



NTAHQ NEWS



Volume 4, Issue 3
November, 2010

A Letter from the President

By Sandra Jones, MSM, BSN, CPHQ, CPHRM, LNCC
Texoma Medical Center



Hi folks, I am enjoying the cooler days of fall and hope you are too. It is hard to believe that another year has passed by but here we are in our eleventh month of the year and will be hitting the New Year shortly. It has been my pleasure working with each of you though out the year. NTAHQ has had a busy year as we wind down our education programs for the year and begin to look forward to our upcoming year. The NTAHQ board members and teams have worked very hard this year to bring you some great educational programming through our regular scheduled classes as well as our spring conference and the collaborative with TAHQ at their annual meeting in October. Many of our members took advantage of the discounted rate provided to our local association and I would like to personally thank all of the board and members that participated in the planning of that. Here are a few highlights from the year.

- NTAHQ's annual educational conference was held March 12th. We had 110 participants at the conference.

- NTAHQ held their regular scheduled programs bi-monthly in McKinney TX.
- NTAHQ membership has grown to 214.
- Quarterly newsletters published with great articles and information.

NTAHQ collaborated with the Texas Association for Healthcare Quality and the local association in Fort Worth to bring you a 1 ½ day conference to the Dallas area. Discounted rates were provided to our members. 47 members of our local association attended this annual conference.

For 2011, the Board has appointed Co-Chair positions on the board for the Education, By-laws and Membership Committees. This will increase our Board member size which will increase our efficiency and ability to meet our member's needs. We welcome these very talented experienced professionals and look forward to working with them on the Board. We look forward to another great year with Chris Thompson taking the lead as President for 2011.

Inside this issue:

<i>Using Critical Thinking Skills</i>	<i>Pg 2</i>
<i>Article Submission</i>	<i>Pg 2</i>
<i>National Healthcare Quality Week</i>	<i>Pg 3</i>
<i>What's New in Pay for Performance</i>	<i>Pg 4-5</i>
<i>Leading Practice Database</i>	<i>Pg 6</i>
<i>Focus on SCIP</i>	<i>Pg 6-7</i>
<i>NTAHQ—2010 In Review</i>	<i>Pg 8</i>
<i>NTAHQ Teams for 2011</i>	<i>Pg 9-10</i>
<i>2011 NTAHQ Renewal Form</i>	<i>Pg. 10</i>

Using Critical Thinking Skills

By

Donna Clark

Healthcare Improvement/Data Management
Medical Center of Plano

Critical thinking is the process of gathering information and analyzing it (www.criticalthinking.com). Before you solve a problem or make a decision, define your purpose. Identify what you want to accomplish, ask yourself the rhetorical questions; what do I want to analyze, and why? Use critical thinking skills to guide you in the right direction when thinking of improving or changing a process.

Understanding

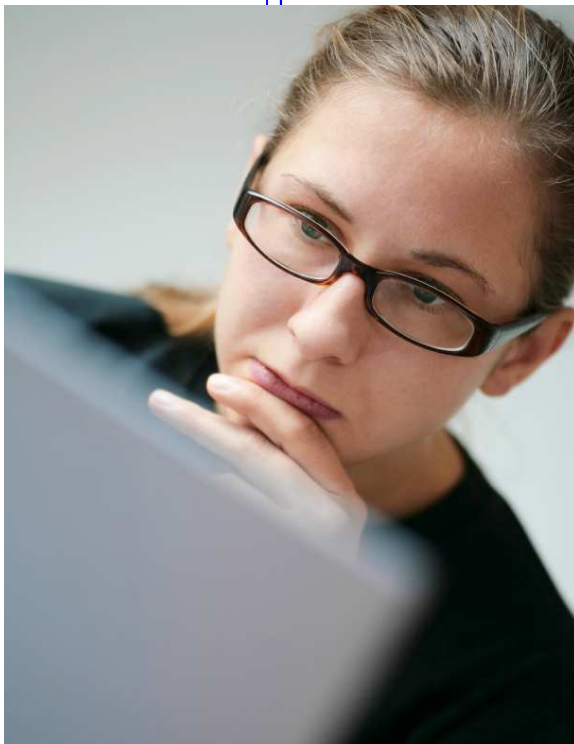
Define a purpose for the improvement or change in the process. Evaluate the available information, analyze the process and clarify the idea. Evaluate what has been identified. While determining the purpose for improving the process, consider developing questions to keep the topic on the right track. The questions may sometimes involve changing the original purpose; stay open on where critical thinking may guide you.

Information

Choose information that is relevant to the change in the process. Discover what is required; how much information is needed? Use reliable resources on the topic, analyze the source. When reviewing the information that has been collected, do an in-depth review and select the useful materials. Clarify the information and determine if the source is a reliable one. One may consider using references from an expert on the topic, evidence-based materials, a medical journal, or professional magazine.

Dissecting the Information

When considering changes in a process make sure it relates to the targeted audience, the people that the change will affect. Analyze the information in parts, compare and contrast. Examine the cause and effect. Look at the possible reasons or possible consequences of the change; the effects, both positive and negative. Once the reasons or consequences are identified, break down how the facts, expert opinion,



research findings, personal experience support what you are trying to accomplish. Support the process change with solid evidence and give solid examples. Be critical of the information that is collected; don't take it at face value. Obtaining a credible, yet reliable, source of information is an important step which involves critical thinking. A example of a credible, reliable source is a peer-reviewed medical study, involving 10,000 heart failure patients/participants that is published in the *New England Journal of Medicine*, which outlines a effectiveness process of combining a medication and exercise regimen to improve patient outcomes.

Build Your Critical Thinking Skills

Ask yourself these questions: *What is required to reach my goal? What are the reasons for this change? What examples, or evidence, support the idea for change? Does the evidence support the idea/claim? What is the source of this information? Is the source reliable? Does this information fit what I'm trying to prove or accomplish?* A statement of opinion is a belief. Applying a conclusion or judgment is inherently difficult without using critical thinking. Remember your own preferences, values, and prejudices can influence your

perspective and may affect how accurately you view and convey the information.

John Dewey

Critical thinking is "active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends (Dewey 1933: 118)."

Are you a writer? Would you be interested in submitting an article to the NTAHQ Quarterly Newsletter? If you are interested, please e-mail your submission to:

Donna Clark
Specialist—Health Care Improvement
Medical Center of Plano
Donna.Clark1@hcahealthcare.com



National Healthcare Quality Week A Weeklong Celebration

By
Debra Thomas, RN, MSN, CPHQ
PI/Survey Coordinator
Medical Center of McKinney

National Healthcare Quality Week rolls around every year in October. This year our department decided it was time to celebrate. We spend our day to day work week problem solving, at times feeling like we're beating our heads against the wall, often hearing the worst, sometimes celebrating the best. Now was the time to celebrate US, who we are and what we do!



We kicked off the week with a lunch for our department and special guests. We decided to do this on Sunday as so often we get caught up in day to day activities at work and may not even get lunch! We went to a local restaurant and had a great relaxing

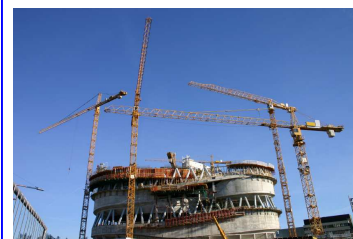
afternoon. It was also a perfect time to celebrate "Boss's Day", which happened to be the same weekend.

As part of our week long celebration each day we sent daily emails highlighting each individual in our department. We included a picture along with a short bio on current job, past experience, family, hobbies, etc. This was a way to let everyone know who we are and what we do.

Each individual in the department developed a poster board describing their job or jobs. On Monday, Wednesday, and Friday we set up in the classrooms during the lunch hours and displayed our posters. We served freshly popped popcorn on Monday, ice cream on Wednesday and candy bars on Friday. We developed a short "Quality Survey" to elicit feedback and suggestions on what staff want from their quality professionals. As an incentive to complete the survey, we entered each survey into a drawing for an e-reader (Nook).

To cap the week we had the Mayor of McKinney come to the facility on Wednesday to present a proclamation declaring National Healthcare Quality Week. This proclamation was presented to Carol Clark, VP of Quality. It was quite rewarding to have our profession and daily contributions recognized in such a big way!

What a week! We had such a good time celebrating ourselves and letting everyone else know WE'RE HERE AND WE MAKE A DIFFERENCE! Next year will be even bigger and better.....



The shortest distance between two points is under construction.

I know that you believe you understand what you think I said, but I'm not sure you realize that what you heard is not what I meant.



What's New in Pay for Performance

By
Chris Thompson, RN, BSN, CPHQ

There are certain things that mark September as the beginning of a new season. The kids go back to school, Christmas decorations and all things Santa-themed appear in the stores, and the constant Texas summer heat starts to loosen its grip. And CMS publishes their final rule on the Inpatient Prospective Payment System, IPPS. Once again, as Quality professionals, we are learning what new measures have to be collected and what impact they will have on our organization's bottom-line Medicare dollars in the near future.



To refresh our memories, let's take a little trip down Pay for Performance Memory Lane. Much of what we know as pay for performance started in 2004 when the Medicare Reform Act went into effect. The original 10 measures were submitted by hospitals to obtain what was known as the Market Basket Update. The number of measures was increased to 21 when most of the existing core measures at the time were added. We had had our first taste of publicly reported data and the Market Basket Update was changed to RHQDAPU (or rac-duh-poo). The information publicly reported from RHQDAPU was designed to encourage hospitals to improve the quality of care by making quality information available to consumers. SIP became SCIP and new measures were added to the disease-specific measures. Hospital Outpatient, or HOP, measures have been added for outpatient surgeries, chest pain and AMI. Now we have the OPSS, or outpatient prospective payment system. All of the above are clinical, chart abstracted measures. In 2008, the first claims based data were added in the form of the outpatient imaging efficiency measures. The "Never Events", as in those things that happen while the patient is in the hospital for which we will never be paid, are also claims based data that affect payment. The never events are Hospital Acquired Conditions that are not present on admission but develop as a result of care, or lack thereof, like pressure ulcers. Structural measures have been reported the last 2 years and in-

clude whether or not an organization participates in cardiovascular and stroke databases.

The final rule for the year 2011 is a bit different. For the first time, CMS has approved measures that will take effect in 2012-2014 as well those for 2011. There are new requirements for both the IPPS and OPSS. Some are chart abstracted, some claims-based, some structural, and still others are related to Health Information Technology. The RHQDAPU has now changed to the Hospital Inpatient Quality Reporting Program.

Keep in mind that the final rule for inpatient measures is published in August each year but outpatient measures come out in November. Here is a list of the new measures for 2011, or things you need to worry about right now. Hospitals will receive the annual payment update for this data in 2013.

Inpatient Measures 2011

Chart Abstraction Measures:

- ◆ AMI 10-Statins Prescribed at discharge
- ◆ ED Through-put Measures ***voluntary submission as of 10-1-10, mandatory 1-1-12***
 - ◆ Time from arrival to ED departure
 - ◆ Time from admit decision to ED departure for admitted patients
- ◆ CLABSI (central line associated blood stream infections)
- ◆ Submitted to CDC on National Healthcare Safety Network Form available on website

Outpatient Measures * outpatient measures not approved until November*****

Chart Abstracted Measures:

- ◆ Troponin results for Outpatient AMI or Chest Pain patients received within 60 minutes of arrival
- ◆ Ability of providers with HIT (health information technology) to receive lab data directly into electronic health record system as discrete searchable data (meaning result is specific data entry field, not entered as free text) Requires only one-time completion of attestation web-based form on Quality Net

Claims-Based Data

- ◆ Outpatient Radiology Measures Continue
 - Proposed additional claims measures:
 - ◆ Pre-operative evaluation for low risk non-cardiac surgery risk assessment
 - ◆ Stress echo, SPECT MPI & cardiac stress MRI post-CABG
 - ◆ Simultaneous brain CT & sinus CT
 - ◆ Brain CT in ED for atraumatic headache
- ◆ 30-Day Mortality for AMI, HF, PN Continue
- ◆ 30-Day Readmission AMI, HF, PN Continue
- ◆ HAC Measures (8 of the 12 HACs not being paid for on individual patients now added to annual payment update)

(Cont'd on Page 5)

(Cont'd from Page 4)

- ◆ Foreign Object Retained After Surgery
- ◆ Air Embolism
- ◆ Blood Incompatibility
- ◆ Pressure Ulcer Stage III & IV
- ◆ Falls and Trauma
- ◆ Vascular Catheter Associated Infection
- ◆ Catheter Associated UTI
- ◆ Manifestations of Poor Glycemic Control
- ◆ AHRQ Patient Safety and Inpatient Quality Indicators
 - ◆ Iatrogenic pneumothorax, adult
 - ◆ Post operative respiratory failure-new
 - ◆ Post operative PE or DVT-new
 - ◆ Post operative wound dehiscence
 - ◆ Accidental puncture or laceration
 - ◆ Abdominal Aortic Aneurysm(AAA) mortality rate
 - ◆ Hip fracture mortality rate
 - ◆ Composite complication/patient safety indicators
 - ◆ Mortality for selected conditions

Structural Measure: Registry Reporting

- ◆ Current rule requires hospitals to attest to participation in a registry for Cardiac Surgery, Stroke Care or Nursing Sensitive Care
- ◆ Participation not *required*
- ◆ Must answer questions about participation on Quality Net web site

As was mentioned earlier, this year's final rule was a little different because it included requirements that will go into effect in 2012 through 2014 in addition to those for 2011.

- ◆ Additional measures and changes for data collection in 2012 include:
 - ◆ Retire PN 2 and PN 7 (Pneumococcal and influenza immunization for pneumonia patients)
 - ◆ AHRQ PSI and Nurse Sensitive Care
 - ◆ Death among surgical patients with serious, treatable conditions
 - ◆ Adopt 2 Global Immunization Measures-applies to all populations, not just pneumonia
 - ◆ Immunization for Influenza
 - ◆ Immunization for Pneumonia
 - ◆ ED Through-Put Measures (voluntary in 2011, required in 2012)
 - ◆ Median time from admit decision to ED departure for IP admissions
 - ◆ Median time from ED arrival to ED departure for admitted patients
 - ◆ Surgical Site Infections (SSI) also submitted to CDC
- ◆ Addition Measures for 2013
 - ◆ Emergency Room
 - ◆ Median time from ED arrival to ED departure for discharged ED patients
 - ◆ Transition record with specified elements received by discharged patient (information to given to patient that can be used by next pro-

vider of care)

- ◆ ED left before being seen
- ◆ Door to diagnostic evaluation by qualified medical professional
- ◆ ED median time to pain management for long bone fractures
- ◆ ED head CT results for acute ischemic stroke or hemorrhagic stroke, for patients who received head CT, interpretation within 45 minutes of arrival
- ◆ Proposed Measures for 2014
 - ◆ Diabetes Mellitus: Hemoglobin A1c poor control in diabetic patients
 - ◆ Diabetes Mellitus: Low density lipoprotein (LDL-C) control in diabetic patients
 - ◆ Diabetes Mellitus: High blood pressure control in diabetic patients
 - ◆ Diabetes Mellitus: Dilated eye exam in diabetic patients
 - ◆ Diabetes Mellitus: Urine screening for microalbuminor medical attention for nephropathy in diabetic patients
 - ◆ Exposure time reported for procedures using fluoroscopy

Below is a grid that helps with advanced planning, or at least what to worry about this time next year.

Data Submission by Discharge Date

Topic	FY 2013/CY 2011	FY 2014/CY 2012
AMI, PN, HF, SCIP	Q1-4 2011	Q 1-4 2012
SCIP Infection 9 & 10	Q1-4 2011	Q 1-4 2012
AMI 10 Statin at Discharge	Q1-4 2011	Q 1-4 2012
HCAPS	Q1-4 2011	Q 1-4 2012
Registry Reporting	Q1-4 2011 <i>Participation only</i>	Q 1-4 2012 <i>Participation only</i>
Claims Based Measures -AHRQ PSI & IQI -30 day mortality AMI, HF, PN -30 day readmission AMI, HF, PN -HAC measures	Up to 3 years Medicare claims data prior to 1-1-12	Up to 3 years Medicare claims data prior to 1-1-13
Hospital Acquired Infections	Q1-4 2011 <i>CLABSI</i>	Q 1-4 2012 <i>CLABSI & SSI</i>
Global Immunization	-----	Q 1-4 2012
ED Throughput	-----	Q 1-4 2012

Leading Practice Database

Reference submitted by
Donna Clark
Healthcare Improvement/Data Management
Medical Center of Plano

The Joint Commission is very excited to announce their completion of the Leading Practice Database (LPD). This new solutions tool and library was opened in November. The LPD is being provided to Joint Commission accredited and certified organizations as a value-added benefit of accreditation. It will be accessible via The Joint Commission Connect extranet site.

Features and benefits of the Leading Practice Database include:

1. "Real world," implemented solutions from your peers.
2. Help from The Joint Commission in meeting the challenges of changing times.
3. An organic, ever-evolving library of documents and products that have been reviewed and accepted by Joint Commission staff.
4. Up-to-date information; documents will be added on an ongoing basis.

This database is populated with leading practices from our customers who are willing to share excellent examples of helpful materials (case studies, white papers, tools, policies, etc.) with peers across the United States.

The purpose of this database is to identify and share leading practices which reflect excellent compliance with Joint Commission standards and National Patient Safety Goals, demonstrating improvement in patient safety and quality of patient care, results of actual implementation is important. Any copyrighted material without permission to share from the author cannot be included. Organizations with accepted submissions will be recognized on a cover page that will be included with each document. This is an opportunity to share your knowledge to promote safety and quality on a national basis, and also to gain recognition for your organization.

You can email your submissions to leadingpracticesubmission@jointcommission.org.



Focus on Surgical Care Improvement Project (SCIP) – Evidence-Based Research

Reference submitted by
Donna Clark
Healthcare Improvement/Data Management
Medical Center of Plano

- ◆ *There are 30 million surgical procedures annually*
- ◆ *Postoperative complications dramatically increase length of stay (LOS), hospital costs, and mortality*
- ◆ *LOS for post-op complications on average is longer by 3 to 11 patient days*
- ◆ *The odds of a patient dying within 60 days increases 3.4 fold in patients with complications*
- ◆ *Surgical Site Infections (SSI) account for 14-16% of all hospital-acquired infections and are a common complication of care. Can be avoided, SSI avoids \$3,152 in hospital costs and seven days of additional hospitalization.*

Prophylactic Antibiotic Selection for Surgical Patients

A goal of prophylaxis with antibiotics is to use an agent that is safe, cost-effective, and has a spectrum of action that covers most of the probable intraoperative contaminants for the operation. American Society of Health-System Pharmacists and the Infectious Diseases Society of America have published recommended prophylactic antibiotic regimen selection for surgical patients.

Current Evidence - The national partners of organizations committed to improving patient safety include American College of Surgeons, American Society of Anesthesiologists, and American Society of Operating Room Nurses. The goal of SCIP is to reduce nationally 25 percent the incidence of surgical complications by 2010.

Prophylactic Antibiotic Discontinued within 24 hours after the end of Surgery, 48 hours for Cardiac Surgery Patients

American Academy of Orthopedic Surgeons (AAOS) Advisory Statement recommends duration of *prophylactic antibiotic administration should not exceed the 24-hour post-operative period*. A goal of prophylaxis with antibiotics is to provide benefit to the patient with as little risk as possible. Administration of antibiotics for more than a few hours after the incision is close offers no additional benefit to the surgical patient.

Current Evidence - Prolonged administration does increase the risk of *Clostridium difficile* infection and the development of antimicrobial resistant pathogens. Prophylactic antibiotics should be discontinued within 24 hours of the end of surgery. Medical literature does not support the con

(Cont'd. on Page 7)

(Cont'd. from Page 6)

Continuation of antibiotics until all drains or catheters are removed and provide no evidence of benefit when they are continued past 24 hours.

Controlled 6am Postoperative Blood Glucose

Blood glucose protocols should include: 1) assessment of glucose level in pre-operative area, 2) post-operative glucose monitoring and prompt initiation of treatment for elevated glucose. Hyperglycemia has been associated with increased in-hospital morbidity and mortality for multiple medical and surgical conditions. Monitoring of blood glucose at 6AM on post-operative days 1 and 2 is the recommendation.

Current Evidence

– In a study by Zerr, et al (1997), the risk of infection was significantly higher for patients undergoing coronary artery bypass graft (CABG) if blood levels were elevated. Hyperglycemia is a risk factor that, once identified, could minimize adverse outcomes for cardiac surgical patients.

VTE Prophylaxis

Without prophylaxis, deep vein thrombosis occurs in 25% and pulmonary embolism occurs in 7% of all major surgical procedures. Despite the well-established efficacy and safety of preventive measures, studies show that prophylaxis is often underused or inappropriately used.

Current Evidence - In most patients

the risk of thromboembolism is greater than the risk of a major bleed. The incidence of major bleeding complications following use of low dose heparin has been estimated, depending upon the definitions used, to be 0.3 to 2 cases/1000 patient days.^{5,6} In a meta-analysis of 33 randomized controlled trials in 33,813 patients undergoing general surgery, minor bleeding complications included injection site bruising (6.9 percent), wound hematoma (5.7 per-



cent), drain site bleeding (2.0 percent), and hematuria (1.6 percent).

Beta Blocker therapy prior to admission who receive a beta blocker during the perioperative period

Concerns regarding the discontinuation of beta-blocker therapy in the perioperative period have existed for several decades. The American College of Cardiology/American Heart Association site continuation of beta-blocker therapy in the perioperative period as a class I indication, and accumulating evidence suggest that titration to maintain tight heart rate control should be the goal.

Current Evidence - Adverse cardiac events are complications of surgery, occurring in 2-5% of patients undergoing

non-cardiac surgery and almost 34% of patients undergoing vascular surgery. Current studies suggest that appropriately administered beta-blockers reduce perioperative ischemia, especially in patients considered to be at risk.

Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero

It is well established that the risk of catheter-associated urinary tract infection (UTI) increases with increasing duration of indwelling urinary catheterization. Among surgical patients, two studies of postoperative patients discharged to subacute care with urinary catheters were more likely to be readmitted to the hospital with a UTI compared with those who had catheters removed prior to hospital discharges; in the studies it was found that among selected surgical patients 21% were more likely to develop UTIs when the indwelling

bladder catheter was present for greater than 2 days postoperatively. And those patients who developed UTIs had a significant increase in mortality at 30 days post-op.

Current Evidence – In 2006, a 60% reduction in UTI incidence-density was reported as result of a multifaceted intervention study in orthopedic surgery patients in which the urinary catheter protocol limited the use and duration of postoperative catheterization.

NTAHQ- 2010 in Review

By
Denice Nowlin, RN
Texoma Medical Center

If you attended all of the NTAHQ events in 2010, you were the recipient of some in-depth education about what's going on in the Quality world today.

January 8, 2010—"Determining Key Quality Indicators"

- Speaker-Kelly Shipley, Performance Improvement Coordinator at Medical City Dallas Hospital
- Kelly is an NTAHQ member
- Kelly helped us identify key measures for the organization, service line, or clinical department. This presentation was beneficial to new (and old) quality professionals.
- We had 27 attendees at this meeting- 2.0 CE's were provided

March 12, 2010—NTAHQ annual conference- "2010 Joint Commission Update"

- Speaker Jane R. Schetter, Senior Consultant, Joint Commission Resources, Inc.
- Objectives for this conference included emphasis on the most challenging standards and new requirements. I don't think one person left without learning a new standard or other area that needed improvement in their organization.
- The conference was held at the Eldorado Country Club in McKinney and 111 quality professionals attended - 5.0 CE's were provided.

May 14, 2010—"Utilizing OPPE and FPPE Effectively"

- Speaker Susan Mellott, CEO Mellot and Associates
- Susan helped us make some sense of it all-required components of OPPE and FPPE. She also discussed options for useful and effective programs for OPPE and FPPE.
- We had 32 attendees at this meeting-2.0 CE's were provided.

July 9, 2010—"Improving Transitions of Care"

- Speaker Nancy Skinner-National Transitions of Care Coalition
- Nancy helped us understand the current state of transitions of care in today's healthcare environment and how quality professionals can contribute to advancing desired healthcare outcomes.
- We had 24 attendees at this meeting. CE's were not provided.

September 10, 2010—"Mentor or Mentee: Do You Have It In You?"

- Speaker Jack Peterson, President, J Peterson and Associates, Inc.

ciates, Inc.

- Jack help us identify contemporary elements of the successful mentor and mentee relationship and described the aspects to be considered and incorporated into a viable mentorship plan. Jack is currently facilitating a mentorship program at the state (TAHQ) level.
- We had 16 attendees at this meeting- 2.0 CE's were provided.

October 28-29—TAHQ—" The Critical Intersection"

- Many great speakers addressed the needs of the basic, intermediate, and advanced quality professionals.
- Approximately 125 quality professional attended.- 8.4 CE's were provided.

November 12, 2010—"Communicating to Enhance Patient Safety"

- Speaker-Beth Guyton, Hospital Quality Consultant, Interactive Quality"
- Beth is an NTAHQ member
- Beth helped us identify (at least) 2 types of disruptive behaviors and taught two skills that are essential to effective communication. Basically, she said if you are likable, people will listen to you.
- We had 26 attendees at this meeting- 2 CE's were provided.

Year in Summary-

- 236 total attendees (not counting TAHQ)
- Opportunity for 13 CE units (not counting TAHQ)
- NTAHQ membership growth to 215

Prepare for 2011-Mark your calendars

- January 14, 2011
- March 11, 2011
- April 8, 2011
(Tentative date for annual conference-don't miss this!!)
- May 13, 2011
- July 8, 2011
- September 9, 2011
- November 11, 2011

Have you renewed your NTAHQ membership for 2011?

Still only \$15 for the year.

Renewal Form on Page 11

NTAHQ TEAMS FOR 2011

Bylaws Committee	Membership Committee
<p>Tana Peavy, RN HACP- Co-Chair Quality Coordinator Methodist Richardson Medical Center</p> <p>Debra Thomas- Co-Chair PI/Survey Coordinator Medical Center of McKinney</p> <p>Mary Bailie, RN, BSN, CPHQ, NE-BC Quality Specialist Methodist Richardson</p> <p>Chris Thompson, BSN-Board Liason Quality Coordinator Texoma Medical Center</p>	<p>Kelly Shipley, BS, RHIA - Co Chair Quality Improvement Director End Stage Renal Disease Network of Texas, Inc.</p> <p>Ann Vandyke, MBA, BSN, RN – Co Chair Director of Quality Resources Medical Center of Lewisville</p> <p>Sara Helm MSN, RN, CPHQ Director Quality and Risk Texas Health Harris Methodist Southlake</p> <p>Susan Taylor, RN, MA Project Manager Parkland- Performance Improvement, Continual Quality Management</p> <p>Cecilia C. Lijauco, RN, MSN Director/Team Leader, Health Care Improvement and Care Coordination Baylor Jack and Jane Hamilton Heart and Vascular Hospital</p> <p>Laura J Weber, RN, BSN, MBA Director of Quality Management Medical City Dallas Hospital/Medical City Children's Hospital Denice Nowlin, BSN- Board Liason Quality Coordinator Texoma Medical Center</p>
Nominations Team	Communication/Newsletter Team
<p>Vacant - Chair</p> <p>Debra Williams, RN, MBA/HCM, LNCC, CPHQ- Director of Quality Management Global Rehab Hospital</p> <p>Sandra Jones, MSM, BSN, CPHQ, CPHRM, LNCC-Board Liason Director Quality Management Texoma Medical Center</p>	<p>Donna Clark – Chair Specialist - Health Care Improvement The Medical Center of Plano</p> <p>Sandra Mann, HACP QMRC Coordinator Brownwood Regional Medical Center</p> <p>Rachael Merritt Director – Health Care Improvement Medical Center of Plano</p> <p>Kristin Duncan, RN, BSN, MBA Texas Health Harris Methodist HEB Hospital Director of Quality Management</p> <p>Chris Thompson, BSN-Board Liason Quality Specialist Texoma Medical Center</p>

NTAHQ TEAMS FOR 2011

Education Committee	Finance Team
<p>Janna Entzminger – Co Chair Process Improvement Consultant Baylor Healthcare System</p> <p>Beth Guyton, CPHQ- Co Chair</p> <p>Sandra Jones, BSN, MSM, CPHQ, CPHRM-Board Liason Director of Quality Management Texoma Medical Center</p> <p>Rae Smylie Director of Quality Management & Regulatory Compliance Brownwood Regional Medical Center</p> <p>Angela Riddle Quality Manager Kindred Hospital</p> <p>Kimberly Bell sanofi-aventis US Quality Initiatives Manager</p> <p>Phylann Fusco, RN, PHD Healthcare Improvement specialist Medical Center of Plano</p> <p>Joanna Hailey- Director of Quality and Risk Management Presbyterian Hospital of Rockwall</p> <p>Linda Linnig Quality Improvement Coordinator Texas Health Presbyterian</p>	<p>Denice Nowlin, BSN- Treasurer Quality Coordinator Texoma Medical Center</p> <p>Renee Ellis Quality Data Coordinator Medical City Dallas</p> <p>Ellen Taliaferro Manager, Accreditation & Clinical Quality Improvement United Healthcare</p> <div data-bbox="873 814 1404 1207" style="text-align: center;"> <p>North Texas Association for Healthcare Quality</p> <p>NTAHQ</p> </div>

Online Connections
 Internet Resources for Quality Professionals

<p>AHRQ Patient Safety Culture Surveys-can be used to assess the safety culture in a hospital or on a specific unit:</p> <p>www.ahrq.gov/qual/hospculture</p>	<p>PubMed-a service of the U.S. National Library of Medicine and the National Institutes of Health:</p> <p>www.ncbi.nlm.nih.gov/PubMed</p>
<p>National Patient Safety Foundation-independent, non-profit organization that uses a multi-stakeholder approach-consumers, physicians, healthcare workers and administrators, employers:</p> <p>www.npsf.org/hp</p>	<p>World Health Alliance for Patient Safety-an arm of the World Health Organization:</p> <p>www.who.int/patientsafety/en</p>



Renewal Notice for NTAHQ-2011

It is time to renew your annual NTAHQ membership*

We are keeping our membership fee at \$15 again this year.

This fee gets you:

- Education opportunities (usually 2 CEs) 6 times a year
- Discounts to the annual state (Fall) and local chapter (Spring) conferences
- A Quarterly newsletter that is a plethora of knowledge from our members
- Awesome networking opportunities
- CPHQ study group (if enough interest)
- Opportunities to participate on a committee or in a Board position

Please check the appropriate response:

_____ Member Name

Please renew my membership with no changes. Payment is enclosed

Please renew my membership.
Changes have been made on membership application
(Enclosed with payment)

Please remove my name from the NTAHQ roster. I no longer wish to receive e-mails or information.

Service Opportunities

I would like to serve on the following committee/team

- Membership
- Education
- Finance
- Bylaws
- Nomination
- Communication/Newsletter

I can volunteer where needed _____ hours/month

Please contact me-I would like more information



Please mail application with your check for \$15.00 payable to:
NTAHQ
P.O. Box 1574
Denison, TX 75020-2669