

STAT: TACKLING TODAY'S CHALLENGES

Leading the Way on 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. In the five years since the Institute of Medicine's report, *To Err is Human: Building a Safer Health System*, called for dramatic changes in the health care system, hospitals have instituted many improvements in their systems of care, which have resulted in safer care for patients.

Hospitals continue to identify ways to reduce the chance that even a single patient may be harmed during the course of care, and to share with the public information on how safe their care is.

Hospitals also continue to respond to the public's questions about quality and accountability. Ongoing attention to systemic quality issues underscores the central role hospitals must play in ensuring that we make good on our commitment to provide high-quality, safe care to every patient who walks through our doors. The Institute of Medicine's report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, provides a framework for the responsibilities of hospitals as well as other health care organizations to direct their continuing quality improvement efforts. The framework provides six aims for an improved health system: safety, patient-centeredness, efficiency, effectiveness, timeliness, and equity.

AHA View

Hospitals and the public need to know if patients receive the right care at the right time in the right place, and the AHA and its Board of Trustees are committed to helping answer that question. To help focus our efforts, the AHA has adopted the quality framework outlined in *Crossing the Quality Chasm*. Our efforts focus on providing hospitals with information and tools that they can use to improve quality and patient safety; supporting legislative and regulatory reforms that will enable hospitals and their staffs to improve care; representing the field with accreditation and oversight organizations; and recognizing innovators in quality and patient safety. We continue to work with a variety of stakeholders – including the federal government, hospital leaders and organizations representing physicians, pharmacists, nurses, consumers, researchers, and purchasers – to coordinate efforts to improve quality and patient safety.

The Quality Initiative. Members of the AHA, the Association of American Medical Colleges (AAMC) and the Federation of American Hospitals (FAH) know that the public deserves candor about the quality of care hospitals provide and want to ensure the public gets accurate and helpful information. They know hospitals must continue to improve quality internally and be publicly proactive in sharing the story of what they have accomplished, while recognizing that there are still improvements to be made.

On behalf of their members, the AHA, the AAMC and the FAH have been collaborating with government agencies, professional organizations, purchaser alliances, consumer organi-



zations, and others to forge a shared national strategy for accurate quality measurement and public accountability. These organizations include the Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality; professional organizations such as the American Medical Association, the Joint Commission on Accreditation of Healthcare Organizations and the National Quality Forum; consumer organizations such as AARP and the Purchaser-Consumer Disclosure Group.

In close coordination with these groups, the AHA and its partner organizations launched *The Quality Initiative: A Public Resource on Hospital Performance* to help patients and families better understand how care is being provided by their hospitals for certain medical conditions. Under the Quality Initiative, hospitals agree to provide data publicly on an initial set of 10 quality measures. More than 3,400 hospitals have agreed to participate in the Quality Initiative as of April 15, and we expect even more hospitals will share their data by the close of the year.

Congress signaled its support for this effort by passing a provision in the Medicare Modernization Act of 2003 that gives a full market basket update to acute care hospitals submitting data for public display in 2005, 2006 and 2007.

The initiative's partners are working on several objectives: a voluntary data collection mechanism that minimizes the additional burden on hospitals, an ongoing process that gives hospitals a sense of predictability about public reporting expectations over time, and most importantly, ensuring that balanced, useful information helps improve quality and inform the public. The initial information on hospital performance will be expanded to include seven additional measures for heart attack, heart failure and pneumonia, which will be posted in 2005. Following that expansion, three measures of hospital efforts to prevent surgical infections and two measures on pneumonia will be posted in mid-2005. Also, beginning in 2005, hospitals will share information on patients' perceptions of their own care. These steps are necessary to create a useful and robust set of information for the public.

The data on hospital performance can be found at www.cms.gov/quality/hospital. This site is intended primarily as a "test site," valuable primarily for researchers and clinicians. A comprehensive, user-friendly consumer site is slated for late 2004/early 2005.

Information Technology. A variety of technologies have been shown to be effective in improving quality or 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 these technologies 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. The AHA is a founding member of the National Alliance for Health Information Technology, and is working in collaboration with the Alliance to bring about more standardization.



Medical Event Reporting. While media accounts frequently focus on isolated tragedies, hospitals and other providers know that improvements in safety can best be accomplished through the routine collection of data on errors and close calls. Hospitals are seeking better ways to understand the areas of vulnerability in the way care is provided by collecting and analyzing data to reveal the contributing factors, identifying underlying causes, and suggesting potential systemic changes that will reduce the likelihood of a patient being harmed in the future. Data collection on errors and close calls is vital to our efforts to improve safety for our patients, but we need to do more than just collect the data. Reporting is helpful only if it leads to changes in the processes of care, and those are accomplished by changes in human behavior or innovations in technology.

In 2003, the AHA supported the **Patient Safety and Quality Improvement Act** (H.R. 663/S. 720), introduced by Reps. Michael Bilirakis (R-FL) and John Dingell (D-MI) and Sens. Jim Jeffords (I-VT), John Breaux (D-LA) and Bill Frist (R-TN). We also supported the **Patient Safety Improvement Act** (H.R. 877), introduced by Reps. Nancy Johnson (R-CT) and Pete Stark (D-CA). These bills seek to provide new legal protections to permit patient safety information to be shared with Patient Safety Organizations, which would work with hospitals to analyze information and share best safety practices to prevent medical errors. This legislation has passed the House and is awaiting action in the Senate. The AHA continues to support the creation of confidential avenues to share information on errors and more effectively learn how to prevent harm.

Payment Incentives for Quality and Patient Safety. As more information on hospital quality becomes more publicly available, payers' interest in fostering quality improvement through payment strategies has increased. These efforts, called "pay for performance" or incentive-based approaches, are in their infancy. However, insurance companies and large employers are experimenting with pay for performance. Additionally, the Medicare Payment Advisory Commission, which advises Congress on future directions for Medicare, recently urged the development of more "pay for performance" demonstration projects to examine a variety of ways to pay for medical services that would provide incentives for better performance. While incentive models already have begun to be used, hospitals are concerned that these models ultimately may focus more on cost and de-emphasize the original goals of fostering quality and patient safety. The AHA is developing principles that capture the hospital field's view of "pay for performance." These principles will be used to evaluate pay for performance options that promote payment adequacy and focus the discussion on the goal of improved patient care and safety.

Tools and Resources. To help hospitals achieve a safer environment and safer care, the AHA has collaborated with other organizations, including our state association partners, to create numerous tools and resources. The AHA's efforts include:

- Distributed in 2003, in conjunction with the UnitedHealth Foundation, *Strategies for Leadership Evidence-based Medicine for Effective Patient Care*, which focused on the important role of evidence-based medicine in improving quality and patient safety.



- Partnered with the American Society for Healthcare Risk Management and the American Society for Quality to sponsor the January 2004 Quality Institute featuring educational sessions on quality techniques such as Six Sigma, ISO 9000 and Baldrige.
- Working with the Health Research and Educational Trust (HRET), the Institute for Safe Medication Practices (ISMP) and the Commonwealth Fund to re-survey hospitals this spring on the safety of their medication processes. The 2000 ISMP Medication Safety Self Assessment™ led to the development of *Pathways for Medication Safety* – three field-tested tools for reducing medication errors (available at www.medpathways.info).
- Teaming up with the Institute for Family-Centered Care to encourage hospitals to learn more about patient- and family-centered care, a collaborative approach to caregiving and decision-making. A toolkit will be distributed later this year that includes an educational video, discussion guide and assessment tool.

To learn more about the resources and materials that we offer hospitals, visit www.aha.org under "Quality and Patient Safety."

Recognizing Excellence. The AHA sponsors two awards that recognize excellence in quality and patient safety:

- *The Quest for Quality Prize.* In collaboration with McKesson Corporation and the McKesson Foundation, the AHA created this prize to recognize hospitals that have worked to create a culture of safety.
- *The Circle of Life Award.* With funding from the Robert Wood Johnson Foundation, the AHA, working with the AMA, the National Hospice and Palliative Care Organization, and the American Association of Homes and Services for the Aging, created this award to highlight organizations that set the standard for care at the end of life.

Developing Leadership. Recognizing the critical role strong leadership plays in improving quality and patient safety, the AHA's Health Forum and the National Patient Safety Foundation, in partnership with the American Organization of Nurse Executives, the American Society for Healthcare Risk Management and HRET, have developed the Patient Safety Leadership Fellowship. This yearlong program targets the next generation of health care leaders to develop and implement practices and strategies that enhance patient safety and quality.