



American Hospital Association–McKesson

Quest for Quality Prize®

Hospitals in Pursuit of Excellence

## 2010 American Hospital Association-McKesson *Quest for Quality Prize*® Criteria

**Please be aware that these criteria reflect a vision for health care that is well described in the Institute of Medicine report (IOM), *Crossing the Quality Chasm*. This report describes six aims (safety, patient-centeredness, effectiveness, efficiency, timeliness, and equity) as the basis of a comprehensive quality-oriented health care system. This award will honor hospitals that are committed to and have made demonstrable progress toward making this vision a reality.**

- I. Role of Hospital Leadership (defined as governing body, administration, and clinical staff leadership). Through active collaboration, the hospital leadership:
- Defines *quality health care* and reflects that definition in the mission, value statements, and strategic plan
  - Defines short- and long-term goals to improve quality health care with specific timelines; leadership:
    1. Bases goals on regular, recurring systematic qualitative and quantitative assessments of community health care needs and organizational needs based on internal quality and patient safety measurement data
    2. Engages patients and their families in defining quality health care and in determining the organization's short- and long-term goals
    3. Addresses the IOM six aims (safety, patient-centeredness, effectiveness, efficiency, timeliness, and equity) in the organization's goals
    4. Focuses on consistency and predictability (reliability) of the organization's care and services as critical to the provision of exceptional individual and population (community) health care; considers elements that affect this reliability, such as workforce/culture issues, technology, and environmental design, in the development of the goals
    5. Integrates goals in the organization's strategic plan, defines them as key organizational priorities, and develops short-term (annual), intermediate, and long-term objectives
    6. Reflects the definition of quality health care and associated goals in the organization's policies, procedures, and communications and integrates them throughout the organization's patient care systems and physical environment

7. Specifies core measures relative to the goals that are used throughout the organization and leads regular assessments to trend performance in achieving goals relative to the specific timelines, compares performance to known benchmarks, and identifies barriers that impede progress
8. Discusses these assessments and develops, based on the assessments, action plans and new goals and timelines for accomplishment as appropriate; and takes steps to remove barriers to progress
  - Demonstrates continual commitment to goal achievement through personal visibility; active participation in setting priorities, monitoring progress, and removing barriers to progress; and overall promotion of quality health care
  - Models internally and externally transparency and effective communication, information-sharing, and collaboration with all colleagues, employees, patients and families, other health care organizations, health-related organizations (including payers), and the community
  - Reaches out to and involves patients and family members in defining quality and quality goals
  - Ensures adequate resources are allocated for achievement of quality goals
  - Supports investment in clinical information systems (as resources allow) as a major institutional priority
9. Focuses on providing value to patients and the community in development of priorities and in establishment of goals and objectives.

A. Governing Body (The Board of Trustees)

- actively engages in oversight of quality health care and ensures that quality goals are achieved
- actively participates in quality improvement efforts
- ties hospital CEO accountability and incentives to meeting quality goals
- makes resource allocation decisions based on quality goals

B. Clinical Staff Leadership

- seeks input and feedback from all other clinical staff in defining quality goals and the determination of organizational quality priorities
- routinely communicates the organization's quality priorities, goals, and goal achievement to all clinical staff
- actively works with all clinical staff to identify, implement, and update evidence-based practices
- establishes clear behavioral expectations for clinical staff that foster interdisciplinary teamwork and collaboration with patients and families
- provides ongoing team and/or individual patient outcome data (including elements of patient-centered care) and information on relationship management to clinical staff and uses that information to guide continuing

education initiatives, peer review activities, ongoing credentialing and privileging decisions, and individual improvement

- ensures that credentialing and/or privilege decisions for new and current clinical staff rely on demonstrated competence to perform the relevant procedures, particularly invasive ones
- facilitates standardization of medical devices, other technologies, and protocols for care where feasible

#### C. Administration

- routinely communicates the organization's quality health care definition, priorities, goals, and progress toward achievement of goals to all hospital staff
- actively ensures that all activities and departments within the organization are directly aligned (i.e., there is a consistency of plans, processes, measures, and actions) to achieve quality goals
- evaluates all management decisions including purchases of supplies and technology and contracting decisions relative to their impact on health care quality and quality goals, as defined by the organization's leadership
- ties senior management accountability and incentives to implementing measures to enhance quality health care and achieving quality goals

### II. Information and Analysis

- Defines and routinely monitors performance measures for each of the six IOM quality aims (listed below) for the full range of services provided by the organization, using standardized, reliable, and valid measures, where available For example, the following should be monitored:
  - o **Safety:** availability (timeliness and completeness) of clinical information needed to effectively manage patient care within the organization and among and between sites of care throughout the continuum; clarity of patient care management plans, including hand-offs to outside organizations and/or providers; effective medication reconciliation; coordination of communication with patients and families; and consistent implementation and execution of diagnostic and treatment plans
  - o **Patient-Centeredness:** determining from the perspective of patients and families the adequacy of shared decision-making, coordination and continuity of care, communication (ease of access to information, amount of information desired by patients and families, and timely disclosure of adverse events), timeliness of care, emotional and physical comfort, involvement of family as desired by the patient, and use of patient and family feedback to improve care
  - o **Effectiveness:** implementation, updating, and use of evidence-based clinical practices in the care of patients, with particular attention to those conditions targeted by the National Quality Forum Priorities Partners, the IOM report *Priority Areas for National Action: Transforming Health Care Quality* (available at:

<http://www.iom.edu/report.asp?id=4290>), as well as the Agency for Healthcare Research and Quality (AHRQ) *National Healthcare Quality Report* (available at [http://www.qualitytools.ahrq.gov/qualityreport/download\\_report.aspx](http://www.qualitytools.ahrq.gov/qualityreport/download_report.aspx))

- o **Efficiency:** minimizing inappropriate variation, duplication, and unnecessary repetition in administrative and clinical processes of care
- o **Timeliness:** of access to care, start of scheduled procedures, consults, admitting and discharging of patients, other throughput indicators
- o **Equity:** health status for populations served, including evaluating racial, ethnic, and gender disparities in care, with particular attention to those disparities identified by the AHRQ *National Health Disparities Report* (available at: <http://www.qualitytools.ahrq.gov/disparitiesreport/download-report.aspx>)
- Implements and uses clinical information systems, as resources permit, to effectively support the ready availability of patient care information and to enhance the effectiveness and efficiency of organizational performance measurement activities
- Tracks and trends variation in practices for high risk, high volume, and high variability treatment for specific conditions/diseases using nationally standardized performance measures and benchmarks performance with other organizations
- Provides to clinical and administrative frontline and middle management teams performance data specific to each service/division/department along with known external benchmarks
- Measures and continually strives to achieve and subsequently improve upon, where appropriate, organizationally-defined standards for the time between the provision of patient care and feedback of information regarding an individual's/team's performance relative to that patient care
- Offers all employees and medical/clinical staff a user-friendly, easily accessible, confidential, narrative reporting system for recognized risks, near misses, and adverse events that could cause harm to staff, patients, families, and visitors; actively evaluates and acts on reports
- Integrates, evaluates, and interprets all measurement input and uses this results-based information to guide decisions on process improvements, ensuring that lessons learned are applied throughout the organization

### III. Process Management/Improvement

- Relates process management and improvement efforts directly to ongoing monitoring efforts and provides results of measurement efforts in an ongoing and current manner to all employees and medical staff
- Directs organizational improvement efforts within and across departments toward increasing the consistency and predictability (reliability) of key administrative and clinical care processes through the use of reliability design aids (e.g., checklists, protocols, reminders, or decision support in process design)

- Selects and applies specific quality improvement techniques such as lean process, six sigma, proactive risk assessment, root cause analysis, and/or continuous quality improvement to achieve safer and more consistent and predictable (reliable) processes
- Integrates current and new technology, including information technology, in process design, process redesign, and improvement
- Considers the impact of organizational culture, staff training needs, and possible unexpected consequences relative to patient care when making decisions on adopting and implementing new technology
- Continually seeks new knowledge as to how clinical care and administrative processes can be improved and implements successful practices
- Provides training and mechanisms to facilitate engagement of front-line staff in identifying needed process improvements and devising and implementing them
- Provides systematic approach to maximize the effective dissemination of process and safety improvements throughout the organization
- Learns from others outside of the organization and effectively transfers and applies such knowledge throughout the organization
- Shares learnings and improvements with others at local, regional, and national levels

#### IV. Patient and Family Involvement

- Provides each patient the opportunity to define who is part of his or her family
- Systematically engages patients and their families, to the extent they desire, in health care discussions and decisions
- Incorporates preferences and values of patients into decisions regarding their current and future health care needs
- Actively supports patient and family involvement in all aspects of patient care through ongoing two-way communication and encourages patients and family members to ask questions about their care and treatment and identify safety hazards
- Anticipates and meets the special needs of patients and families relative to their physical, psychological, developmental, cultural, spiritual, and economic requirements while ensuring that all patients receive the same standard of care
- Provides patients and families with information and educational materials relative to their health needs and all hospital consent forms requiring the patient's (or duly designated proxy) signature in a language they understand and at a level that they are able to comprehend, and periodically evaluates adequacy and appropriateness of this information
- Ensures that all individuals who have knowledge of or direct access to patient information demonstrate an ongoing respect for each patient's privacy, decisions relative to patient care, and individual values

- Evaluates patient experience of care and systematically addresses needed improvements
- Implements safeguards to preserve patient confidentiality without compromising communication between caregivers and patients and their families or impairing the coordination and continuity of care
- Ensures that each patient's medical records are readily and continually accessible to them
- Offers patients, family members, and visitors an easily-accessible system for reporting safety and risk concerns
- Engages patients and families in defining quality health care and designing and improving workflow processes
- Creates opportunities for patients and families to serve on hospital advisory and management committees including environmental design, to assist in the design and development of organizational policies and procedures, and to participate in staff orientation and continuing education
- Provides a physical environment that is welcoming, enhances access to information, and encourages participation by patients in their health care.

V. Human Resource Management

- Reflects organizational commitment to achieving quality goals in selection criteria for new employees and hiring decisions
- Orients all employees and clinical staff on the organization's definition of quality health care, how quality and organizational goals are prioritized, their role in achieving those goals, how employees and clinical staff participate in identifying problems and developing solutions, the critical role of teamwork and effective communication in the provision of care, and the central role patients and families play in decisions and actions related to patient care
- In collaboration with the organization's leadership, continually communicates the organization's definition of quality health care and how it applies relative to organization-specific quality goals and expectations and models transparency in all communications
- Periodically evaluates all employees relative to their job performance in providing quality health care and contributing to the achievement of organization-specific quality goals
- Establishes, monitors, evaluates, and adjusts staffing to ensure that care is provided in a safe manner
- Ensures employees and clinical staff receive effective ongoing training to increase/maintain relevant skills, particularly with regard to technologies and new patient care techniques to ensure continued quality and safety
- Trains employees and clinical staff in principles and practice of effective teamwork, communication, and relationship management (e.g., diversity training, cultural competence, with a focus on problem solving, decision making, situational awareness and communication) and continually evaluates the effectiveness of such training

- Trains employees and clinical staff in ongoing collaboration with patients and families within and across patient settings, disciplines, and departments and continually evaluates the effectiveness of such training
- Provides employees and staff with behavioral expectations on their role in providing quality health care and creating a culture of reliability and rewards them for meeting those expectations
- Balances individual accountability with an understanding of human factors and system issues to provide a *just culture* for safety issues and errors
- Seeks ongoing input from employees and staff on opportunities for improvement and provides timely feedback regarding their ideas
- Assesses and evaluates on a regular basis employee and clinical staff (including medical staff) perceptions of the quality and safety culture within the hospital and their satisfaction with the work environment and quality of care provided to patients and their families

#### VI. Community Involvement

- Works actively with the community and community-based organizations to identify specific community health needs and develop and measure effectiveness of programs to help meet those needs
- Identifies and takes action to address racial, ethnic, and gender disparities in medical care
- Integrates health care initiatives across the care continuum and with other community social service agencies
- Regularly provides feedback to and seeks feedback from the community on how the health needs of the community and patient population served are being addressed by the organization's initiatives
- Is transparent in regularly reporting to the community on organizational performance and quality improvement goals and progress towards meeting those goals for its full range of services, making this and other information pertaining to its services and compliance with applicable regulation easily accessible to those whom it serves
- Takes initiative to understand the key drivers of health care per capita cost for the populations it serves and how the hospital can maximize this value