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**Hospitals, clinics, and schools of health administration/public health operated by the Department of Defense, the Department of Health and Human Services, and the Department of Veterans Affairs (VA) are members of AHA's Section for Federal Hospitals.** As in the civilian sector, federal health care is undergoing major changes primarily in response to reduced strength, closure of some medical facilities, budget constraints and changes to health benefits. Military and VA health leaders have said that there will be increased emphasis on wellness to address chronic conditions and changes in the delivery of care emphasizing teamwork and accountability for producing value and reducing costs. The AHA supports the unique role of these health care organizations and works for federal hospital leaders through collaboration and partnerships, leader engagement and involvement, and providing key resources and tools.

*Outlined below are a few specific examples of how the AHA supports federal hospitals.*

## Working for Federal Hospitals

*The primary mission of the AHA is to support the nation's hospitals and health systems on issues that impact their organizations, patients and communities. The AHA ensures that members' perspectives and needs are heard and addressed by national health care leaders, with the press, consumers and in the communities they serve. Examples of how the AHA has worked for federal hospitals are outlined below.*

- **Ensuring a Healthier Tomorrow:** Over the past year, the AHA Board of Trustees has looked for answers to the question of how to slow health care spending. Recommended changes are laid out in the latest report from the Board's "Ensuring a Healthier Tomorrow: Actions to Strengthen Our Health Care System and Our Nation's Finances." The list was not exhaustive, but it is a starting point of initiatives and activities all health care stakeholders can take together.
- **Strengthening Hospitals' Ability to Serve Communities:** The AHA works across party lines – with Congress, regulatory agencies and the courts – to protect funding for civilian hospital

services from arbitrary cuts and to decrease regulatory burdens that draw much needed resources away from patient care. This promotes the ability of hospitals and health care systems to better partner with federal clinics and hospitals as communities explore new ways to optimize local resources.

- **Communication:** In national news and traditional and social media, in print and on television or radio, the AHA supports hospitals and health care systems. The AHA equips members, including federal hospital executives, with tools and strategies to highlight the critical role they play in communities.
- **Meeting the Needs of Our Returning Military:** The AHA partnered with the Defense Centers of Excellence (DCoE) to help raise awareness of the medical, social and emotional challenges that the military face as they return home to their daily lives. The primary goal of this partnership was to ensure that returning service members find the support and resources they need. To access and share these resources, please visit [www.dcoe.health.mil](http://www.dcoe.health.mil).

## Engaging Federal Hospital Leaders

*Federal hospital leaders have a voice in the AHA through their active involvement in several forums.*

- **A Role in AHA Governance and Policy Making:** The AHA offers federal hospital leaders many opportunities to take an active role in shaping AHA policies and setting the direction for the association. They can play a formal role in association governance and policy formation by serving on the AHA's Board of Trustees, Regional Policy Boards, Governing Councils and committees, including the Committee on Research and Committee on Performance Improvement. In addition, the association creates short-term advisory and work groups where members weigh in on more focused, time-sensitive policy issues.

- **Federal Hospital President Forums:** Small groups of federal hospital leaders are invited annually to meet with AHA's president in Washington to provide their guidance to the AHA on specific and time-sensitive health care issues and to discuss strategies to strengthen federal and civilian health care partnerships.
- **Member Outreach:** Several times throughout the year the AHA's federal hospital leaders are individually contacted by the AHA and/or are invited to participate in small group conference calls to discuss key AHA initiatives. During the calls members contribute their perspectives and often receive additional tools and resources to address key challenges shared during the discussions.

## Providing Key Resources for Federal Hospitals

The AHA offers federal hospital leaders and their teams tools and resources to help accelerate performance improvement and improve the health care delivery system.

### • Performance Improvement Initiatives:

#### – The AHA’s Committee on Performance Improvement

**(CPI):** The CPI provides guidance on AHA’s strategy to support performance improvement across the membership and to support improved quality as defined by the Institute of Medicine’s six aims (safe, effective, efficient, equitable, timely, and patient-centered care). Its first report, “Hospitals and Care Systems of the Future,” identified must-do, priority strategies and core organizational competencies that organizations could establish to remain successful in this time of sweeping change. These strategies are aligned with federal hospital strategic priorities including commitment to continuous improvement, personal involvement in patient care and safety, and partnerships with sister services and other federal and civil organizations improving beneficiary care.

#### – Hospitals in Pursuit of Excellence (HPOE) Guides and Reports:

HPOE’s action guides and reports are designed to help accelerate performance improvement. In 2013, the following materials were shared with the field:

- “Checklists to Improve Patient Safety” covers 10 areas including adverse drug events, catheter-associated urinary tract infections, injuries from falls and immobility, hospital-acquired pressure ulcers, and surgical site infections.
- “Reducing Health Care Disparities: Collection and Use of Race Ethnicity and Language Data” address collection and use of patient race, ethnicity and language (REAL) data to reduce care disparities and increase equity of care.
- “Becoming a Culturally Competent Health Care Organization” describes the benefits, steps and educational techniques of becoming a culturally competent health care organization.
- “Metrics for the Second Curve of Health Care” provides a roadmap for leaders to assess their organization’s progress moving from volume-based to value-based reimbursement.

- **National Quality Projects:** The AHA leads several national quality projects. The National Call to Action to Eliminate Health Care Disparities provides health care leaders with free resources to improve the quality of care for every patient. Other quality projects assist hospitals in adopting best practices to reduce inpatient harm and include the Hospital Engagement Network, the catheter-associated urinary tract infections (CAUTI) project, the central line-associated bloodstream infections (CLABSI) project, and the TeamSTEPPS program. Lessons learned from the federal sector initiatives have helped inform the development of many of these initiatives.

### • Research and Data:

– **The AHA’s Committee on Research (COR):** The COR develops the AHA research agenda, studies topics in depth and reports out to the AHA Board and the field. A broad array of health care leaders participate on the committee and it is chaired by the AHA Board Chair-elect.

– **Reports and Analyses:** AHA research reports include the *TrendWatch* series, a periodic AHA publication that reports on the latest trends affecting hospitals and the health care system, as well as other AHA-sponsored studies and Chartbook, a compendium of the latest trends impacting hospitals. Most recent reports of particular interest to federal providers include: “Prepared to Care: The 24/7 Standby Role of America’s Hospitals,” “Hospitals Demonstrate Commitment to Quality Improvement,” and “Bringing Behavioral Health into the Care Continuum.”

– **Data:** The AHA Annual Survey is completed online by most U.S. hospitals, both civilian and federal, and profiles a universe of more than 6,500 hospitals. It has more than 1,000 inputs covering an organization’s structure, service lines, staffing, expenses, physician organization structures, beds and utilization. This data is made available through the AHA Guide and AHA Healthcare DataViewer.

– **The AHA Environmental Scan:** The AHA Environmental Scan is designed to help hospital leaders better understand the health care landscape, including critical issues, key emerging trends and market forces that have a high probability of affecting the health care field.

– **AHA Resource Center:** Highly trained information specialists assist members in accessing timely and relevant health services articles and data.

- **Fellowship Programs:** The AHA-National Patient Safety Foundation Comprehensive Patient Safety Leadership Fellowship is a year-long, intensive learning experience that develops leadership competencies and promotes a transformational model for patient safety and quality improvement. Fellows complete an Action Learning Project, a major improvement project for their organizations, and have opportunities to connect with current fellows and alumni and nationally recognized experts for mentoring. The Health Research & Education Trust developed the AHA Health Care System Transformation Fellowship for C-suite executives. The six-month program provides a roadmap of how to design and plan for new care delivery models.