



2007 Wisconsin Quality & Safety Forum In Review

“Six Forces that will Reshape Health Care in the 21st Century” Emily Friedman, Health Policy and Ethics Analyst

The aging of America will have a profound affect on health care, according to Emily Friedman. It is well known that Wisconsin has an aging population that is influencing the health care delivery system. Friedman said 82 percent of the people over 100 are women. By the time women reach 60 years of age, they are dominate in their age cohort. More women live well into their 80s and 90s, but are poor.

“The oldest population, those who are most critically ill, are almost entirely women. Far more women over 65 live alone than men, while most men have a caregiver in the home,” Friedman said.

The issue of workforce shortages must be approached with determination and “become a science,” according to Friedman. The physician shortage has given rise to an increase in the use of advanced practice nurses, particularly in rural areas. Another consequence of the physician shortage is the rapid growth of retail medical clinics, primarily staffed by nurse practitioners. In March 2007, there were 320 such clinics in the U.S., but by 2011, that number will mushroom to more than 3,000.

“These clinics make health care accessible, but they also open a wound between doctors and nurses,” she added.

“Building Capacity for the Campaign and Beyond” Robert Lloyd, PhD, Executive Director, Institute for Healthcare Improvement

“We swim in knowledge, but we lack understanding. We need understanding and knowledge.”
- From Blink by Malcolm Gladwell

Robert Lloyd asked his audience to consider the fact that decisions are made every day “in the blink of an eye.” Consider that fact when presenting data to the hospital board of directors, physicians, or the public.

“Every time you take data to someone, they make a decision about it quickly. When you take data to the board, maybe you are presenting your core measures, they are not going to take time to think about how you got to where you are—they just want ‘thin slices.’ They make conclusions. People view a complex world in a very simple way. Do you give them the data they need to reach the right conclusion?” Lloyd asked.

Lloyd explained when most people look at data they basically use their unconscious mind to find patterns and trends in the data. They look for extremely high or low data points and then make conclusions about performance based on limited data.

Lloyd suggested four “blinks” to improve data skills:

Blink #1: Deal with the “messiness” of life.

Blink #2: Determine why you are measuring. Are you measuring for research, judgment or improvement?

Blink #3: Understand and depict variation. Aggregated data presented in tabular formats or with summary statistics will not help you measure the impact of process improvement/redesign efforts. Aggregated data can only lead to judgment, not to improvement.

Blink #4: Translate data into information so the results are useful and understandable.



Emily Friedman and Brad Manning, MD

2007 Quality & Safety Forum Presentations

Human Factor Approach to Simulation Training in Health Care



Doug Wiegmann, PhD, Associate Professor of Human Factors, University of Wisconsin-Madison

Continuous Quality Improvement



Tim Hallock, Quality & Organizational Improvement Leader, St. Mary's Hospital, Madison

Tools to Aid in the Implementation of Clinical Practice Guidelines



Charles Schauburger, MD, Medical Director, Gundersen Lutheran Health Plan, La Crosse

Transforming Health Care Performance Measurement: Results of the WCHQ Small Practice Pilot Study



Chris Queram, President/CEO, Wisconsin Collaborative for Healthcare Quality, and Cindy Helstad, PhD, RN, Director of Research, Wisconsin Medical Society

Showcare Presentations

1. Peridata.net - Wisconsin's Comprehensive Perinatal Data System: a New Tool for Perinatal Care
2. Improving Cancer Screening Rates



Kay Simmons, Vice President of Communications, MetaStar; Vicki Fehrenbach, Director of Quality, Medical Associates Health Centers, Menomonee Falls; and Marianne Weiss, DNSc, RN, Chair, Perinatal Data Committee, Wisconsin Association for Perinatal Care and Associate Professor, Marquette University College of Nursing, Milwaukee

Journey to Perioperative Safety



Jane Kusler-Jensen, RN, BSN, MBA, CNOR, Director, Perioperative Services, and Gregory Bruder, RHIA, Clinical Excellence Coordinator, Columbia St. Mary's, Milwaukee

A Community-Wide Effort to Decrease MRSA in Rural Health Care Settings



Jeanine Bresnahan, MT (ASCP), CIC, Infection Control Manager, Aspirus, Inc., Wausau

CMS Value-Based Purchasing and Physician Quality Reporting Initiative (PQRI)



Steve Brenton, President, WHA; Clarence Chou, MD, President, Wisconsin Medical Society; and Mark Levine, MD, Chief Medical Officer, Denver Region, Centers for Medicare & Medicaid Services (CMS)

Listen - The Patient is in the Room



Sue Gaard, MS, RN, Principal, Gaard & Associates, Madison

Rural Hospital SCIP Project/DVT Prevention/Quality Data Integration Project



Dana Richardson, Vice President, Quality Initiatives, WHA; Dan Loosemore, Director of Quality Improvement and Risk Management, Good Samaritan Health Center, Merrill; and Sally Rosemeyer, RN, CPHQ, Quality Services Director, Boscobel Area Health Care, Boscobel

A Comparison of Two Methods to Improve HgbA1c Testing: "Pay for Performance" vs. "Chronic Care Collaborative"



Geoffrey Lamb, MD, Associate Director of Joint Quality Office, Froedtert Hospital & Medical College of Wisconsin, Milwaukee

“The Culture of Safety”

Michael Leonard, MD, Physician leader for Patient Safety, Kaiser Permanente

Michael Leonard studies patient care processes, and he reminded the audience of quality experts that “people working hard make mistakes.” There is a cultural shift occurring in health care away from individual experts to a culture of collaborative expertise where a team of experts is working together in a complex environment.

Key to that working environment is communication. Leonard said the overwhelming majority of untoward events involve communication failure. Effective communication requires structured communication, the ability to speak up as a health care professional and “stop the show, and an environment of respect with effective leadership.”

Teamwork is essential in clinical medicine because it is conducted in an extremely complex environment that can be subject to surprises, uncertainty, interruptions, multitasking and incomplete information.

At the same time, Leonard pointed out, “The world is changing. You want to be proactive and lead the curve rather than getting run over by the truck.” He referenced that Medicare will not cover the cost of care associated with hospital errors as one such change.

“A system error can get personal in our hospitals. When something goes wrong we say, ‘who did it?’ When you look at medical errors that led to harm, it is usually a series of events linked together,” according to Leonard.

“The Future of Health Care Technology”

Jack Uldrich, President, The NanoVeritax Group, Minneapolis



Julie Bartels, WHIO, and Jack Uldrich

“It’s hard to think of an industry that won’t be disrupted by nanotechnology.”
- David Bishop, Bell Labs

Jack Uldrich demonstrated that creating new materials using nanotechnology can have practical applications, as he poured soda on his tie and explained that the fabric was developed using nanotechnologies--and it won’t stain. While nanotechnology has the potential to reduce dry cleaning bills, its application in medicine is much more staggering.

“Imagine having the ability to heal wounds with a nanoliquid that stops bleeding in 15 seconds. How about using a nanowire to guide stem cell development or to detect cancer? Those are disruptive, and powerful, applications of nanotechnology that will change our lives, change your industry,” Uldrich said.

With medical knowledge doubling every seven years, Uldrich challenged his audience to “unlearn, do the impossible.” Medical professionals in the past have had to “unlearn” what they thought they knew about treating ulcers, one small example, and using robots, aka the da Vinci Surgical System, in the operating room.

And speaking of robots, Uldrich said nanotechnology is being used to develop robots that have human characteristics. According to a 2005 Toyota Report, these robots will be intelligent enough to skillfully operate a variety of devices in the areas of personal assistance and caring for the elderly—by 2010.

Are you reminded of George Jetson’s maid Rosie? According to Uldrich, it’s just a “nano” away.



Robert Lloyd, PhD; Dana Richardson, Vice President, Quality Initiatives, WHA; and Michael Leonard, MD

