Stories of Success:
Leveraging HIT, Improving Quality & Safety

2009 – 2011 Chair, HIMSS, Patient Safety & Quality
Outcomes Committee
and
President, Healthcare Consultants Advisory Group
Agenda

• Project purpose
  – The Joint Commission
    • National Patient Safety Goals
  – National Priorities Partnership
    • National Priorities, National Quality Strategy, and Partnership for Patients

• Project Methodology
  – SQUIRE; Peer Review Body

• Keys to a Successful Submission

• Timeline
Project Purpose
Leveraging HIT, Improving Quality & Safety

• ARRA expectations and Meaningful Use – focus on improving healthcare delivery
• Showcase how TJC national patient safety goals, National Priorities Partnership recommendations, National Quality Strategy and Partnership for Patients Goals are met through leveraging health IT
National Patient Safety Goals (NPSGs)

- In 2002, The Joint Commission established its National Patient Safety Goals program
  - First set of NPSGs was effective January 1, 2003
- The NPSGs were established to help accredited organizations address specific areas of concern in regards to patient safety

[www.jointcommission.org/standards_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)
National Patient Safety Goals

2012 Hospital National Patient Safety Goals

• Improve the accuracy of patient identification.
• Improve the effectiveness of communication among caregivers.
• Improve the safety of using medications.
• Reduce the risk of health care–associated infections.
• Identify safety risks inherent in the patient population
• Prevent wrong site, wrong patient, wrong person surgery

2012 Ambulatory National Patient Safety Goals

• Improve accuracy of patient identification
• Improve the safety of using medications
• Reduce the risk of healthcare associated infections
• Prevent wrong site, wrong patient, wrong person surgery
NQF ACTIVITIES

• Adopting measures for public reporting
• Mapping quality measures to data and HIT standards needed to support measures
• Recommend best practice for safety and medication management
• Working on a cost of care and efficiency framework and metrics
• Creating national priorities for action – the National Priorities Partnership (NPP) project

NQF receives federal funding; $40M over 4 years
National Priorities Partnership

• Convened by the National Quality Forum (NQF) in 2008
• 48 Partners (including NQF)
• NPP’s goals are designed to transform the nation’s healthcare system ensuring all Americans have access to safe and affordable healthcare.
**NPP**

- Co-Chairs: Bernard Rosof, MD; Helen Darling
- 48 Partners; consumers, providers, practitioners, accreditors, quality alliances, purchasers and insures
- Builds on prior efforts by the Institute of Medicine (IOM) and NQF
- Articulates performance measures, goals and action steps
- Describe steps to engage and facilitate adoption
- Recommends overarching and disease specific priorities
- Covers quality and cost of care/efficiency

A CAMPAIGN; NOT A LIST
HHS Aims for the National Quality Strategy

- Healthy People/Healthy Communities
- Better Care
- Affordable Care
NPP Goals

• Patient and Family Engagement
  – To provide patient-centered, effective care

• Population Health
  – To bring greater focus on wellness and prevention

• Safety
  – To improve reliability and eliminate errors wherever and whenever possible

• Care Coordination
  – To provide patient-centered, high-value care

• Palliative and end-of-life care
  – To guarantee appropriate and compassionate care for patients with advanced illnesses

• Overuse
  – To remove waste and achieve effective, affordable care
Partnership for Patients

• HHS has launched the Partnership for Patients: Better Care, Lower Costs, a new public-private partnership that will help improve the quality, safety, and affordability of health care for all Americans. The Partnership for Patients brings together leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments in a shared effort to make hospital care safer, more reliable, and less costly.

• The two goals of this partnership are to:
  • Keep patients from getting injured or sicker and Help patients heal without complication.
  • Reduce re-admissions

Areas of focus: adverse drug events, catheter-associated urinary tract infections (CAUTI), central line associated blood stream infections (CLABSI), injuries from falls and immobility, obstetrical adverse events, pressure ulcers, surgical site infections, venous thromboembolism (VTE), ventilator-associated pneumonia (AVP) and other hospital-acquired conditions
Project Methodology
SQUIRE Reporting Tool

• The application submission form was developed from the SQUIRE methodology [Standards for Quality Improvement Reporting Excellence (SQUIRE)] [www.squire-statement.org]

• The SQUIRE Guidelines help authors write excellent, usable articles about quality improvement/performance improvement in healthcare so that their findings can be easily discovered and widely disseminated, thus spreading improvement work to a broader population.


• The Stories of Success Peer Review Body modified the SQUIRE methodology with the intent to capture from applicants how health IT impacted patient safety and quality outcomes.
SQUIRE Tool Dimensions

1 Title
2 Background knowledge
3 Local problem being addressed
4 Intended improvement
5 Planning and implementing the intervention
6 HIT Dimensions Utilized
7 Value Derived/Outcomes
8 Barriers and Challenges Faced
9 Financial Considerations
10 Summary/Conclusions
Keys to a Successful Submission

• Required:
  – State the specific National Patient Safety Goal, national priority of the National Priorities Partnership and/or Partnership for Patients Goal
  – Complete all criteria of the SQUIRE application form - narrative backed by rich data metrics substantiating the described processes, improvements, and outcomes
  – State the specific health IT in place used to fulfill the goals and priorities
  – Report on specific process and patient outcome metrics

• Vendors may not submit *Stories of Success* but can provide application assistance

• Case studies must be real-world examples and personal stories
Resources

- [www.himss.org/storiesofsuccess](http://www.himss.org/storiesofsuccess)
  - View all selected from inaugural all call and summary fact sheet
  - Download inaugural case studies

- The Joint Commission
  - Thirteen suggested actions within [Sentinel Alert 42](http://www.jointcommission.org/sa42/)
  - TJC’s national patient safety goals

- National Priorities Partnership recommendations [http://www.nationalprioritiespartnership.org/Priorities.aspx](http://www.nationalprioritiespartnership.org/Priorities.aspx)


- The SQUIRE Reporting Tool [www.squire-statement.org](http://www.squire-statement.org)
Peer Review Body

• Quality, Cost Safety Committee Members
• The Joint Commission
• National Quality Forum
• National Committee for Quality Assurance
• American Society for Quality
• National Patient Safety Foundation
Outcomes

• 33 case studies selected since 2010 to date

• Selected case studies posted [www.himss.org/storiesofsuccess](http://www.himss.org/storiesofsuccess)
  – E-Prescribing, e-signout tool, CDS, CPOE, EHR, etc.

• Stories of Success Case studies may qualify as HIMSS Davies Award menu case studies if applicable
Timeline

• Next all call
  – Deadline for submission: Nov. 2, 2012
  – Announcement of selected case studies
    • Mid-December 2012

• Selected case studies showcased:
  • On HIMSS Web Site
  • HIMSS Newsletters
  • HIMSS Annual Conference
  • Education Session
Contact Information

Jonathan French
Director, Healthcare Information Systems
703-562-8822
jfrench@himss.org

Pat Johnson, MAT
Manager, Healthcare Information Systems
312-915-9264
pjohnson@himss.org