Supporting Patient Safety through the National Quality Strategy

In April 2012, the Secretary of Health and Human Services released an Annual Progress Report to Congress on the National Quality Strategy (NQS), describing a set of national priorities, goals, and measures based on input from the National Priorities Partnership (NPP) – a multi-stakeholder group of 51 major national organizations from across the healthcare industry working collaboratively in support of system-level improvements in healthcare quality.

Now armed with a robust national blueprint to reduce harm, waste, cost, and disparities, and their ongoing commitment to supporting private- and public-sector collaboration, NPP Partners have focused their energy on catalyzing and initiating collective action to address the six NQS priority areas and the overarching aims of healthy people and communities, better care, and affordable care (Figure 1).

In support of the NQS and the Partnership for Patients initiative, NPP has supported action at the national, state, and community levels to achieve aspirational and important goals aimed at dramatically improving patient safety across the country. More specifically, the initiative aims to reduce hospital-acquired conditions by 40 percent and preventable hospital readmissions by 20 percent by the end of 2013.

Generating Action and Results through Public-Private Collaboration

The Partnership for Patients provides a call to action to catalyze immediate and meaningful change to improve healthcare quality and safety. NPP has supported this initiative by providing a forum for public- and private-sector, multi-stakeholder collaboration and alignment of efforts across the key priority areas of the NQS. Participation in affinity groups, quarterly meetings, and use of an action registry has served as the primary mechanisms by which partners have shared opportunities for collective action. The purpose of this August report is to highlight recent
actions and results across stakeholders in key Partnership for Patients goal areas, including maternity care, readmissions, medication safety, patient and family engagement, and rural health, to further amplify, augment, and accelerate results. The exemplars of success featured in this report are drawn from self-reported information shared at NPP’s convening activities and within its growing action registry. Additional examples of organizations undertaking laudable actions during the last quarter may be found on the NQF website within the materials from the Partnership for Patients-NPP quarterly meeting on August 8, 2012. Similarly, the future launch of a refined online action registry tool will supply additional examples of success, best practices, tools, and resources.

Quarterly Spotlight
National, State, and Local Alignment to Achieve Results in Maternity Care

The United States is among 10 countries in the world with the highest number of premature births, with more than half a million babies born too soon. Recognizing the urgency of this issue, stakeholders across the country, including doctors and nurses, state governments, those who purchase and pay for healthcare, and mothers and their families, are working to ensure a safe and healthy start for babies that includes timely access to coordinated care that aligns with the best current maternity care evidence.

For example, Dignity Health has launched a program in its 31 hospitals with perinatal services that brought early elective deliveries in the system down to 1 percent within a year and completely eliminated them in some hospitals. Efforts in states across the country that have signed the Association of State and Territorial Health Officials pledge to reduce preterm births by 8 percent by 2014, such as Kentucky, Texas, and Oklahoma, include regionalized approaches to reducing elective deliveries and cesarean sections. Oklahoma in particular has achieved a 70 percent reduction in the rate of elective inductions. A national effort of the Center for Medicare & Medicaid Innovation (CMMI) is working to accelerate current efforts to reduce early elective deliveries, while offering a funding opportunity for providers and states to test evidence-based prenatal care approaches to reduce preterm births.

Recognizing that increased attention on improving maternity care for mothers and babies across the continuum of stakeholders promised a ripe environment for bold concerted action, NPP formed the Maternity Action Team. This multi-stakeholder task force composed of nearly 30 public and private stakeholders is working in support of the National Quality Strategy aims of better health, better care, and lower costs, and the Partnership for Patients goal to reduce harm by focusing on the reduction of elective deliveries and cesarean section in low-risk women. The Action Team has developed and is executing a detailed plan to achieve its goals. But more than that, it is bringing the right stakeholders together at the right time to identify where organizations can work collectively or individually in an aligned fashion to amplify efforts that avoid duplication, eliminate silos, and achieve results.

The Maternity Action Team is working together to improve measurement, spread effective tools and policies, and align consumer and provider messaging. For example, with the backing of professional societies, providers, purchasers, state and regional collaboratives, and national groups, The Joint Commission has been working to increase uptake of its perinatal measure set and ultimately see more hospitals across the country reporting on and improving maternity care. At a national level, the U.S. Office of Personnel Management—which covers more than 2,800 births every week—is working with nearly 100 health plans to encourage use of effective tools (e.g., patient safety checklists developed by the American Congress of Obstetricians and Gynecologists) to drive improvement. And, in an effort to reach women and families upstream and encourage early discussions with their providers about maternity care, numerous campaigns are communicating the importance of waiting for spontaneous full-term birth as long as there are no medical reasons to intervene.
Reducing Avoidable Admissions and Readmissions Across the Continuum of Care

The NPP Readmissions Action Team was formed as a complement to the Partnership for Patients focus on supporting hospitals to reduce readmissions and the many efforts underway focused on improving care transitions from the hospital setting. This multi-stakeholder group, comprised of over two dozen public and private organizations, seeks to promote shared accountability across the continuum of care to safely reduce avoidable admissions and readmissions, emphasizing the importance of post-acute and community-based partners in this work. While many factors influence avoidable readmissions, this Action Team has focused on developing and implementing a strategic plan to encourage widespread uptake of team-based care delivery models with demonstrated success in providing patient-centered care concordant with patient preferences and reducing avoidable admissions and readmissions across all care settings.

Planetree, a member-based organization with over 30 years of experience, serves as a leader in facilitating partnerships across care settings to provide patient-centered care. For example, Planetree’s Same Page Care Transitions Project includes the use of iPads® and trained caregivers to engage patients, families, and caregivers in their care, collect patient data, and ensure team-based care between hospitals and skilled nursing facilities. This initiative has informed the growing evidence base for effective practices and patient-centered models of care across settings and has identified key factors that contribute to patient experience of care. Planetree President Susan Frampton has served in a leadership role as the co-chair of the NPP Readmissions Action Team by helping to identify best practices that promote shared accountability and partnerships across care settings to reduce avoidable admissions and readmissions in high-risk populations.

Sutter Health System has used a variety of delivery models to improve care transitions and promote patient self-management, including the Care Transitions Program, disease management programs, patient-centered medical homes, and the Program for All-inclusive Care for the Elderly (PACE). Sutter’s advanced illness management program in particular has demonstrated meaningful results in providing seamless home-based transitional and palliative care that reduces hospitalizations and intensive care unit (ICU) stays. The success of this pilot program in reducing avoidable readmissions by 68 percent after 30 days of enrollment, as well as reducing visits to the ICU by 80 percent, has established a foundation for its expansion to five additional Sutter regions through funding from the Center for Medicare & Medicaid Innovation.

The LeadingAge community seeks to provide leadership in the promotion of effective long-term care services through its support of The Advancing Excellence Campaign. Advancing Excellence and its state networks are the largest national coalition of nursing home stakeholders working together to improve nursing home care and provide a forum for the dissemination of hospital admission prevention strategies to providers responsible for caring for the aging population. The campaign, which now includes over 55 percent of nursing homes across the country, has demonstrated success in safely reducing hospitalizations, increasing communication between hospitals and nursing homes to ensure continuity of care, and utilizing patient-centered care delivery models to ensure early identification of high-risk patients. The results stemming from this effort will continue to be shared broadly with a national audience to align providers’ goals for safety and quality.

In addition to the exemplars mentioned above, the following organizations are featured in the action registry with commitments and strategies to reduce avoidable readmissions across all care settings:
• Through its 2012 Federal Employees Health Benefits Program Call Letter, the U.S. Office of Personnel Management is promoting alignment across its 91 insurance carriers to encourage member access to primary care providers, medical homes, and programs focused on models of care coordination and disease management.

• During its spring conference, the Patient-Centered Primary Care Collaborative featured the work of the Partnership for Patients—emphasizing the critical component of patient and family engagement—while leveraging its capacity to serve as a dissemination vehicle for best practices and a champion for integrated models of care that reduce avoidable readmissions.

• Ascension Health consists of 70 hospitals across 21 states that have utilized a four-pronged approach to reducing avoidable readmissions, including 1) care coordination of discharge from acute care sites; 2) elimination of barriers to primary care access; 3) collaboration across settings and providers; 4) use of nurse led transitional care models.

• Visiting Nursing Services of New York has demonstrated success in developing and testing SPARK, a home and community-based care delivery model that has contributed to improved clinical management, quality of life, patient and family satisfaction, and reductions in hospitalizations and cost savings among high-risk patients.

Reducing Harm Through Medication Safety

The Partnership for Patients’ Medication Safety Affinity Group aims to support the initiative by reducing preventable adverse drug events by 40 percent and drug-related readmissions by 20 percent by 2013. This group is composed of approximately a dozen Hospital Engagement Networks (HEN) focused on collecting and disseminating results, best practices, and implementation strategies to improve medication safety and achieve results across five key areas: 1) anticoagulant safety; 2) insulin and oral hypoglycemic agent safety; 3) drug-related readmissions; 4) venous thromboembolism; and 5) opioid safety. Over the last quarter, the affinity group has demonstrated successful measurement and tracking of baseline data across over 1,000 hospitals to support improved safety in the use of anticoagulants, insulin, and oral hypoglycemic agents.

The Iowa Healthcare Collaborative (IHC) and its network of 127 hospitals have demonstrated a shared commitment to aligning their efforts around the Partnership for Patients goals and addressing medication safety as a priority. In particular, this HEN has hosted a learning collaborative focused on medication safety to reduce preventable adverse drug events by 50 percent by 2013. IHC is also working on establishing state-wide baseline data for key quality metrics and sharing best practices for generating patient safety outcomes. IHC President and CEO, Tom Evans, has demonstrated leadership in his role as chair of the Medication Safety Affinity Group by promoting monthly collection and reporting of performance data relevant to medication safety throughout IHC’s network, including rural hospitals.

Amedysis Home Health & Hospice Care provides services for approximately 360,000 patients a year and serves as a leader in innovative approaches to addressing medication management. Amedysis’ randomized controlled trial of representative home healthcare centers sought to evaluate a medication management intervention intended to promote better understanding of medication therapies, increase medication compliance, reduce the incidence of adverse drug events and lower avoidable readmission rates across the continuum of care. The study’s results indicate an 8 percent lower probability of hospital admission among average patients within the intervention group, representing over 3,600 fewer admissions and readmissions within 60 days. Estimated cost savings associated with the intervention point to $18 million in savings as a result of reductions in hospitalizations.
The American Medical Association has provided an innovative approach to improving medication reconciliation through a program that allows patients to store, carry, and share their critical medical information on a variety of Apple products, including iPhones® and iPads®. Providers and educators from Cleveland Clinic, Northwestern, and Cornell Medical Schools have used this tool to improve patient safety and education. Additional uptake of this program is anticipated throughout 2012.

Other organizations that utilized the action registry to note innovative ideas for future work on medication safety include:

- **Building on the launch of their “Medication Management in Care Transitions Project,” American Pharmacists Association emphasized opportunities to partner with non-pharmacy groups to raise awareness of how pharmacists and medication reconciliation can be part of a local solution to decreasing avoidable readmissions.**
- **Institute for Safe Medication Practices suggested that sharing results from their national medication safety self-assessment for hospitals could foster collaboration with states, large private-sector organizations, hospital engagement networks, and consumer advocacy groups.**
- **Pharmacy Quality Alliance expressed interest in aligning efforts with the Department for Health and Human Services’ Community-Based Care Transition Program and helping to spread awareness about NQF-endorsed measures relevant to medication adherence.**
- **The U.S. Food and Drug Administration promoted a focused approach to minimizing harm from the use of anticoagulants and insulin in older adults, as well as reducing associated avoidable hospitalizations.**

**Keeping Patients at the Center of Care**

The Partnership for Patients’ **Patient and Family Engagement Network** has been tasked with ensuring that the voices of healthcare’s end-users—patients, families, and caregivers—are incorporated into all aspects of the initiative. The Network supports and mobilizes patient advocates, identifies and supports implementation of best practices to promote patient and family engagement, and generates awareness to build momentum in support of the Partnership for Patients goals. The Network is working closely with NPP to develop a coordinated approach to authentic consumer engagement. To that end, key members of the Network assisted in preparations for the fifth quarterly Partnership for Patients-NPP meeting in August 2012. At this meeting, participants supported efforts to drive consumer engagement and activation and ensure that the consumer voice is infused throughout national, state, and local efforts to improve patient safety.

The **National Partnership for Women & Families (NPWF)** supports consumer activation and seeks to ensure patient-centered, comprehensive, and coordinated care for vulnerable populations through its leadership role in its Campaign for Better Care. The Campaign supports the spread of a toolkit to arm citizen activists with the skills and knowledge necessary to advocate for better patient-centered care. NPWF has achieved success in fostering partnerships between consumers and providers in communities to facilitate patient and family involvement in hospital safety and quality initiatives.

The **Nursing Alliance for Quality Care (NAQC)** has demonstrated its commitment to promoting patient and family engagement among health professionals through the development of a set of nine guiding principles to support nurses and other healthcare providers in delivering high-quality, patient-centered care. Developed by a committee of nurse leaders and patient advocates, the principles provide a foundation for developing and implementing models of care that promote patient engagement, safety.
and quality, and nursing behaviors that keep patients at the center of their care. In November 2012, NAQC will host a symposium in conjunction with the Agency for Healthcare Research and Quality to support the spread of these principles and further catalyze their implementation. Beyond 2012, NAQC has identified opportunities to partner with nurse-managed health centers to increase access to services for safety net patients, and work with others to ensure consumers have access to the necessary resources to support informed decisionmaking about appropriate maternity care.

Additional opportunities for promoting patient, family, and caregiver engagement featured in the registry include:

- The Association for Professionals in Infection Control and Epidemiology’s “Infection Prevention and You Campaign” provides resources to support consumers’ understanding of their role in infection prevention to improve patient safety and reduce hospital-acquired infections.
- Child Birth Connection is leading the way in developing shared decisionmaking resources to educate childbearing women and prepare them to make informed decisions about their health.
- The National Association of Area Agencies on Aging documented interest in supporting a media campaign to engage older adults and caregivers in efforts to improve patient safety.
- The Leapfrog Group plans to engage frontline providers in a consumer-facing campaign on patient safety performance by hospitals.

Improving Access to Care, Safety, and Quality in Rural Settings

The Partnership for Patients Rural Affinity Group is composed of 17 HENs focused on reducing hospital-acquired conditions in their rural hospitals by 40 percent by 2013. The group is chaired by Paul Moore of the Health Resources and Services Administration and supported by the Office of Rural Health Policy to engage rural stakeholders in efforts to achieve the Partnership for Patients goals. The affinity group convened in July 2012 at the National Rural Health Association meeting to share stories of success, identify opportunities for generating momentum to support success, and discuss the development of change package to reduce harm and support hospital readiness for systems improvement.

The National Organization of State Offices of Rural Health (NOSORH) is serving as a leader in developing state and community rural health leaders and enhancing access to quality healthcare services among America’s 61 million citizens living in rural areas. NOSORH has provided a platform for webinars and learning communities, as well as the development of toolkits and resources to engage State Offices in Rural Health and rural hospitals in the Rural Health Affinity Group.

The South Carolina Hospital Association (SCHA) is well situated to drive the aims of better care, affordable care, and healthy people and communities in rural communities through alignment of their programs and initiatives. SCHA has demonstrated commitment to achieving the Partnership for Patients goals across the state by partnering with Blue Cross Blue Shield (BCBS) of South Carolina, and the Health Sciences Center of South Carolina to form the South Carolina Partnership for Health and leverage a collaborative approach to improve population health and patient care. SCHA has also formed a partnership with Premiere, South Carolina Medicaid, BCBS of South Carolina, March of Dimes, and Strong Start to improve birth outcomes.

Employers in Action to Align Payment to Promote Safe and Effective Care

In support of the Partnership for Patients, a group of employers, leading business health organizations, and union health funds have collaborated to develop the Buying Value initiative to align payment
among private purchasers to pay for safe and high-value care, rather than volume. Among the 18 supporting organizations, five are long-standing NPP Partners:

- American Federation of Labor-Congress of Industrial Organizations
- National Business Group on Health
- National Partnership for Women and Families
- Pacific Business Group on Health
- Patient-Centered Primary Care Collaborative

These organizations have developed resources to encourage and assist private purchasers in working with health plans and providers to implement payment models based on the overall value or outcome of care. This initiative also reinforces the importance of Medicare’s commitment to support a common set of core measures for value-based purchasing that will be reviewed by NQF’s Measure Applications Partnership and submitted to the Centers for Medicare & Medicaid Services in October 2012.

With over 25,000 employees and 120,000 covered lives on their self-insured plan, Dow Chemical, serves as a model of success for the private sector in achieving the National Quality Strategy priorities. Dow is committed to driving value-based pricing and transparency through its business, as demonstrated by its inclusion of the Center for Payment Reform’s standard contracting language in working with new vendors. Dow has promoted accountability on behalf of insurers to drive progress in this area by tracking insurer progress on a quarterly basis. In addition to its work to drive value-based pricing, Dow has set goals to achieve the goals of the Partnership for Patients by promoting reductions in caesarean sections and early elective deliveries, and by educating patients to advocate for safe and effective care.

Opportunities for Creative Collaboration — the Path Forward

The exemplars in this report represent a sample of over 100 organizations that have demonstrated commitment to the shared goal of improving patient safety and healthcare quality across the country—either by participating in Partnership for Patients affinity groups or by providing input into the action registry. Moving forward, the registry and affinity groups will continue to provide opportunities to foster relationships between key stakeholders and to share meaningful ideas to catalyze further action.

The registry in particular serves as a public space for sharing, tracking, and monitoring key stakeholder actions over time in support of the Partnership for Patients goals. This space was created in response to a desire expressed by partners to share their stories and learn from others. Among the existing entries, 40 percent are attributable to National Priorities Partnership organizations. The majority of documented actions were shared by health professional and provider organizations. As NPP works to refine a collaborative and interactive space to share and pinpoint opportunities for collaboration, there exists an opportunity to substantially build upon the work completed and the stories shared thus far. Specifically, this space has the capacity to demonstrate the power in numbers and the power of collaboration and partnership across stakeholder groups, but will require all partners to utilize and provide feedback on this tool. Current gaps in registry content that may warrant additional outreach to drive timely momentum and participation include:

- Efforts among state and local communities
• Opportunities to further accelerate system-wide improvement in rural health and medication safety, especially beyond the hospital walls
• Ongoing work within the public sector
• Outreach to directly engage consumers and front-line providers.

The shared goals provided by the Partnership for Patients and the broader NQS framework have already propelled us forward in a streamlined approach to multi-stakeholder action. Ongoing participation in affinity groups and use of the action registry will continue to build momentum and serve as vehicles for generating collaborative results. As private- and public-sector leaders continue to row together, the ultimate goal of safe and high-quality healthcare for all Americans is within our grasp.