



NAHQ
NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

2008 ANNUAL REPORT
Leading Partners in Healthcare Quality



Dear Colleague:

On behalf of the NAHQ Board of Directors, I am pleased to bring you the 2008 Annual Report of the National Association for Healthcare Quality (NAHQ). We proudly present this report in conjunction with our affiliates, the Healthcare Quality Certification Board and the Healthcare Quality Foundation.

Over the course of 2008, NAHQ made great strides in achieving our goals as we “rode the wave of quality.” It is now the job of the NAHQ board, staff, and teams to continue to collaborate and maintain our current projects and to implement new ones. A few of these include

- developing and implementing the External Advisory Council
- launching Special Interest Groups
- completing the first NAHQ educational calendar with offerings such as webinars and audio conferences.
- expanding our membership recruitment efforts to nonacute members, including those from long-term care, home care, and behavioral health care. These efforts include expanding session topics offered at conference and sending direct mail.

These efforts will help our organization prepare for the future and ensure that our members continue receiving the support and resources they need to maintain successful and rewarding careers. These accomplishments are a direct result of your input.

NAHQ is a dynamic organization that faces an environment marked by substantial and unpredictable technological, political, and economic changes. As we move forward, we are challenged to remain agile. Your continued commitment will help us achieve the most desired outcomes for all of our members.

Remember that, together, we define excellence in healthcare quality.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas M. Smith". The signature is fluid and cursive, with a large loop at the beginning and end.

Thomas M. Smith, MA RN CPHQ
NAHQ President, 2007–2008

Leadership Influence

NAHQ strives for leadership influence in the healthcare quality arena, as reflected in this key message: “NAHQ will be a valued participant in the development of sound healthcare policy, standards, and approaches to measurement.”

Right from the start of 2008, NAHQ leaders began working to cultivate a culture of collaboration, both externally and internally among our members. In January, NAHQ launched its new governance model, the result of work done the previous year by a governance task team comprising 21 NAHQ members, board members, and staff members. Among other things, the model called for developing an external advisory council and developing special interest groups (SIGs). In February, when the board finalized the strategic plan, it zeroed in on developing partnerships with regulatory, accreditation, and standards organizations as well as with other professional and national healthcare associations.



Flash forward to the end of 2008. Cooperation between NAHQ and key healthcare quality organizations such as the National Quality Forum (NQF) and the Joint Commission has increased markedly—and the stage is now set for the development of a succinct, quantifiable set of quality measures to help unite our highly fragmented healthcare system.

The year 2008 marked a time when NAHQ leaders aimed to cultivate new relationships within the healthcare quality field. On the global front, David Loose, MSN RN CNAA CPHQ, chair of the Healthcare Quality Certification Board and a NAHQ board member, attended a World Health Organization conference in Geneva, Switzerland, as a NAHQ representative. Loose was one of more than 100 representatives of international surgical, anesthesia, and nursing organizations that met to discuss safe surgery guidelines. Internally, NAHQ leaders focused on leadership and professional development and on collaboration and networking.

We Listened—and Acted

As healthcare consumers themselves, NAHQ members are well aware that the healthcare system is headed for profound changes under Barack Obama’s presidential administration—changes that will affect both their professional and personal lives. They’ve made it clear to the NAHQ leadership that they want the association to be “at the table” with key healthcare quality decision makers as they tackle important national and global issues. Headway has been achieved, but more remains to be done in this area.

NAHQ continues to promote our members to constituents throughout the quality field. As part of its rebranding effort in 2007, NAHQ developed a “business case for quality” document to increase awareness and understanding of who NAHQ members are and what we do within our organizations. By mid-2008, NAHQ had developed a fact sheet to outline a quality professional’s desired strengths and experiences, both personal and professional. NAHQ also devised materials for members to share with corporate leaders within their organizations to use at exhibits; this was done in May when NAHQ exhibited at the Healthcare Financial Management Association conference.



Increased Transparency

Across the continuum of care, the focus is on quality, patient safety, and public accountability. Public accountability will continue to be a healthcare mantra for many years to come, particularly as Medicare continues not to pay for certain serious and preventable adverse events that occur during hospitalization. Aging Baby Boomers, in particular, are going to demand quality and patient safety—and greater public transparency of hospital data and outcomes.

Healthcare quality professionals are therefore increasingly taking on the role of educator. Their evolving role now includes serving as liaison between their healthcare organization and their community, helping local residents understand the growing amounts of data and information now available to them. They are reaching out and educating friends, family, and neighbors to acquaint them with resources on quality and patient safety so that they can choose the best hospital and the best physicians for them.



“Change is good. These are exciting times. As an organization, NAHQ has the opportunity to begin addressing these questions head-on. We have a great board, great membership, and a great opportunity in coming years to be a change agent.”

—NAHQ Executive Director Stacy Sochacki

The Changing Role of the Quality Professional

Current issues dominating healthcare—patient safety, reimbursement, a troubled economy, healthcare reform, and the electronic health record (EHR)—continue to influence the role of the healthcare quality professional. And that role is rapidly changing from a primarily reactive one that includes analyzing retrospective data collection to a proactive role that involves, for example, devising ways to improve performance or developing measures to reduce adverse outcomes. Healthcare quality professionals must learn new skills and develop a new way of thinking about their place in their organization and the healthcare quality field in general.

“No one needs to tell you today that change is the law of the land—and our lives—both on the home front with the recent election and on the global stage as we face a looming worldwide economic recession,” said Stacy Sochacki, executive director, in the November issue of *NAHQ e-news*. “With change come questions—and plenty of them. As we think about our careers and profession, what will the future hold? How will a recession affect our institutions? How will our workplaces get paid in the coming years, as Medicare threatens to go bankrupt and as government entities and insurance companies try to get more for less? How do we best articulate to our institutions the interplay among quality of care, pay for performance, and the electronic health record? How can we enhance our analytical skills to better convey our business performance data? What’s going to happen with public reporting? What is our accountability to the consumer? How do we hone our financial skills? Where will the healthcare quality professional fit in the healthcare hierarchy in 5 years?”

Healthcare reform, a dominant issue throughout the 2008 political campaign and presidential election, continues to resonate throughout the healthcare system and promises to further redefine the role of healthcare quality professionals along the continuum of care. The EHR alone will likely transform the field of healthcare quality in ways we can only speculate about today. One change is certain, however; eventually laborious chart review is going to give way to the EHR and automated data set collection, such as that already being used in large hospital systems to help identify patients at high risk for methicillin-resistant *Staphylococcus aureus* (MRSA).

Not only is the EHR an economic imperative; it touches on key issues in healthcare quality today, including transferability of data and interoperability. It promises to attack waste in the system due to repeat testing and to lower risks resulting from medication errors. NAHQ will monitor and share with members how healthcare organizations deal with these important technological changes.

Increased Collaboration: EAC

Collaboration and partnerships are critical to influencing healthcare quality today. NAHQ leaders continue to move the association from an internal to an external focus and have actively engaged a group of healthcare leaders to help them think through that process. Already, organizations such as the National Quality Forum have reached out to work collaboratively with NAHQ.

The growing trend toward industry-wide collaboration is clearly seen in the development of the External Advisory Council (EAC). When NAHQ President Thomas Smith announced EAC members at the annual conference in September 2008, he said, "The EAC will act as a quality think tank for NAHQ, keeping us at the forefront of quality healthcare." Members include

- James Conway, MS, senior vice president of the Institute for Healthcare Improvement
- Gerald Glandon, PhD, chair, Health Services Administration, University of Alabama–Birmingham
- Charles A. Mowll, FACHE, executive vice president for business development, government, and external relations, Joint Commission
- Jonathan B. Perlin, MD PhD MSHA FACP, chief medical officer and senior vice president of quality, Hospital Corporation of America
- Alan P. Spielman, president and chief executive officer, URAC
- Nancy Wilson, MD, senior advisor to the director of the Agency for Healthcare Research and Quality and the Office of the U.S. Secretary for Health and Human Services

External Advisory Council



James Conway



Gerald Glandon



Charles A. Mowll



Jonathan B. Perlin



Alan P. Spielman



Nancy Wilson

Membership

NAHQ strives to strengthen NAHQ through a diverse and engaged membership base, with a shared vision and passion for quality and safety.

Member diversity and engagement through networking are two key elements to strengthening NAHQ and its membership. When membership service programs work, we stick with them, but we also continue to provide new programs that add value to NAHQ membership.

Several programs that promote networking and add value to membership were started in 2008, including our new Tell-A-Colleague program, which helps introduce peers and colleagues to NAHQ and shares with them the value of NAHQ membership. A virtual new member reception does the same for new members. Members also can now network through our newly launched SIGs and their respective Listservs.

NAHQ's 2008 annual educational conference featured a more diverse offering of session topics and a "town hall" membership meeting at which all members were welcome to voice their concerns. We also have a new quality award, the Luc R. Pelletier Healthcare Quality Award, that honors members who head successful quality improvement projects. Chris Thompson, RN, of Texoma Health Care System, Denison, TX, was the winner of the 2008 award.



We're working hard to increase membership by reaching out to our members and focusing on diversity of practice beyond acute care. We count on you to let us know how we can further help you connect with your colleagues. Given these tough economic times, NAHQ knows it must be nimble in responding to the needs of NAHQ members and the profession as a whole. We are striving to be more "green" and electronically based and more adaptable to the various needs of our diverse membership, which comprises different generations and subspecialties.

From Good to Great

NAHQ is committed to both its membership and the broader constituency of those who are working to improve healthcare quality. More than ever before, NAHQ is asking members questions and then listening closely to their responses and suggestions. Look at the results: We now have an attractive and easy-to-navigate Web site, newly launched SIGs, and a schedule of content-rich Webcasts and audio conferences on topics vital to our members' everyday practice. NAHQ continues to offer members many opportunities to voice their thoughts and concerns and to get involved in NAHQ volunteer activities. We have heard your suggestions and responded by putting programs in place to meet your needs.

With the support of our membership, the NAHQ leadership continues to move our organization from "good to great." It's an evolutionary process that will take time to come to fruition, but we've already made significant progress. For example, the board has already put into place a self-assessment process, which marks our first step on the way to reaching our overarching goal to achieve greatness. The Pursuit of Excellence task team recommended to the board seven measures of success to use to help guide us on this journey. Also, consider these recent developments:

Launching our SIGs

Prompted by feedback from NAHQ members and potential members over the past several years, in 2008 NAHQ announced the launch of its first four SIGs to provide a venue for members to share their thoughts and approaches to delivering care. A member survey led leaders to choose acute care, behavioral health, critical access/rural healthcare, and managed care as areas for the association's first SIGs. (Home care and long-term care SIGs were added later.)

SIGs give members an ideal venue for regularly networking, sharing information, and learning from one another and from experts in their fields. SIGs connect individuals with similar interests and allow them to share knowledge, promote specialties, identify professional challenges, and advance the profession. Each SIG has an appointed volunteer leader and its own Listserv, which provides an ideal, real-time networking platform for anyone affiliated with these specialty groups. Listserv topics are determined by the Listserv users and touch on day-to-day operations, best practices, and emerging trends, in addition to other topics deemed relevant and helpful to users.



"We will have an avenue to voice our opinions through the newly developed NAHQ Behavioral Health Special Interest Group (SIG). . . .The SIG will discuss several aspects of the healthcare industry that may contribute to the current state of behavioral health, for example, reimbursement, (age-appropriate) competencies, retention of core personnel, timely discharge planning, and effective communication with the individual patient. SIG members will be at the forefront of interest-specific discussion. . . . Thanks to NAHQ, we now have another forum for addressing [issues such as mental illness] that are important to us."

—Emmett Ervin, MPA CPHQ, state director of risk management at Kindred Healthcare, Providence, RI



"The SIG and its new Listserv will provide much-needed networking capabilities to [critical access] hospitals. It's a great opportunity for critical access hospitals, and they shouldn't hesitate to pick up the phone and network with [those at] other hospitals willing to share their own experiences and initiatives."

—Charlie White, CPHQ, director of rural health quality at the Foundation for Healthy Communities, Concord, NH

Professional Development

NAHQ strives for professional development, as reflected in this key message: “NAHQ’s professional development activities will prepare the quality professional to influence initiatives within the healthcare environment.”

NAHQ continues to strive to improve our current educational products and develop new ones on the basis of members’ feedback. When the board met in February to finalize the strategic plan, they agreed to recruit members from nonacute care settings (managed care, behavioral health, home care, and long-term care); members from acute care settings; nontraditional quality professionals (non-nurses); nonmember CPHQs; and nonmember state association members. They also focused on increasing member loyalty by providing timely and news-oriented information. They also agreed to

- increase certification among healthcare professionals by enhancing NAHQ’s current CPHQ preparation offerings
- expand educational offerings by partnering with other organizations and state associations, increasing online education, and providing Web-based and audio conferences
- enhance members’ skills by identifying core competencies and creating a plan to address leadership development for entry-level, intermediate, and advanced practitioners.



“It’s clear that if we hope to provide leadership for our profession in the next generation, we need to spread our energy, influence other organizations, and create strategic partnerships.”

—Sandra J. Grinder, MSN RN CPHQ
2008 NAHQ Secretary-Treasurer

Developing Leaders in Healthcare Quality

NAHQ developed a Leadership Development Model based on the belief that to initiate change we first need to understand leadership competencies required by us as professionals. This straightforward model is intended to make a positive impact on quality and patient safety, as well as influence collaborative initiatives. The model's framework defines competencies for quality professionals that span their entire career, from beginning to end.

Frameworks such as this provide healthcare quality professionals a starting point to move beyond their daily responsibilities, such as chart review, and take on weightier leadership roles. They are allowed to move on to the "next level" by addressing questions such as these: What competencies are required to be a vice president, direct a national initiative, or participate in a national quality forum? How do we speak with a unified voice when discussing finance, patient safety, and quality in general? How do healthcare professionals—whose positions encompass risk management, patient safety, finances, and more—target the necessary skills to be leaders in quality? How do we help *set* the agenda—and not just *follow* it?

The Leadership Development Model allows healthcare quality professionals to go from a reactive to a proactive role and from a purely internal focus to an external one. The domains of the Leadership Development Model are as relevant to those just entering the quality profession as they are to those reaching the pinnacle of their career. This model is seminal work that takes the entry-level competencies required for the Certified Professional in Healthcare Quality (CPHQ) credential to those needed to lead the profession.

The Leadership Development Model comprises these domains:

1. Professionalism and Professional Values, which includes consumer advocacy, future focus, and professional ethics.
2. Performance Improvement in areas such as data management, analytic thinking and knowledge-based decision making, and the development of a knowledge-rich environment.
3. Communication, including both written and verbal communication skills, the ability to listen to and receive feedback, and an emphasis on educating.
4. Self-Development and Self-Management, including management of personal limits, resilience and self-restraint, and lifelong learning.
5. Organizational Awareness, including strategic planning, strategic thinking and alignment, financial acumen, and systems thinking.
6. Fostering of Positive Change, which focuses on the ability to advocate for and adapt to change, engagement in partnerships for change, cultivation of a quality-supportive climate, and a drive for results.



Seeking Partnerships

Beyond doing things ourselves, NAHQ partners with other organizations to deliver valuable content and knowledge. We seek more visibility with an external audience to establish a position of influence and to move the association forward—and we continue to seek counsel from external experts in the quality field.

Throughout 2008, we capitalized on our strengths and joined forces with organizations and companies to provide learning opportunities for healthcare quality professionals. For example, we collaborated with the American Society for Healthcare Risk Management on a Webcast during National Healthcare Quality Week that presented different perspectives on how risk managers and healthcare quality professionals can work together on patient safety. Meanwhile, our award-winning *Journal for Healthcare Quality* is committed to obtaining an “impact factor,” a measure of the frequency with which the “average article” in a journal is cited in a given period of time. This provides an objective way to evaluate our journal and its impact and influence in the global research community.



“With the ever-changing landscape of reimbursement, it’s a perfect opportunity for NAHQ to increase our visibility and to share our vision with other healthcare stakeholders. But our success and strategic placement in the healthcare arena won’t just happen; all of us must collaborate to reach our lofty goal of becoming a universally recognized and leading resource for healthcare quality professionals. Together, we are the essential connection for leadership, excellence, and innovation in healthcare quality.”

—Cathy Munn, MPH RHIA CPHQ, 2008 NAHQ President-Elect

We also published the second edition of *Q Solutions: Essential Resources for the Healthcare Quality Professional*—and began work on a third edition—as part of our efforts to provide and extend foundational knowledge for healthcare quality professionals across the continuum of care. Soon after the release of *Q Solutions*, we retooled the online content for our CPHQ review course to make it more user-friendly.

In 2008, professional development in NAHQ involved going back to the basics so that we can now turn our attention to taking the next step forward. We asked tough questions like “What competencies are needed to allow both entry- and mid-level healthcare quality professionals lead their department, organization, and eventually the quality profession?” The stage is now set for continuing our “good to great” journey throughout 2009.

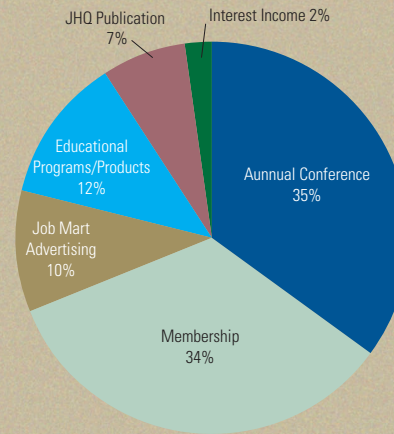


Finances

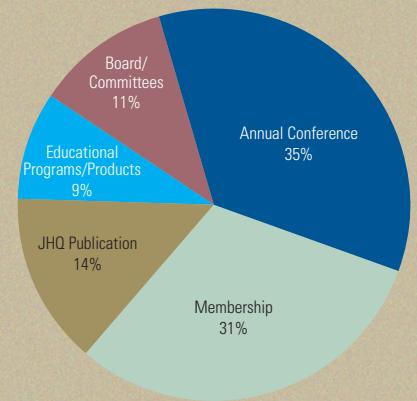
NAHQ's financial position in 2008 remained stable despite a downturn in economic indicators. The figures below represent NAHQ's financial activities, as well as the financial activities for NAHQ and its affiliates combined ending December 31, 2008, as prepared by an independent auditor.

The 2008 budget was estimated at break-even and ended with net revenue of \$13,000. The total NAHQ operating revenue for 2008 was \$2,085,194, and the operating expense was \$2,072,009. Within the four main categories of revenue and expenses, stability in meeting attendance and membership, product sales, and contraction of spending contributed positively to NAHQ's financial strength. 2008 ended with a decline in NAHQ net assets, as was true for most organizations. This was primarily due to the loss in long-term investments resulting from a volatile market.

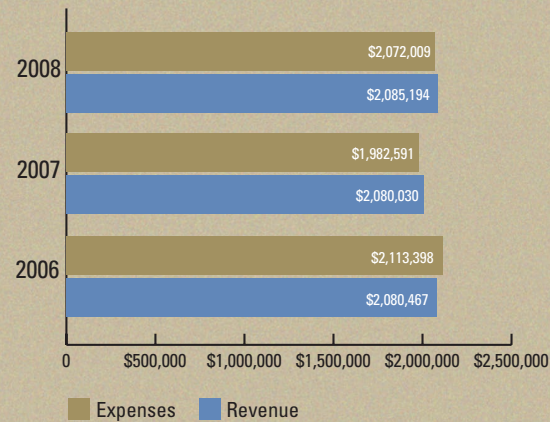
NAHQ 2008 Operating Revenue



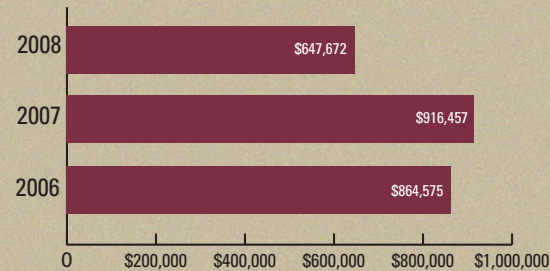
NAHQ 2008 Operating Expenses



NAHQ Revenue and Expenses (Operations)



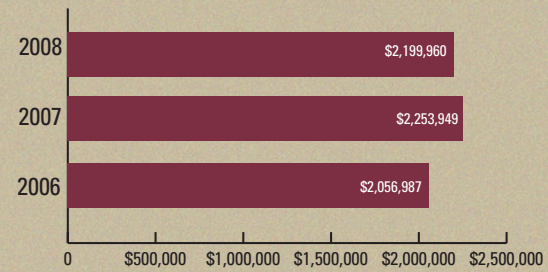
NAHQ Net Assets



2008 Net Assets for NAHQ and Affiliates HQCB and HQF

The net assets for NAHQ and its affiliates combined reflect a minimal loss due to an infusion of funds from HQCB to a joint organizational leadership fund, used by JOLT [Joint Organizational Leadership Team] for developing and implementing future collaborative programs and services.

NAHQ and Affiliates Combined Net Assets (Operating and Investment)



HQCB Goes International in Scope

Recertification: For the expiration date of December 31, 2008, there were 3,375 CPHQs due to recertify.

Examination Applications: In 2008, 628 candidates took the CPHQ examination.

HQCB's mission is to increase awareness of CPHQ certification and to maintain recertification among those who are already certified. In 2008, HQCB worked to ensure that the CPHQ exam was current and international in scope.

In accordance with its strategic plan to reach out to English-speaking countries, HQCB moved to install Charlotte Burkhardt, MBA CPHQ, from Ontario, Canada, as a 2009 CPHQ exam committee and board member.

Moreover, Loose spoke at a healthcare forum in Dubai, United Arab Emirates, in October 2008. He was invited to attend and present to regional chief executive officers, quality professionals, and ministers of health at the forum. Loose's two presentations—"Certified Professional in Healthcare Quality: The Mark of Excellence in Healthcare Quality" and "Transparency in Healthcare: Does It Improve Quality and Patient Safety?"—were well-received and generated a great deal of discussion. According to Loose, the forum provided an outstanding opportunity to network with other quality leaders and showcase HQCB and NAHQ.

Loose also served as a NAHQ representative and attended the "Safe Surgery Saves Lives" International Consultation meeting of the World Health Organization in early 2008 in Geneva, Switzerland. NAHQ was one of more than 100 international surgical, anesthesia, and nursing organizations that met to discuss safe surgery guidelines.

On a different note, 2008 marked the first year that the HQCB session, "CPHQ: The Mark of Distinction in Healthcare Quality," became an annual agenda item at the NAHQ Annual Educational Conference.



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The Healthcare Quality Foundation

The Healthcare Quality Foundation (HQF) was established in 1989 by NAHQ to advance professional growth, promote understanding of quality concepts, and enhance existing resources aimed at improving the quality of healthcare in every setting. In the 19 years since its inception, the Foundation has offered indispensable professional development resources to all facets of NAHQ membership—established quality professionals, hopeful CPHQ certificants, and the healthcare quality leaders of tomorrow.

HQF is committed to providing vital educational resources for healthcare quality professionals from every specialty by offering grants that facilitate professional development opportunities for individuals and state-produced programs. In 2008, HQF joined with the Past Presidents' Council of NAHQ to further the association's leadership development opportunities. The Past Presidents' Leadership Development Grant was created. One NAHQ member will be selected annually to receive a \$1,000 stipend in support of education that enhances professional skills and nurtures leadership potential.

The recipient will also receive mentoring from a Past President of NAHQ and complete a strategic project under the direction of the NAHQ Board of Directors. Available for the first time in 2009, the Past Presidents' Leadership Development Grant enhances the diversity of grants offered through HQF and continues the foundation's essential work by providing advancement resources to empower healthcare quality professionals nationwide.

HQF Team

Team Leader - Carol Lee Hamilton, JD MPA RN CPHQ FNAHQ

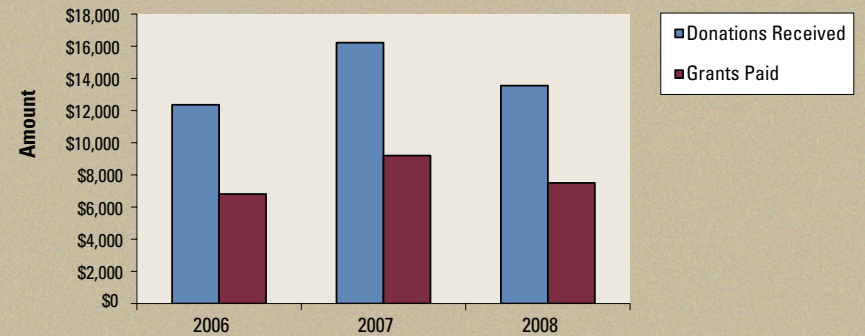
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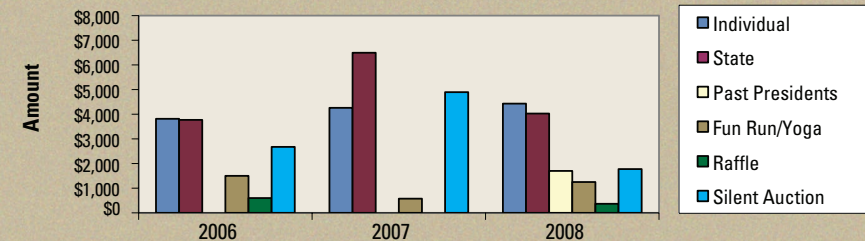
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HQF Donations



HQF Donations Detail



Affiliated State Association Donations

PLATINUM (\$500 and over)

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Indiana Association for Healthcare Quality

GOLD (\$200–\$499)

Arkansas Association for Healthcare Quality
Florida Association for Healthcare Quality
Iowa Association for Healthcare Quality
Louisiana Association for Healthcare Quality
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