Task 12—Partnership for Patients: Quarterly Report #1

January 31, 2014

Background

In 2011, the U.S. Department of Health and Human Services (HHS) launched the Partnership for Patients initiative in support of the National Quality Strategy (NQS) priority and goals focused on patient safety. This initiative has emphasized collective action from both public and private sectors of healthcare to focus on two critical goals: reducing hospital-acquired conditions (HAC) by 40 percent and reducing preventable hospital readmissions by 20 percent.

Both goals are multifaceted and complex and require strategic, ongoing collaboration and aligned actions throughout the healthcare industry. To help reach these ambitious goals, HHS requested the National Quality Forum (NQF) to convene a series of quarterly meetings in 2014 to facilitate shared discussions with diverse stakeholder groups about ways to achieve the Partnership for Patients' goals. The intent of these meetings is to foster shared commitment and renew or invigorate high-leverage activities on the part of participants to achieve the goals. The first of these meetings, "Mobilizing the Health Workforce to Reduce Hospital Acquired Conditions," took place on January 29, 2014. Over twenty-five participants from professional associations representing physicians, nurses, pharmacists, allied health, and the non-clinical workforce came together to take action on the Partnership for Patients aims.

Importantly, patients and consumers are at the center of these discussions. At the heart of high quality care, and ultimately the reduction of patient safety errors, is focused, compassionate, person-centered care within the context of a continuously learning healthcare system. In its 2013 report *Best Care at Lower Cost,* the Institute of Medicine offered key characteristics of a continuously learning healthcare system, including the need to "*anchor systems on patient needs and perspectives*, and *promote the inclusion of patients, families, and other caregivers as vital members of the continuously learning care team*." To reach the ambitious Partnership for Patients aims, and "get to zero" patient safety errors, the entire health workforce must focus on creating person-centered care that exceeds expectations and embraces a true culture of safety.

Drawing on quarterly meetings and other patient safety activities, NQF will produce a series of four quarterly reports that describe actionable, high-impact efforts in the field that have the potential to catalyze and accelerate change. This report features three organizations that demonstrate the positive relationship between patient safety, a healthy workforce and person-centered care. Each story reflects an organization that has embraced change and proactively gone above and beyond to protect and nurture its patients as well as its workforce. The actions of these organizations have resulted in quantifiable improvements in patient safety across the board.

Additionally, this report features a summary of the past quarter's activities, which have focused primarily on planning for the first quarterly meeting and convening three action teams. Future quarterly reports will include more substantive updates on the efforts and progress of the action teams, the results of the quarterly meetings, and other results related to NQF's collaborative work with the Partnership for Patients.

Case Studies: Engaged Workforce Improves Patient Safety through Patient- and Family-Centered Care

Reducing Readmissions and Improving Health Outcomes
Griffin Hospital and the Valley Gateway to Health Collaborative, Derby, Connecticut

Griffin Hospital leadership consistently refers to the patient as "the center of the team." The words of Todd Liu, Assistant to the President at Griffin bear this out: "It's not 'your patient' or 'their patient' but 'our patient'." These may seem like nice marketing words, but Griffin walks its talk. In 2011, the hospital looked at the readmission rates of its patients with congestive heart failure who were being discharged to local nursing homes and were surprised by the variation they saw—as much as a 25 percent range. This prompted them to share the data with leaders of local nursing homes and to begin the Valley Gateway to Health Collaborative in an effort to raise the quality bar across settings of care.

As part of the collaborative, Griffin educated patients and families about the performance and quality of local nursing homes, prompting significant conversations between them and Griffin's case management staff, and ultimately resulting in placement decisions based on quality rather than location. Griffin didn't stop there. They asked themselves "how do we build our patient's confidence?" One of the answers was to build "patient pathways" – so that from the moment a patient was admitted, they had information about what to expect next, how long they would be in the hospital, and when they would get to go home. Griffin built an after-hospital program so that patients don't feel abandoned when they walk out the door, another actualization of their "our patient" values.

So what motivates Griffin to go above and beyond? It's impossible to ignore that Griffin Hospital is the only hospital that has been named to Fortune Magazine's "100 Best Places to Work" for ten consecutive years. According to its leadership, "happy employees lead to happy patients." Griffin's employees must not only be happy but motivated to make change happen, because Griffin admits that these last few years have not been easy. They have involved trust building, information sharing, getting patients on board, using data to educate, and constantly setting new goals. But the work has paid off. In the eighteen months since the Valley Gateway to Health collaborative was launched, the overall congestive heart failure rate has decreased from 30 percent in 2010 to 6 percent in 2013.

Here are some of the powerful messages Griffin is sending:

1. This is about changing your mindset completely—historically, hospitals stopped caring for patients at the point of discharge. It's time for that to change. Someone has to pick up the slack between each point of care.
2. Providers have to get over the fact that sometimes they are going to be held responsible for things that have not historically been their responsibility.
3. The patient IS the center of the team. He or she is not "your" patient or "my" patient. He or she is "our" patient, and if we don't work together we will lose their trust and they will go somewhere else for their care.

NQF thanks Kathleen Martin, Vice President for Patient Safety and Care Improvement (kmartin@griffinhealth.org) and Todd Liu, Assistant to the President (tliu@griffinhealth.org), at Griffin Hospital for sharing this story.

Reducing Adverse Drug Events and Response Time
Nemours Health System, Orlando, Florida

In Orlando, Nemours is protecting and healing children in its care more effectively and efficiently while simultaneously reducing workforce burden. Over ten years ago, the leadership at Nemours had a vision of attaining national patient safety goals but didn't want to increase burden on its staff. To realize this vision, they looked to models both within and outside of healthcare. Once they identified what resources they already had—their staff, their technology (they had already invested in an electronic medical record (EMR) system)—they concentrated on putting the right people in the right place. The result was a "clinical logistics center" – a place inside the hospital where paramedics monitor screens that are connected to the ID tags of every pediatric patient in the facility.

The clinical logistics center is manned 24/7, 365 days a year. The floor staff has direct access to the team inside the center through buttons in the room and a camera that is connected to a monitor in the logistics center. Patients and families can talk to the team in the center; at the push of a button near the bed the camera lights up, the person in the logistics center comes on the screen and asks how he or she can help. As a result of the clinical logistics center, response time at Nemours for a patient alarm is now measured in seconds rather than minutes. Every child's ID tag contains his or her picture, medication history, and protocols. Not only does this provide an extra set of checks against medication errors, it also helps to ensure that the child is never moved to the wrong part of the hospital. The success of the Nemours' program can be measured both in health outcomes and in return on investment. In the first 14 months after the clinical logistics center went live in 2012, there were no unexpected patient mortality events on the general wards. While potential medication dosage omission averaged approximately 2 percent of scheduled administrations, as a result of the clinical logistics center, bedside providers were alerted just-in-time for every omission and avoided harmful events. And as a result of bedside alert guidelines implemented through the logistics center, an improvement in "answer and respond" rates to bedside alarms increased from under 5 percent before the logistics center to 25-30 percent after the logistics center. With the workforce more efficient, the hospital has actually decreased costs. Nemours has posted a short youtube video about the Nemours Logistics Center as well as a patient testimony about how the center has impacted its patients' lives.

Nemours credits the success of the clinical logistics center to its close collaboration with patients and families, who must provide their consent for all of the above oversight. They recommend the three following best practices for any hospital considering a similar program:

1. Think about what will make nursing life easier—both for EMR use and the bedside.
2. Don't put pressure on bedside nurses to do everything and to answer all of the alarms. Be open to other solutions.
3. Bigger and more expensive is not always better. Often the opposite is true: go for simple, low cost solutions that are already part of your system.

NQF thanks Dr. Stephen Lawless, Vice President of Quality and Safety at Nemours (Stephen.lawless@nemours.org) for sharing this story.

Taking Leadership to Improve Safety
Northern Westchester Hospital, Mt. Kisco, New York

Over ten years ago, Northern Westchester Hospital entered into a partnership with Planetree, an organization dedicated to helping providers on the patient-centered journey, drawing on Planetree's principles of patient-centered care as a framework for transforming organizational culture. This framework activated patients and families—with an emphasis on amplifying patient and family voice—and staff to be change agents as they identified and prioritized opportunities for improvement. The specific goal identified by the hospital's Inpatient Process Redesign (IPR) initiative was to achieve a single plan of care for each patient. Crucial to success was close partnership with the hospital's Patient and Family Advisory Council (PFAC), to ensure that the implementation of evidence-based communication strategies, such as teach back, standardized handoffs, and discharge checklists, were done in a patient-centered way, with "patient-centered" defined by the patient.

Northern Westchester uses a variety of unorthodox techniques to shake up the status quo. One of these is an "Ask-Tell-Ask" teaching method for their clinicians, which emphasizes listening more than talking. They invest heavily in coaching frontline staff, and having peers coach peers. This concept of shared governance is critical since it gives each workforce member a sense of ownership in new processes. Doctors huddle with nurses at the beginning of every day, letting them know what to focus on for the next 24 hours. This small investment pays off in dividends; it not only prevents miscommunication, but also makes the nurses feel that they are respected and that their time is valuable.

The impact of this carefully planned and executed process redesign has been significant improvement in the five HCAHPS domains the hospital publicly reports, ranging from a 2.3-9.3 percent increase in everything from physician communication to overall responsiveness. In addition, a single plan of care has had important implications for patient safety at the hospital. The increased communication and collaboration among the clinical staff has meant that the interdisciplinary team now works together on the patient problems, leaving less room for duplication and error. Medication reconciliation now involves the patient and family, including education about indications for and side effects of medications. Additionally, the care team ensures that medication reconciliation occurs at each transition point of care, leaving less room for error and relapse. Patients and their families are actively involved in their discharge and post-discharge process to help avoid unwanted readmissions.

Northern Westchester gleaned several best practices during their ten years of work:

1. "There are no sacred cows" – just because you've done something one way, it's not necessarily the right way.
2. Before we can have a single plan of care for a patient, we have to have doctors and nurses talking to each other. Daily clinician huddles to make sure each person knows what is most important became a critical part of our process.
3. It is amazing what we think patients hear compared to what they actually hear. If you want to be patient-centered, you have to get patients to give you feedback – constantly.

NQF thanks Maria Hale, Vice President of Patient Advocacy and Patient-Centered Support Services (mhale@nwhc.net), Marla Koroly, Senior Vice President and Chief Medical Officer (mkoroly@nwhc.net),

and Lauraine Szekely, Senior Vice President, Chief Nursing Officer (lszekely@nwhc.net) at Northern Westchester Hospital for sharing this story.

Overarching Case Study Themes

Despite the differences in each of these stories, there are striking similarities. The first and most obvious is that they are all about improving patient care, using unique strategies to achieve their goals. The second is that the strategies reflect more than just one or a few people's values within that organization; they reflect an overall organizational culture focused on person- and family-centered care **or—**and this is important—*recognized that it wasn't and needed to be*. Third, they are stories about the power of letting go of fear on an organizational level , and embracing transparent efforts that include honest conversations with all stakeholders—particularly patients and families—who may have differing opinions and belief systems. Fourth, these stories demonstrate the positive relationship between a healthy and happy workforce and healthy and safe patients, and the real and caring relationships that exist when the culture is right. Provider leadership interested in increasing patient safety in their facilities must invest in their employees, since these are the people whose everyday work impacts patients and families most.

Summary of First Quarter Activities at National Quality Forum

In the past three months, NQF has been actively engaging with key stakeholders to increase momentum for achieving the ambitious Partnership for Patients goals of reducing hospital readmissions and hospital-acquired conditions. During this quarter, NQF launched three Action Teams in the areas of maternal health, hospital readmissions, and patient and family engagement. The Action Team nominations process resulted in nominations from approximately 110 individuals and organizations; three carefully selected, multistakeholder action teams have been formed (see appendix for rosters). NQF will convene an in-person meeting for each action team in late February. Action teams will spend the next quarter creating action pathways and identifying actionable strategies for catalyzing change by deploying organizational resources and relationships. Draft pathways will be completed by late March, and disseminated and discussed via public webinars in April.

January marked the beginning of the 2014 Partnership for Patients Meeting Series. The first meeting on January 29, 2014, "Mobilizing the Health Workforce to Reduce Hospital-Acquired Conditions," brought together approximately 25 stakeholders across the industry to discuss best practices and mobilize for action. These stakeholders represented multiple facets of the workforce, including medicine, nursing, allied health, direct care, pharmacy, and health care leadership. In addition, three patient representatives joined the meeting to bring the patient voice to this critical topic.

The meeting was chaired by Dr. Norman Kahn, Council for Medical Specialty Societies, and featured presentations from Dignity Health, Health Research and Education Trust, and the Connecticut Hospital Association. The interactive meeting format was intended to accelerate action around the Partnership for Patients goals, leveraging past success and identifying action concrete next steps for participants. The second quarterly meeting is scheduled for April 24, 2014, and will focus on engaging with purchasers and payers to accelerate the Partnership for Patients goals.

Appendix A: Maternity Action Team Roster

CO-CHAIRS	
Maureen Corry	University of North Carolina at Chapel Hill
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ACTION TEAM MEMBERS	
Amy Bell, RNC, BSN, MSN, NEA-BC	Carolinas HealthCare System
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Divya Cantor, MD, MBA	WellPoint, Inc.
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Karen Gandy, RN, MSHA, CPHQ, CCM, MMA, PAHM	BlueCare of Tennessee (Blue Cross Blue Shield Tennessee)
Susan Gullo, MS, BSN, RN	Institute for Healthcare Improvement
Keisher Highsmith, DrPH	Health Resources and Services Administration (HRSA)
David Hopkins, MS, PhD	Pacific Business Group on Health
Christine Hunter, MD	US Office of Personnel Management
Paul Jarris, MD, MBA	Association of State and Territorial Health Officials (ASTHO)
Maulik Joshi, DrPH	American Hospital Association
Kate Menard, MD, MPH	Society for Maternal Fetal Medicine
Erica Mobley	The Leapfrog Group
Cynthia Pellegrini	March of Dimes
M. Michael Shabot, MD, FACS, FCCM, FACMI	Memorial Hermann Health System
Kathleen Simpson, PhD, RNC, FAAN	Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

Appendix B: Patient and Family Engagement Action Team Roster

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ACTION TEAM MEMBERS	
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Perry Cohen, PhD	Parkinsons Pipeline Project
Thomas Dahlborg, MSM	National Initiative for Children's Healthcare Quality (NICHQ)
Sheila Delaney Moroney, MPH	Hennepin County Medical Center
Ted Eytan, MD, MS, MPH	Kaiser Permanente
Richard Hanke	Consumer Representative
Libby Hoy, BS	Patient and Family Centered Care Partners
Carol Levine, MA	United Hospital Fund
Wendy Nickel, MPH	American College of Physicians
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Appendix C: Readmissions Action Team Roster

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ACTION TEAM MEMBERS	
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