

Improving Health Care Quality, Safety and the Patient Experience of Care

AHA View

Hospitals and health systems are working to achieve the Triple Aim – improving the patient experience of care (including quality and satisfaction), improving the health of populations and reducing the per capita cost of health care. They are integrating with other providers in a variety of ways to ensure more coordinated and patient-centered care and eliminate unneeded expenditures. They are dramatically reducing preventable infections and complications associated with adverse drug events, catheter-associated urinary tract infections (CAUTI), central line-associated blood stream infections, injuries from falls, ventilator-associated pneumonia and other adverse events. At the same time, policymakers need to reform how they oversee, regulate and stimulate change in the health care delivery system. They need to understand how their rules, measures and actions affect the activities of caregivers on the front line so they are not creating confusion or derailing successful improvement activities with discordant or outdated approaches to regulation. This is best achieved when there is open dialogue and opportunities for discussion among affected stakeholders.

Background

Hospitals engage in an array of collaborative activities designed to improve the quality and safety of the care they provide. The increasing amount of credible and actionable information that has become available through public reporting efforts has helped spur improvements. While it is worth celebrating the improvements in patient safety and quality, such as reductions in hospital-acquired infections and early elective deliveries, it also is imperative that hospitals continue to strive for better performance. Public policies can further facilitate or impede hospitals' efforts to improve quality, which is why the AHA and its member hospitals work closely with the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention, Food and Drug Administration, Agency for Healthcare Research and Quality, the National Quality Forum, The Joint Commission and other national accreditation bodies. As hospitals and health systems continue to look for ways to advance quality of care while lowering costs, the AHA has taken a leadership role in supplying information to hospitals to help them further improve the work they do.

A summary of hospitals' ongoing progress in improving care is available at www.aha.org/qualitycompendium.

Key Priorities

The AHA will continue to work with members, the federal agencies and other stakeholders to improve the quality and safety of health care. This includes:

- Disseminating successful practices;
- Promoting equitable care; and
- Championing the appropriate use of medical resources.

Disseminating Successful Practices

AHA/Health Research & Educational Trust (HRET) Hospital Engagement Network (HEN). HRET, an AHA affiliate, was awarded a contract by CMS to support the Partnership for Patients campaign, a three-year, public-private partnership designed to help improve the quality, safety and affordability of health care for all Americans. The project helped hospitals adopt new practices with the goal of reducing inpatient harm by 40 percent and readmissions by 20 percent. The project, which included a network of nearly 1,500 hospitals across 31 states, focused on several areas of impact. During the project, an estimated 92,000 harms were avoided with a projected cost savings of \$988 million. Some additional highlights include a:

- 61 percent reduction in early elective deliveries across 800 birthing hospitals;
- 48 percent reduction in Venous thromboembolism (VTE) across 900 hospitals of all types (acute/critical access/rural); and
- 54 percent reduction in pressure ulcers across 1,200 hospitals.

CMS recently announced phase two of the partnership, set to begin later this year.

Comprehensive Unit-based Safety Program (CUSP). HRET also works closely with several partners to fund national quality improvement efforts. Using CUSP, a customizable program that helps hospital units address the foundation of how clinical teams care for patients, participating hospitals in the inpatient initiative experienced a:

- 14 percent relative reduction in CAUTI rate per 1,000 catheter days;
- 6 percent relative reduction in ICU participants; and
- 24 percent relative reduction in non-ICU participants.

These successes are changing the way the health care field addresses patient safety and *On the CUSP: Stop CAUTI* is expanding its work into an emergency department collaborative and a long-term care initiative.

To further these national efforts, HRET is training and helping to build a network of experts and leaders to advance the knowledge gleaned through efforts to reduce infections. Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is an evidence-based set of teamwork tools aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals. In 2014, more than 1,600 professionals were trained, with 96 percent saying they would make some change in their practice.

Professional Education. In addition, the AHA-National Patient Safety Foundation Comprehensive Patient Safety Leadership Fellowship, the Health

Care Transformation Fellowship and HRET senior fellows each year provide dozens of leaders the resources and guidance needed to promote and expand measurable patient safety improvements and quality transformations in hospitals, academic medical centers and state hospital associations.

A forum of the AHA, the Symposium for Leaders in Healthcare Quality (SLHQ) is a community of health care professionals whose work is focused on performance improvement in support of the Institute of Medicine aims of providing care that is safe, timely, effective, efficient, equitable and patient centered. SLHQ was created to address this challenge through building a network of engaged leaders who can advance and strengthen the achievements of many seemingly disparate improvement projects. SLHQ leverages lessons learned across these many projects to build an infrastructure for current and future improvement projects that will enhance the capacity and ability for success and provides a space for professionals to learn and connect with one another in pursuit of a common goal.

Hospitals in Pursuit of Excellence (HPOE). The AHA's strategic platform to accelerate performance improvement in health care provides education on successful practices; develops evidence-based tools and guides; provides leadership development through fellowships and networks; and engages hospitals in national improvement projects. Working in collaboration with allied hospital associations and national partners, HPOE synthesizes and disseminates knowledge, shares proven practices and spreads innovation to support care improvement at the local level.

Promoting Equitable Care

The AHA has joined four leading health organizations in *Equity of Care*, a national call to action to eliminate health care disparities and improve quality of care for every patient. The *Equity of Care* initiative focuses on three areas:

- Increasing the collection and use of race, ethnicity, and language preference data;
- Increasing cultural competency training; and
- Increasing diversity in governance and leadership.

AHA's efforts include disseminating free resources and sharing best practices on the *Equity of Care* website, www.equityofcare.org. To help hospitals measure and thereby effectively address disparities, HRET developed a Disparities Toolkit that enables hospitals to collect race, ethnicity and primary language data in a uniform way. The toolkit is continually reviewed to reflect Affordable Care Act requirements and The Joint Commission standards. In addition, the AHA's Center for Healthcare Governance and Institute for Diversity in Health Management developed a trustee training program to help hospitals expand the racial and ethnic diversity of their governing boards.

Championing the Appropriate Use of Medical Resources

The AHA's Committee on Clinical Leadership closely examined the appropriate use of medical resources and developed a white paper identifying drivers of health care utilization and recommended a "top five" list of hospital-based procedures or interventions that should be reviewed and discussed by a patient and physician prior to proceeding.

For each of the five procedures or interventions below, AHA is releasing toolkits highlighting best practices with resources for hospital and health systems, clinicians and patients and their families:

- Appropriate blood management in inpatient services
- Appropriate antimicrobial stewardship
- Reducing inpatient admissions for ambulatory-sensitive conditions (i.e., low back pain, asthma, uncomplicated pneumonia)
- Appropriate use of elective percutaneous coronary intervention
- Appropriate use of the ICU for imminently terminal illness (including encouraging early intervention and discussion about priorities for medical care in the context of progressive disease)

Better decision-making leads to higher quality care. Similarly, involving patients in their care decisions can improve their satisfaction and lead to improved outcomes. As one of the more intense resource users, hospitals have a responsibility to look for ways to guide appropriate and consistent use of health care and provide tools for health care providers to better communicate with patients about appropriate care.