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Luc R. Pelletier

Nancy Pratt, MSN RN CCRN, is senior vice president for clinical effectiveness at Sharp HealthCare, San Diego County, CA, and a key leader in quality, patient safety, and organizational performance improvement. Other vital areas under her direction are clinical service lines and clinical decision support, which aid in the development of the organization's strategic planning and mission. She served as project leader for Sharp HealthCare's successful effort to achieve the 2007 Baldrige National Quality Award in Healthcare.

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Nancy Pratt on Sharp HealthCare's Journey to Receiving the 2007 Baldrige National Quality Award in Healthcare



Luc R. Pelletier, Interviewer

Q Sharp HealthCare's mission is "to improve the health of those we serve with a commitment to excellence in all that we do. Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations, and are provided in a caring, convenient, cost-effective, and accessible manner." Its vision is "to be the best place to work, the best place to practice medicine, and the best place to receive care" and "ultimately . . . to be the best health system in the universe." How did you develop your mission and vision and deploy it throughout your organization, and how important are mission and vision to the Baldrige process?

A Mission and vision are critically important to the Baldrige process—they are woven throughout the criteria. Mission and vision have to tie to all the rest of the Baldrige categories. The examiners look for alignment of mission and vision in the activities of leaders, the details of the strategic plan, and most of the processes necessary to meet the criteria.

Sharp has had the same mission since it was created more than 50 years ago. The vision statement came into being as the result of strategic plan development in 2001, when the groundwork was being laid for the development of the organizational transformation we call The Sharp Experience. The vision statement of driving Sharp to be the "best, best, best," was a fundamental component of launching The Sharp Experience.

Q Describe The Sharp Experience.

A The Sharp Experience involves a cultural transformation of our health system—a transformation of the healthcare experience for patients, employees,

Nancy Pratt, MSN RN CCRN, is senior vice president for clinical effectiveness at Sharp HealthCare, San Diego County, CA, and a key leader in quality, patient safety, and organizational performance improvement. Other vital areas under her direction are clinical service lines and clinical decision support, which aid in the development of the organization's strategic planning and mission. Pratt has worked in the clinical effectiveness field for nearly 10 years and is a noted national speaker. She led clinical initiatives at the Medical University of South Carolina and Sentara Health Care Systems and served as vice president of clinical services at Clinicomp International. Before joining Sharp HealthCare, she was vice president of clinical data services for MEDai, Inc., a computer information services company that assists healthcare providers in the measurement of quality. She also has experience as a manager in cardiovascular care and trauma and more than 20 years' experience as a critical care nurse in a variety of settings. She has a bachelor's degree in nursing from the State University of New York and a master's degree in nursing administration from San Diego State University. She is an American Society of Quality-certified Six Sigma Black Belt and is also a member of the 2006 and 2007 board of examiners for the Malcolm Baldrige National Quality Award.

volunteers, suppliers, partners, and physicians. The transformation includes driving performance across six pillars of excellence: Quality, People, Service, Finance, Growth, and Community. In order to achieve Sharp's vision, Sharp leaders and staff have had to reconnect with the heart of healthcare and refocus on purpose, worthwhile work, and making a difference. We set annual goals under each pillar to continue to drive excellence across the Sharp healthcare system.

Q When did you begin your journey toward receiving the Baldrige award, and how did you structure the preparation of your organization?

Key Words

Baldrige
organizational performance
improvement
organizational transformation

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a We began in 2004 after a Baldrige examiner heard about Sharp's efforts on The Sharp Experience. She had been invited to one of our community events where we shared best practices that Sharp was employing. She later suggested that what we were doing was very consistent with the Baldrige criteria. Sharp's senior leaders then decided to use the Baldrige criteria and application process to conduct an external evaluation of how we were progressing. Baldrige provided an impartial review of our progress as well as a method to give us cues for course correction. We are on a journey that will never end. The Baldrige recognition was a way to celebrate our progress, but we still have much to do.

As for the structure, we had a senior executive serve as category captain for each of the six categories of the criteria. This was a key factor in keeping the organization moving forward with the feedback reports. We had a project leader (myself) and a technical writer from Sharp. In addition, all the data and graphs in category 7 were prepared by the clinical decision support team. Sending several of our staff to Baldrige examiner training and having them serve as examiners were very useful strategies in helping us as an organization to incorporate the criteria knowledge into our processes.

q Did you use only internal resources for preparation, or did you also use external consultants?

a We began our Baldrige journey with internal resources. We attended educational sessions to learn about the criteria, sent some Sharp employees to become state examiners along the way, and gave it our best shot. In the last 2 years we engaged a consultant to give us feedback on our application and to do a mock site visit this past year. The entire application was written by Sharp employees, mostly senior vice presidents and directors, as an additional duty. We used a technical writer on our staff to edit the application. We hired no additional staff resources in our work for the Baldrige award.

q What can our readers expect during a site visit by Baldrige examiners?

a It is an intense 4 days, beginning with an opening session of 1 hour in which the organization gives an overview to the examiners. In interviews scheduled throughout the first 2 days, the examiners talked with multiple people in key roles—from senior leaders to frontline staff, including executive teams, volunteers, physicians, human resources staff, and customer service staff. In all, they met with more than 1,000 Sharp employees and visited most of our facility locations.

q What message would you like to share with our healthcare quality professional readers?

a The 4-year journey toward receiving the Baldrige award produced some of the most effective and useful consulting feedback we have ever had. It remains a journey for us, part of the journey of The Sharp Experience. The preparation of the application, the site visits, and the feedback reports have made us a better organization. We still have much work to do; the Baldrige award does not mean that we have "arrived" as an organization. It really means that we have made significant progress and have a lot of things working well for us as an organization—including the capacity to learn and improve. And, more important, it means that we have something to share with other organizations to help them get better. We continue to learn as much from these exchanges as we give. So we will continue to improve. We received a feedback report along with the award recognition that is full of opportunities for improvement. In summary, it's a journey that is worth the effort.

Luc R. Pelletier, MSN APRN BC FNAHQ FAAN, is an administrative liaison at Sharp Mesa Vista Hospital and a healthcare consultant in San Diego, CA. He was JHQ's editor in chief from 1998 to 2007.

Media Reviews

Eileen Johnson, Media Editor

Self-Help Approaches for Obesity and Eating Disorders

Janet D. Latner and G. Terence Wilson, Guilford Press, www.guilford.com, 2007, \$38, 376 pages, ISBN 1-59385-442-0

Audience: bariatric nurses, bariatric program quality professionals, eating disorder professionals, eating disorder quality professionals, nutritionists, physicians, psychologists, and all caregivers for obese patients and those with eating disorders in the medical or surgical setting

Key Words: evidence-based medicine, obesity disease, outcomes, research

This book provides extensive information about obesity and eating disorders—what works and what does not. Unfortunately, more empirical results are presented for what does *not* work. The dismal success rates for many programs addressing obesity and eating disorders in medical and self-help treatment fields are undeniable. However, this book reveals timely and much needed data intended to help healthcare professionals.

Forty professionals from New Zealand, the United Kingdom, and the United States provide well-documented research in the 17 chapters. Comprehensive lists of references are provided as resources at the end of each chapter. The references alone are invaluable for user application.

Chapter 1 covers the characteristics and behaviors of self-guided dieting. Chapter 2 describes the nutritional adequacy, safety, and efficacy of popular and fad diet programs. Chapter 3 offers strategies for promoting and maintaining physical activity. Chapter 4 explores self-help treatments for binge-eating disorder; chapters 5 and 6 shed light on guided self-help for bulimia nervosa and treatment for body-image disturbances, respectively.

Chapter 7 scrutinizes Internet technology and provides explanations for how the Internet influences prevention and treatment interventions for obesity and body dissatisfaction. In

chapter 8, the authors share information about computer-based interventions for bulimia nervosa and binge eating. This information is particularly important for young people because they are less likely to seek professional help. Chapter 9 inspects commercial and organized self-help programs for weight management. Chapter 10 examines how group-guided support influences long-term management of obesity; chapter 11 addresses continuing care and self-help in the treatment of obesity.

Chapter 12 offers best-practice information, and chapter 13 provides guidance for healthcare professionals, parents, family members, and others in preventing the childhood condition of being overweight and at risk for obesity. Chapter 14 carries the prevention theme further with treatment strategies for overweight children. This chapter also speaks about the challenges that parents face. Chapter 15 explores self-help for night-eating syndrome. Chapter 16 contributes information on appetite-focused cognitive behavioral therapy for binge eating. Finally, chapter 17 delivers strategies for coping with the stigma of obesity.

What is clearly lacking in this research-based volume is self-help regarding surgical interventions such as the gastric lap-band. The majority of patients who seek surgical intervention do so on their own without help and guidance from their primary care physicians or obesity professionals. Therefore, the omission of a discussion of surgical interventions is an important flaw.

Overall, the information presented can help professionals in this field by providing benchmark studies as well as treatment pathways.

Reviewed by Carole Guinane, MBA RN, chief clinical officer, NewHope Bariatrics, Inc., Charlotte, NC

Your Heart: Treat It Like You Love It

Gerry Maddoux, Sea Script Company, www.seascriptcompany.com, 2006, \$30, 468 pages, ISBN 978543645

Audience: primarily patients and families but also healthcare professionals with limited training in cardiology

Key Words: cardiac health education, evidence-based medicine, health promotion

Your Heart: Treat It Like You Love It is a refreshing read—very informative and easily understandable. The author states that he decided to write this book to help shed light on cardiac disease and educate patients. He succeeds in doing that by writing a book that is accessible to healthcare professionals and to the general public.

The author uses examples from his experiences as a physician to illustrate a number of cardiac issues. This book helps patients and their families learn more about heart health and making lifestyle choices that support heart health. The current emphasis is on bringing patients and their families into the decision-making process regarding care options. Teaching tools like this book are necessary to provide the information patients need to make good decisions about their options.

For a healthcare provider whose clinical résumé does not include cardiac medicine, Maddoux provides rich but understandable information in a nonthreatening format. The information he provides falls in line with the core measures and standards of care for cardiac patients with heart failure and acute myocardial infarction established by the Joint Commission and the Centers for Medicare and Medicaid Services. The attention to these standards supports the concept of evidence-based medicine. The illustrations add clarity and help the reader understand key concepts. Patient learning is enhanced by bulleted key points at the end of every chapter.

Maddoux covers a variety of topics in his book. Treatment options discussed include medication, surgical intervention, and some good old-fashioned common sense. He highlights lifestyle changes that offer readers some power to make good choices on their own.

Reviewed by Suzy Pace, BSN RN CPHQ, Mechanicsville, VA

Economic Evaluation in U.S. Health Care: Principles and Applications

Laura T. Pizzi and Jennifer H. Lofland, Jones and Bartlett, www.jbpub.com, 2006, \$51.95, 186 pages, ISBN 76372466

Audience: students in a master of public health, master of hospital administration, or pharmacy program

Key Words: cost containment and management, public health, quality of care, resource utilization

Economic Evaluation in U.S. Health Care: Principles and Applications provides a critical economic analysis of healthcare services available within the U.S. market. The effect of economics on healthcare quality and measurement, resource allocation, and research is discussed, along with its effect on drug research, cost, and availability.

The book provides an organized approach to understanding the impact of healthcare costs on patient outcomes. Case studies and multiple examples provide support. The authors also discuss the measurement of quality of life and its impact on the economy.

In addition, the authors provide insight on how health problems affect productivity. Productivity measurement could contribute to cost-benefit analysis and cost-effectiveness, ultimately leading to improved clinical decision making. The authors speak about the challenges associated with economic evaluation, particularly when a variety of methodologies and patient populations are involved in the analysis. Efforts must be made to ensure that risk adjustment is performed so that fair comparison between treatment approaches is made.

Leaders in the industry utilize healthcare economic evaluation to make the best and most appropriate decisions regarding care for their employees and patients. Efforts are being made to separate research and commercial activities to ensure unbiased research and promotion of therapies. The authors discuss the use and maintenance of formularies as well as the direct relationships between drug availability, cost, and healthcare coverage.

The perspective of U.S. regulators on improving the value of healthcare delivery is discussed in chapter 8. The authors report that because of rising costs and dwindling resources, regulatory bodies will ultimately need to include economic evaluation as a critical component of decision making. In their conclusion, the authors consider international economic evaluation and healthcare management and discuss the advantages and disadvantages of several European programs.

Reviewed by Renata Sampson, MSN CPHQ, performance improvement coordinator, Virginia Commonwealth University, Richmond, VA

Beyond the Sound Bite: November 2007 Review of Presidential Candidates' Proposals for Health Reform

PricewaterhouseCoopers' Health Research Institute, PricewaterhouseCoopers, www.pwc.com/hri, 2007, free online, 65 pages

Audience: healthcare workers, voters

Key Words: legislative issues, public health, public policy, resource utilization

Beyond the Sound Bite: November 2007 Review of Presidential Candidates' Proposals for Health Reform is the first in a three-part series that will analyze the health plans proposed by the presidential candidates. For this first report in the series, health industry and policy experts analyzed surveys and statements of the candidates' campaigns, research on current trends, and interviews with experts in healthcare policy and practice. The seven candidates included in this analysis were those who averaged at least 10% in national polls as of September 15, 2007. The candidates who met these criteria were Hillary Clinton, John Edwards, Rudy Giuliani, John McCain, Barack Obama, Mitt Romney, and Fred Thompson.

The executive summary outlines the three primary health system topics for the 2008 presidential election: covering the uninsured, modifying tax laws to change the health system, and controlling costs while improving quality of care. This summary provides the key findings of the Health Research Institute (HRI) analysis and provides some high-level comparisons of the Democrats and Republicans on the three broad topics. The next several sections of the report detail how the candidates would reform coverage, change tax rules to support reforms, and control costs while improving quality. These sections provide a side-by-side comparison of the candidates, followed by an analysis of their viewpoints. The analysis seemed to provide a fair, even-handed treatment of the candidates.

HRI has done an excellent job in summarizing and detailing the views of the current candidates and healthcare issues for the 2008 presidential election. This review was written at the end of

2007. Although the analysis will become dated as candidates leave or join the campaign trail, the excellent review of the healthcare issues facing the next president will undoubtedly continue to be timely. The next analysis will be done during the 2008 campaign; the final analysis will detail the healthcare plan of the newly elected president in November 2008. It is expected that all of these reports will be available online through PricewaterhouseCoopers' Web site.

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

Environmental Management Quick and Easy: Creating an Effective ISO 14001 EMS in Half the Time

Joe Kausek, Quality Press, www.asq.org/quality-press, 2007, \$78.75, 296 pages, ISBN 978-0-87389-705-1

Audience: managers in businesses who must comply with environmental regulations and who would be using ISO 14001

Key Words: documentation, environmental safety, process improvement

The title, *Environmental Management Quick and Easy: Creating an Effective ISO 14001 EMS in Half the Time*, leads readers to expect a description of the healthcare environment and ways to manage the physical plant using ISO. Instead, this book describes business operations that affect the environment and ways that managers can effectively and safely comply with environmental regulations. ISO 14001 is the methodology applied to demonstrate compliance, control, and improvement. ISO 14001 is reviewed as the management system that includes the basic requirements, definitions, and clauses linked with the Plan-Do-Study-Act model. The material is clearly written so that even novices will be able to apply the methods described. The target audience is not limited to healthcare organizations, nor is ISO widely used in healthcare, so users new to this method will find the book to be a good introduction, even without the inclusion of the complete set of requirements.

Kausek organizes the book into three main sections. Section 1 describes ISO 14001 as a management system addressing (a) core processes,

(b) supporting processes, and (c) management systems supporting processes. He describes each clause of ISO (i.e., 4.1–4.6) before moving into system design and deployment. Section 2 includes basic structures to implement, interactions of components, principles of environmental management, metrics, checklists, and monitoring approaches. Section 3 focuses on improvement when a system is in place. These three chapters explain reviews, action plans, and audits of the improvement process.

Although this book explains how to comply with environmental regulations, the author's intent is to demonstrate how to

exceed compliance in order to create sustained improvement. The book provides a number of examples to demonstrate principles that are business oriented and not healthcare focused. The book also includes Environmental Protection Agency resources. A companion CD contains checklists and tools that will guide the user in implementing the book's material in operations.

Reviewed by Susan V. White, PhD RN CPHQ FNAHQ CNAA, 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.

Health Disparities Collaboratives

www.healthdisparities.net/hdc/html/home.aspx

Key Words: accountability, benchmarking, case/care management, data collection, knowledge management, management and analysis

The Health Resources and Services Administration (HRSA) is the sponsor of the Health Disparities Collaboratives (HDC). National experts in a variety of fields (clinical care, business case and redesign, health center operations, community-oriented primary care, planned care, process improvement, and health information technology) provide their expertise. Their mission is to improve access to high-quality, culturally and linguistically competent primary and preventive care for underserved, uninsured, and underinsured Americans. The HDC focuses on clinical, financial, and operational areas.

This is one of the easiest Web sites this reviewer has ever navigated. The access to resource materials, related links, and quick download times makes it refreshing. The search feature immediately brings up appropriate related topics. This site is a resource as well as forum for sharing successes, tools of the trade, and lessons learned. Viewers are directed to presentations, articles, reports, and related links on search topics. The reports section of the Web page requires a user ID to access. I found many useful tools on the site that were available to the viewer without cost. I added this Web site to my favorites list to use as a resource for educating others regarding data and redesign plans.

Reviewed by Cheryl Long, RN CPHRM, risk management coordinator, Eastern Maine Medical Center, Bangor, ME

American Academy of Family Physicians

www.aafp.org

Key Words: ambulatory care, practice guidelines, primary care

The American Academy of Family Physicians, representing more than 94,000 family physicians, residents, and students, is devoted to the practice of family care. The organization seeks to provide information that will improve the practice of family medicine and, ultimately, the health of their patients. Additional sections on the site address the concerns of patients and families related to the practice of family medicine.

The organization's Web site is colorful and complex and has multiple navigation sections with linked topics for the user. Navigation features include a tree, tabs, and blocks, with multiple links on each page. Despite this complexity, it is clear where the user is and generally how to get back to any section.

The site has multiple subsections, such as Clinical Care and Research, Practice Management, News and Publications, Policy and Advocacy, For Members, Continuing Medical Education (CME) Center, For Residents, For Medical Students, Careers, Conferences, and, of course, About Us. A large section on the home page invites patients to share their advocacy issues. An Action Alert section invites interested parties to participate in various legislative activities, including a virtual rally to stop Medicare payment cuts.

The site contains information about patient issues, practice guidelines, multiple CME courses, and a link to the *Annals of Family Practice*. Time perusing the information, courses, articles, and publications is well spent. The Family Advocacy section is a site in itself with a newsletter, articles, polls, and a link to www.familydoctor.org, which covers a broad range of topics for the patient or caregiver. The Family Practice Manager section provides information on practice issues and on a foundation that supports grants and charitable efforts.

The membership cost for practicing physicians is \$330 annually, January 1 to December

QUALITY NETWORK

31. Memberships for residents and students have lower dues: \$30 annually for residents and a \$15 one-time fee for students during the course of their medical study.

The site is apparently updated at least monthly. I added this site to my favorites list because of the wide range of topics, the CME courses, and the information of use to patients and healthcare professionals.

Reviewed by Linda M. Miller, BSN RN, director for clinical compliance and analysis, National Healing Corporation, Boca Raton, FL

A Guide to Evidence-Based Practices on the Web

www.samhsa.gov/ebpwebguide/index.asp

Key Words: addiction treatment, evidence-based practices, interventions

Substance Abuse and Mental Health Services Administration (SAMHSA) provides this Web guide to assist browsers with simple and direct connections to Web sites that contain information about interventions to prevent or treat mental and substance use disorders. The Web guide provides a list of Web sites that contain information about specific evidence-based practices (EBPs) or provide comprehensive reviews of research findings. The Web sites have been selected on the basis of specific criteria established by SAMHSA for this purpose.

The Web guide can be used by stakeholders throughout the behavioral health field to promote awareness of current intervention research and to increase the implementation and availability of EBPs.

The site descriptions in this Web guide are organized into two main categories: Behavioral Health Area and Intended Age Group. Users can browse EBPs by these categories using the links in the navigation menu. The categories provide a clear and simple way to search for information by topic or audience.

Although the site is not flashy and uses basic colors, it is quick to upload and easy to navigate and serves as a link to a wealth of relevant information. Overall, this is an interesting site that serves as an awesome resource for anyone looking at a one-stop shop for information about EBPs on mental health disorders and services. Information on the latest update (October 2007) for the site is listed. Feedback

on the Web site may be provided to the site administrator.

Reviewed by Syed Sajid Ahmed, MHA MBBS CPHQ, international accounts specialist, Canadian Council on Health Services Accreditation, Ottawa, Ontario, Canada

Welcome to the Surviving Sepsis Campaign

www.survivingsepsis.org/

Key Words: critical care, disease state—sepsis, monitoring tools, mortality, quality improvement and management

The Surviving Sepsis Campaign was developed by the European Society of Critical Care Medicine, the International Sepsis Forum, and the Society of Critical Care Medicine.

The intent of this site is to help healthcare workers meet the challenges of sepsis and to improve its management, diagnosis, and treatment. As healthcare professionals, we are all too familiar with the terms *sepsis* and *septicemia*. However, when the condition hits close to home with a loved one (as it did for this reviewer earlier this year), the terms take on a whole new meaning.

The term *sepsis* includes a wide range of clinical conditions caused by the body's systemic response to an infection. Sepsis kills rapidly. Mortality associated with severe sepsis is unacceptably high: 30%–50%. When shock is present, mortality is 50%–60%.

Approximately 750,000 new sepsis cases occur each year, and at least 210,000 are fatal. Still, awareness of the seriousness of this condition remains low. Severe sepsis is often underdiagnosed early on when it may still be reversible.

This updated Web site offers excellent patient and family information on sepsis, detailed information on the Surviving Sepsis Campaign, guidelines, quality improvement tools, links to other relevant sites, and much more. Navigation of the site is relatively easy. The site offers excellent value to acute care facilities, intensive care units, and healthcare professionals. Guidelines, tools, and information are available at no cost to the healthcare provider, and it is possible to contact the site administrator. I added this site to my favorites list.

Reviewed by Margaret P. Chu, MPA BSN RNC CPHQ CCM, president, MPC and Associates, East Williston, NY

National Hospice and Palliative Care Organization

www.nhpco.org/templates/1/homepage.cfm

Key Words: advanced directives, ambulatory care, case/care management, education—hospice, mortality, palliative care, statistics—hospice

If you are interested in researching end-of-life issues, this Web site is specific to hospice and palliative care. The National Hospice and Palliative Care Organization was founded in 1978 under the name National Hospice Organization. Membership in this nonprofit organization is open to hospices, palliative care organizations, healthcare consultants, home health agencies, and research organizations. Various types of memberships are offered. Cost of the provider membership, the highest, is based on patient population. The membership costs are difficult to find quickly; however, an e-mail address and telephone number are provided. Contacting the organization may provide a faster answer to the question about the best type of membership for the cost.

Educational materials, advance directives, and hospice and palliative care information are available. The advance directives information can be downloaded by each state's requirements. Educational materials are available for a variety of topics, including hospice, pain, grief, caregiving, and financial planning.

The Web site had some difficulties with links and pages not being available. A Contact Us

link and a Web service provider link are available. A font button allows you to increase the font size of the site with one quick click of the mouse. Quick links are on the left of the home page. The site is a nice place to start for information on hospice, palliative care, and advance directives. I added this site to my favorites list because I think this site is a good resource for hospice and end-of-life information. However, some of the features require some improvement.

Reviewed by Susan Nowak-Small, MBA BSN RN CPHQ CCM, quality improvement and utilization management provider consultant, Chicago, IL

Help Identify and Review Sites

The JHQ team invites you to help identify and review Web sites. A review consists of the name of the Web site or sponsoring organization, a URL reference, key words, the intent of the Web site, and comments about ease of navigation, value, pertinence to the healthcare quality professional, timeliness, and cost, if any.

Please forward—via e-mail—questions, names of Web sites for review, or, better yet, names of Web sites with reviews, to Quality NETwork coeditors Daniel van Leeuwen at dvanleeu@verizon.net and Susan C. Boisvert at sboisvert@parkviewamc.org.

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

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

Quality Resources

Deborah A. Dowling

QUALITY RESOURCES

This *JHQ* feature provides members with interesting up-to-the-minute resources that will help them navigate through the constant flood of healthcare quality information. Brief descriptions of recently released media are provided, as well as ordering and Internet access information.

Resources

Quality Advisory

Quality Advisory, a publication sponsored by the American Hospital Association (AHA), is produced whenever significant developments occur that affect the job of hospital administrators and quality professionals. Two recent advisories with information of particular interest were the October 26, 2007, issue titled "Recent Events Put Focus on Infection Prevention in Hospitals and the Community" and the December 19, 2007, issue, "Hospital Quality Reporting Roadmap for 2008." The advisory format includes an easy-to-read outline of what the issue is, what you can do, and resources for answering further questions.

Many Quality Advisory issues require an AHA membership log-in, but the two titles mentioned above are available to the public at www.aha.org/aha_app/advisory/most-recent.jsp. Searching by the date of publication will complete a successful search for each of the articles listed.

Stockpiling Solutions: North Carolina's Ethical Guidelines for an Influenza Pandemic

The North Carolina Institute of Medicine, in collaboration with the North Carolina Department of Health and Human Services, Division of Public Health, has published an in-depth resource that addresses the ethical issues likely to confront us when the next pandemic occurs. This resource outlines the responsibilities of healthcare workers to work and the duty of workers in critical industries to work, balancing the rights of the individual, the need to protect the public, the prioritization and use of limited resources, and the reciprocal obligations to workers. The goal of

the task force that published this resource was to encourage stakeholders from a variety of backgrounds and perspectives to consider and discuss the ethical dilemmas likely to arise in the event of an influenza pandemic. The publication has easy-to-read tables that outline the conclusions and recommendations related to government, workers, healthcare organizations, businesses, and families. Quality professionals need to be aware of and consider the impact of this type of disaster on our work.

The full text of this publication is available online at www.nciom.org/projects/flu_pandemic/ethics.html or by contacting the North Carolina Institute of Medicine, 5501 Fortunes Ridge Drive, Suite E, Durham, NC 27613 or calling 919/401-6599.

The Lean Healthcare Pocket Guide

This 200-page pocket guide to tools and techniques used with Lean—the Toyota production system improvement methodology—is written by two healthcare professionals, Debra Hadfield, MSN RN, and Shelagh Holmes, RN. The publication is a compact, comprehensive resource for individuals starting the journey to learn Lean techniques. The book has a tool usage matrix that organizes the 30 tools in the book and helps the novice identify which tool is best used when the objective is to stabilize or standardize and which tool is best used during the various steps in the Lean process: assess, diagnosis, treat, or prevent.

This pocket guide is easily purchased by contacting the Education for Lean Healthcare Institute at ELHI.org or don@theleanstore.com or by phone at 734/475-4301.

Lean/Six Sigma: Complementary Methods to Improve Laboratory Operations

A CD-ROM resource that outlines Lean and Six Sigma continuous improvement methodologies as complementary tools to improve laboratory operations and eliminate waste is available from BD Diagnostics (Becton, Dickinson and Company)—a leading supplier of laboratory equipment and supplies. This resource provides PowerPoint presentations and audio from the June 2005 meeting of the

American Association for Clinical Chemistry conference presentation, "Lean/Six Sigma: Complementary Methods to Improve Laboratory Operations."

Details to order this CD are available at <http://education.bd.com/index.asp?PageAction=VIEWPROD&ProdID=1218>.

Whole System Measures

The Institute for Healthcare Improvement (IHI) with its Innovation Series has published a 40-page white paper that describes the use of a system of metrics that help to align improvement across healthcare organizations. These metrics assist with the evaluation of a health system's overall performance and serve to assist with quality planning. The measures consider the Institute of Medicine's dimensions of quality, which include safe, effective, efficient, timely, equitable, and patient-centered care. The set of measures is limited to a set of 13 key measurements that are not disease or condition specific and that relate to both inpatient and outpatient care. This white paper has six sections that describe in detail the development of whole system measures. The sections include an overview, implementation, setting the specifications, lessons learned, case studies, and three appendixes.

All white papers in the IHI's Innovation Series are available online at www.ihl.org and can be downloaded at no charge.

The 5 Million Lives Campaign's Fall Harvest

The Institute for Healthcare Improvement's 5 Million Lives Campaign has completed its first year. Progress has been made toward reducing harm to patients in hospitals across the United States. A summary of lessons learned and an outline of where the campaign is headed in 2008 is summarized in this brief document. A compendium of resources on the www.ihl.org/campaign Web site includes informal biweekly conference calls, open office hours, contact information for campaign field offices, and a campaign mentor hospital registry. In addition to the current resources, there are plans for a business case calculator for the campaign interventions and updated how-to-guides, "tips and tricks" and Frequently Asked Questions for the six newest campaign interventions. This is a useful site for the quality professional to keep bookmarked.

For more information, visit www.ihl.org/campaign.

Deborah A. Dowling, MPH BSN CPHQ, is senior director of quality management at Randolph Hospital, Asheboro, NC. She is a member of JHQ's review panel.