



The health care field continues to face challenges from multiple environmental forces. But at hospitals and health systems throughout the nation, health care executives, managers, and frontline staff are not only meeting the challenges presented but also continuing their commitment and work to advance quality, safety and efficiency in patient care.

Below are some of the ways American Hospital Association (AHA) is helping accelerate performance improvement.

Guides and Webinars



Hospitals in Pursuit of Excellence (HPOE), the AHA's strategic platform to accelerate performance improvement in health care, released 13 guides in 2012 on topics ranging from readiness for accountable care, to health care disparities and palliative care services. In addition, HPOE hosted eight webinars on related topics. These guides, along with case studies on advanced strategies in performance improvement, can be accessed at www.hpoe.org.

National Projects

AHA/HRET Hospital Engagement Network

The Centers for Medicare & Medicaid Services (CMS) awarded the AHA's Health Research & Educational Trust (HRET) a two-year contract to support the Partnership for Patients campaign. HRET is leading a Hospital Engagement Network that assists hospitals nationwide with the adoption of best practices with the goal of reducing inpatient harm by 40% and readmissions by 20%. The network represents 31 state hospital associations, composed of nearly 1,600 hospitals.

On the CUSP: Stop HAI

CAUTI Highlights (first project year Aug 2011 to 2012). With more than 1,200 registered hospitals in 29 states, the project continues to successfully expand, and does so in an inclusive manner involving rural and urban hospitals, teaching and non-teaching hospitals and hospitals of other varying characteristics. The project, aimed at reducing catheter-associated urinary tract infections (CAUTI), trained roughly 1,200 people through in-person learning sessions and more than 4,500 on conference calls or webinars.

CLABSI Highlights (finished Sept. 29, 2012). Participating in six cohorts were 44 states, the District of Columbia and Puerto Rico. Collectively, these states and regions recruited more than 1,000 hospitals and 1,800 hospital unit teams to participate in the project. The effort has reduced central line-associated bloodstream infections (CLABSI) by 40% and is estimated to have saved more than 290 lives, and, at a minimum, \$97 million in excess costs have been averted to date. HRET expects those figures to climb over time.

CLABSIs also may affect infants. Frontline caregivers in 100 NICUs in nine states relied on the program's prevention practice checklists and better communication to decrease CLABSI rates by 58%. During the course of the study, an estimated 131 infections were prevented with more than \$2.2 million in cost savings.

TeamSTEPPS

In 2012, the national implementation of TeamSTEPPS program trained 766 individuals representing more than 1,000 hospitals at five regional training centers. Developed by the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense, TeamSTEPPS is a set of evidence-based, practical tools that help hospitals and other health care providers strengthen teamwork among caregivers with the goal of improving patient safety. Implementation of the tool was supported by a website (teamsteppportal.org) and a national conference. The 2012 conference was host to 400 members of both the military and civilian health care world. HRET also began redesigning and updating the current TeamSTEPPS materials and creating an entirely new toolkit for TeamSTEPPS in primary care settings.

Equity of Care

HRET supports the National Call to Action to Eliminate Health Care Disparities. In 2012, HRET along with the Call to Action founding partners — the Association of American Medical Colleges, American College of Healthcare Executives, American Hospital Association, Catholic Health Association of the United States and the National Association of Public Hospitals — developed a website providing free resources to improve the quality of care for every patient. Resources

include best practices, case studies and national collaborative efforts. Commissioned in 2011 by the Institute for Diversity in Health Management, HRET also conducted a national survey to determine the actions hospitals are taking to reduce care disparities. Overall, the survey results showed advancements in three core elements to increase the collection of race, ethnicity and language preference data; increase cultural competency training for clinicians and support staff; and increase diversity in governance and management. In 2013, the Call to Action will release goals for implementing the core elements, with milestones to guide the work and measure its success.

End-Stage Renal Disease

AHRQ awarded a two-year contract to HRET and its partners, the University of Michigan, Kidney Epidemiology and Cost Center and the Renal Network of the Upper Midwest Inc., to address end-stage renal disease. The goal of the project is to pilot the NOTICE change package to reduce vascular access infections in hemodialysis patients and improve safety culture in dialysis facilities. Efforts in 2012 focused on change package development and recruitment of 60 facilities from networks in two regions — the Upper Midwest and Southeast.

Comprehensive Patient Safety Leadership Fellowship

Now entering its 12th year, the AHA-National Patient Safety Foundation Comprehensive Patient Safety Leadership Fellowship (CPSLF) is a year-long, intensive learning experience that develops leadership competencies and promotes a transformational model for patient safety and quality improvement. The CPSLF's curriculum was redesigned to include new topics emerging from health care delivery system transformation as well as the program's traditional focus on

core patient safety knowledge. Fellows complete an Action Learning Project, a major improvement project for their organizations, and have opportunities to connect with current fellows and with alumni and nationally recognized experts for mentoring.

Visit www.hret.org and www.hpoe.org for the latest information and resources on quality and performance improvement from the AHA.

The Committee on Performance Improvement

The Committee on Performance Improvement (CPI) provides guidance to AHA's strategy to support performance improvement across the membership, including further development of HPOE; and to support improved quality as defined by the Institute of Medicine's six aims (safe, effective, efficient, equitable, timeliness and patient-centered care).

In 2012, the CPI commissioned a pair of reports on advanced illness management, or AIM. Together these reports frame AIM as a four-phase process and focus on three strategies – access, awareness and workforce – to deliver and support high-quality and well-coordinated advanced illness care to patients and their families.

For more, visit www.aha.org and click on "Research & Trends."

Health Forum: Advancing Excellence

Health Forum is a strategic business enterprise of the AHA that develops and delivers information and innovative services to help health care leaders achieve organizational performance excellence and sustainability.

Publications

Three titles, *Hospitals & Health Networks*, *Trustee and Health Facilities Management*, help leaders create delivery systems of the future by delivering vital and timely information on a daily basis. Whether facing governance and leadership challenges or new codes and standards for hospital design and construction, Health Forum's publications give C-suite level executives and purchasing decision makers the insight they need to transform their hospitals in an ever-changing environment. All three publications have e-newsletters as well as related websites.

Education

Health Forum's educational programs, including the Health Forum/AHA Leadership Summit and the Rural Health Care Leadership Conference, offer cutting-edge insights to guide health care organizations in the post-reform era. Speakers Express also has a tremendous roster of distinguished health care leaders and experts available for management and board meetings.

Data

Health care leaders depend on AHA Data for a comprehensive understanding of the health care market, competitive marketplace analysis and benchmarking. This data is essential for health care business and product development. The data group also offers the UB04 Data Specifications Manual and the complete UB-04 Electronic Data Set, the official source of billing codes for health care providers. In addition, the data group manages the Most Wired awards, which help assess technological development in hospitals.

Coding

The AHA's Central Office serves as the official U.S. clearinghouse for medical coding (ICD-9-CM, ICD-10-CM and ICD-10-PCS) and provides officially sanctioned coding guidelines and advice. In addition, the Central Office provides advice on CPT codes for hospital prodders and certain level II HCPCS codes. These coding systems serve an important function for quality review and hospital reporting, and also ensure timely payments to hospitals, health care systems and other providers.

For more, visit www.healthforum.com.