



Allied Hospital Association Leadership for Quality - 2011

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Executive Summary

Throughout the United States, allied hospital associations—state, regional and metropolitan—are working with their member hospitals to dramatically improve health care outcomes. Allied hospital associations have successfully launched evidence-based performance improvement initiatives and demonstrated that quality and safety have improved and improvement can be sustained over time and spread to other providers. Through these efforts, the associations have added a special value to quality and safety improvement efforts in their local area, driven by the face-to-face communications, greater personal familiarity, and greater ease of accessibility that can be fostered among leaders of hospitals in close proximity to one another.

Eighteen allied hospital associations submitted their success stories in performance improvement for the American Hospital Association’s inaugural Dick Davidson Quality Milestone Award for Allied Association Leadership. Many of their improvement initiatives share common strategic implementation and measurement elements.

Using examples from all the applicants, this guide describes the common elements of implementing successful performance improvement initiatives among hospitals and health systems:

Key Elements in Allied Hospital Association Leadership for Quality

- 1. Strategic Plan Development and Implementation:** Effectively developing and implementing a strategic plan for quality and improvement.
The Iowa Hospital Association has facilitated education and the adoption of Lean principles to its member hospitals through the Iowa Healthcare Cooperative, of which it is a partner.
- 2. Member Leadership Engagement:** Actively engaging hospital boards, senior leadership, physicians, and clinical leadership in performance improvement initiatives.
Through its annual CEO and Trustee Patient Safety Summit, the Washington State Hospital Association has achieved a significant shift in how hospital boards operate with respect to performance improvement. The South Carolina Hospital Association has successfully engaged hospital trustees and senior hospital leaders through Best on Boards, a voluntary, evidence-based board certification program.
- 3. Alignment with National Initiatives:** Aligning with national initiatives for efficiency and sustainability.
A majority of the allied hospital associations join national performance improvement initiatives to help them more readily implement improvements across their member hospitals, taking advantage of already-developed implementation and clinical protocols, standardized metrics for performance measurement, and uniform data reporting processes.
- 4. Measurement:** Evaluating the success of performance improvement initiatives using a variety of processes and outcome metrics.
Many allied hospital associations use standard metrics, such as CMS core measures and central line-associated bloodstream infection rates. Other associations have continued to increase the scope and breadth of their measurement activities, including readmission rates, staff immunizations, unit-specific operations measures, and even physician communication processes.
- 5. Promoting Transparency:** Enhancing public reporting and accountability for improvement.
Through its Core Measure “Gold” Hospital Transparency and Improvement Project, the New Hampshire Hospital Association created a website that displays CMS core measure data for all acute care hospitals in New Hampshire, including critical access hospitals that are not required by CMS to submit data. The Minnesota Hospital Association collaborates with the Minnesota Department of Health to collect adverse event data as part of the state’s mandatory reporting system. The Wisconsin Hospital Association has launched CheckPoint, one of the first voluntary hospital public reporting initiatives in the United States, to which 98 percent of the state’s hospitals now voluntarily report data on more than 100 measures.

6. **Deployment of Multiple Improvement Initiatives:** Implementing a variety of improvement initiatives for shared learning.
The Washington State Hospital Association has achieved great success with its Safe Table Learning Collaboratives, a unique, legally-protected forum for large and small hospitals to work together to improve patient care in a variety of areas, such as reducing hospital-acquired infections, increasing hand hygiene compliance and protecting patients through increased staff influenza immunizations.
7. **Partnership Development:** Forging meaningful partnerships with nonprofit health care organizations, physician groups, payers, government agencies and other stakeholders for shared learning and sustainability.
The South Carolina Hospital Association and its member hospitals collaborated with several state health care organizations and government agencies to create the South Carolina Heart Care Alliance, which is establishing a collaborative statewide system of continuous improvement in the quality and safety of hospital-based cardiac care. Partnering with Blue Cross Blue Shield of Illinois, the Illinois Hospital Association has established the Preventing Readmissions through Effective Partnerships (PREP) initiative to help Illinois hospitals significantly reduce patient readmissions. Several quality improvement collaboratives sponsored by the New Jersey Hospital Association bring together health care facilities across the continuum of care, including acute care hospitals, rehabilitation hospitals, skilled nursing facilities and home health agencies.
8. **Patient Engagement:** Engaging and educating patients for quality.
The Washington State Hospital Association has created a library of educational tools that gives patients the information needed to be informed participants in their health care, including how to stop the spread of infection by adhering to proper isolation precautions. A joint effort of the Massachusetts Hospital Association and the Massachusetts Organization of Nurse Executives, the PatientCareLink website provides patients with unit-specific nurse staffing plans and health care quality outcomes data.
9. **Recognition Programs:** Recognizing members in quality to accelerate sharing.
The Georgia Hospital Association uses positive public recognition to encourage all Georgia hospitals to increase their CMS Appropriate Care Measure rate. The Washington State Hospital Association has worked to increase the number of hospital physicians, nurses and other staff who consistently use appropriate hand hygiene practices by sponsoring the CEO Hand Hygiene Challenge, an annual competition that recognizes the highest hand hygiene compliance rates among the state's hospitals.

Introduction

Many hospitals have successfully implemented initiatives that have improved quality and patient safety through innovative methods. While these results are encouraging, to truly transform the health care system, best practices have to be adopted by more hospitals and health systems. A key factor in closing the gap between best practice and common practice is the ability of health care providers and their organizations to rapidly spread innovations and new ideas.¹

Scientific studies have proved that following best practice guidelines reduces suffering and patient mortality while improving quality of life and clinical outcomes.² In recent years, many allied hospital associations – state, regional and metropolitan – have taken a more coordinated approach to performance improvement and launched centralized, evidence-based initiatives with a standardized approach to implementation and data collecting and reporting. Several associations have been successful in not only implementing these initiatives but also demonstrating that quality and safety have improved and improvement can be sustained over time. In addition, the improvement initiatives continue to spread more widely not only to acute care facilities but also to other sites of care, and the initiatives involve other stakeholders such as physicians and commercial payers. These efforts are greatly advanced through the face-to-face communication, greater personal familiarity, and general ease of accessibility that allied hospital associations can foster among members due to their close physical proximity.

Recognizing this success, the American Hospital Association established the Dick Davidson Quality Milestone Award for Allied Association Leadership to annually recognize the state, regional or metropolitan hospital associations that, through their programs and activities, demonstrate exceptional organizational leadership and innovation in quality improvement and have made significant contributions to the measurable improvement of quality within their geographic area. The goals of this award are to:

- Recognize outstanding efforts among allied hospital associations to improve quality
- Encourage allied hospital associations to play key roles in raising the level of hospital and health system performance to achieve care that is safe, timely, effective, equitable, efficient and patient-centered
- Spread the learning and progress toward national health care improvement that is being promoted by allied hospital associations

A review of the award applications shows that many associations used similar techniques to design, implement and measure the performance of their regional or statewide initiatives. In addition, many associations have gone beyond nationally recognized initiatives and implemented innovative practices to increase spread and sustainability of performance improvement projects. Finally, after achieving success in improving performance in one area of quality and securing the commitment to improvement from member hospitals, associations have increased the number and types of performance improvement initiatives that they are implementing. This guide outlines the common elements and innovative approaches used to design and implement a successful regional or statewide performance improvement initiative.

¹ Massoud, M.R., Nielsen, G.A., Nolan, K., Schall, M.W., Sevin, C. A Framework for Spread: From Local Improvements to System-Wide Change. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2006. (Available on www.IHI.org)

² Fact Sheet: Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Agency for Healthcare Research and Quality. (Available at <http://www.ahrq.gov/clinic/epc/qgapfact.htm>)

Implementing Performance Improvement Regionally

Many of the allied hospital associations that applied for the Dick Davidson Quality Milestone Award for Allied Association Leadership used similar methods to develop and implement performance improvement. Among the common elements are developing a strategic plan that meets the quality and patient safety needs of the community and engages senior hospital and board leadership; aligning initiatives with established, national performance improvement initiatives; and basing the initiatives on evidence-based practices. Furthermore, to disseminate results, share lessons and avoid competitive situations among member hospitals, the associations publicly share hospital-level data, establish learning collaboratives and leverage partnerships with other stakeholders such as commercial payers, professional societies, physicians and advocacy groups.

I. Strategic Plan Development and Implementation

To effectively improve quality and patient safety across multiple hospitals, allied hospital associations define improvement priorities based on the needs of their communities, while maintaining a realistic expectation of whether hospitals could significantly improve performance based on available clinical evidence. In addition, the strategies include and define appropriate performance metrics that could be collected across a variety of hospital types (e.g., rural, teaching, community). In general, the strategic plans developed by the allied hospital associations aim to:

- Communicate improvement priorities to board, medical staff and executive leadership teams
- Promote standardization and uniformity of performance metrics
- Prevent or minimize any additional cost burden for hospitals to implement new initiatives
- Eliminate preventable adverse events and unintended patient harm by targeting key high-impact issues, including readmissions, infections and complications

While the strategic planning process defines the goals of the performance improvement initiative, a strong operational improvement framework can help ensure successful implementation and sustainability of the strategy. Today, some health care organizations are adopting the new generation of industrial quality methods and applying them to issues of clinical safety and quality. The new approaches—Six Sigma, Lean management, and change management—are far more robust in their ability to solve difficult safety and quality problems.³ One state hospital association has facilitated education and adoption of Lean principles to member hospitals since 2006.

Case Example: Dallas-Fort Worth Hospital Council and DFWHC Foundation Strategic Plan

The strategic plan of the Dallas-Fort Worth Hospital Council and its foundation (DFWHC) supports their mission to improve the quality and safety of care in member hospitals and to improve their community's health. There are four specific strategies that address safety and quality, among other organizational strategies. Priorities for each of the four strategies are set by evaluating national trends in each area of strategic interest, resources and interest in these trends by local members and partners, and reasonable predictions on what issues will arise next in a rapidly changing health care environment. Along with DFWHC staff, their boards and multiple advisory committees consisting of representatives of hospitals, systems, health industries, businesses, community health organizations and other organizations, assist in assessing and setting the strategic priorities and the corresponding initiatives they will pursue during the year to meet their quality and safety mission. Once the priorities and initiatives are determined, the staff identifies metrics that would reflect improvement for the selected initiatives and sets goals for the region. These same groups monitor the progress of the initiatives periodically through the year.

³ Chassin, M., Loeb, J.M. The Ongoing Quality Improvement Journey: Next Stop, High Reliability. *Health Affairs*. 2011. 30(4): 559-568.

Case Example: Iowa Hospital Association's Lean Learning Collaborative

The Iowa Healthcare Collaborative (IHC), formed jointly by the Iowa Hospital Association (IHA) and Iowa Medical Society (IMS), uses Lean principles, like the Toyota Production System, to increase efficiency, streamline processes and, ultimately, increase the spread of quality improvement initiatives. Lean principles equip hospitals with the tools to combat current challenges in the health care field, while focusing on quality and patient safety as major factors for change. The IHC is now working to bring performance improvement to the Iowa health care community.

Among the Lean tools that IHC promotes are:

- Process Standardization/Standard Work – to remove variation and variability and consistently use best practices.
- Error Proofing – to prevent defects in clinical processes.
- Visual Controls – to enable everyone to easily understand the improvement process.
- 5S's (Sorting, Simplifying, Systematic Cleaning, Standardizing, Sustaining) – to develop the most efficient workspace and eliminate waste in day-to-day operations.

The Lean Learning Collaborative has become a major focus for IHC, which plans to promote and teach the principles to hospitals and physician providers. Toolkits are available through the IHC website at www.ihconline.org to equip providers with information in several quality and patient focus areas. Specific elements of the program include modeling based on IHI's Breakthrough Series, which contains both centralized training opportunities and specific project-oriented principles within a facility. The IHC is focusing this process on areas addressed in health care reform:

- Improvements in physician practices through the adoption of medical homes
- Reduction of health care-associated infections in health care facilities
- Improvements in coordination and execution of processes involved in cardiovascular care

Deployment of Lean for processes specific to chronic disease and primary care is an unusual approach. Lean advances quality improvement through better outcomes, improved HCAHPS scores and reduced utilization of Iowa's health care system.

2. Member Leadership Engagement

Associations actively engage hospital governing boards, executive leadership and clinical leadership in patient safety and quality initiatives to ensure commitment to their initiatives. Leadership support promotes and sustains an organization's culture of safety and actively improves the quality and outcomes of evidence-based care for key patient populations. Furthermore, a key element of success in allied hospital association improvement efforts is the active engagement and leadership from physicians and physicians' professional societies. Many allied hospital associations understand that organizational change needs senior-level leadership support to be successful, and they have developed educational programs and tools to ensure this commitment.

Case Examples: Washington State Hospital Association's CEO and Trustee Patient Safety Summit and South Carolina Hospital Association's Best on Boards

The Washington State Hospital Association (WSHA) conducts an annual CEO and Trustee Patient Safety Summit. During this meeting, board members are able to learn about board leadership in patient safety from national experts. They discuss how to ask questions about sometimes complex clinical reports to advance quality in their hospitals. Engaging hospital leaders has resulted in a significant shift in

the way hospital boards operate, which WSHA has monitored for four consecutive years through a survey.

As another example, the South Carolina Hospital Association (SCHA) created Best on Boards, a voluntary, evidence-based board certification program for hospital trustees and senior hospital leaders. The program has been designed around the governance core competencies identified and published in the AHA’s Blue Ribbon Panel on Health Care Governance report. The certification program offers three levels of learning courses that are available both on-site and online:

- Level I: Essentials of Health Care Governance
- Level II: Quality and Patient Safety, Finance and Leadership Development
- Level III: Board Leadership

To date, 14 hospitals have completed Level I.

3. Alignment with National Initiatives

A majority of the allied hospital associations align their quality and safety improvement efforts with existing national improvement initiatives to increase and sustain the spread of best practices. Perhaps the best reason to align with a national initiative is the ease of implementation and sustainability of the project. National efforts such as the Comprehensive Unit-Based Safety Program (CUSP) are designed to help allied hospital associations more readily implement these programs across their member hospitals. National initiatives already have identified implementation and clinical protocols, standardized metrics for performance measurement, and uniform data reporting processes to collect information from across the country. In addition, these national initiatives provide participating hospitals with tools and educational materials to help implement the projects and share best practices, including national content calls, coaching calls, and newsletters.

Frequently Cited National Projects	Example of Projects
Comprehensive Unit-Based Safety Program (CUSP) to reduce central line-associated bloodstream infections (CLABSI)	Most state associations have joined On the CUSP: Stop BSI in Hospitals. For example, hospitals in the Florida Hospital Association saved at least four lives during the first nine months of the program, and central line-associated bloodstream infection (CLASBI) rates fell from 1.65 per 1,000 line days in September 2009 to 1.23 in December 2010.
Institute for Healthcare Improvement (IHI)	Ventilator-Associated Pneumonia
Catheter-Associated Urinary Tract Infections (CAUTI) Collaborative	Forty-three Illinois hospitals are actively participating in the CAUTI collaborative by joining a nationally sponsored project that includes an initiation call, content calls, coaching calls and supplemental calls.

In addition, many allied hospital associations access additional educational information and literature on quality improvement from such organizations as the American Hospital Association and its Hospitals in Pursuit of Excellence strategic platform, the Institute for Healthcare Improvement, and the Agency for Healthcare Research and Quality, among others.

4. Measurement

A key component of the allied hospital associations' improvement programs is the collection and reporting of measurement data, an area in which the associations have made significant investments. Not surprisingly, many associations use standard metrics, such as CMS core process measures and CMS-defined hospital-acquired conditions, which hospitals are already collecting for reporting purposes. In addition, as previously noted, many associations align performance initiatives with national improvement projects, such as CUSP, which include a standard set of performance metrics. Using standard metrics allows for making comparisons across hospitals, since there is a consistent definition for the measures. As such, hospitals can more readily benchmark their individual performance against the performance of a peer group, and associations can also track and report the improvement of their members as a whole. The majority of these commonly collected metrics are outcomes-based, though as with the CMS core measures, process metrics are also collected. Listed below are the most common metrics that associations used in performance improvement initiatives:

Frequently Cited Metric Category	Example of Metrics Collected
CMS Core Measures (process)	AMI Composite, Heart Failure Composite, Surgical Care Composite, Flu Vaccination
CMS-defined Hospital-Acquired Conditions (outcome)	Ventilator-Associated Pneumonia Infections (# per 1,000 ventilator days); Pressure Ulcers
Central Line-Associated Bloodstream Infections (outcome)	CLABSI rate (number of CLABSIs per 1,000 central line days)

As allied hospital associations have implemented multiple quality improvement projects beyond national projects such as CLABSI and CAUTI, some are collecting more unique measures, such as additional infection measures, unit-specific process measures, and staff-specific process measures. Below are some examples of unique metrics that associations collect as part of various quality improvement initiatives.

Case Examples: Michigan Health & Hospital Association, Healthcare Association of New York State, New Hampshire Association, Washington State Hospital Association, Ohio Hospital Association, Hospital Association of Rhode Island, California regional hospital associations, Florida Hospital Association, Dallas-Fort Worth Hospital Council, Greater Cincinnati Health Council

The Michigan Health & Hospital Association (MHA) and the Healthcare Association of New York State (HANYS) both instituted performance improvement initiatives that focused on emergency department operations. As part of the MHA Keystone: Emergency Room initiative, participating hospitals were asked to collect and report on a series of metrics, including median ED throughput time for arrival to admission, throughput time for arrival to discharge, left without being seen (LWBS) rate, and number of unplanned returns to the ED within 48 hours. While the initiative is still fairly new, within five months the LWBS rate has dropped slightly from 1.81 percent to 1.47 percent in Michigan hospitals reporting data. HANYS also initiated a collaborative that sought to improve ED throughput, measuring success by determining compliance rates for real-time demand capacity management methods. HANYS showed a 20 percent increase in compliance within one year.

Through the New Hampshire Hospital Association, hospitals in that state are not only implementing a patient safety checklist to improve surgical safety—as other states have—but they also are ensuring that the checklist is being used by clinicians as intended. Hospitals agree to have their operating room teams anonymously surveyed to determine if the checklist is being used as intended in the facility. Compliance rates for each step of the checklist are recorded through the survey. Support and compliance with the checklist have been quite high, with 98 percent of those surveyed confirming that leadership is

committed to the initiative and 76 percent reporting that the checklist has prevented an adverse event in their institution.

The Washington State Hospital Association (WSHA) instituted a statewide campaign to increase the number of staff who receive flu vaccines, with the goal to protect patients from the spread of the flu. Rates of vaccination increased from 45 percent to 70 percent as a result of this initiative.

Many hospitals across the country have invested in hand hygiene programs to reduce nosocomial infection rates in their organizations. Two of the allied hospital associations reported on performance improvement initiatives aimed at increasing compliance with this process. New Hampshire's High Five for a Healthy New Hampshire campaign received the commitment of each of the state's hospital CEOs to follow the five pillars of the program. Each hospital reported separate hand hygiene compliance rates for physicians and nurses. Hand hygiene compliance rates increased from 70 percent to 91 percent between 2007 and 2010.

The Ohio Hospital Association took its hand hygiene initiative one step further. For eight hours per hospital each month, five student nurse process observers monitor hospital employees for appropriate hand hygiene when entering and leaving a patient room. Students use an iPad-based tracking system developed by the state hospital association's Quality Institute to collect data on compliance rates. Since the initiative was started in 2010, compliance rates for the 17 participating hospitals have increased from 47.8 percent to 65 percent.

In 2005, the Washington State Hospital Association implemented a standard approach to measuring hand hygiene as part of its Patient Safety Program. Measuring the use of soap and sanitizer per patient day is simple enough for both small and large hospitals to participate in a CEO hand hygiene challenge—an annual competition with awards to hospitals with the highest hand hygiene compliance rates. ICU and non-ICU hand hygiene data are collected regularly. Hand hygiene compliance has more than doubled in both ICU and non-ICU units (311 percent improvement and 111 percent improvement, respectively). In addition, over the three-and-a-half-year period, the number of hospitals participating has significantly increased. Non-ICU unit participation increased from 6 to 41, and ICU unit participation increased from 4 to 20.

The Hospital Association of Rhode Island implemented the International Surviving Sepsis Campaign in 2008 and tracked results based on the two evidence-based clinical bundles endorsed by the campaign, with the ultimate goal of reducing sepsis mortality. Sepsis mortality was reduced from 26.6 in 2008 to 16.8 percent in 2010 as a result of the campaign.

In 2010 as part of Patient Safety First...a California Partnership for Health, three regional hospital associations in California joined with Anthem Blue Cross and the National Health Foundation to launch a three-year, statewide patient safety initiative that links hospitals throughout the state to share and implement best practices to eliminate hospital-acquired infections and improve patient care. One of the first areas of focus was to reduce the incidence and morbidity of sepsis. The percentage of patients discharged with sepsis was the metric used to monitor performance improvement. Sepsis mortality was reduced from 20 percent to 16 percent after the first year of the initiative.

The Ohio Hospital Association, in collaboration with the Centers for Disease Control and Prevention and the Ohio State University Medical Center's Epicenter, launched the first and largest statewide initiative to reduce *Clostridium difficile* (*C.diff*) infections in acute care facilities. The objective of the initiative was to reduce infection rates in at least one patient care unit in each of the 62 participating hospitals by auditing hand hygiene, barrier precautions and environmental cleaning procedures. As a

result of this collaborative after an 18-month period, *C. diff* cases dropped from a baseline rate of 7.6 per 10,000 patient days to 6.5 per 10,000 patient days. In addition, 810 cases were averted, 34 lives were saved, and \$20.3 million in costs were avoided. The association also implemented a unique approach to monitoring hand hygiene compliance in order to improve compliance and significantly reduce methicillin-resistant *Staphylococcus aureus* (MRSA) infection rates. With access to real-time data through an iPad-based reporting system, this initiative resulted in a reduction of housewide MRSA cases from 7.23 cases per 10,000 patient days to 6.14 cases per 10,000 days over a 14-month period, with an estimated \$1.44 million in annual savings and reduction of 274 hospital days. In addition, bloodstream MRSA rates decreased from 0.98 per 10,000 patient days to 0.58 per 10,000 patient days and resulted in an estimated \$537,000 in annual savings and reduction of 107 hospital days.

Two associations that have focused on reducing readmission rates have demonstrated improved performance as a result of their initiatives. The Florida Hospital Association's readmissions collaborative began in 2008 with the goal of reducing readmissions for CHF, AMI, pneumonia, hip replacement and CABG within 15 days. Total admissions within 15 days for the five conditions declined by 11.3 percent between 2008 and 2010, and 2,055 readmissions were prevented. Readmission rates are calculated using 3M's Potentially Preventable Readmissions methodology. The Dallas-Fort Worth Hospital Council (DFWHC) launched its 30-day readmissions project for CHF, AMI and pneumonia in 2008. Metrics were monitored using its Regional Enterprise Master Patient Index (REMPI) in the DFWHC All-Payor Claims-Based Data Warehouse. The warehouse and REMPI allow for readmissions to be identified and tracked across time, hospitals and payor change. In addition, REMPI allowed DFWHC to develop readmissions dashboards, which they used to create quarterly reports on regional readmission rates and comparative statistics for individual hospital executives. Between 2008 and 2010, total readmission rates for the three conditions declined by 23.4 percent.

With the participation of community physicians and business representatives, the Greater Cincinnati Health Council (GCHC) launched the Physician Impact Project (PIP) as a priority for its members in 2009. GCHC initiated the project with the primary purpose of optimizing patient care and enhancing patient safety by enabling clinicians to follow standard processes across the hospitals where they practice. The project clearly articulates evidence-based best practices and processes for selected accreditation, regulatory and safety requirements. An additional goal was establishing these practices as a community standard of care by providing an implementation toolkit and encouraging uniform adoption of the practices by all member hospitals. The three areas of focus for the PIP are the verbal order authentication process, procedural verification (e.g., "time-out"), and professional behavior management. Based on self-reported data, a gap analysis was conducted in 2009 prior to the rollout of recommendations, to benchmark hospitals' status in relation to the recommendations. One year later, the gap analysis was conducted again. Results showed that the 26 participating hospitals improved their adherence to each of the three recommendations. Positive outcomes of the PIP include uniformity, consistency and common buy-in across all member hospitals for compliance with standards, improved quality and accreditation survey evaluations, a standardized community level of care and communication, and improved employee morale.

5. Promoting Transparency

Along with measurement, publicly reporting performance data on the Internet is a key element of many of the allied hospital association initiatives. Transparency is one of the primary motivating factors for improving performance. Hospitals who participate in quality and safety initiatives that require public reporting know that stakeholders will be reviewing their data and pressuring them to improve performance over time. In addition, the associations that have been tracking data over several years have found that public reporting has also increased the sustainability of their performance improvement

initiatives, ensuring commitment by providers over time. Finally, patients can see which providers are participating in initiatives that have public websites, and hospitals generally want to avoid any negative publicity that may come from not participating in performance improvement initiatives.

Case Examples: New Hampshire Hospital Association’s Core Measure “Gold” Hospital Transparency and Improvement Project, Minnesota’s Adverse Health Care Events Reporting Law and Wisconsin Hospital Association’s CheckPoint

The goal of the New Hampshire Hospital Association’s (NHHA) Core Measure “Gold” Hospital Transparency and Improvement Project is to improve the rate at which New Hampshire hospitals provide all of the appropriate care to every patient with acute myocardial infarction, congestive heart failure, or community-acquired pneumonia as well as to patients undergoing surgery. NHHA recognized the power of transparency in increasing performance by their member hospitals and understood that, although patients may not be choosing providers based upon publicly reported data, the need for public accountability in health care is growing. As such, the association created a website, www.nhqualitycare.org, to display CMS core measure data for all 26 acute care hospitals in New Hampshire, including 13 critical access hospitals that are not required by CMS to submit data. The target audience for the website is providers, though the data is also used by health plans, policymakers and the public. As part of a reward system, NHHA uses data reported to the website to identify the high-performing hospitals each quarter, defined as those hospitals with the highest composite scores that care for 10 percent of the eligible patients for each condition. In a statewide report, these high-performing hospitals are displayed in gold.

In 2003, as part of Minnesota’s Adverse Health Care Events Reporting Law, the state became the first to adopt a mandated reporting system based on the 27 types of serious reportable events as defined by the National Quality Forum. Under the law, the Minnesota Department of Health and the Minnesota Hospital Association (MHA) have collected information on more than 1,400 adverse events, including details about the events’ causes and the steps being taken to prevent similar events from happening in the future. The most valuable and innovative aspect of this work is the proactive learning taking place among all hospitals. Once competitive interests were put aside, hospitals collectively worked to share key root causes and action plans to prevent future adverse events.

The Wisconsin Hospital Association’s (WHA) quality improvement efforts are founded on public reporting. In 2004, one year before Hospital Compare was released, WHA launched CheckPoint, one of the first voluntary hospital public reporting initiatives in the United States. The goal of the public reporting improvement initiative was three-fold: (1) to engage member hospitals in statewide quality improvement efforts and ensure the efforts were sustained through public reporting, (2) to promote the formation of smaller quality collaboratives to share best practices and spread improvement more rapidly and (3) to promote health care transparency by collecting and reporting information to help consumers make informed decisions about their hospital care. To date, 98 percent of the state’s hospitals—including 59 critical access hospitals—voluntarily report more than 100 measures on the website.

6. Deployment of Multiple Improvement Initiatives

Through shared learning methods, allied hospital associations have been able to spread best practices and implementation methods among hospitals of all sizes and across all regions. Associations have used a variety of methods, including monthly educational sessions, webinars, annual conference calls, toolkits, and learning communities, to disseminate lessons learned by individual organizations, increasing the scale of implementation and rate of improvement at member hospitals. Implementing shared learning methods also reduces the likelihood that hospitals will see performance improvement initiatives as competitive situations and, instead, will see them as collaborative efforts.

Case Example: Washington State Hospital Association's Safe Table Learning Collaboratives

The Washington State Hospital Association (WSHA) developed the Safe Table Learning Collaboratives, a unique, legally protected forum for large and small hospitals to work together to improve patient care. Hospitals come together quarterly in person and via web conferences to share best practices that address specific issues of safety and quality. Topics range from preventing hospital-acquired infections to advancing board leadership in patient safety. WSHA members set aside competition to improve patient safety through goal-setting, shared learning and monitoring of results.

WSHA has also engaged in a statewide initiative to reduce hospital-acquired infections. More than 100 hospital staff participated, representing more than 80 percent of the state's hospitals. The collaborative has achieved success in three areas: reducing hospital-acquired infections, increasing hand hygiene, and increasing staff influenza immunizations.

- Reducing hospital-acquired infections: Participating hospitals have worked together to implement best practices to prevent the transmission of methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (*C. diff*), and other hospital-acquired infections. As a result, a steady decline in infection rates across all hospitals was reported. For example, the central line infection rate decreased to 0.7 per 1,000.
- Increasing hand hygiene: Strategy has focused on increasing the percentage of hospital staff that always use proper hand hygiene. As a result of the CEO Hand Hygiene Challenge, an annual competition with awards for highest hand hygiene compliance rates, hand hygiene compliance percentage rates among hospitals more than doubled.
- Increasing staff influenza immunizations: Through this initiative, a statewide push for staff influenza vaccinations to protect patients from the spread of the flu has been implemented.

Leadership for the Safe Tables comes from the WSHA board of trustees. The collaborative program is composed of a diverse group of members who contribute their own expertise to set the goals of the Safe Table Learning Collaboratives, provide guidance and participate in strategy implementation. The group also works to eliminate current barriers standing in the way of safety improvements.

7. Partnership Development

Shared learning is enhanced when productive partnerships are formed with other stakeholders in the community, such as post-acute providers, professional associations and commercial insurance companies. Common objectives of these partnerships include establishing an active learning network for participating providers and their staff, disseminating clinical protocol templates to member hospitals, establishing guidelines and order sets related to the improvement initiative, and even providing financial support to develop performance initiatives.

Case Examples: South Carolina's Heart Care Alliance, Illinois Hospital Association's PREP initiative, and New Jersey Hospital Association's Collaborative to Reduce Heart Failure Readmissions

The South Carolina Heart Care Alliance is a collaborative partnership of all South Carolina Hospital Association member hospitals, Emergency Medical Services, South Carolina American College of Cardiology, South Carolina College of Emergency Physicians, American Heart Association, South Carolina Department of Health and Environmental Control (Division of Emergency Medical Services and Trauma and Division of Heart Disease and Stroke Prevention), Office of Rural Health, State Medical Control, and patient advocate groups. The alliance's mission is to establish a collaborative statewide system of continuous improvement in the quality and safety of hospital-based cardiac care for each patient, every time. This program allows participating hospitals to make a unified and organized

commitment to continuous improvement in quality and safety of care provided to cardiac patients, actively monitoring these improvement efforts internally. The alliance encourages hospitals to take a leadership role in demonstrating the value of a collaborative clinical quality improvement and patient safety program. All collaborative members play an essential role in implementing, spreading and sustaining quality improvement statewide.

The Illinois Hospital Association (IHA), partnering with Blue Cross Blue Shield of Illinois (BCBSIL), has established the Preventing Readmissions through Effective Partnerships (PREP) initiative. Working with nationally recognized experts from the Division of Hospital Medicine at Northwestern Memorial Hospital (Chicago), Northwestern University's Feinberg School of Medicine, and the Society of Hospital Medicine, PREP will help Illinois hospitals significantly reduce patient readmissions by 2014 through five key initiatives:

1. Redesigning hospital discharge processes
2. Improving transitions of care
3. Developing and improving palliative care programs
4. Reducing readmissions from infections
5. Measuring reductions in readmissions using standardized metrics

With financial support from BCBSIL, the IHA Quality Care Institute will provide hospitals with extensive technical assistance, strategic approaches, tools and other resources. An integral part of the initiative will include a standardized approach to discharge planning, which is critical to addressing the readmissions issue, as well as a focus on reducing infections. In addition, hospitals will receive resources and training to reduce readmissions through such programs as the Society of Hospital Medicine's Project BOOST and the Agency for Healthcare Research and Quality's Project RED (Re-Engineered Discharge) training program.

In New Jersey, several quality improvement collaboratives involve health care facilities across the continuum of care, bringing together acute care hospitals, rehabilitation hospitals, skilled nursing facilities and home health agencies. A current collaborative to reduce readmissions in heart failure patients has 68 facilities participating (44 acute care hospitals and 24 others). The initiative's goal is to implement best practices for improving the care of patients with chronic heart failure, including engaging patients in their own self-management. Among the examples of providers partnering in this initiative are:

- Hospital advanced practice nurses (APNs) making rounds in post-acute facilities to assess their patients
- Hospital APNs conducting classes for nursing facility staff to teach more advanced physical assessment and care management techniques
- Home health agency nursing staff going into hospitals to meet with patients and families, learn about the care plan and ensure that they are ready to follow the patient home
- APNs conducting "interim" visits with patients who are unable to get appointments with physicians for extended periods, e.g., two to three weeks

8. Patient Engagement

Patients and families are integral parts of the care team. It is commonly believed that when patients and family members are actively engaged in their health status and care delivery, improved outcomes result.⁴ Some allied hospital association initiatives recognize the importance of this approach and include elements of patient engagement and education as part of their efforts.

Case Examples: Washington State Hospital Association's Patient Engagement Tools and Massachusetts' PatientCareLink

WSHA strives to provide educational materials with proactive steps that patients can take to stay safer. For example, the association created a library of educational tools that gives patients the information needed to be informed participants in their health care, including how to stop the spread of infection by adhering to proper isolation precautions. In addition, the hospital association has created color-coded patient, family and visitor educational materials in five languages about isolation precautions.

PatientCareLink, a joint effort of the Massachusetts Hospital Association and the Massachusetts Organization of Nurse Executives, is a voluntary initiative by Massachusetts hospitals. These hospitals are committed to collaboratively creating practices to improve patient care by reducing medical errors, improving safety and efficiency, and alleviating nursing and other caregiver staff shortages. Hospitals have increased transparency by voluntarily posting unit-specific nurse staffing plans and health care quality outcome measures. Furthermore, PatientCareLink has given patients and families unprecedented access to information about their local hospitals on its public website, www.patientcarelink.org.

9. Recognition Programs

Recognition programs can motivate hospital staff to participate in performance improvement programs. These programs are a unique way to sustain quality improvement, increase performance and enhance the sharing of best practices.

Case Examples: Georgia Hospital Association's Positive Public Recognition and Washington State Hospital Association's CEO Challenge

The Georgia Hospital Association (GHA) encourages all Georgia hospitals to increase their CMS appropriate care measure (ACM) rate so Georgia will rank in the top ten states for quality. The association's positive public recognition includes two components: the GHA Honor Roll and Dots on the Name Badge. The Honor Roll uses the eight appropriate care measures from CMS. There are three distinctions: honor roll, presidential honor roll and chairman honor roll. To receive recognition, a hospital must have an ACM rate of 88 percent. Once hospitals improved, the threshold was increased to 91 percent, the national average. The Dots on the Name Badge indicate 90th percentile for at least one of the ACMs: red for AMI, yellow for heart failure, and green for pneumonia. If the ACM rate is 91 percent or better, the hospital is considered "on target" and gets a "bulls-eye" on its badge.

The Washington State Hospital Association's Patient Safety Program focuses on increasing the number of hospital physicians, nurses and other staff who consistently use appropriate hand hygiene practices. An important part of the program is the CEO Hand Hygiene Challenge, an annual competition with awards for the highest hand hygiene compliance rates. Hospitals participating in this program have more than doubled their compliance rates.

⁴ Fowler, F.J., Levin, C.A., Sepucha, K.R. Informing and Involving Patients to Improve the Quality of Medical Decisions. *Health Affairs*. 2011. 30(4): 699-706.

ADDITIONAL RESOURCES

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities and provide models for national reform. AF4Q asks the people who get care, give care and pay for care to work together toward common, fundamental objectives to lead to better care.

AF4Q offers numerous resources and tools that can assist allied hospital associations in their quality improvement initiatives. Listed below are several of the resources available. More information on the project and additional resources can be found at <http://www.rwjf.org/qualityequality/af4q/index.jsp>.

Aligning Forces for Quality. *AF4Q Leaders Speak About Physician Engagement. Video, 2011*, http://www.rwjf.org/qualityequality/product.jsp?id=72203&cid=XEM_205605.

_____. *Good for Health, Good for Business: The Case for Measuring Patient Experience of Care*. Princeton, NJ: Robert Wood Johnson Foundation, 2011.

_____. *Lessons Learned in Public Reporting: Crossing the Cost and Efficiency Frontier*. Princeton, NJ: Robert Wood Johnson Foundation, 2011.

_____. *Leverage Existing Efforts or Use a Centralized Approach: Two Strategies for Community-Wide Implementation of the CAHPS Clinician & Group Survey Group Survey*. Princeton, NJ: Robert Wood Johnson Foundation, 2010.

_____. *Talking about Health Care Payment Reform with U.S. Consumers: Key Communications Findings from Focus Groups*. Princeton, NJ: Robert Wood Johnson Foundation, 2011.

_____. *Talking with Physicians about Improving Payment and Reimbursement: Key Communications Findings from Interviews and a National Survey with Primary Care Physicians*. Princeton, NJ: Robert Wood Johnson Foundation, 2011.

High-Value Health Care Project. *Project Works to Develop Cost Measures, Aggregate Data on Physician Performance and Increase Equity*. Princeton, NJ: Robert Wood Johnson Foundation, 2011.

Prometheus Payment® Pilot Assessment and Implementation Toolkit. Newtown, CT: Health Care Incentives Improvement Institute, 2011.

Urgent Matters. *Following the Leader: Urgent Matters Learning Network II*. Princeton, NJ: Robert Wood Johnson Foundation, 2011.