AHA's Quality and Patient Safety Agenda...

Helping you do what is best for your patients

A message from AHA President Dick Davidson

The best care possible for every patient – that's the mission of every hospital, 24 hours a day, seven days a week. It's ingrained in hospital culture and it's the personal motivation of the doctors, nurses and others who deliver care.

Improving care is a never-ending job. Because the AHA's job is to help you and your people do it better, we've put together an agenda for improving quality and enhancing patient safety that's firmly anchored in the six quality aims – or goals – of the Institute of Medicine's (IOM) 2001 report, "Crossing the Quality Chasm." In that report, the IOM called on all in health care to focus on patient safety, patient-centeredness, efficiency, effectiveness, equity and timeliness (see story on the right for more on the IOM's six quality aims). Our quality agenda focuses clearly on the six aims, how they are integrated with one another, and how pursuit of these aims can bring better care.

We work with our state hospital associations and many other partners to bring you programs and services that can help you achieve these goals and make the best health care in the world even better. These important initiatives include "The Quality Initiative," a source of public information on hospital quality and performance, built by the AHA and other national organizations and federal agencies; and our sponsorship of the Patient Leadership Fellowships and Quest for Quality award, among many others.

Learning more about what the AHA can offer you is as easy as clicking on "Quality and Patient Safety" at www.aha.org. It's a comprehensive Web site of tools and resources designed to help you strengthen your hospital's commitment to quality and patient safety. This all takes on added significance in a political environment where policymakers are mulling ways to link hospital performance to payment.

As we continue to bring you tools and resources to guide your quality-improvement efforts, we'll also continue to work with Congress and the administration to pass legislation that provides a safe, non-punitive environment for reporting medical errors. And on the technology front, we will continue to lead the way toward the standardization of information technology, a critical component in the effort to improve patient safety and quality of care.

This special AHA News insert provides an update of what we're working on for you; the activities that are highlighted are an enormous reflection of your commitment to your patients and communities.

As you keep your focus on doing what is best for patients, the AHA will continue to keep our focus on getting you the resources and support you need to carry out the organizational and cultural changes that can help you continue the journey to improvement.

The doors of a hospital never close, and the public continually expects us to deliver high-quality care. By seizing every opportunity to demonstrate our commitment to continuously improve health care, hospitals can fulfill their promise of providing the best care possible to every patient who walks through their doors.

Dick Davidson

IOM's six quality aims are behind our effort to help you cross the quality chasm

In 2001, the Institute of Medicine (IOM) described a "quality chasm" that exists within today's health care system. The IOM called for health care to focus on six quality aims: patient safety, patient-centeredness, efficiency, effectiveness, timeliness, and equity. Those aims serve as the foundation of the AHA's quality and patient safety agenda – an agenda designed to help our hospital leaders deliver the best possible care.

Here briefly are the "aims:"

Patient safety. Safety is the fundamental cornerstone of the health care system. If care is not provided in a safe manner in a safe environment, the chances for a good outcome are lessened significantly. As IOM noted, "Patients should not be harmed by the care that is intended to help them, nor should harm come to those who work in health care." Our goal must be to prevent harm from reaching patients and those involved in providing care to those patients. That requires everyone to be involved in identifying opportunities for patient care to be made safer. And it requires everyone to be continuously involved in learning from medical errors and close calls.

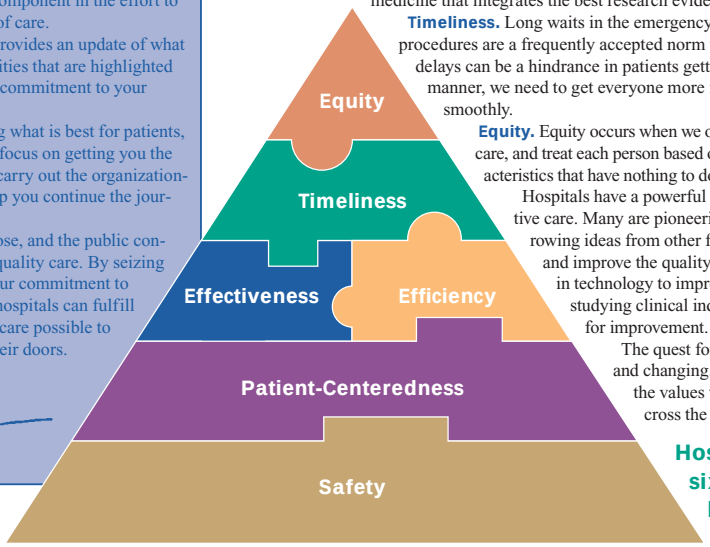
Patient centeredness. The real business of health care is about preventing illness, healing those who are ill, meeting the needs of people who must live their lives with disabilities or chronic disease, and helping people in our communities achieve better health. Patient-centered care includes respect for patients' values, preferences, and expressed needs; the coordination and integration of care; information, communication, and education; physical comfort; emotional support; and the involvement of family and friends.

Efficiency. Efficiency does not mean withholding health care services. Rather, efficiency means eliminating medical errors and the overuse of services whose risks outweigh the benefit to the patient. Efficiency also means reducing administrative costs by, for example, eliminating duplicative paperwork, redundant testing and numerous re-entries of various types of practitioner orders.

Effectiveness. IOM defines effectiveness as "care that is based on the use of systematically acquired evidence to determine whether an intervention, such as a preventive service, diagnostic test, or therapy, produces better outcomes than alternatives – including the alternative of dong nothing." It's the foundation for "evidence-based medicine" – medicine that integrates the best research evidence with clinical expertise and patient values.

Timeliness. Long waits in the emergency room or delays in the start of operative or diagnostic procedures are a frequently accepted norm within health care today. Because these types of delays can be a hindrance in patients getting prompt care or providing treatments in a timely manner, we need to get everyone more involved in making patient care processes flow smoothly.

Equity. Equity occurs when we overcome racial, cultural or ethnic disparities in health care, and treat each person based on their health care needs, rather than on personal characteristics that have nothing to do with their illness.



Hospitals have a powerful story to tell about how they strive for safer, more effective care. Many are pioneering new techniques to improve quality and safety, borrowing ideas from other fields and finding out which care practices work well and improve the quality of care provided to patients. They are using advances in technology to improve patient safety and quality. And they are constantly studying clinical indicators and measures of quality as the building blocks for improvement.

The quest for quality is a never-ending process of learning, doing and changing. The AHA's quality and patient safety agenda is about the values that underpin that quest as we all work together to cross the quality chasm.

Hospitals must pursue all six quality aims to provide the best possible care.

The Six Quality Aims: tools available through the AHA to

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Patient Safety

Strategies for Leadership: Hospital Executives and Their Role in Patient Safety. This tool was developed by James B. Conway, chief operations officer at the Dana-Farber Cancer institute in Boston, MA. It was developed specifically for executives' personal use and reflection on their efforts to develop a culture of safety. It was mailed to all chief executive officers in early March 2001.

Strategies for Leadership: An Organizational Approach to Patient Safety. This tool, developed by Nancy Wilson, MD, at VHA, Inc., provides a systematic method to evaluate current processes and systems and to measure ongoing progress in establishing a safer organization. The Malcolm Baldrige National Quality Program categories are used as the framework within which to identify critical safety functions. It was mailed to all chief executive officers in May 2001.

Correct Site Surgery Toolkit - Building a Safer Tomorrow (June 2004). Association of peri-Operative Registered Nurses developed a toolkit to help hospitals implement the Universal Protocol for Correct Site Surgery.

2004 ISMP Medication Safety Self Assessment for Hospitals (May 2004). Sent by the AHA, the Institute for Safe Medication Practices, and the Health Research and Educational Trust to pharmacy directors of all U.S. hospitals, this survey will help hospitals find out how medication practices have improved since the first safety self-assessment was conducted in 2000.

Pathways for Medication Safety (December, 2002). In December 2002, the AHA, the Health Research and Educational Trust and the Institute for Safe Medication Practices completed work on a series of tools for hospitals across America to improve medication safety. The Pathways for Medication Safety tools are available for free at: www.medpathways.info.

Strategies for Leadership: A Toolkit for Improving Patient Safety (July 2002). By the AHA and the Department of Veterans Affairs National Center for Patient Safety. Can be ordered through AHA Order Services (800-242-2626; #166926).

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Patient Centeredness

Conversations Before the Crisis (July 2003). A resource guide from Last Acts that helps the elderly and children of the aging start conversations among family members on end-of-life wishes. The booklet includes a resources listing with helpful books and web sites.

Reality ✔ (2002). AHA's grassroots attempt to take the pulse of the health care consumer. The Reality ✔ series conducted over three years, was designed to give hospital members a benchmark of public attitudes in their communities; provide ideas and information to help them build on their community's trust and confidence in their hospitals; and give them a better understanding of the environment they face.

Preventing Infections in the Hospital - What You as a Patient Can Do (August 2002). The National Patient Safety Foundation's brochure is designed to provide patients with helpful principles for managing their health care and becoming an active partner of their health care team.

In the Name of the Patient Manual (2002). The Society for Healthcare Consumer Advocacy's comprehensive resource that addresses consumer advocacy, patient representation, and special challenges such as complaint management, quality improvement, ethical issues, legal and risk management, and compliance with regulatory standards.

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Efficiency

NAHIT (National Alliance on Health Information Technology). Co-founded by the AHA, the alliance is intended to help hospitals and health systems harness the power of information technology to improve patient care and operating efficiencies. Its mission is to "improve quality and performance through standards-based information systems."

ISO 9000. ISO is the acronym for the International Organization for Standardization, a non-governmental organization founded in 1947 to develop a common set of manufacturing, trade, and communications standards. In the late 1980s, it began to set its ISO 9000 standards for quality management and quality assurance. Draft ISO standards, IWA-1:2001 - Quality Management Systems Guidelines for Process Improvements in Health Service Organizations, are available through the American Society for Quality at www.asq.org.

Six Sigma. A performance-improvement system based upon a five-phase problem solving methodology called DMAIC or Define, Measure, Analyze, Improve and Control. Through this process, an organization develops a measurement strategy that focuses on process improvement and reduction of variation. Health care organizations are now beginning to implement Six Sigma. For more, visit *www.isixsigma.com*.

The Quality Initiative

America's hospitals have steadily and enthusiastically responded to the call for participation in the Quality Initiative - a strong example of hospitals pursuing IOM's "efffectiveness" aim. More than 3,600 hospitals have agreed to participate by publicly sharing data on their care for heart attack, heart failure and penuemonia. Nearly 2,000 already share their data publicly through a Centers for Medicare & Medicaid Services Web site, www.cms.hhs.gov/quality/hospital. From the start, participation in the initiative has grown steadily, demonstrating hospitals' leadership and commitment to openness and accountability, and the desire to see a unified, standardized approach to data collection.

United in quality effort. Representatives of the various organizations participating in the patient care quality initiative gathered in Washington on Dec. 12, 2002 to announce the national voluntary movement. From left are Carolyn Clancy, M.D. Agency for Healthcare Research and Quality; Chip Kahn, Federation of American Hospitals; George Sheldon, M.D., Association of American Medical Colleges; Tom Scully, Centers for Medicare & Medicaid Services; HHS Secretary Tommy Thompson; AHA President Dick Davidson; Dan McLean, The George Washington University Hospital; Dennis O'Leary, M.D., Joint Commission on Accreditation of Healthcare Organizations; Elaine Power, National Quality Forum; Gerry Shea, AFL-CIO; and John Rother, AARP.

June 28, 2004 = 3,65

April = 3,39

February = 2,95

December = 2,338

October = 1,809

August = 1,598

June = 1,119

May = Start

help you cross the quality chasm

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Effectiveness

Computerized Physician Order Entry: Costs, Benefits and Challenges (January 2003) Prepared by First Consulting Group for the AHA and the Federation of American Hospitals. Computerized physician order entry (CPOE) has the potential to reduce medication errors and adverse drug events and thus improve the quality of care. But only about 5% of hospitals now have CPOE. This report is designed to expand the information base available to hospital leaders regarding CPOE implementation: the cost, challenges, benefits, and lessons learned

Move Your Dot™: Measuring, Evaluating, and Reducing Hospital Mortality Rates (2003). Move Your Dot™ is an effort by the Institute for Healthcare Improvement to help hospitals know more about their organizational performance as it relates to mortality. Visit www.ihi.org.

Quality Institute. These three-days symposia sponsored by the American Society for Health Risk Management, American Society for Quality, and the AHA look at ways to improve organizational performance through use of Baldrige criteria, ISO 9000, Six Sigma and other quality management tools.

The Quality Initiative. Launched by the AHA, with other national organizations and federal agencies , as a source of public information on hospital quality and performance.

Strategies for Leadership: Evidence-based Medicine for Effective Patient Care (February 2003). Developed by AHA and the United-Health Foundation, this toolkit was sent to all hospitals to help them foster an environment that supports clinicians in accessing and translating the best science into practice.

Curing the System: Stories of Change in Chronic Care (May 2002). This report, by the National Coalition on Health Care and the Institute for Healthcare Improvement, presents the stories of individuals, institutions, and organizations that made a commitment to change and innovation to improve chronic illness care. The report can be found by going to the "Quality and Patient Safety" section of www.aha.org.

Promises to Keep: Changing the Way We Provide Care at the End of Life (October 2000) by the National Coalition on Health Care and the Institute for Healthcare Improvement.

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Timeliness

Optimizing Patient Flow: Moving Patients Smoothly Through Acute Care Settings (2003). The Institute for Healthcare Improvement believes that the key to improving flow lies in reducing process variation that impacts flow. Changes to reduce variation and improve flow are described in this paper, which is at www.ihi.org/newsandpublications/whitepaper/Flow.asp.

HRET: Our ED's - In a State of Emergency? Comments from the field (September 18, 2002). The HRET report is at www.aha.org/aha/hret/emergvisit.html.

In our Hands: How Hospitals Can Build a Thriving Workforce (April 2001). The AHA Commission on Workforce for Hospitals and Health Systems report documents that hospitals face a severe shortage of workers that threatens their ability to meet community needs. You can find the report at: ww.aha.org/aha/key_issues/commission/InOurHands.html.

AHA TrendWatch: Emergency Departments—An Essential Access Point to Care (March 2001). To read the report, go to www.aha.org/ahapolicyforum/trendwatch/twmarch2001.html.

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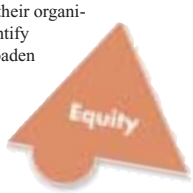
Equity

Strategies for Leadership: Does Your Hospital Reflect the Community It Serves? A diversity assessment tool that hospital and health care leaders can use to start evaluating the diversity and cultural proficiency of their organization, and identify activities to broaden diversity.



Contextual Community Health Profile. The National Rural Health Association's computer-based tool to guide community coalitions and health planners through the challenges associated with collecting needs assessment data to address rural ethnic groups in small geographic areas.

HRET Project: Eliminating Disparities Through Community and Hospital Partnerships. For information on the project, visit www.aha.org/hret/disparities.html.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare (2002). The Institute of Medicine report is available at www.nap.edu/books.

Strategies for Leadership. The AHA works closely with our quality partners to bring hospital members the "Strategies for Leadership" series and other tools and resources, which can help hospitals create a safer patient environment.

The AHA's Quality Partners

- National Patient Safety Foundation
- United Healthcare Foundation
- The Veterans Administration National Center for Patient Safety
- VHA
- Institute for Safe Medication Practices
- Association of periOperative Registered Nurses
- American Society for Quality
- American Society for Healthcare Risk Management
- Institute for Family-Centered Care
- Last Acts
- Institute for Healthcare Improvement
- National Coalition on Health Care
- Premier

Pursuit of excellence leads to Baldrige quality awards

Baptist Hospital in Pensacola, FL, and Saint Luke's Hospital of Kansas City, MO – 2003 Malcolm Baldrige National Quality Award winners – are the first two standalone hospitals to garner the prestigious prize for service excellence.

These and hundreds of other hospitals follow Baldrige criteria because they recognize that its tough performance standards can help stimulate their efforts to improve care. The AHA and Baldrige are looking for ways to collaborate on hospital quality improvement efforts.

(Top) President Bush presents St. Luke's Hospital CEO Richard Hastings *(third from left)* with the 2004 Malcolm Baldrige Quality Award and **(bottom)** presents award to Baptist Hospital President John Heer *(third from left)*, flanked by Baptist Health Care CEO Al Stubblefield.

Congress created the Baldrige award program in 1987 to strengthen industrial competitiveness. Both hospitals view the Baldrige criteria – leadership, strategic planning, customer and market focus, information and analysis, human resource focus, process management, and business results – as the best tool for internal assessment.

Commerce presents the annual awards in the categories of manufacturing, service, small business and, starting in 1999, education and health care. However, there's no prerequisite that each category have a winner each year. In 2002, SSM Healthcare, the St. Louis-based organization that owns and manages 21 acute care hospitals, became the first health care entity to win a Baldrige award.

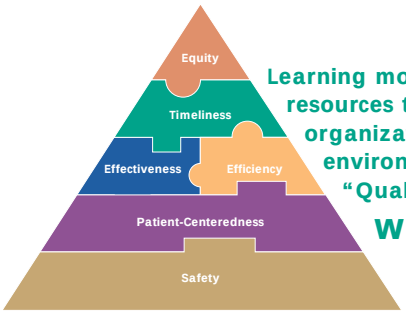
Saint Luke's Hospital has enjoyed a long record of service excellence. In 1987, a study of health care providers in the Kansas City area showed that patients believed Saint Luke's had the best quality health care, as well as the best doctors and nurses of the 21 facilities in the market area. And in its 2002 report, Consumer's Checkbook, a consumer education organization, ranked the hospital 35th in the nation out of 4,500 hospitals.

Saint Luke's received an overall score of 7,669 compared to a national average of 5,418. The hospital uses a Medical Staff Clinical Indicator Index to track 58 critical measures of clinical quality, such as readmitted patients and returns to the operating room. In treating ischemic stroke, Saint Luke's is leading the nation in the percentage of diagnosed patients receiving tissue plasminogen activator (tPA) to help restore brain circulation and reduce permanent injury.

Saint Luke's adopted the Baldrige award criteria as its business model in 1995, the year when fellow 2003 Baldrige award winner Baptist Hospital seemed to hit rock bottom. Patient and employee satisfaction were low and staff turnover was high. And being the main hospital in its area for inner-city residents, Baptist was finding it tough to stay afloat and remain competitive.

Baptist incorporated 'five pillars of operational excellence' – people, service, quality, financials and growth. The key components are a focus of every organizational meeting, and it has provided a balanced approach toward achieving patient satisfaction and quality, and a sound financial position. The 492-bed tertiary care hospital has approximately 2,250 employees.

Today, Baptist's turnover rate is less than 14%, and its nurse vacancy rate is 2%, well below the national 12% rate. The hospital reports that inpatient satisfaction has been near the 99th percentile of the Press Ganey survey each quarter since 1998, and outpatient satisfaction has been near the 99th percentile each quarter since 1999. The hospital scrupulously compiles and compares clinical quality improvement results, customer satisfaction, and financial information. Also, Baptist provides a higher percent of its total revenue to indigent patients than area hospitals.



Learning more about the tools and resources that can help guide your organization to a better safety environment is as easy as clicking on "Quality and Patient Safety" at www.aha.org.

Quest for Quality Prize

The American Hospital Association/McKesson Quest for Quality Prize recognizes the hospitals that have demonstrated the leadership, innovation and commitment necessary to continually improve patient safety and quality care. The AHA established this annual award three years ago, with support from the McKesson Corporation, as well as their charitable affiliate, the McKesson Foundation.

The award initially was intended to raise awareness of the need for an organizational commitment to patient safety … to reward successful patient safety initiatives … to inspire organizations to strengthen patient safety efforts … and to communicate successful programs and strategies. The prize has honored hospital leaders who sought to foster a "culture of safety," in which everyone in the hospital feels that improving patient safety is their responsibility.

Starting with the 2005 award, the sponsors are broadening the criteria. They will recognize hospitals that have committed to achieving the Institute of Medicine's six quality aims: safety, patient-centeredness, effectiveness, efficiency, timeliness, and equity; can document the progress they've made in achieving those aims, and how other hospitals can replicate their success. By pursuing the IOM's quality aims, the AHA also wants the award to complement the Baldrige program by giving hospitals a framework to evaluate processes and attitudes toward quality and to assess their efforts to improve.

Quest Prize winners are an inspiration for the rest of the field. They are carrying out changes that make better care a reality for patients and communities. These hospitals are taking the lead in understanding what has worked to improve safety and quality in other fields, and what can be transferred to health care. They are finding out which safety practices work well and how they can be improved. They are using technology to improve patient safety, and are involving patients and the public in helping to improve care and eliminate errors.

(Applications are now available for the 2005 $75,000 prize. The deadline to apply is Oct. 15. For more information, go to *www.aha.org/questforquality*.)

2003 award winner shows its commitment to patient safety

Every new employee at Abington (PA) Memorial Hospital, a 508-bed community teaching hospital, has to sign a patient safety plan that says: "We, as human beings, in our roles as health professionals, will always make mistakes. We cannot change the human condition but we can change the systems within which we work."

The patient safety plan reflects Abington's efforts to change internal systems of care and to create a "climate in which it is safe to admit a mistake, as well as to explore why mistakes may occur," said James J. Kelly, M.D., the hospital's chief patient safety officer and chair of its department of medicine. "Accidents will occur, anywhere," he added. "Medicine is a science with risks. It is our mission to investigate the factors that contribute to mistakes, in order to prevent failures in the future."

Prize winner. AHA President Dick Davidson and Abington Memorial Hospital CEO Richard Jones, holding the 2003 Quest for Quality Prize.

For its commitment to improving patient safety, Abington Memorial recently received the AHA's 2003 "American Hospital Quest for Quality Prize," which recognizes hospital leadership and innovation in improving quality, safety, and patient care. Impressing the Quest for Quality judges were the hospital's universal computerized physician order entry system which virtually eliminates mistakes when handwriting is misread, and technological advances in cross-checking for drug interactions – two significant investments Abington has made toward patient safety. As part of its safety initiative, the hospital also provides ongoing staff training, a quarterly patient safety newsletter, a patient safety suggestion system, and a round-the-clock reporting hotline.