamiliar with Baldrige concepts. Next, they outline the potential impacts, including the financial impact, of implementing and using the model.

Based on research, the authors show that Baldrige provides a “world-class framework” that leads to successes in aligning complex systems, in increasing financial returns, and in improving satisfaction of both employees and customers. Key to success is senior leaders’ understanding that they are “responsible to stay the course and set the example” when implementing the Baldrige criteria. The authors walk the reader through implementation of the

Baldrige criteria, explaining resources and time needed, as well as the change process for the organization. They provide various national and international studies to show that use of the Baldrige criteria by an organization does have a positive financial impact. One study indicated an “income growth averaging 91% compared to 43% for non-Baldrige organizations.” Other studies support the financial incentive to implementing Baldrige criteria.

In discussing additional impacts of the Baldrige criteria, Leonard and McGuire cover leadership roles, competency, attitudes, commitment, training, and change management. They explain that the Baldrige criteria provide “a system perspective” for organizational improvement that includes management of the entire organization in order to attain success. The authors also present case studies of organizations that have won the Baldrige Award, including healthcare organizations.

Each chapter ends with summary questions for leaders to consider in evaluating whether the organization is ready for the journey toward organizational excellence. Included in the appendixes are the award criteria in each category, the point values, the performance excellence model with relationships between categories, and the values that underpin the criteria. The book is a convenient guide for leaders, potential leaders, and anyone else interested in organizational excellence. It provides valuable data in justifying to administrators the commitment of time and resources to embark on the Baldrige journey.

Reviewed by Marie Ruckstuhl, MBA BSN CPHQ CHCRM, Florida Hospital Medical Center, Orlando, FL

A Self-fulfilling Prophecy: Building a Successful Career in Health Research

Simon Stewart, John Wiley and Sons, www.wiley.com, 2007, \$45.00, 165 pages, ISBN 13-978-0-470-06071-1

Audience: professionals involved in research, students new to the research process

Key Words: allied healthcare professionals, professional development, research

In *A Self-fulfilling Prophecy: Building a Successful Career in Health Research*, Simon Stewart has brilliantly crafted a nurturing book that leads the reader toward aspiring to a career in health research. He organizes a dynamic flow of information that allows the reader to follow his experience and that of his mentee in the research world.

The first half of the book challenges the reader to look at his or her potential. Stewart gives the reader the opportunity to examine the question "What professional competence do I have right now that would help me in my goal of becoming a successful health researcher?" A cross-sectional approach of analyzing one's potential helps a future successful research professional gain a better insight into what needs to be further developed and what strategies to pursue to attain success.

Stewart stresses the importance of benchmarking professional capabilities and achievements to identify gaps that need to be addressed to meet competition. Knowing your career targets and your competitor's profile is valuable so that one can lay out the path to success.

The last section of the book underscores the competitiveness that awaits a researcher attempting to secure research funding. Stewart provides insights into what one can do to increase success in finding funds to support a research program. This section ties into the first half of the book, regarding researcher-based competence and consistent professional research achievements. In the last chapter, the author opens the avenues for research in the future.

Reviewed by Tess P. Panizales, MSN RN, a quality program manager in the department of surgery at the Center for Surgery and Public Health, Brigham and Women's Hospital, Boston, MA

Quality of Life: The Assessment, Analysis and Interpretation of Patient-Reported Outcomes, 2nd Edition

Peter Fayers and David Machin, John Wiley and Sons, www.wiley.com, 2007, \$75.60, 566 pages, ISBN 13-978-0-470-02450-8

Audience: healthcare quality professionals, research students, researchers

Key Words: data collection, outcomes, performance measurement, quality assessment, scale development, statistical analysis

Quality of Life: The Assessment, Analysis and Interpretation of Patient-Reported Outcomes is, as the title implies, an in-depth look at quality-of-life (QoL) data. This book is intended for the researcher or professional who reads and uses QoL research. For the researcher, the authors include one section on developing questionnaires and another section on choosing an instrument and then using it in a clinical trial. The section on the analysis of QoL data provides the theoretical basis for analysis and outlines the practical issues associated with data analysis.

For the quality professional, the authors devote an entire section of the book to defining and describing quality-adjusted survival and clinical interpretation of the data collected in clinical trials. For someone not familiar with QoL instruments, an extensive appendix describes many examples of tools that might be used to measure quality of life. The authors have also included commonly used statistical tables in the appendix.

The authors do an excellent job of explaining statistical methods in such a way that even a nonstatistician can understand them. Beginning with a discussion about what is meant by the phrase *quality of life*, the authors gradually build a foundation for measuring and reviewing QoL data. The authors examine tools and methods that work for measuring quality of life, but also, perhaps just as important, those tools and methods that have been shown *not* to work. Several checklists in the book would be particularly helpful for the researcher; these checklists include Choosing an Instrument, Clinical Trials Protocols, and Guidelines for Reporting. The authors use extensive examples from the literature to make esoteric points clear.

Although this book is not light reading, it would be a great addition to a researcher's or student's library. The Further Reading lists provided at the end of each chapter provide useful information for anyone reading and analyzing QoL studies.

Reviewed by Eileen Johnson, MSN CPHQ, a clinical systems analyst at Cogent Healthcare, Brentwood, TN, and JHQ's media editor

Locked In

Mike Esposito, *Durban House*, www.durbanhouse.com, 2007, \$15.95, 278 pages, ISBN 978-1930754980

Audience: anyone who likes medical mysteries

Key Words: ethics, fiction, medical malpractice

It was unusual to review a work of fiction for the *Journal of Healthcare Quality*; the books usually are related to quality management and performance, healthcare quality innovations, new research related to healthcare quality, risk management, safety, or other aspects of healthcare quality and patient safety. *Locked In* is described as a medical mystery about malpractice and greed set in present-day Tampa, FL. The plot is less than believable: three physicians and an attorney conspire to defraud insurance companies by altering CAT scans and radiology and pathology reports. Their plan is to manipulate normal CAT scans to show brain tumors or other abnormal pathology. When the “necessary” surgery is done based on the falsified results, no tumor or abnormality can be found. Malpractice suits result, and, of course, the attorney and physicians receive large sums of money. Eventually, the manipulations become more horrific and lead to the deaths of several patients.

As riveting as this might sound, the book is not thrilling. I found the characters to be one-dimensional and difficult to relate to as real human beings, evil or otherwise. I was unable to develop any feelings for the characters. This, coupled with an unrealistic plot, did not make for a page-turner.

Reviewed by Linda Comer, MSN RN CHCRM CPHQ, manager, patient safety and quality, Battle Creek Health System, Battle Creek, MI

Ethical Decision Making in Nursing and Health Care: The Symphonological Approach, 4th Edition

James H. Husted and Gladys L. Husted, *Springer Publishing*, www.springerpub.com, 2008, \$55.00, 352 pages, ISBN 978-0-8261-1512

Audience: advanced practitioners, ethics and nursing educators

Key Words: ethics

What is the symphonological approach? *Symphonology* is “a system of ethics based on the terms and presuppositions of agreement. In any specific case, this will be the agreement that establishes the nature of the relationship between the parties involved in interaction” (p. 321). The symphonological approach, as described by the authors, is based on the agreement developed between a healthcare professional and the patient. *Ethical Decision Making in Nursing and Health Care: The Symphonological Approach* describes this approach and the ethical implications of the relationship. Although the book is in its fourth edition, this approach to ethical decision making describes a perspective that differs from traditional resources on ethics, which often describe basic ethical principles.

The book begins with the basics of how to define and understand bioethics, the relationship (i.e., agreement) between healthcare givers and patients, and the standards to be applied in decision making. The bioethical standards identified include autonomy, freedom, objectivity, self-assertion, beneficence, and fidelity. These standards are critical to decision making, and the case studies of ethical dilemmas are presented with analysis made according to the bioethical standards. The case studies supplement the text and present a broad range of topics ranging from *in vitro* fertilization to geriatrics. The authors describe some examples reported in the media, presenting recent issues that the reader can relate to. The bioethical standards are presented in numerous examples to illustrate the premise that different *contexts* must be addressed in order to use them effectively in ethical decision making. The analysis section is presented at the end of the book, not in the chapters, and includes an advanced philosophical discussion that the novice may find challenging reading. In fact, many of the concepts discussed are more appropriate for the advanced practitioner.

The authors also describe the four most prominent ethical systems: deontology, utilitarianism, social relativism, and emotivism. The authors further analyze the case studies and describe how the ethical systems are used in decision making.

Several features of this book make it very helpful from the educator's point of view. Key points are listed in sidebars on each page to highlight important concepts. Study questions at the end of each chapter could be used in thought-provoking discussion or for student assignments. In addition, a digital supplement for educators is available for separate purchase; it includes chapter summaries, classroom activities, PowerPoint slides, and a bank of test questions. This text should be added as a resource

for instructors and advanced practitioners. It is not light reading and may require discussion and interpretation for the novice caregiver.

Reviewed by Susan V. White, PhD RN CNAA-BC CPHQ FNAHQ, chief of quality management, Orlando VA Medical Center, Orlando, FL, and JHQ's interviews editor

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.

In keeping with the theme of JHQ’s September/October special issue on pediatric healthcare quality, the Web sites reviewed here are all related to pediatrics. There is quite a variety, from hospice to critical care to an educational site aimed at the demographic.

National Association of Children’s Hospitals and Related Institutions

www.childrenshospitals.net

Key Words: education—pediatrics, evidence-based medicine, integrated care

The National Association of Children’s Hospitals and Related Institutions, founded in 1968, is a not-for-profit membership organization consisting of approximately 215 children’s hospitals, large pediatric units of medical centers, and related healthcare systems, including rehabilitation and chronic disease hospitals and centers. These facilities are located in Australia, Canada, China, Italy, Mexico, Puerto Rico, the United Kingdom, and the United States.

The goal of the organization is to promote the health and well-being of children and their families. Strategies related to clinical care, research, training, and advocacy are used to achieve this goal.

The Web site offers educational material, a media center with interviews, press releases, FAQs, and easy-to-access public information from the latest publications.

To obtain additional information that is useful at the provider level, one needs to be a member, and there is a membership fee for providers. *Children’s Hospital Today* is the journal for NACHRI.

Reviewed by Deborah Flores, EdD MBA RN, assistant vice president for quality and risk management, Driscoll Children’s Hospital, Corpus Christi, TX, and JHQ’s q&a coeditor

Children’s Hospice International

www.chionline.org

Key Words: cancer, continuum of care, integrated care

Founded in 1983, Children’s Hospice International (CHI) is a nonprofit organization located in Alexandria, VA, that promotes hospice support for children by encouraging the inclusion of children in existing and developing hospice, palliative, and home care programs. CHI provides training, education, and technical support. The Web site’s purpose is to focus on integrating hospice concepts into healthcare for children and adolescents. Quality improvement healthcare professionals involved with caring for children with cancer or other life-threatening diseases may find the Web site a valuable resource.

The site offers easy-to-use navigation. When you click on CHI Program for All-Inclusive Care, you will learn about a program that provides a continuum of care for children and their families from the time of diagnosis, with hope for a cure, through bereavement, if a cure is not attained. Additional information can be obtained by clicking on Resources, Events and News, and Resource Directory, a database of all program directors and institutions caring for children with life-threatening illnesses. Visitors wishing to stay informed may provide a contact e-mail address. The site provides a contact e-mail address (info@chionline.org), telephone number, and mailing address.

Although the Web site’s online forum is undergoing maintenance, there is no cost for membership or limited access. The last update was in 2008.

Reviewed by Sandra E. Ward, MA MS RN CPHQ CPUR, case manager, Senior Health Partners, New York, NY

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PedsCCM (Pediatric Critical Care Medicine)

www.pedsccm.org

Key Words: continuous quality improvement, critical care, evidence-based medicine, indicator monitoring, nursing, outcomes, patient safety, teams, technology

The PedsCCM Web site is sponsored by a 13-year-old organization that disseminates peer-reviewed content to practitioners engaged in the care of the pediatric population. The intent of the site is to advance the care pediatric patients receive in the critical care setting. The site primarily emphasizes evidence-based practice and focuses on dissemination of research findings to meet this intent. Healthcare quality professionals will find the site useful when seeking references for evidence-based practice. Some sections of the site contain information useful in attempting to benchmark outcomes or processes.

The site is easily navigated. A click or mouse-over reveals the content behind each tab at the top of the page. The main page contains recent news and abstracts of new research findings. Hyperlinks take the reader to more information. A link to submit feedback to the organization is included.

The technology behind the site is appropriate for the content, with no long waits for complicated graphics to load. All hyperlinks were operational, and the site was attractively designed. The pages are updated frequently and contain a citation indicating when the information was uploaded.

Reviewed by Doug Mitchell, MSN RN BC CPHQ CPHRM, quality, risk, and regulatory management professional, Banner Good Samaritan Medical Center, Banner Health System, Phoenix, AZ

National Initiative for Children's Healthcare Quality

www.nichq.org/nichq

Key Words: attention deficit hyperactivity disorder, asthma, evidence-based medicine, obesity, outcomes, primary care

The Web site of the National Initiative for Children's Healthcare Quality (NICHQ) is dedicated solely to improving the quality of care given to children. Consistent with its self-described mission, the Web site provides evidence-based recommendations for pediatric care focusing on childhood obesity, chronic conditions, the purging of harm from children's healthcare, and promotion of equity in care and outcomes.

The user will find a set of defined measures for the child care provider or team seeking to improve care for a particular condition or disorder, such as attention deficit hyperactivity disorder (ADHD) or asthma. The quality improvement professional can gain immediate access to process and outcome measures, tools, and resources that are practical and ready to use. The tools range from a clinician encounter form to tool kits. Links to other resources are also listed. Discussion of each topic also includes changes that a team or practice needs to implement in order to achieve improvement. Although not a comprehensive site on pediatric healthcare topics, the site maintains that it promotes the most effective methods and approaches in improving care for children.

Access to some tools and other resources requires registration, which is very easy, but much of the site can be accessed by nonmembers. A few Webcasts and training opportunities are available for an additional fee.

Reviewed by Suzanne Conroy, MS CPHQ, director, quality management, ValueOptions, Troy, NY

Center for Young Women's Health

www.youngwomenshealth.org

Key Words: consumer advocacy, education—teen health, empowerment

The Center for Young Women's Health Web site is sponsored by Children's Hospital Boston and is designed to provide a health information resource for teenage girls. The site is easy to navigate and includes bright graphics and topics of interest to teens, along with quizzes, health guides, and an opportunity to chat with others about health issues. The site also includes access to a quarterly newsletter called *Teen Talk*.

A simple tab system as well as an alphabetized A–Z index and sidebars organize the content. The site was current as of June 2008. It is possible to contact the site administrator via a link on the home page.

The site is designed for and aimed at teen and tween girls (ages 8–12). Healthcare professionals would find it useful to refer teens to the site or to use it in education programs for teens. I asked my 15-year-old daughter to have a look. She enjoyed the newsletter and reviewed many of the content areas, including sexuality and health; the treatment was very comprehensive and led us to some good discussion. (Note: Children’s Hospital Boston also maintains a site for boys: www.youngmenshealthsite.org.)

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

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.

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Industry Trends

Deborah A. Dowling

Joint Commission Changes Expectations for Emergency Management Standards

Good news for hospital quality and safety staff: compliance due dates have been extended for 15 elements of performance (EPs) in the emergency management standards for critical-access hospital, hospital, and long-term care programs. The compliance date for the most recently revised emergency management standards has been changed from January 2008 to “as soon as possible” but not later than December 31, 2008. Although the compliance dates have been extended, during a survey an organization will continue to be assessed for compliance with the standards. If an organization is found to be noncompliant in any of the EPs prior to December 31, 2008, it will be cited with noncompliance and will require evidence of standards compliance defining the strategy to comply with the deficient element of performance by the end of the year. The good news is that the noncompliant standards will not count toward a conditional denial of accreditation or preliminary denial of accreditation decision. Additional information is found at www.jointcommission.org under “Standards.”

Patient Safety Impaired by Disruptive Behavior

The Joint Commission’s *Sentinel Event Alert*, Issue 40, outlines in detail the impact that intimidating and disruptive behavior has on patient safety and medical errors. Effective January 1, 2009, all Joint Commission-accredited facilities will need to meet a new leadership standard that addresses disruptive and inappropriate behavior. This alert outlines 10 suggested steps toward building a culture of safety that promotes professionalism and collaboration at all times from all members of the hospital’s staff. Details for the suggested implementation steps are located at www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm.

National Patient Safety Goals Expanded for 2009 by the Joint Commission

The Hospital National Patient Safety Goals have been revised and use a new numbering system. There are 10 hospital goals for 2009. Four of the current goals have been significantly expanded with new requirements, and the “Universal Protocol” for surgical care has been significantly revised. The new requirements are highlighted below.

- Improve the accuracy of patient identification.
 - Eliminate transfusion errors related to patient misidentification.
- Reduce the risk of healthcare-associated infections.
 - Implement evidence-based practices to prevent healthcare-associated infections due to multiple drug-resistant organisms.
 - Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.
 - Implement best practices for preventing surgical site infections.
- Accurately and completely reconcile medications across the continuum of care.
 - When a patient leaves the organization’s care, a complete and reconciled list of medications is provided directly to the patient and the patient’s family as needed, and the list is explained to the patient and/or family.
 - In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

How Do Nursing Homes Rate, According to the Centers for Medicare and Medicaid Services (CMS)?

CMS’s *Nursing Home Compare* has been providing comparative information about nursing homes for several years. By the end of 2008, a new tool to rate nursing home quality will be launched. CMS will rate nursing home quality on a five-star system in an

effort to help give patients and their families more information about the care delivered at nursing homes. The specifics about this new rating are available at www.cms.hhs.gov/SurveyCertificationGenInfo/02_HotTopics.asp.

CMS Proposal to Increase Outpatient Measure Reporting

In a news release in July 2008, CMS announced that four new outpatient quality measures are being proposed for 2009. Hospitals wishing to receive their full Medicare reimbursement will need to report on these measures in addition to the other outpatient measures being collected in 2008. The final rule is due to be issued by November 1, 2008. The proposed measures relate to

- magnetic resonance imaging—mammography follow-up rates
- use of contrast material during computed tomography of the abdomen and thorax.

New Patient Safety Organization Established in Michigan

The Michigan Health and Hospital Association, a national leader in improving patient safety, has established a new patient safety organization (PSO). The PSO will collect and analyze data about medical errors and near misses to help improve understanding of why errors occur. Armed with this data analysis and expert input, best practices will be developed to reduce adverse outcomes. In addition, the state's hospitals and health systems will not request payment when serious adverse events occur. A *serious adverse event* is "a serious condition that results from medical errors or improper care that can reasonably be expected to be averted." The eleven serious adverse

events that will not be billed by Michigan hospitals are

- object left in after surgery
- air embolism as a result of surgery
- blood incompatibility
- pressure sores (stages 3 or 4)
- surgery on the wrong patient
- surgery on the wrong body part
- wrong surgery
- catheter-associated urinary tract infections
- vascular catheter-associated infections
- surgical site infection associated with coronary artery bypass graft surgery
- hospital-acquired injuries (falls and burns)

More information is available at www.mha.org.

Oregon Association of Hospitals and Health Systems Adopts Guidelines for Nonpayment for Serious Adverse Events

In February 2008 Oregon hospitals agreed not to seek payment for costs associated with the occurrence of a serious adverse event if an investigation by the hospital determines that the event was preventable and was within the control of the hospital. The guidelines do not apply to the entire episode of care; they apply only to the care made necessary by the serious adverse event related to surgery, products or devices, patient protection, care management events, or the patient's environment. The list of events was developed by the Oregon Patient Safety Commission. More details are given at www.oahhs.org.

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