

2025

The
American Hospital
Association
Quest for Quality®
Prize Honorees



About the Prize

The American Hospital Association Quest for Quality Prize is presented annually to honor health care leadership and innovation in improving quality and advancing the health of all individuals and communities. The 2025 award recognizes hospitals and health care systems that are committed to and are making significant progress in providing access to safe, timely, effective, efficient, patient- and family-centered, affordable care of exceptional quality. The award showcases successful, innovative models of care; services; and collaborations to provide seamless care, as well as inspires hospitals and systems to lead and partner with local organizations to improve community health. The Prize is directed and staffed by the American Hospital Association's Field Engagement Team. The award winner and finalist were recognized in July at the AHA Leadership Summit in Nashville, Tenn.

For more information about the Prize or to download an application for the 2026 Prize, visit www.aha.org/questforquality. Applications are due Sept. 9, 2025. Email questforquality@aha.org with questions.

The American Hospital Association Quest for Quality Prize is generously sponsored by Laerdal Medical.



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2025 Nominees

Inside



WINNER

Hartford HealthCare | Hartford, Conn.

Aspiring to be the best at getting better

In 2017, Hartford HealthCare's seven hospitals were far from leading in safety when the Connecticut health system set an ambitious goal: every hospital would achieve an A rating in safety from the Leapfrog Group.

FINALIST

CommonSpirit Health | Chicago

Standardizing care to improve system-wide performance

CommonSpirit Health, one of the nation's largest systems, uses quality and patient-safety initiatives to move its 140 hospitals in 24 states in one direction.

WINNER

Hartford HealthCare | Hartford, Conn.



Aspiring to be the best at getting better

In 2017, Hartford HealthCare's seven hospitals were far from leading in safety when the Connecticut health system set an ambitious goal: every hospital would achieve an A rating in safety from the Leapfrog Group.

Within five years, each of the hospitals earned an A grade. But Jeffrey Flaks, the system's president and CEO, was not content to leave it at that. "We talk every day, not about aspiring to be the best, but aspiring to be the best at getting better," he says. "We are obsessed with continuous improvement, and our 45,000 colleagues who produced these really extraordinary results challenge ourselves to learn from others, to identify new and better ways to do things and to work to reimagine health care constantly."

That focus on patient safety generated a 70% reduction in hospital-acquired infections between 2015 and 2023. At the end of fiscal year 2023, Hartford HealthCare's Serious Safety Event Rate was an exceptional 0.21 per 10,000 adjusted patient days.

Flaks attributes the progress in patient safety to a culture change supported by new leaders — partners Stephanie Calcasola, R.N., chief quality officer, and Ajay Kumar, M.D., chief clinical officer — who were given the mandate and the freedom to do what was necessary.

Among other things, the system's recruitment process was changed to include questions about safety behaviors

and emotional intelligence in candidate interviews to ensure that new hires are aligned with Hartford HealthCare's safety culture. All employees, clinical and nonclinical, undergo high-reliability organization training — dubbed "Safety Starts with Me" — as part of their onboarding process.

"Consistent messaging is essential to driving culture change," says Kumar. "Stephanie has clearly communicated goals and expectations across the system and has been a strong advocate for Just Culture. Her leadership has fostered an environment where safety events can be reported comfortably and constructively."

Indeed, Calcasola celebrates the fact that staff members reported 8,069 safety events in 2023, a 48% increase over 2021. "We highlight colleagues who have experienced a near-miss event and mitigated harm, and we also showcase when bad things happen," she says. "You learn from errors, and our colleagues believe that, by reporting events, we are putting the patient at the center and the organization is going to address the situation from a systematic point of view."

Another element of Hartford HealthCare's culture is underscored by a massive sign in the main lobby of the flagship Hartford Hospital: You Are Not Alone. Flaks was inspired to order the sign after frequently hearing his physician colleagues make an important point during recruiting

The Hartford HealthCare Team

(Left to right) **Stephanie Calcasola, R.N.**, chief quality officer; **Jeffrey Flaks**, president and CEO; **Ajay Kumar, M.D.**, chief clinical officer

“To have 45,000 people who know what CCR means and why we are doing it is quite a remarkable achievement. And that shows why the system has been able to move the needle on things we really pay attention to.”

Ajay Kumar, M.D.
Chief Clinical Officer,
Hartford HealthCare

visits with new clinicians. “Across every discipline, at one time or another, I would hear: ‘Look, if you come here, you’re never alone,’” he says.

The physicians were talking about the spirit of teamwork and support that clinicians receive from the health system and one another. But, because of the prominent sign, the words have grown to extend the “we’re in this together” sentiment to staff, the broader community and, most importantly, patients and their families.

“It could be the most intimidating or most vulnerable moment of their life, but when someone enters our care, they are never alone from that point forward,” Flaks says.

Improving the quality of care is a core focus of the system’s Center for Education, Simulation and Innovation (CESI), one of the largest and best-equipped medical simulation centers in the country. Supporting both internal and external learners and medical-device developers, CESI attracts more than 21,000 individuals and trainees each year.

The facility, with 53,000 square feet of space, serves as both a training hub and a testing ground for innovative ideas, reinforcing Hartford HealthCare’s commitment to adopting new technologies and to continuous improvement on health care’s long-standing challenges.

For example, when Calcasola and Kumar set out to minimize catheter-associated urinary tract infections (CAUTIs), CESI was equipped with mannequins that featured a range of enlarged prostates to allow nurses to practice the real-life situations they deal with. “We trained 96% of the critical care nurses and reduced CAUTIs by 30% in the five-month period,” Kumar says.

The system’s Clinical Care Redesign (CCR) program has also become embedded in Hartford HealthCare’s culture. Quality and cost data are reviewed side-by-side to identify opportunities to reduce variations in care, ensure that best-evidence practices are being used and analyze costs with an eye to improving value, Calcasola says. That means eliminating unnecessary labs and imaging, adhering to Choosing Wisely guidance and standardizing protocols.

The work is accomplished by, among other things, achieving consen-

sus among clinical teams across the organization on specific priorities. When appropriate, nurses and physicians participate in contract negotiations with vendors to make sure supply chain decisions support CCR initiatives.

For example, Hartford HealthCare saves about \$1.7 million a year after spine surgeons across the system came to a consensus that a certain biologic agent has the best outcome for patients undergoing spine surgery and, therefore, will be used consistently.

Another win came from the system’s focus on appropriate blood utilization as a way to limit potential side effects while reducing unnecessary costs. “A physician champion created a tagline — ‘Why two if one will do?’ — that resonated with nurses and physicians because it reminds them that blood utilization is a patient safety issue,” Calcasola says. “It was a proud moment when we saw people start quoting that.”

In operation for many years, the redesign program is on track to remove \$65 million in unnecessary costs in the current fiscal year.

“To have 45,000 people who know what CCR means and why we are doing it is quite a remarkable achievement,” Kumar says. “And that shows why the system has been able to move the needle on things we really pay attention to.”

Hartford HealthCare’s innovations to improve quality include the artificial intelligence-enabled HHC 24/7 app that allows patients to connect with real-life clinicians for a primary care encounter at any time. “One of the aspects of the quality is access; if patients don’t have access, they don’t have quality,” Kumar says. “Through this 24/7 virtual clinic, anybody can get a primary care opinion, and we are seeing well over 100 patients every day.” ●



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Jeffrey Flaks
President and CEO,
Hartford HealthCare



Standardizing care to improve system-wide performance

CommonSpirit Health, one of the nation's largest systems, uses quality and patient-safety initiatives to move its 140 hospitals in 24 states in one direction.

"We are particularly proud of our journey to becoming 'One CommonSpirit,' which is driving consistent improvements in quality and patient outcomes across the organization," says CEO Wright Lassiter III. "It's not just about a single program, but a systemic shift toward a standardized approach that supports our ability to deliver high-quality care for all."

For example, when leaders in CommonSpirit's Pacific Northwest region reported their success with artificial intelligence-enabled tools that notify a provider — before a patient visit — which cancer screenings should be ordered, the organization rolled out the technology across the system.

"If you saw a graph of screening colonoscopies, the line goes straight up. The number of surgeries for polypectomy, straight up," says Thomas McGinn, M.D., senior executive vice president and chief physician executive officer. "We are literally saving lives, and this is a great example of automation that relieves a burden from providers."

When a system-level quality or safety priority is identified, CommonSpirit uses an eight-step process to cascade changes throughout all hospitals in the system. In the past three years, this process has been used on nearly 20 metrics to elevate the system's performance from below the national median to the top third or better.

Tracy Sklar, senior vice president for quality, says the consistency of the process is key to success in such a large

organization. "When we launch, everybody knows the toolkit is coming, where they are going to find the data and how the targets are set," she says. "If we approached every goal differently every time, it would be very difficult to accomplish this."

That process was activated to address heart failure mortality in fiscal year 2024, leading to a 42% reduction in the risk-adjusted, observed-to-expected mortality ratio. That success brought CommonSpirit Health's performance to the 86th percentile nationally, saving an estimated 500 lives each year.

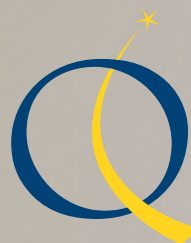
The eight steps — identify opportunities; establish baselines and goals; create/determine clinical governance; engagement and accountability; evidence-based strategies; toolkits and resources; performance improvement approach; and performance feedback — were overseen by national clinical service-line leaders. A national quality improvement collaborative of more than 1,000 participants focused on learning from expert guest speakers and sharing best practices while regional quality improvement groups were responsible for standardizing processes and accountability.

CommonSpirit is working on a 10-year implementation for a single electronic health record (EHR) system across all its sites. In the meantime, its Clinical Quality Measure Repository collects and normalizes data from more than 40 sources, including 17 different EHRs. The repository supports the creation of reports, dashboards and ad hoc analyses by nearly 4,000 users at all levels of the organization.

"A member of the executive leadership team may want to look at system-level metrics, but a hospital quality director can also look at any given measure to inform performance feedback at the physician and, for some metrics, the nursing-unit level," Sklar says.

The measure repository supports continuous improvement, McGinn says. "Once you normalize the data — which is a huge lift — you get natural competition in a good way because people benchmark themselves against one another," he says. "That helps drive a lot of change." ●

◀ **The CommonSpirit Health Team**
(Left to right): **Thomas McGinn, M.D., MPH**, senior executive vice president and chief physician executive officer; **Camille Haycock, MS, APN, NEA-BC**, senior vice president, patient experience; **Wright Lassiter III, CEO**; **Tracy Sklar**, senior vice president, quality



American Hospital Association
Quest for Quality Prize®

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