



Editor:
Sean McPhillips

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Mailing Address:
52 Westerville Square
Westerville, Ohio 43081

Editor E-Mail:
newsletter@csohimss.org

Web Site:
<http://www.csohimss.org>

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The Transition of Healthcare Quality, By Debbie Murphy, CPHIMS

In recent years, healthcare quality has begun to transition towards a new level of accountability. What does this truly mean for health care organizations?

To begin with, in order for hospitals to become exempt from a 0.04 percent decrease in Medicare reimbursement, they will be required show a firm commitment to report their quality data at the very least. Although it is not necessarily mandatory to report these measures, the writing for the future is on the wall.

From this edict, there are a myriad of ramifications that affect the healthcare organization. At this point, most organizations should realize that they need to comply with this directive.

However, necessity of compliance does not equate to an ease of transition and accomplishing this goal for some organizations. Fundamental business processes must be revised with quality outcomes in mind as the entire organization needs to understand both the implications of these process changes and why they are important.

First of all, successful change in any organization needs to be a top-down commitment. This begins when senior level administrators recognize, understand, and accept the importance of scoring well on the measures that the CMS is focusing on (1).

There are interesting caveats to some of the measures, but basically clinical workflow processes need to be in place so the physicians and nurses "cannot fail." With the right commitment and support from top administrators, the quality initiative will be very effective as consistency is applied across the enterprise.

Secondly, every organization needs to assess their accountability with these measures – and where they are noncompliant. This entails a baseline data collection and a comparison to a national benchmark.

Comparative analysis data can be found at the CMS Web site for national benchmarks. Additional comparative data may also be provided by most JCAHO Oryx vendors.

Identifying where improvement is need is only the beginning. Implementation of the changes is where the hard work really begins. Organizations that have an electronic medical record should be able to hard-code these prompts and qualifications into their routine workflow.

Organizations with a paper record should have preprinted admitting and discharge orders which address these quality indicators.

In addition, there are other best-practice process changes that can be achieved electronically. These include:

- Automatic consultations to particular groups
- Concurrent data collection via a pathway integrated into daily documentation requirements
- Analyzing the registration and discharge processes as well as the materials that are given to patients

Finally, there will need to be continuous measurement activities to monitor the effectiveness of process changes over time, as with all other process improvement activities.

The latest report from HealthGrades (2) indicates that the United States is still not consistent in providing quality healthcare. This has also been extensively investigated through the Institute of Medicine publications such as "To Err is Human" and "Crossing the Quality Chasm."

Currently, there are hospitals that have volunteered to have their data available on the CDC Website. This data also shows that over the years, the United States is still not consistent in providing quality health care.

Providing quality health care has become a measurable and comparable goal of the healthcare system over the past few years.

The pressure of transition will force organizations to improve processes – which will lead to an improvement in quality of care. This is not something that is on the horizon; it is here and it needs to be addressed today.

<http://www.cms.hhs.gov/quality/hospital/>

(1) The CMS ten measure starter set includes Acute Myocardial Infarction measures (aspirin at arrival, aspirin at discharge, ACE1 for LVSD, beta blocker at arrival, and beta blocker at discharge), Heart Failure measures (LVF assessment, and ACE1 for LVSD), and Community Acquired Pneumonia measures (antibiotic timing, pneumococcal vaccination, oxygenation assessment).

(2) www.healthgrades.com for 2004 healthcare quality report card references.

Member Spot Light:
Debbie Murphy, Director of Process Improvement, Licking Memorial Hospital.

Debbie joined the C&SO HIMSS board just last year and has been serving an active role since. Debbie is currently serving as the C&SO Secretary of the board, Management Engineering Liaison, and is a member of the Management Engineering / Process Improvement HIMSS Special Interest Group. Debbie has been a member of HIMSS since 1999, and is proud of achieving CPHIMS certification in 2003.

Debbie has 13 years of healthcare and information systems experience with the last four years focusing on quality improvement, process improvement, and patient safety. In addition to her HIMSS affiliation, Debbie holds a Masters Degree in Business Administration and is affiliated with the American College of Healthcare Executives.

By being an active participant in regional and national events, Debbie is able

to stay up-to-date on recent advances in healthcare information solutions for patient safety, quality and process improvement activities.

Success Story: Multi-Chapter Luncheon at HIMSS Nationals

This past February, the Central and Southern Ohio Chapter of HIMSS partnered with the Bluegrass HIMSS Chapter and the Indian HIMSS Chapter to organize a multi-chapter luncheon. With over 80 people in attendance, the turnout was far better than any of us could have imagined.

The buffet was catered professionally and the organization of the event went off without a hitch. In addition, with the sponsorship of corporate partners, there was no cost to any of the chapters' members in attendance.

This multi-chapter forum allowed these closely neighboring chapters to interact in a way they we never have before. It provided a sense of cohesion that we all agreed would lead to mutual benefit on future endeavors.

As a result, these neighboring chapters will likely support and attend future events with one another. Finally, all three chapter presidents agreed that this luncheon should be a regular event at HIMSS Nationals.

For those of you who are interested in learning more about what's going on at our neighboring chapters, visit their websites at:

<http://www.bluegrasshimss.org/>

<http://www.indianahimss.org/>

or you can get involved more with our own chapter. (Hint ☺)

Chapter Business, Activities and Participation:

Calendar of Events:

Event	Date & Time	Location	Registration Fee
Improving Quality of Care Through Technology	June 4th, 2004, 8:00am to 3:30pm	Quest Conference Center, Columbus, OH	TBD

Open Positions:

Currently, the CSOHIMSS Chapter has several vacant positions on the Board of Directors. We are seeking any members of the CSOHIMSS Chapter to volunteer their services if they would be interested in filling any positions. The current open positions are:

- Telecommunications Liaison
- Academic Liaison

Active participation has its advantages! Members who participate in this capacity earn valuable HIMSS points which are necessary for advancement to Senior Member or Fellow status within HIMSS.

In addition, you will be plugged into what is going on at the chapter level and have an influential voice in what activities and conferences our chapter sponsors.

If you are interested in any of these positions or if you are interested in volunteering in any other capacity, please contact Jerry Schwartz, Chapter President, for more information.

Open Request to Members:

The CSOHIMSS Chapter has an open request to all members for any subject or issue that they would like to see the chapter address.

Addressing the issue could be in the form of a feature article or a conference

presentation (either locally or nationally).

All suggestions welcome. Please consider those that are current, relevant and of pressing concern to the contemporary healthcare environment.

Presentation suggestions should be forwarded to Jerry Schwartz. Article suggestions should be forwarded to Sean McPhillips.

Academic Scholarships:

CSOHIMSS is offers two \$500 scholarships to college students per academic year.

CSOHIMSS is pleased to announce Melissa Otting of Ohio State University as the winner of the Fall 2003 scholarship award.

The CSOHIMSS Board of Directors unanimously agreed to the program at the Board Retreat on June 6, 2003.

In addition to the scholarship awards, the winning applicants will receive a complimentary one-year membership in National HIMSS as well as membership in the CSOHIMSS Chapter.

If you know anyone who may be interested in applying for this scholarship, please contact Jerry Schwartz for more information.

Chapter Sponsorship:

As mentioned in last quarter's newsletter, the Board of Directors for the Central and Southern Ohio Chapter of

HIMSS have simplified the Chapter Sponsorship to better serve the membership.

The new pricing structure and benefits are as follow:

Chapter Sponsor: \$250 for 6 months/\$500 for a full year.

Company name and logo will appear on the Chapter Website and will also be considered a sponsor of all chapter events for the term of their sponsorship. Annual sponsorship terms begin July 1st and end the following June 30th. Any company that wishes to sponsor at some point during a term, the sponsorship fee will be prorated accordingly.

If your company is interested in becoming a Chapter Sponsor or if you have any suggestions as to how companies may benefit better from sponsorship.

Note: Benefits may change to better serve our sponsors.

Member Feedback:

WE WANT TO HEAR FROM YOU!!!

This section posts questions and comments from chapter members. If you have a comment or question, send them to Sean McPhillips at newsletter@csohimss.org for consideration.