

# IMPROVING CARE & INCREASING AFFORDABILITY

## *Quality and Patient Safety*

### Issue

Providing the best possible health care in a safe, compassionate environment is a commitment every hospital makes to its community. In the years since the Institute of Medicine's (IOM) report, *Crossing the Quality Chasm - A New Health System for the 21<sup>st</sup> Century*, called for dramatic improvements to America's health care system, hospitals have substantially improved many aspects of care, but they know there is still much work to be done.

Hospitals continue to identify ways to reduce the chance that even a single patient may be harmed during the course of care, and to share with the public information on how well they are doing in providing care that is consistent with the best available medical science.

Hospitals also continue to respond to the public's questions about quality and accountability. Ongoing attention to systemic quality issues underscores the central role hospitals must play in ensuring that we make good on our commitment to provide high-quality, safe care to every patient who walks through our doors. *Crossing the Quality Chasm* provides a framework to direct health care providers' continuing quality improvement efforts, as well as guidance for those government, oversight, and payer organizations that create the environment in which health care providers deliver care. The IOM report identifies six aims for an improved health system: safety, patient-centeredness, efficiency, effectiveness, timeliness, and equity.

### AHA View

Delivering the right care at the right time in the right way is the core mission of hospitals across the country. The AHA and its Board of Trustees are committed to effectively helping members improve the quality of care they deliver every day, and the AHA accomplishes this by assisting its members in identifying and using strategies and tools that will lead to better patient outcomes and greater patient satisfaction. It also works with government and oversight organizations to create an environment in which high-quality, safe care can flourish. We continue to work with a variety of stakeholders - including the federal government, hospital leaders and organizations representing physicians, pharmacists, nurses, consumers, researchers, and purchasers - to coordinate efforts to improve quality and patient safety. Among the AHA's efforts:

**The Hospital Quality Alliance.** Members of the AHA, the Association of American Medical Colleges (AAMC) and the Federation of American Hospitals (FAH) know that the public deserves candor about the quality of care hospitals provide and want to ensure the public gets accurate and helpful information. They know hospitals must continue to improve quality internally and be publicly proactive in sharing the story of what they have accomplished, while recognizing that there are still improvements to be made.

On behalf of their members, the AHA, the AAMC and the FAH have been collaborating with government agencies, professional organizations, purchaser alliances, consumer



organizations, and others to forge a shared national strategy for accurate quality measurement and public accountability. These organizations, including the Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality; professional organizations such as the American Medical Association, American Nurses Association, the Joint Commission on Accreditation of Healthcare Organizations, National Association of Children's Hospitals and Related Institutions, and the National Quality Forum; consumer organizations such as AARP, AFL-CIO and the Consumer-Purchaser Disclosure Project, have come together in the Hospital Quality Alliance.

In early April, the Hospital Quality Alliance launched [www.HospitalCompare.gov](http://www.HospitalCompare.gov) to help patients and families better understand how care is being provided by their hospitals. More than 4,200 acute care hospitals agreed to provide data publicly on an initial set of 17 quality measures. Hospital Compare is intended as a starting point, with more information and easier to use displays to be made available in the near future. Researchers and clinicians also can use this information to identify organizations with stellar performance so that they can learn from these outstanding practices.

The alliance's partners are working on several objectives: a voluntary data collection mechanism that minimizes the additional burden on hospitals, an ongoing process that gives hospitals a sense of predictability about public reporting expectations over time, and most importantly, ensuring that balanced, useful information helps improve quality and inform the public. The initial information on hospital performance will be expanded to include information on surgical infection prevention and patients' perceptions of their care, which will be posted over the next 18 months. Following that expansion, the partners will strive to select additional clinical measures that will give consumers information on important elements of their hospital care. The ultimate goal is to create a useful and broad view of quality for the public.

**Information Technology.** A variety of technologies have been shown to be effective in improving quality or safety for patients in some health care settings. These include the use of bar coding devices, computerized decision support systems, and electronic health records. Many hospitals have invested in such technologies cautiously, recognizing that these technologies are still being developed and refined, particularly to improve their ability to interconnect. Data residing in the laboratory computer files needs to be integrated with that in the pharmacy and in the patient's health record to provide the clinician with enough information to make appropriate clinical decisions. This can only be done if there is greater standardization across information technologies and improvements for users that make IT systems easier for caregivers to operate. The AHA is a founding member of the National Alliance for Health Information Technology, and is working in collaboration with the Alliance to bring about more standardization.

**Medical Event Reporting.** While media accounts frequently focus on isolated tragedies, hospitals and other providers know that improvements in safety can best be accomplished through the routine collection of data on errors and close calls. Hospitals are seeking better ways to understand the areas of vulnerability in the way care is provided by collecting and analyzing data to reveal the contributing factors, identifying underlying causes, and



suggesting potential systemic changes that will reduce the likelihood of a patient being harmed in the future. Data collection on errors and close calls is vital to our efforts to improve safety for our patients, but we need to do more than just collect the data. Reporting is helpful only if it leads to changes in the processes of care, and those are accomplished by changes in human behavior or innovations in technology.

**The AHA supports the Patient Safety and Quality Improvement Act of 2005 (S. 544), cosponsored by Sens. James Jeffords (I-VT), Judd Gregg (R-NH), Bill Frist (R-TN), Michael Enzi (R-WY), and Jeff Bingaman (D-NM).** The bill would provide new legal protections to permit patient safety information to be shared with Patient Safety Organizations, which would work with hospitals to analyze information and share best safety practices to prevent medical errors. Similar bills passed the House and Senate last year; however, a reconciled bill failed to emerge during the 108th Congress. The AHA continues to support the creation of confidential avenues to share patient safety information on errors and more effectively learn how to prevent harm, and we will urge lawmakers to enact legislation this Congress.

**Payment Incentives for Quality and Patient Safety.** As more information on hospital quality becomes publicly available, payers' interest in fostering quality improvement through payment strategies has increased. These efforts, called "pay for performance" or incentive-based approaches, are in their infancy. However, insurance companies and large employers are experimenting with pay for performance. Additionally, the Medicare Payment Advisory Commission, which advises Congress on future directions for Medicare, recently urged the development of more "pay for performance" projects to examine a variety of ways to pay for health care services that would provide incentives for better performance. The hospital field supports "pay for performance" approaches that meet the aims of the principles approved by the AHA's Board of Trustees in 2004. The hospital field supports incentive approaches that use process measures like those included in Hospital Compare, give every hospital the opportunity to improve and succeed, and are based on rewards, not penalties.

**Tools and Resources.** To help hospitals achieve a safer environment and safer care, the AHA has collaborated with other organizations, including our state association partners, to create numerous tools and resources. The AHA's most recent efforts include:

- Distributed in 2004 the toolkit *Strategies for Leadership: Patient- and Family-Centered Care* to help hospitals and caregivers to become even more patient- and family-focused in their care practices. Developed in conjunction with the Institute for Family-Centered Care, the materials included a video, resource guide, hospital assessment and discussion guide.
- Partnered with the American Society for Healthcare Risk Management and the American Society for Quality to sponsor a three-day Quality Institute featuring educational sessions on quality techniques such as Six Sigma, ISO 9000 and Baldrige.
- Worked with the Health Research and Educational Trust (HRET), the Institute for Safe



Medication Practices (ISMP) and the Commonwealth Fund to re-survey hospitals in 2004 on the safety of their medication processes. The 2000 ISMP Medication Safety Self Assessment™ led to the development of *Pathways for Medication Safety* – three field-tested tools for reducing medication errors (available at [www.medpathways.info](http://www.medpathways.info)). The 2004 survey showed that significant progress has been made since the 2000 survey, but more work needs to be done. We're using the survey's findings to launch a new medication safety program.

- Joined forces with the Association of PeriOperative Nurses (AORN) and others to distribute a toolkit, developed by AORN, that focused on correct site surgery policies and procedures.
- Cosponsored the National Patient Safety Foundation Annual Congress.
- Included a special four-page insert in the July 12 *AHA News* on the AHA's quality and patient safety agenda and the tools and resources available to help hospitals "cross the quality chasm."
- Collaborating with Dartmouth-Hitchcock Medical Center, the Institute for Healthcare Improvement, Premier and VHA to educate hospitals about the practice of clinical microsystems and its benefits to improving patient outcomes, patient and staff satisfaction and organizational effectiveness. A toolkit will be distributed later this year that includes an educational DVD, discussion guide and assessment workbooks.

To learn more about the resources and materials that we offer hospitals, visit [www.aha.org](http://www.aha.org) under "Quality and Patient Safety."

**Recognizing Excellence.** The AHA sponsors two awards that recognize excellence in quality and patient safety:

- *The Quest for Quality Prize.* In collaboration with McKesson Corporation and the McKesson Foundation, the AHA revamped the award criteria for 2005 to reflect the IOM's six quality aims.
- *The Circle of Life Award.* With funding from the Robert Wood Johnson Foundation, the AHA, working with the AMA, the National Hospice and Palliative Care Organization, and the American Association of Homes and Services for the Aging, created this award to highlight organizations that set the standard for care at the end of life.

**Developing Leadership.** Recognizing the critical role strong leadership plays in improving quality and patient safety, the AHA's Health Forum and the National Patient Safety Foundation, in partnership with the American Organization of Nurse Executives, the American Society for Healthcare Risk Management and HRET, have developed the Patient Safety Leadership Fellowship. This yearlong program targets the next generation of health care leaders to develop and implement practices and strategies that enhance patient safety and quality.