

Improving 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. Hospitals across America are actively engaged in a wide array of activities designed to improve their ability to reliably meet the medical and emotional needs of patients and their families. Through the hard work of skilled clinicians and administrators, hospitals have substantially improved many aspects of care, but there is still work to be done.

AHA View

Delivering the right care at the right time in the right setting is the core mission of hospitals across the country. The AHA and its Board of Trustees are committed to helping members improve the quality of care they deliver every day. The AHA pursues this mission by:

- sharing with hospital leaders strategies and tools that will ensure the reliable delivery of top quality care, improve outcomes and increase efficiency;
- working with government and oversight organizations to create an environment in which high-quality, safe care can flourish;
- conducting research to increase our knowledge of effective methods for improving safety; and,
- sponsoring educational sessions to assist those in leadership and governance roles in driving quality and safety in their organizations.

The AHA Quality Center, launched in 2006, assists hospital leaders in staying abreast of effective methods for improving quality and safety. The Center helps hospital leaders sort through the dizzying array of strategies, tools and projects to determine those methods that best fit their organizations and their goals.

The AHA continues to partner with a variety of stakeholders – including the federal government, state associations, quality improvement organizations and organizations representing physicians, pharmacists, nurses, consumers, researchers and purchasers – to coordinate efforts to improve quality and patient safety. The AHA's efforts focus on the areas discussed below.

Transparency – the Hospital Quality Alliance. Since 2002, the Hospital Quality Alliance (HQA) has been working with American hospitals to share with the public reliable, credible and useful information on hospital quality. The HQA was created several years ago when the AHA, the Association of American Medical Colleges and the Federation of American Hospitals invited 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 include the Centers for Medicare & Medicaid Services (CMS), the Agency for Healthcare Research and Quality



(AHRQ); professional organizations such as the American Medical Association (AMA), the American Nurses Association, the Joint Commission and the National Quality Forum; and consumer, labor and employer organizations such as AARP, AFL-CIO, Consumer-Purchaser Disclosure Project and the U.S. Chamber of Commerce.

Initially, the effort began as a voluntary one to share data with the public. Congress, recognizing the importance of this initiative, began linking submission of data requested by the HQA to receipt of the full Medicare market basket update for hospital inpatient payment. Beginning in fiscal year (FY) 2008 the number of measures hospitals are to report to receive their full market basket update expands to 27 measures, including patients' experience of care (measured with the HCAHPS survey); 30-day mortality rates for heart attack and heart failure; and care for surgical patients.

The HQA continues to identify other key areas of quality to be measured and reported, such as information on infection prevention, surgical care, care for children, and care of individuals with chronic conditions. It also is looking to identify methods and measures for effectively examining efficiency.

The HQA's Web site, www.hospitalcompare.hhs.gov, helps patients and families better understand how care is provided by their hospitals. More than 4,200 acute care hospitals now display data on 24 measures of quality. Hospital leaders and clinicians also can use these data to identify organizations with stellar performance so that they can learn from these outstanding practices.

The HQA provides a firm foundation for further transparency on quality, which hospitals fully support. However, hospitals currently face multiple requests for quality data from insurers, employer groups, accreditors and government agencies. This myriad of demands creates confusion and frustration for hospitals and the public, rather than illuminating key aspects of quality. **Hospitals strongly urge that the reporting of quality data should be reported in just one way to just one place, and that's to the Hospital Quality Alliance.**

The work of the HQA depends on having scientifically sound and meaningful measures that have been endorsed through the National Quality Forum's (NQF) consensus development process. To ensure that the NQF can continue to assess and endorse measures that will lead to important information being available to the public, the AHA and our partners in the HQA support legislation that would ensure the federal government gives core support for this public-private entity that provides a vital public service.

Payment Incentives for Quality. A number of public and private payers are considering and testing "incentive payments" to reward provider performance, sometimes referred to as "pay for performance" or "value-based purchasing." As

part of the *Deficit Reduction Act of 2005*, Congress directed CMS and the Medicare Payment Advisory Commission, which advises Congress on future directions for Medicare, to develop specific recommendations on a plan for Medicare to engage in pay for performance for hospital and physician services.

The hospital field supports the concept of aligning payment incentives with the provision of high-quality care, but recommends moving forward cautiously as the development of incentive-based programs are proving complex. To be successful, incentive approaches should align hospital and physician incentives, encouraging all to work towards the same goals of providing effective and appropriate care. Additionally, the measures selected for incentive payment should be evidence-based and undergo a rigorous consensus-based adoption process, like that employed by the HCAHPS. It also is crucial that an appropriate mix of measures be selected so that every provider – including small and rural facilities – has an opportunity to participate and succeed.

Improving Health Care Safety. Hospitals have a long track record of working to prevent complications in care for patients, such as infections and medical errors. Hospitals and clinicians understand that they must take action to ensure that the risk for unintended consequences as the result of care are minimized, and they are taking many precautionary steps, such as using specialized ventilation systems for patients whose immune systems are very weak. But we need to do more.

The Surgical Care Improvement Project (SCIP), a national quality partnership of the AHA, American College of Surgeons, Centers for Disease Control and Prevention, Joint Commission, CMS and many others, aims to reduce the most common surgical complications, including surgical wound infections and pneumonia, by 25 percent by 2010. The project promotes clinically-proven prevention steps that every hospital can adopt to improve the care of surgical patients, such as maintaining normal body temperature and glucose levels, and clipping, not shaving, the incision skin area. SCIP is one of many initiatives that hospitals are undertaking to reduce and prevent healthcare-associated infections (HAIs) and other adverse complications from surgery.

The AHA supports sharing information about HAIs with the public. That information must be meaningful for consumers and must:

- be based on solid data and good measures;
- target infections that have the highest potential for greatest harm; and
- focus on areas where clinically proven prevention efforts exist.

Specifically, the AHA supports voluntary reporting through the HCAHPS of surgical infection prevention measures, surgical wound infection rates and central line blood stream infection rates.

Recent proposals from business coalitions and insurers have suggested that payers may take the additional step of choosing not to pay for care when certain rare, but devastating adverse events occur. Most commonly, the business groups and insurers point to the NQF's list of 30 Serious, Reportable Events, more commonly known as "never events." In its proposed inpatient prospective payment system rule for FY 2008, CMS includes a number of these never events on a broader list of care events for which the agency is considering not paying the additional costs if the complication would put the patient in a higher paying diagnosis-related group. The AHA is concerned that any list used for payment purposes should include only items that are routinely preventable and clearly the result of care provided by the hospital. Otherwise, penalizing the hospital would be inherently unfair.

Information Technology. Electronic health records (EHRs) and other forms of health information technology (IT) provide clinicians with important patient information and clinical decision support tools they need to provide safe, high-quality care. The recent AHA survey on hospital use of health IT shows that hospitals are making progress toward IT adoption, but the field still faces many hurdles to achieving the national goal of an EHR for every American by 2014. In 2006, only 11 percent of hospitals had fully implemented EHRs. Another 57 percent had partially implemented EHRs, while almost one-third have not yet begun their EHR implementation.

Accelerating the adoption of health IT and promoting health information exchange requires increased funding, changes to the regulatory environment, and greater standardization of technology, among other policy changes. Health IT is costly, and the financial benefits of having IT in place often flow to payers. The AHA will continue to advocate for increased Medicare payments to support the ongoing costs of IT, as well as low-interest loans and grants to support both hospitals' initial investments in IT and the development of health information exchange projects. In addition, the AHA will work with the Administration and the Internal Revenue Service to simplify the overly complex physician self-referral, or "Stark," regulations that govern hospital donations of health IT to physicians and ensure that those donations will not call into question a hospital's non-profit status. To further increase both adoption and information sharing, the AHA also will continue to work with key stakeholders to select open, interoperable standards to facilitate the use of health IT. One standard that must be implemented expeditiously is the ICD-10, which would replace the obsolete coding system used today.

Patient Safety Organizations. Important insights into new opportunities to improve care can be gained by collecting and analyzing reports of errors and "near misses" in patient care. *The Patient Safety and Quality Improvement Act of 2005* allows hospitals, physicians and other health care providers to voluntarily report medical errors as well as other events that did not – but could have –



resulted in a medical error in a manner that is legally privileged and confidential. This will help hospitals and clinicians learn to prevent errors while working to develop a “culture of safety.” **The AHA is closely monitoring the development of AHRQ’s implementation regulations.**

Racial and Ethnic Disparities. The AHA is working with hospitals to better understand both the patient-related and health-system-related factors that contribute to racial and ethnic disparities in health care, and to marshal the talent and commitment of hospitals to work with others to eliminate health care disparities in the United States. Through a clearinghouse of case examples, research, data and evaluation tools, the AHA seeks to help hospitals understand diversity and provide culturally sensitive and medically appropriate care. In addition, the AHA supports its Institute for Diversity in Health Management to increase the number of racial and ethnic minorities in health care administration. Increasing the diversity of our health care workforce is one way to help address care disparities. To understand and address disparities effectively, all health care stakeholders – patients, hospitals, physicians, other providers, government, insurers, employers and others – need to work collaboratively and on many fronts.