CEEQNET Health Care Quality Newsletter 2006

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CEO Leadership Needed for Clinical Excellence

http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/PubsNewsArticle/data/2006June/060620HHN_Online_Baker&domain=HHNMAG

A VHA workgroup identifies the five important steps hospital leaders must take to improve quality.

Six years ago, VHA Inc. formed the CEO Workgroup for Clinical Excellence, a collection of top leaders from across the nation who are focused on quality improvement. The leaders had to be willing to invest organizational capital on quality and to be transparent with each other, exposing areas that needed improvement. This powerful workgroup, consisting of a dozen hospital chief executives and their chief medical officers, concentrated on specific areas, such as: reducing patient infections, preventing medical errors, improving acute myocardial infarction and stroke care, and transforming patient care in the

intensive care units. The result of that work has, among other successes, reduced one hospital's infection rates by 70 percent, saving it more than $1 million.

Quality Improvement: Do We Mean It This Time?

http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/PubsNewsArticle/data/051206HHN_Online_Friedman&domain=HHNMAG
Don Berwick, M.D., and his colleagues founded the Institute for Healthcare Improvement (IHI) in 1991. Wennberg and his colleagues published the first Dartmouth Atlas of practice variations in 1996. In 1999, the Institute of Medicine issued its landmark report, To Err Is Human, which estimated that annually, nearly 100,000 hospital inpatients die unnecessarily. Earlier this year, Karen Davis, Ph.D., president of the Commonwealth Fund, and Lucian Leape, M.D., of the Harvard School of Public Health, published a well-titled article, "To Err Is Human; To Fail to Improve Is Unconscionable" (available on the Fund's Web site, www.cmwf.org). They pointed out that the authors of To Err Is Human expected a 50 percent reduction in hospital errors by 2005.
Needless to say, we didn't make it.

The AHRQ Quality Indicators Composite Measure Workgroup

http://www.qualityindicators.ahrq.gov/listserv_archive_2006.htm#May25
The AHRQ Quality Indicators Composite Measure Workgroup will begin this month to develop composite measures for the Inpatient Quality Indicators (IQI) and the Patient Safety Indicators (PSI). Nominations for the AHRQ QI Composite Measure Workgroup were submitted to the AHRQ QI Support Team in response to a notice in the Federal Register (April 4, 2006). Many well-qualified individuals were nominated. Nominations were evaluated by a selection committee on several key factors:

- Peer-reviewed publications relevant to the development of composite measures;
- Expertise in statistical methods relevant to the development of composite measures;
- Knowledge of recent composite methodologies published in the literature;
- Experience with development of measures based on administrative data and its uses;
- Expertise in hospital quality improvement and patient safety;
- Familiarity with the AHRQ Quality Indicators and their application;
- Experience with application of performance measures for public reporting;

The National Quality Forum: Call for Steering Committee and Technical Panel Nominations

www.qualityindicators.ahrq.gov/news/txQInominations-Jun06.pdf
The National Quality Forum (NQF) has issued a call for nominations for the project entitled "National Voluntary Consensus Standards for Hospital Care: Additional Priorities, 2006". This is a project that is sponsored by AHRQ and the project in which the Quality Indicators (QIs) will be evaluated for potential endorsement by the NQF. There will be one Steering committee and 5 Technical Advisory Panels (one panel each for each module submitted -- Pediatrics, Patient Safety, and Inpatient; one TAP for composite measures; and one TAP for evaluation of reporting/implementation). All nominations MUST be submitted by 6:00 pm EDT, Tuesday, July 18, 2006.

Quality Check™ improvements

http://www.qualitycheck.org/
Improvements have been made to the Joint Commission's Quality Check™ website including a new capability that allows visitors to do side-by-side comparisons of up to six hospitals that submit National Quality Improvement Goals. New search options and results include:

- Searches by city and state, in addition to by name and zip code.
- Zip code searches up to 250 miles; an increase from 50 miles.
- An optional function that limits search results within a state when searching by organization name.
- A "tips for searching" link when searching by organization name.
- Highlighted search criteria, such as name, city, or state, on the search results page.
- Organizations displayed by the main site of care, with easy links to show or hide all other locations of care.
- In addition, helpful tabs have been placed at the top of each Quality Check page, providing links to more information about Quality Check and Joint Commission accreditation

Announcing 2007 National Patient Safety Goals

http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/default.htm

The Joint Commission announced the 2007 National Patient Safety Goals (NPSGs) and related Requirements for each of its accreditation programs and its Disease-Specific Care certification program. The Goals and Requirements, recently approved by the Joint Commission's Board of Commissioners, apply to the nearly 15,000 Joint Commission-accredited and certified health care organizations and programs. Major changes in this fifth annual issuance of NPSGs include extension of a Requirement that accredited organizations define and communicate the means for patients and their families to report concerns about safety, across all Joint Commission accreditation and certification programs. The Requirement—first applied to the Home Care, Laboratory, Assisted Living, and Disease-Specific Care programs in 2006—is the central expectation of the Goal: "Encourage patients' active involvement in their own care as a patient safety strategy."

In addition, a new Requirement specifies that behavioral health care organizations, as well as psychiatric hospitals and patients being treated for emotional or behavioral disorders in general acute-care hospitals, identify patients at risk for suicide. This Requirement is part of the Goal: "The organization identifies safety risks inherent in its patient populations." For home care organizations, a corresponding Requirement under this Goal stipulates that these organizations are to identify risks associated with long-term oxygen therapy such as home fires. Finally, new language in one of the two Requirements under the existing medication reconciliation Goal stipulates that a complete list of current medications be provided to the patient on discharge from care. This expectation is applicable to the Ambulatory Care, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Long Term Care, and Office-Based Surgery programs.