

## *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.

Hospitals continue to identify ways to reduce the chance that even one patient may be harmed during the course of care. And hospitals realize that the people they serve want to know that care is safe and effective. Hospitals are committed to sharing that information so their communities clearly see that they are accountable for the quality of care they provide, including information on the six quality aims by the Institute of Medicine (IOM) – 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 helping members improve the quality of care they deliver every day. The AHA pursues this mission by:

- Sharing with hospitals strategies and tools that will lead to better patient outcomes and greater patient satisfaction;
- 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.

Recently, the association announced the creation of the AHA Quality Center, designed to help hospital leaders and their governing boards stay abreast of effective methods for creating the right culture for improving quality and safety. The Center also will help hospital leaders sort through the dizzying array of strategies, tools and projects to determine those methods that best fit their organizations.



The AHA continues to partner with a variety of stakeholders – including the federal government, state associations, 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 are:



### **Quality Measurements and Reporting – 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), Agency for Healthcare Research and Quality (AHRQ), professional organizations such as the American Medical Association (AMA), the American Nurses Association, the Joint Commission on Accreditation of Healthcare Organizations and the National Quality Forum, and consumer and employer organizations such as AARP, AFL-CIO, Consumer-Purchaser Disclosure Project and the US Chamber of Commerce.

Initially, the effort began as a voluntary one to share data with the public. Congress recognized the importance of this initiative by linking submission of data on the initial 10 measures requested by the HQA to receipt of the full Medicare market basket update for hospital inpatient payment. The HQA continued to expand the data it asked hospitals to submit, and Congress has responded in the Deficit Reduction Act by directing the Secretary to expand the number of measures hospitals are to submit to receive their full market basket update, including more of the data the HQA is already requesting.

The HQA recently asked hospitals to begin collecting data on aspects of quality from a patient's perspective. Hospitals will use the patient satisfaction survey, HCAHPS, to collect this data. 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. As pay for performance plans for hospitals and physician services begin to be discussed, the HQA is viewed by many as the foundation on which to build incentives for improvement.

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 Hospital Quality Alliance's Web site, [www.hospitalcompare.hhs.gov](http://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 20 measures of quality, with more measurers to come in the near future. Researchers and clinicians also can use these data to identify organizations with stellar performance so that they can learn from these outstanding practices.

**Payment Incentive for Quality and Patient Safety.** As more information on hospital quality becomes publicly available, payers' interest in fostering higher quality, more efficient care through their payment systems has increased. These efforts, called "pay for performance" are in their infancy. However, several insurance companies are experimenting with various models. As part of the Deficit Reduction Act, 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 pay for performance approaches that are consistent with the principles approved by the AHA's Board of Trustees in 2004. **The field supports approaches that use process measures, like those employed by the HCAHPS, to give every hospital an opportunity to improve and succeed, and are based on rewards, not penalties.**

**Surgical Care Improvement.** The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations committed to improving the safety of surgical care through the reduction of postoperative complications. Partners in the initiative include the AHA, AHRQ, CMS, Centers for Disease Control and Prevention, American College of Surgeons, Association of periOperative Nurses, the Joint Commission, Institute for Healthcare Improvement and other health care organizations. **SCIP's goal is to reduce nationally the incidence of four common surgical complications – surgical wound infections, dangerous blood clots, perioperative heart attacks, and ventilator-associated pneumonia – by 25 percent by the year 2010.** SCIP will provide hospitals with proven strategies such as administering the right antibiotic at the right time, keeping patients' body temperature at a consistent level during certain surgeries and several specific protocols for patients on ventilators. In addition, data are beginning to be collected to be made public through the HCAHPS, and may eventually be included in pay for performance.

**Information Technology.** A variety of technologies have been shown to be effective in improving quality and 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 they 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 that make IT systems easier for caregivers to use while guarding against introducing errors through automation. In addition, IT is costly, and the financial benefits of having IT in place often flow to payers, rather than to hospitals and other providers. Therefore, **payers, including the government, must share in the costs of implementation.**

**The quality benefits of IT will be greatly increased if electronic health information can be easily shared across providers and settings of care. However, policy changes are needed to facilitate information sharing.** Providers need a single mechanism to link patients to their records, so that they can have confidence in shared records and avoid safety issues arising from having the wrong record. We also need a uniform set of privacy laws, rather than the current patchwork of federal, state, and local regulations. Finally, hospitals need regulatory relief from the physician self-referral (or "Stark") and anti-kickback regulations so that if they choose to they can help community physicians acquire and run electronic health records for their offices. (See AHA issue paper on health IT for a more detailed discussion.)

**Safety Improvement.** 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 newly-enacted Patient Safety and Quality Improvement Act of 2005 will allow 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. As a result, this law is much more likely to encourage such reporting and to help establish within health care a "culture of safety." Reports made under the law to Patient Safety Organizations allow experts to analyze problems, share recommended solutions and advance patient safety. **The AHA is working closely with AHRQ as it develops the plan for implementing the law's provisions so that hospitals will be able to take full advantage of this opportunity to improve safety.**