

Nebraska Association for Healthcare Quality, Risk, & Safety



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

Volume 3 - Issue 4



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President, NAHQRS
Director of Regulations,
Standards, & Licensure
Saunders Medical Center
Wahoo, NE

Now that summer is here and we are more than halfway into the year, I wanted to take a moment to look back and evaluate the progress of NAHQRS. Our organization continues to grow and change just as the healthcare world continues to change. Since we have had so many new members to NAHQRS over the past couple of years, I thought I would take this opportunity to let you know about some of the progression of NAHQRS over the past few years.

NAHQRS has been busy the past couple of years restructuring their organization.

In January of 2008, the state's quality group, Nebraska Association for Health Quality (NEAHQ) and risk management group, Heartland Risk Management Society (HRMS) merged together to form NAHQRS. The merging of the quality and risk management group has been a great success.

Shortly after merging, NAHQRS developed their mission: "Develop and empower healthcare quality, risk and safety professional to advocate for and improve patient care in Nebraska".

This year the vision statement was developed as well: "To be the key resource for Nebraska healthcare quality, risk and safety professionals for leadership, education, and collaboration".

With the mission and vision in mind, NAHQRS has worked diligently to provide education to all of its members. At each of the meetings (held every other month), the goal is to provide three contact hours of quality, risk or safety education for those who attend.

NAHQRS membership continues to grow.

In 2009 there were 74 members.

Currently for 2010 there are 85 members with 31 being new members. This year we have started a facility membership where two members from the facility are designated as voting members but anyone from their facility may come to the meetings.

There are currently 20 facility memberships and 58 total organizations affiliated with NAHQRS.

Thanks to each member for your contribution to NAHQRS. Please continue to let any Board member know of any ideas or suggestions you may have to keep our organization moving forward and in a direction of value.

Julie

**"I'm careful not to confuse excellence with perfection.
Excellence, I can reach for; perfection is God's business.
Michael J. Fox**

Have a new Job?

Get a new phone number?

Change your email address?

Forgot to tell your best friends?

If you have changes that we should know about – just click on the link below to forward those changes to the people who really care.

Contact Cathy Broz at dchqi@bwtelcom.net

*** Congratulations Dawn Jourdan ***

Dawn is a recipient of the Healthcare Quality Foundation's New Quality Professional Grant for 2010.



The screenshot shows the NAHQ website homepage. At the top left is the NAHQ logo with the text "NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY". To the right is a "MEMBERS ONLY LOGIN HERE" button with a "GO" button next to it, and a search bar with a "GO" button. Below the logo is a navigation menu with links: "ABOUT NAHQ | CPHQ | CONTINUING EDUCATION | JOURNAL FOR HEALTHCARE QUALITY | MEMBERSHIP | ONLINE STORE | WEB EXCLUSIVES | SUBSCRIPTIONS | REPRINTS | RESOURCES FOR AUTHORS". On the left side, there is a sidebar menu with links: "Calendar of Events", "Professional Recognition", "State Associations", "Healthcare Quality Foundation", "e-news", "Career Center", "Healthcare Quality Week", "Marketing Opportunities", and "Contact Us". The main content area features a large image of three healthcare professionals (two women and one man) in a clinical setting. Below the image is the heading "Healthcare Quality Foundation (HQF)" and the sub-heading "New Quality Professional Grant". The text below reads: "The HQF New Quality Professional Grant is for a NAHQ member who has been in the healthcare quality field less than 2 years and is not yet a Certified Professional in Healthcare Quality (CPHQ). The grant will be for \$1,000, which can be used for travel and registration expenses for attendance at either a NAHQ CPHQ Review Course or the annual conference. One grant will be chosen annually. **Completed applications must be received at NAHQ's office by April 30, 2010.**"

Please read her letter of congratulations from NAHQ below:

Dear Dawn,

Congratulations! I am pleased to announce that you have been selected as the recipient of the Healthcare Quality Foundation's New Quality Professional Grant for 2010. The HQF Team was impressed with your essay and your desire to pursue certification in healthcare quality.

This grant includes complimentary registration for the 35th Annual Educational Conference, held September 30 – October 3, 2010 at the Kansas City Convention Center in Kansas City, MO, or a NAHQ CPHQ Exam Review Course. The grant also includes \$500 for travel expenses.

Please review information about the program options online at www.nahq.org and contact Angelisa Belden, NAHQ staff, at abelden@nahq.org or 847/375-6384, by August 1st to inform us of which program you plan to apply the funds. At that time, you will discuss registration processes and travel reimbursement details.

Your "official" NAHQ letter will be mailed this week.
In the meantime, please accept my sincere congratulations.

Stephanie Iorio, RN CPHQ CPC

Team Leader

Healthcare Quality Foundation

The CIMRO Quality Forum Vendor Show for next year will be held on May 10, 2011 in LaVista.

Please share any ideas for vendors with me or if you would like to volunteer to help with the vendor show for next year contact me at tmazuch@harlancohealth.org.

Thank you for your help!

Tina Mazuch



Successful Transitions of Care

Submitted by: Dr. George Voigtlander, CIMRO of Nebraska Medical Director

“What we have here is failure to communicate.” This line, one of the most famous in popular culture, was spoken by the sadistic labor camp captain in the movie, *Cool Hand Luke*. Actor Strother Martin was talking to the free spirited inmate played by Paul Newman.

To ensure success when a patient is transferred from one healthcare setting to another, we have to provide certain information to the patient and his/her caregiver(s). CIMRO of Nebraska’s care transitions project in Omaha, CareTrek, addresses this formidable problem. Success is the prevention of avoidable hospital readmissions.

There are some things that all of us can do to communicate information that will ensure a successful movement from the hospital to home or long-term care facility. Most hospitals provide information on common issues during the discharge process. For the heart failure patient, this would include information on salt in the diet, exercise, how to take their medications and the identification of early warning signs of possible problems. An increase in weight, shortness of breath and orthopnea may each indicate the heart failure is worsening and that it is time to get in touch with their doctor.

Other problems have similar guidelines needed to keep people healthy and out of the hospital. I attended a session on hospice and palliative care at the annual meeting of the American Medical Directors’ Association (AMDA). The speaker emphasized that telling patients what to expect as their disease progresses is crucial to a successful transition from acute care to home or long-term care. She explained how her hospice program goes over expectations as the patient moves through the various stages of dying. Armed with adequate information, the family and caregivers are better able to cope with the scary things, like decreased responsiveness,

weight loss, noisy secretions, tremors, delirium and other symptoms. This is a true example of 'forewarned is forearmed'. This information eases concerns and prevents panic calls to 911 for expected progression of the disease.

Through beneficiary protection activities at CIMRO of Nebraska, one of the problems we deal with frequently is related to hip fractures in frail elderly. As we all know, a hip fracture with this population is often the 'beginning of the end'. Some studies estimate the mortality rate in one year is almost 50 percent. Many frail elderly do not recuperate completely even with excellent surgical repair and physical/occupational therapy.

Hip fracture is often not an isolated event. The fracture occurs as a result of a lot of different and often subtle degenerative changes; which include, poor balance, osteoporosis, poor cardiac and respiratory reserve, sarcopenia and impaired cognition. It is these, often irreversible changes that lead to the hip fracture. In many cases, the hip fracture is a marker of overall deterioration in the individual's condition. We have reviewed medical records where an orthopedic surgeon had an excellent discussion of this documented in his pre-op consultation. His honesty was most likely appreciated by the patient and his family; and if a less than perfect result occurs, there should be less angst.

My neighbor had been in failing health; she broke her hip in her 90's and I saw her in the emergency room. I had to have a difficult discussion with her about the sometimes dismal long-term outcomes of hip fractures in the frail elderly. Unfortunately, she was in the 50 percent who did not live to see the first anniversary of her hip fracture. I hope the discussion I had in the ER was helpful to the family as she continued to fail post operatively and suffered a sudden cardiac death. Her surgeon was first rate, there was a technically excellent reduction and fixation and she received daily physical and occupational therapies.

Although the discussion may be time consuming, and at times uncomfortable, it is important to discuss a number of things early on in the clinical course to improve outcomes later. The expected outcome is often different for the patient, family and physicians. With a broken hip, often the patient and family expect complete recovery and resumption of all previous activities. As physicians, we hope this occurs, and we work to make it occur, although we know this best outcome does not happen for everyone.

AMDA has published a Clinical Practice Guideline on Transitions of Care. It may be downloaded for free at <http://www.amda.com/tools/clinical/TOCCPG/index.html>. Normally, these guidelines cost around \$35, but AMDA felt this information is so important, they currently offer it free of charge.

I hope that with better communication, our patients' outcomes will be better than Cool Hand Luke's as he dies at the end of the film.



This material was prepared by CIMRO of Nebraska, the Medicare Quality Improvement Organization for the state of Nebraska, under contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. Contents do not necessarily reflect CMS policy. 95OW-NE-PS-165/0610





Nebraska Hospital Association
Monica Seeland, RHIA, Vice President Quality Initiatives
July 2010

The Nebraska Coalition for Patient Safety (NCPS) will sponsor its 2nd Annual Educational Conference on September 21, 2010, in Kearney, Nebraska.

Rosemary Gibson will be our keynote speaker.

Ms. Gibson is the author of *Wall of Silence The Untold Story of the Medical Mistakes that Kill and Injure Millions of Americans*.

She is a leader in innovation in health care, making cutting-edge improvements in the care of patients and their families. She was vice president of the Economic and Social Research Institute and served as senior research associated at the American Enterprise Institute.

Ms. Gibson has been a consultant to the Medical College of Virginia and the Virginia State Legislature's Commission on Health Care. Following last year's successful format, we will again have a series of breakout sessions in the afternoon.

Check the NCPS web site, www.nepatientsafety.com or updates.

The central line associated blood stream infection (CLABSI) reduction initiative is underway in Nebraska.

The Nebraska Medical Center, Alegent Immanuel, Alegent Bergan Mercy, Alegent Midlands, Alegent Lakeside, Alegent Mercy Council Bluffs, St. Elizabeth Regional Medical Center, Faith Regional Health Services and Mary Lanning Memorial Hospital are all participating in this national initiative.

Peter Pronovost, MD, Johns Hopkins University was in Omaha on May 19 for the kickoff meeting. Information about the initiative can be found at www.onthecuspstopbsi.org.

The immersion calls and content calls are on the web site and available to everyone who wants to listen.

The State of Nebraska recently received stimulus funding to help prevent infections and contracted with CIMRO of Nebraska to conduct an evidenced-based Healthcare-Associated Infections (HAI) Collaborative among acute-care hospitals in the state.

CLABSI and surgical site infection reduction are the two areas of focus in this initiative. The NHA and CIMRO have teamed up, working together on these two initiatives so that all the involved hospitals can benefit from the education and resources of both projects without duplication.

The CAH Conference on Quality will be held November 10 & 11, 2010, at the Ramada Inn in Kearney, Nebraska. This year's expanded format will include the sharing of best practices from several entities. Watch for the brochure in early October.

If you have any questions or suggestions for future topics, please contact Monica Seeland at 402-742-8152 or mseeland@nhanet.org.

Click here to view the NHA 2010 Bills of Interest Summary.

For additional legislative updates, visit www.nhanet.org.

If you have questions or would like to share your perspective on a particular bill, please contact Bruce Rieker, Vice President, Advocacy, at (402) 742-8146 or brieker@nhanet.org.

~~~~~ **NEED FOR MENTORS** ~~~~~

Nebraska Hospitals need Mentors for new Quality positions

If you have expertise in the following fields and would like to share your knowledge with others who are in need, please contact Monica Seeland at mseeland@nhanet.org.

**Risk Management
Policies and procedures
HIPAA Privacy
Infection Control
Quality:**

- Peer review
- Chart audits
- Performance Improvement Teams
- Performance improvement Models
- Team facilitation
- Reports (graphic display and analysis)
- Data Collection
- Data Aggregation

**Credentialing
Critical Access Hospital Regulations
Professional organizations
Utilization Review and Management
Safety**

**Hazardous Material
The Joint Commission Readiness**

Or other expertise such as Compliance, Statistics, etc. (please specify)

NAHQRS Presents Davis Balestracci

"Data Sanity" as THE Catalyst to Organizational Transformation

Wednesday October 27, 2010

10:30 AM to 12:00 PM

Allied Session of the

Nebraska Hospital Association Annual Meeting

Davis was the monthly statistical columnist for Quality Digest for four years and has just authored a book summarizing his unique road map to excellence, *Data Sanity: A Quantum Leap to Unprecedented Results*, published by the Medical Group Management Association.

He is a regular speaker at the Institute for Healthcare Improvement forums in the U.S. and Europe.

Posted on our website is a complete bio of Davis, a detailed look at his education topic "Data Sanity", and what a full day course would look like.

Find complete details at: <http://www.nahqrs.org/education.shtml>

Quality – Risk Management – Patient Safety

11 Benefits of Being Positive

By Jon Gordon

Over the years I've done a lot of research on the positive effects of being positive and the negative affects of being negative. The research is clear. It really does pay to be positive and the benefits include enhanced health and longevity, happiness, career advancement, athletic performance, team building and financial success. Being positive is not just a nice way to live. It's the way to live. In this spirit here are 11 benefits of being positive.

1. Positive People Live Longer - In a study of nuns, those that regularly expressed positive emotions lived on average 10 years longer. (The Nun Study)
2. Positive work environments outperform negative work environments. (Daniel Goleman)
3. Positive, optimistic sales people sell more than pessimistic sales people. (Martin Seligman)
4. Positive leaders are able to make better decisions under pressure. (Heartmath.org)
5. Marriages are much more likely to succeed when the couple experiences a 5 to 1 ratio of positive to negative interactions whereas when the ratio approaches 1 to 1, marriages are more likely to end in divorce. (John Gottman)
6. Positive people who regularly express positive emotions are more resilient when facing stress, challenges and adversity. (Several Studies)
7. Positive people are able to maintain a broader perspective and see the big picture which helps them identify solutions where as negative people maintain a narrower perspective and tend to focus on problems. (Barbara Fredrickson)
8. Positive thoughts and emotions counter the negative effects of stress. For example, you can't be thankful and stressed at the same time. (Several Studies)
9. Positive emotions such as gratitude and appreciation help athletes perform at a higher level. (Heartmath.org)
10. Positive people have more friends which is a key factor of happiness and longevity. (Robert D. Putnam)
11. Positive and popular leaders are more likely to garner the support of others and receive pay raises and promotions and achieve greater success in the workplace. (Several Studies)

Job Postings



Chief Quality Officer

Excellent employment opportunity for qualified RN!

St. Mary's Community Hospital in Nebraska City (a member of Catholic Health Initiatives) has an opening for a full time Chief Quality Officer. As a member of the Executive Leadership Team, this individual will coordinate all quality improvement activities to maintain and promote high quality patient care. Must be a Registered Nurse with a minimum of five years of health care quality initiatives experience. (*Masters prepared preferred*). We offer excellent benefits, competitive compensation and a great working environment.

Apply online at:
stmaryshospitalnecity.com
or call Human Resources at
402-873-8953 for more information.



http://www.stmaryshospitalnecity.com/index_flash.php

More details below

Job Summary: Responsible for leading St. Mary's Community Hospital clinical and medical staff to gauge current levels of quality and safety and implementing changes to improve both to levels comparable to the best acute care institutions in the nation.

Areas of Responsibility:

- Clinical Quality/Operations
 - Cardiopulmonary Rehabilitation
 - (Cardiac Rehab; Non-invasive Cardiology; Respiratory; Neurodiagnostics; Sleep Lab)
 - Health Information Management*
 - (Medical Records; Utilization Review: *Clinical Quality Data)
 - Imaging Services
 - (CT/MRI; DEXA/PACS; Mammography; Nuclear Medicine; Ultrasound)
 - Laboratory
 - Pharmacy
 - Rehabilitation Services
 - (PT; OT; Speech)
 - Safety Officer
 - (Environmental Safety)
 - Surgery
 - (Pre-anesthesia; Intra-operative; Post-anesthesia; Sterile Processing)
- Quality Management
 - Medical and Hospital-wide Quality
 - Quality Council
 - Evidence Based Practices Oversight
 - Core Measures
 - Performance Measure Reporting
 - Patient Satisfaction
 - Performance Improvement Education
- Medical Staff Services
 - Appointment; Reappointment;
 - Credentialing; Medical Quality Committees
 - Medical Affairs Committee and Medical Peer Review
- Risk Management
 - Mortality Review
 - Contract Management
 - Insurance Services
- Legal Services
 - CHI Legal Services Liaison
- Regulatory Compliance
- Infection Control
 - Infection Control Committee
 - CRIMP
- Employee Health Services
 - CRIMP
 - Worker's Compensation
 - Employee Health Database

Chief Quality Officer – Nebraska City

Clinical Quality/Operations

Provides direction and administration of general clinical quality operations for all ancillary departments, with specific attention to productive management (productivity), clinical quality performance and assisting with new service line development; this position is specifically accountable for ensuring high quality health care is delivered to meet or exceed industry standards while maintaining a reasonable cost structure.

Quality Management

Oversees a comprehensive quality and safety structure in the organization; Develops a comprehensive quality and safety structure in the organization incorporating risk management, the quality management, and regulatory requirements among others; develops the clinical quality and safety vision for the organization; leads planning efforts to establish clear goals and plans; leads the tactical efforts to achieve the organizational quality and safety vision. Develops a robust mechanism to facilitate quality work by medical and hospital departments resulting in patient satisfaction metrics that reflect an industry leader; collaborates with medical and clinical leadership to assess quality and safety program needs; establishes priorities and coordinates resources necessary to achieve objectives; ensures the highest standards in clinical quality and patient safety are met and consistent with the mission and vision of the organization. Integrates outcomes and other quality data into meaningful assessments to enhance both global understanding of care and the department/service contributions to those results; Participates in framing an analytical support team to capture, retrieve and analyze meaningful data; Prioritizes process improvement efforts and effectively communicates status, progress and next steps to align with organization priorities.

Medical Staff Services

Oversees comprehensive medical staff appointment/reappointment and credentialing program; works in conjunction with Chief medical Officer and President of the Medical Staff to support and implement medical quality functions including but not limited to medical quality committees and medical peer review.

Risk Management

Directly responsible for mortality review; and implementation of house-wide risk surveillance and reduction program; oversees contract management function and coordinates insurance services with CHI National staff.

Indirect reporting to Enterprise Risk Manager.

Legal Services

Serves as legal services liaison and administers program as is applicable to the needs of St. Mary's community Hospital.

Regulatory Compliance

Responsible for compliance with State and Federal regulations and assuring hospital-wide compliance with same.

Infection Control

Oversees infection prevention and work-force epidemiology function, data and reporting. Responsible for implementation of CRIMP goals as identified in partnership with CHI National and CHI Nebraska.

Employee Health Services

Oversees and implements effective employee health services program; serves as worker's compensation liaison. Responsible for maintenance of electronic employee health database.

Leader, Quality & Patient Safety
Children's Hospital of Wisconsin in Milwaukee



The Organization

Children's Hospital of Wisconsin (CHW) is a 296-bed, private, non-profit Level I Pediatric Trauma Center and major teaching affiliate of the Medical College of Wisconsin. It is a part of The Children's Hospital & Health System (CHHS) of Wisconsin, comprised of 12 entities throughout the state providing medical care, social services, fund-raising and research. Last year, 23,000 infants, children and adolescents were admitted and 379,000 were seen in the hospital's specialty outpatient clinics and urgent care sites. The Emergency Department treated 60,000 children and 14,628 surgical procedures were performed. Care is provided to children from Wisconsin, Michigan, northern Illinois and beyond. CHHS has been recognized by *U.S. News & World Report* and *U.S. News Media Group's 2009 edition of America's Best Children's Hospitals* for quality. One hundred sixty-six Children's Hospital of Wisconsin physicians are listed in the 2009-2010 *Best Doctors in America* database. (www.chw.org)

The Opportunity

- The Leader of Quality & Patient Safety coordinates the hospital's quality improvement and clinical effectiveness programs and lays the groundwork for quality initiatives at the system level.
- Manages a staff of 12.5 FTEs and has budgetary responsibility for \$1.5M.
- Provides a leadership framework for collaboration and shared accountability for performance with physicians, patient care staff, business and support services.

The Candidate

- Senior-level professional with significant experience in hospital/health system quality improvement principles, Joint Commission standards, safety issues and healthcare operations.
- A Master's degree is required.
- Project Management Experience with multiple hospital entities or at the hospital system level is essential.
- Clinical experience as a nurse or physician with training/experience in epidemiology, biostatistics, public health or related disciplines is highly desired.
- Understanding of Quality Initiatives on a national level.
- Experience with improvement methodologies such as The Improvement Model, Six Sigma or LEAN.
- Public speaking and/or a history of written publications a plus.

The Community Milwaukee, Wisconsin's largest city with a population of 602,000, (1M in the metro area) lies on the western shore of Lake Michigan. The metro area is home to thirteen Fortune 500 company headquarters, but has managed to maintain a small town atmosphere. Milwaukee has a number of notable performing art groups including opera, ballet a professional symphony and several theatre groups. Art, history and science museums attract visitors, as do professional football and baseball teams. Both public and private schools are excellent.

(www.10best.com/Milwaukee and www.visitmilwaukee.org)

An attractive salary, benefit and relocation package is offered.

If you know someone who may be interested, please contact:

Jane Fischer, Tyler & Company

jfischer@tylerandco.com

(610) 558-6100, extension 231

All inquiries will be handled confidentially.

South San Francisco

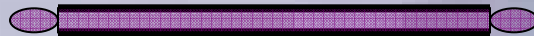
Director of Quality - Bachelors and RN required, anchor is \$145,000

Director of Licensing & Accreditation - No RN required, anchor is \$132,000

Area Quality Leader - Masters and RN required, anchor is \$165,000

Director of Risk & Patient Safety - No RN required,

Cynthia Balagopalan
The First String, Partners in Healthcare
(949)574-5996 ext 15
cynthia@thefirststring.com



To View All of Our Openings Go To: WWW.CLONCHASSOCIATES.COM

Make \$500 and Help a Friend Find a Job Go To:

<http://www.clonchassociates.com/refresh/templates/refer.php?id=25>

Director Quality (RN)

Salary Range: \$85,000 - \$100,000

Bonus Eligible

Location: California - San Diego Region

974

- The Director of Quality is responsible for planning, administration, and monitoring of consistent readiness of all quality management, regulatory requirements, and quality improvement processes.
- The Director will oversee and coordinate all hospital efforts to monitor and maintain compliance with all regulatory, State, Federal government, and Joint Commission on Accreditation of Healthcare Organization standards.
- The position reports directly to the CEO.
- FTEs in department - 4
- Graduate of an accredited school of nursing.
- Minimum of three years experience in an acute care facility.
- Minimum of two years Performance Improvement or Quality Management required.
- Working knowledge of general hospital operations, TJC, OSHA, Medicare COP, and state requirements.
- Must have coordinated TJC preparation and participated in State and CMS surveys within the past three years.
- Ability to communicate well verbally and in writing, problem-solve, and work with physicians, computer skills and statistical data management skills required.
- Current California State Nurse License.

Director Quality Management
Salary Range: \$77,000 - \$115,000
Bonus Eligible
Relocation Assistance
Location: Fort Worth TX area
Hospital Size: 175+ Beds
901

The Director of Quality Management has the responsibility and authority of planning, organizing, coordinating, controlling, and evaluating the activities and functions of the Quality Management Department. The Director of Quality Management is responsible for directing and managing the quality program with the goal of moving performance improvement through implementation of evidence into a high reliability organization in collaboration with medical and interdisciplinary staff. The incumbent serves as a resource person for the hospital, medical staff, and other departments in areas to include quality improvement activities and regulatory compliance as well as local and national quality initiatives.

- Graduate of a school of professional nursing with a BSN. Masters Degree is strongly preferred.
- TX licensure for a Registered Nurse.
- Certification in healthcare quality is highly preferred
- 3-4 years experience in a healthcare supervisory position where managerial ability and interest in assuming more responsibility has been shown.
- Knowledge and understanding of the requirements of regulatory and accrediting agencies.
- Knowledge and experience in lean processes.
- Ability to work/function as part of an interdisciplinary team, conduct statistical analysis and utilize critical thinking skills.
- Ability to move strategic objectives related to quality forward.
- Computer skills/knowledge.
- Excellent verbal and written communication skills.
- Possess the ability to prioritize responsibilities and handle multiple projects simultaneously.

Clonch & Associates
On The Pulse of Hospital Recruitment
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ph: 813-579-2962
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Additional Recruiters

Deborah Nord

dnord@ctlrecruitment.com

Phone: 866 334-1069 ext. 13

Fax: 866 277-3441

Katie Schuckman, MBA

Phone: 800 401-6739

talent@besmith.com

Reminder:

Please send me your application and dues (\$50 or \$125 per facility) for 2010 if you have not already done so.

Application link: <http://www.nahqrs.org/>

Thank you!

Cathy Broz, RN, BSN

Quality Coordinator dchqi@bwtelcom.net

Dundy County Hospital 1313 North Cheyenne

Benkelman, NE 69021

308-423-2204 ext. 205

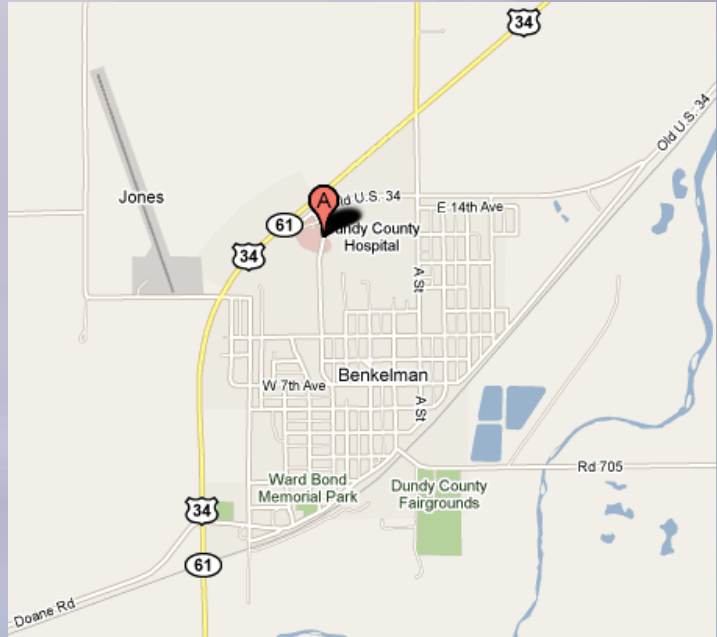
Next Meeting August 6, 2010 Dundy County Hospital, Benkelman

Dundy County Hospital

1313 North Cheyenne
Benkelman, NE 69021
(308) 423-2204

Website: www.bwtelcom.net/dch

Click on the link below
to bring up the web map:
http://maps.google.com/maps?hl=en&um=1&ie=UTF-8&q=1313+N+Cheyenne,+Benkelman,+NE+69021&fb=1&gl=us&hq=1313+N+Cheyenne,&hnear=Benkelman,+NE&ei=4ro1TI-YPMH7lwe6z-zSBw&sa=X&oi=local_group&ct=image&resnum=1&ved=0CBwQtgMwAA



Future NAHQRS Meetings

October 27, 2010 Lincoln
February 4, 2011 TBD
June 3, 2011 TBD

December 10, 2010 York
April 1, 2011 TBD
August 5, 2011 TBD

Next publish date is September 10, 2010

Comments on this newsletter, or future articles for submission or information, or other tidbits for publication can be sent to Bill Redinger at: wredinger@sfmtc-gi.org

Future Newsletter publish dates:

- November 12, 2010
- January 16, 2011
- March 10, 2011
- May 13, 2011
- July 8, 2011