American Hospital Association

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 improvments 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 state hospital associations, quality improvement organizations, federal agencies 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.

Greater Transparency – the Hospital Quality Alliance. Since 2002, the Hospital Quality Alliance (HQA) has been working with 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), Agency for Healthcare Research and Quality; professional organizations such as the American Medical Association, the American Nurses Association, The Joint Commission and the National Quality Forum;

insurers such as Blue Cross Blue Shield Association; 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. The effort has expanded to include new measures each year. For fiscal year (FY) 2008, there are 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. In FY 2009, hospitals will be asked to include 30-day mortality for pneumonia patients. In addition, hospitals will be required to report on seven measures of outpatient care quality in order to receive the Medicare full market basket update for hospital outpatient payment for calendar year 2009.

The HQA's Web site, www.hospitalcompare.hhs.gov, helps the public better understand how care is provided by their hospitals. More than 4,200 acute-care hospitals now display data. Hospital leaders and clinicians also are using these data to identify organizations with stellar performance so that they can learn from these outstanding practices. 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 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.

The HQA provides a firm foundation for further transparency and for what may be the next step, pay-for-performance, which hospitals 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 quality data should be reported in just one way to just one place, and that is to the Hospital Quality Alliance.**

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 required by

the *Deficit Reduction Act of* 2005, CMS last year issued a report to Congress outlining options for moving ahead with a value-based purchasing incentive program that would reward hospitals for meeting certain performance thresholds.

The hospital field supports the concept of aligning payment incentives with the provision of high-quality care, but recommends moving forward thoughtfully and deliberately as the development of incentive-based programs are proving complex. To be successful, incentive approaches should:

- align hospital and physician incentives to encourage all to work towards effective and appropriate care;
- be developed collaboratively with all stakeholders;
- focus on improving quality, not act as a cost cutting mechanism;
- provide rewards that will motivate change;
- be implemented incrementally;
- recognize and reward both high levels of performance and substantial improvements;
- use measures that are developed in an open and consensus-based process and selected to streamline performance measurement and reporting;
- use measures that are evidence-based, tested, feasible, statistically valid and recognize differences in patient populations; and
- be designed carefully so as not to perpetuate disparities in care.

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 action is needed to ensure that the risks 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 more must be done.

The Surgical Care Improvement Project (SCIP), a national quality partnership of the AHA, American College of Surgeons, Centers for Disease Control and Prevention, The 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 HQA 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 28 Serious, Reportable Events, more commonly known as "never events." Further, CMS has chosen a list of eight events which can no longer be the reason a patient moves into a higher paying diagnosis-related group (DRG). The AHA has asked hospitals to review their existing policies and procedures and clarify for staff and the public the circumstances in which they would not expect payment from patients, insurers or employers for care during which a serious adverse event occurred, including the potential use of a list of events.

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 most 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, continued 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. 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," encouraging everyone to openly report errors or near errors.

Regulations to implement this law were released by the Department of Health and Human Services in late February – more than two years after enactment of the legislation. The AHA will comment on the proposed rule and urge that the final rule be published no later than July.

Racial and Ethnic Disparities. The AHA is working with hospitals to better understand both the patient-related and healthsystem-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 its Special Advisory Group on Improving Hospital Care for Minorities, the AHA seeks to:

- create a forum for the AHA to identify and prioritize key issues of concern to leaders and minority group organizations;
- provide a vehicle for the AHA to receive feedback on its *Health for Life* agenda, a strategy for creating better, safer and more affordable care; and
- build long-term beneficial relationships to address key issues of mutual concern.

The Health Research and Educational Trust (HRET), an AHA affiliate, developed a disparities toolkit to help hospitals collect patients' race, ethnicity and primary language data. By developing a uniform approach to data collection, HRET seeks to help focus efforts to eliminate disparities and improve quality of 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.