

New Opportunities in Patient Safety

User Group 2008 Plenary Session

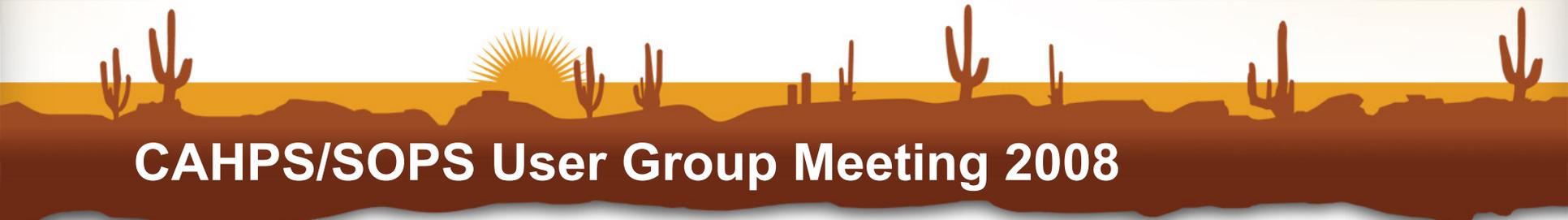
William B Munier, MD, MBA

Director

Center for Quality Improvement and Patient Safety

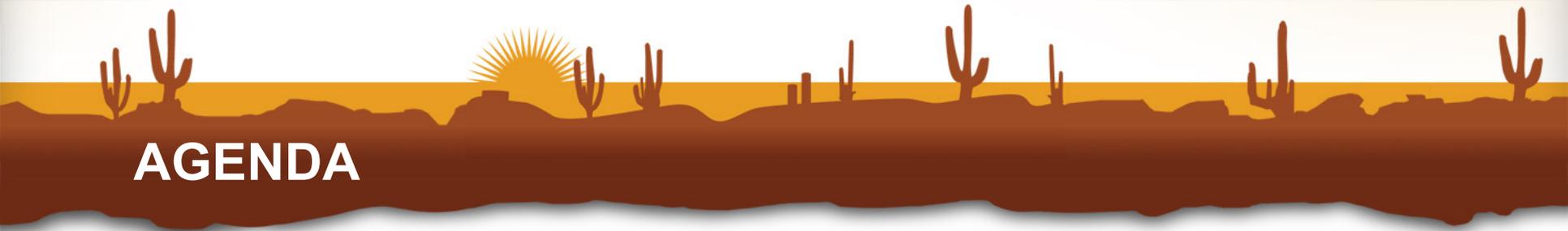
AHRQ

4 December 2008



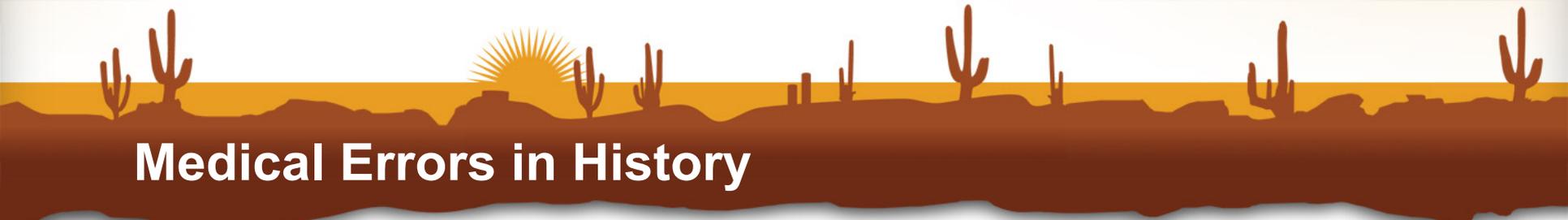
CAHPS/SOPS User Group Meeting 2008

- Welcome!
- 11th CAHPS User Group Meeting
- 1st SOPS User Group Meeting



AGENDA

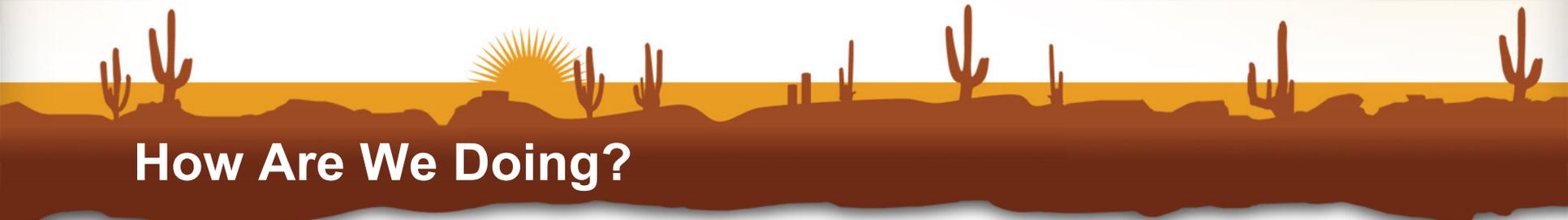
- AHRQ overview
- Measurement
- CAHPS & SOPS
- User Group Meeting
- Transition



Medical Errors in History

“In my opinion, physicians kill as many people as we generals.”

Napoleon Bonaparte

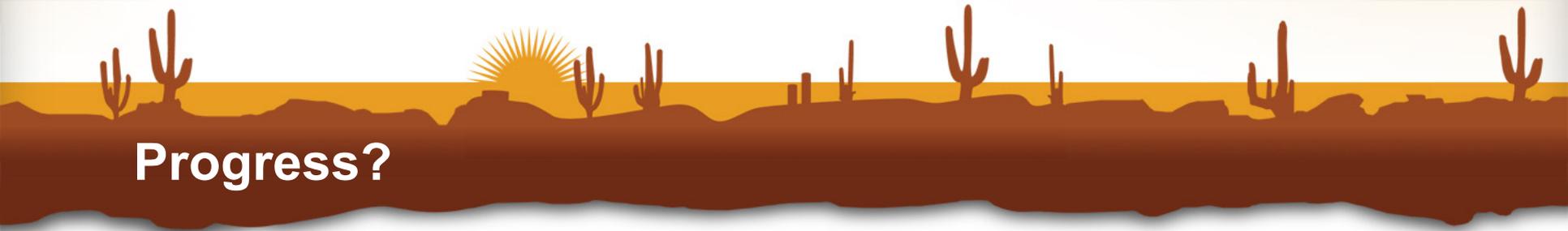


How Are We Doing?

“Are patients safer now? Data from neither the entire US health care system nor the individual hospitals can yield a credible answer.”

JAMA - August 9, 2006

Pronovost PJ, Miller MR, Wachter RM. Tracking Progress in Patient Safety: an elusive target. *JAMA*. 2006;296:696-699.



Progress?

The only two “wins” we are sure of are:

- Removal of concentrated KCl from the floors
- Introduction of infusion devices to eliminate free-flow IVs in hospitals.

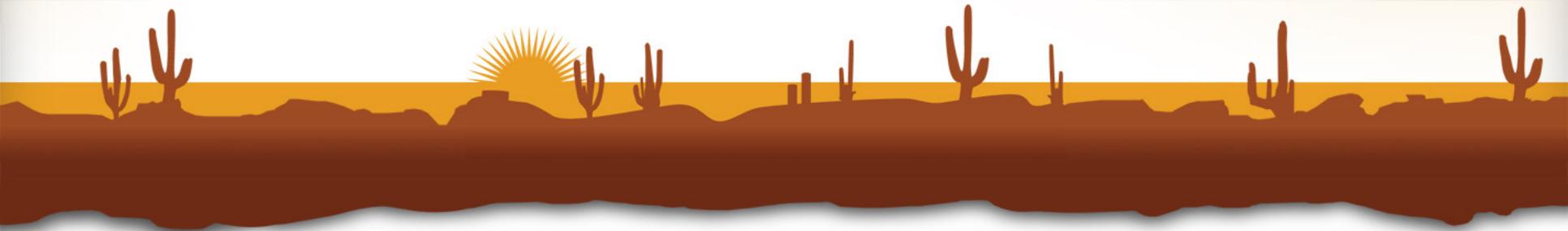
Dennis O’Leary, CEO, Joint
Commission – June 1, 2007



World's Best Medical Care?

New York Times – August 12, 2007

- US ranks 37th overall out of 191 countries according to WHO in 2000
- US is last or next-to-last on quality measures among 6 nations, according to the Commonwealth Fund in 2007 – Australia, Canada, Germany, New Zealand, & the United Kingdom
- Only in top-of-the-line care is the US thought (subjectively) to rank highly



AHRQ Overview

HHS Organizational Focus



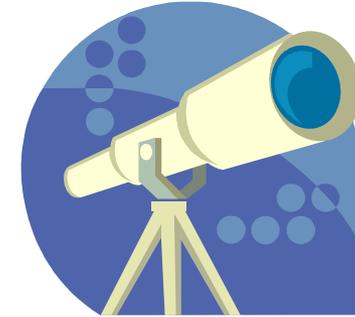
NIH

Biomedical research to prevent, diagnose & treat diseases



CDC

Population health & the role of community-based interventions to improve health



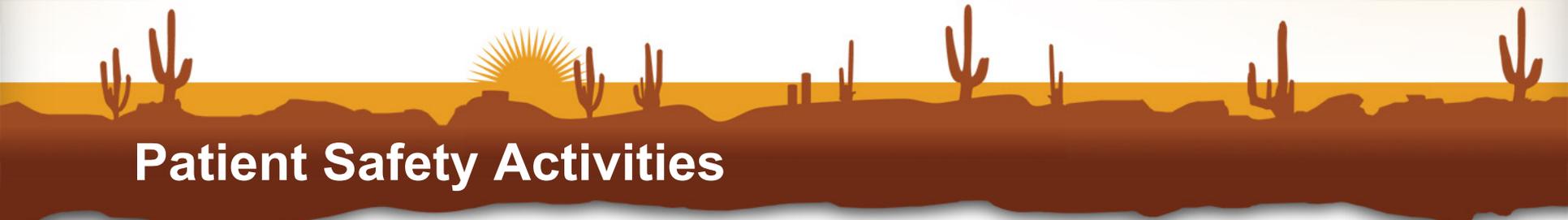
AHRQ

Improvement of health care quality & safety for all Americans

AHRQ FY 2008 Funding

- Director: Carolyn Clancy, MD
- FY 2008 appropriation:
 - \$334.6 million
- Appropriation includes:
 - \$30 million for comparative effectiveness research
 - \$5 million for research & activities to reduce Methicillin Resistant Staphylococcus Aureus (MRSA) & related infections





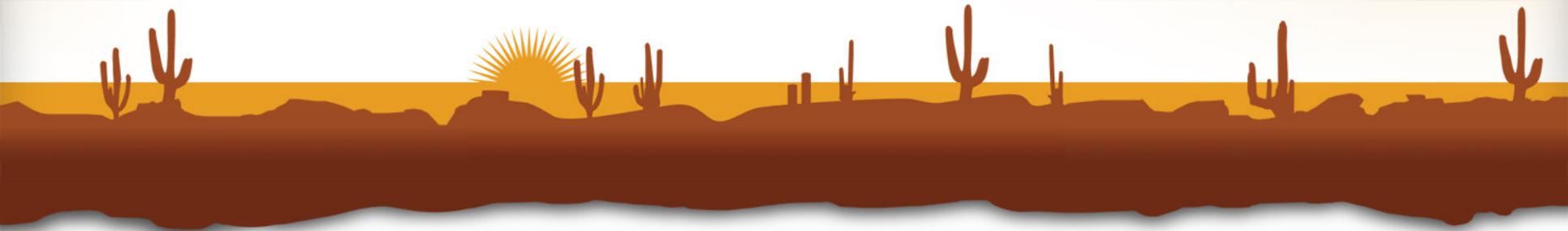
Patient Safety Activities

- AHRQ Web M&M & AHRQ Patient Safety Network
- TeamSTEPPS™
- CAHPS®
- Surveys on Patient Safety Culture (SOPS)
- Partnerships for Improving Patient Safety (PIPS)
- Improving Patient Safety through Simulation Research
- Health literacy & patient safety
- Patient safety organizations
- HIV (medication focus)
- ACTION network (variety of patient safety topics including HAIs)
- Ambulatory (risk assessment/intervention development)
- Advances in Patient Safety I (2005) & II (2008)
- Resident work hours (IOM)
- High 5s (WHO)
- Human factors in home healthcare
- Consumer reporting
- PSIC Fellowship
- Diagnostic error



AHRQ Patient Safety Highlights

- Simulation
- TeamSTEPPS
- Patient Safety Organizations
- CAHPS
- SOPS



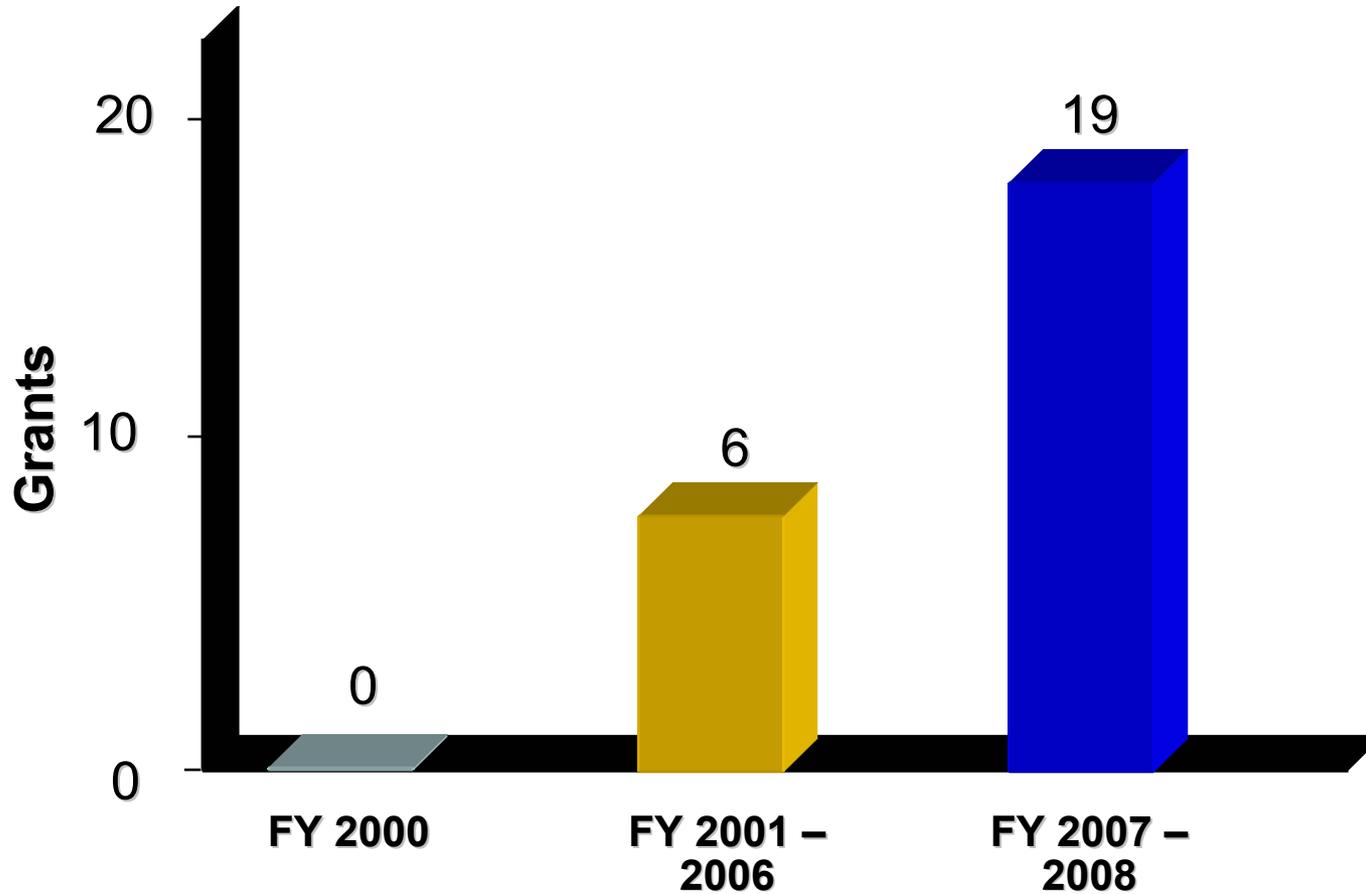
Simulation

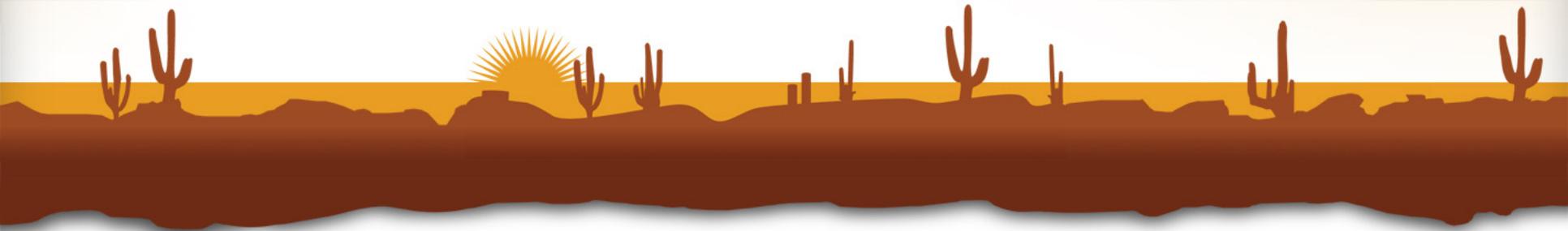
Early Beginnings...



- Six Link trainers the Army Air Corps ordered in 1934
- Resusci-Anne, The Laerdal Company

AHRQ Simulation Grants





*Team***STEPPS**

Teamwork Is All Around Us



Evidence-based team training & implementation toolkit

- Improves communication & teamwork skills among health care professionals
- Set of ready-to-use materials & training curricula to integrate teamwork principles
- Developed through collaboration between AHRQ & Department of Defense's military health system

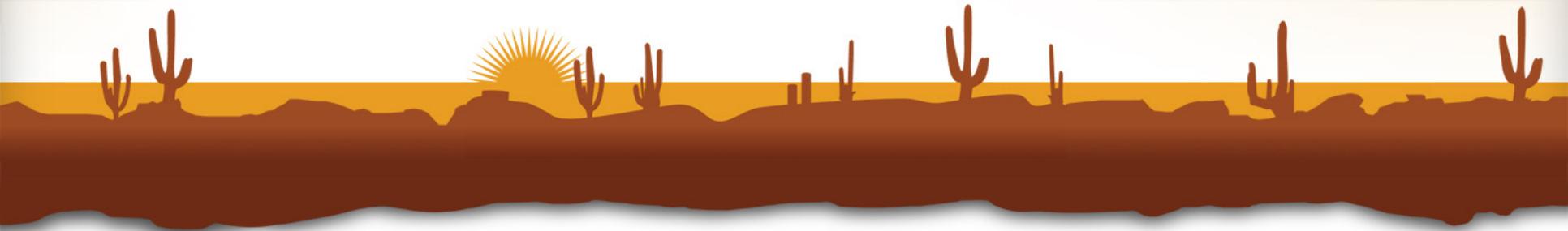


TeamSTEPPS Team Strategies & Tools to Enhance Performance & Patient Safety



"Creating a Safety Net for Healthcare Organizations"





Patient Safety Organizations (PSOs)

The Patient Safety and Quality Improvement Act of 2005

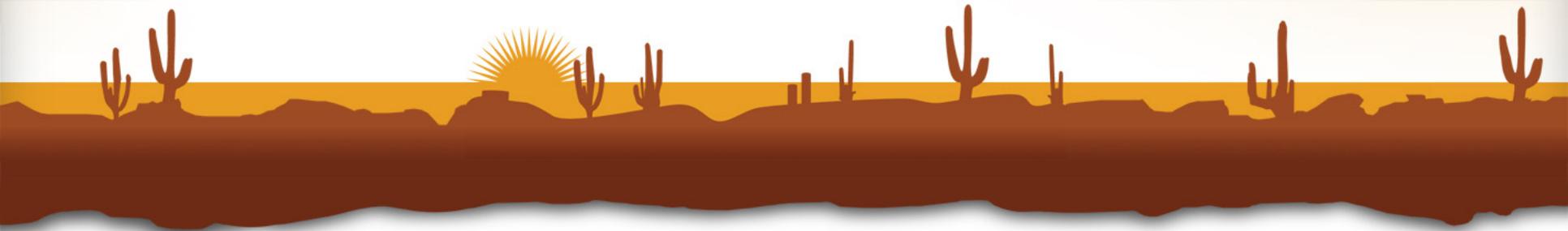


- Creates “Patient Safety Organizations (PSOs)”
- Establishes “Network of Patient Safety Databases”
- Requires reporting of findings annually in AHRQ’s National Health Quality/Disparities Reports
- Mandates Comptroller General to study effectiveness of Act (by 2010)



What Does Law Address?

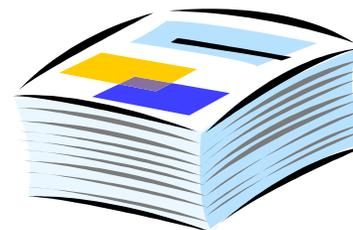
- Fear of malpractice litigation
- Inadequate protection by state laws
 - Privilege
 - Confidentiality
- Inability to aggregate data on a large scale

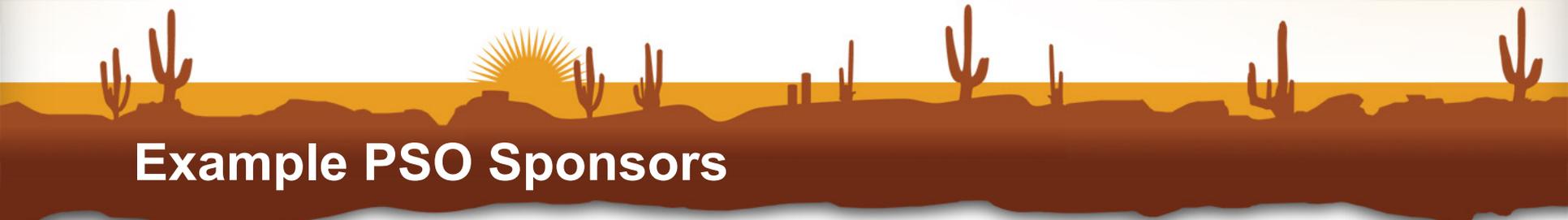


Rather than a patchwork of state-by-state protections, there will now be national uniform protections; that is, confidentiality & privilege for clinicians & entities performing quality & safety activities

PSO Rulemaking

- Interim guidance was effective on October 8th
- Final rule was published in the Federal Register November 21st
- AHRQ has “listed” 20 PSOs as of today:
www.pso.ahrq.gov





Example PSO Sponsors

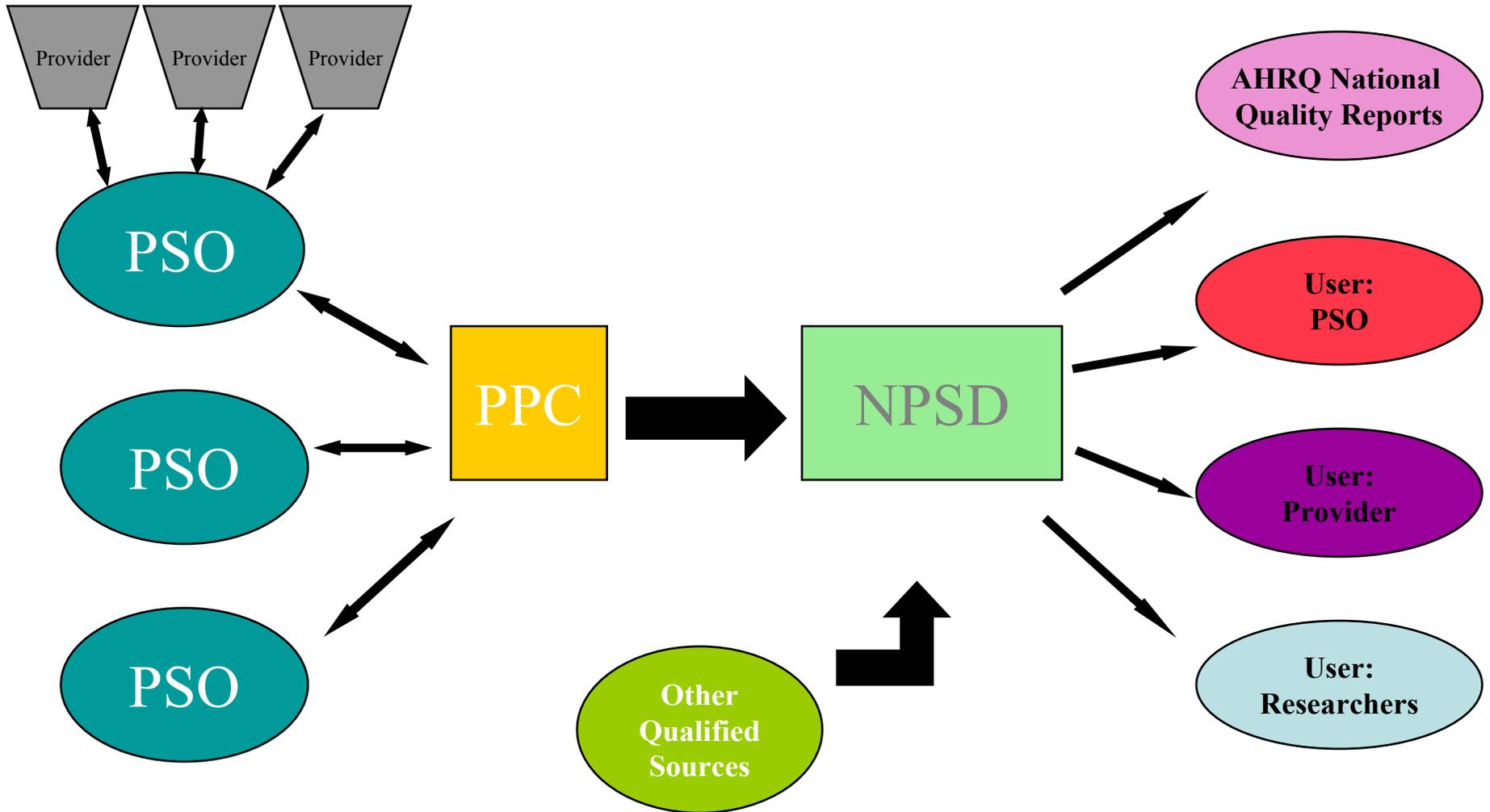
- Existing patient safety reporting systems
- Hospital associations
- Hospital chains
- Patient safety consultant groups
- Medical/specialty societies
- Patient safety/quality software vendors
- Newly-created organizations
- Others



Network of Patient Safety Databases

- Provides benchmarks & baselines for measurement
- Disseminates results, best practices
- Conducts analyses for the National Healthcare Quality Reports
- Develops a web-based evidence-based management resource to support research
- Provides technical assistance as needed

Data Flows: Providers, PSOs, & “PSWP”





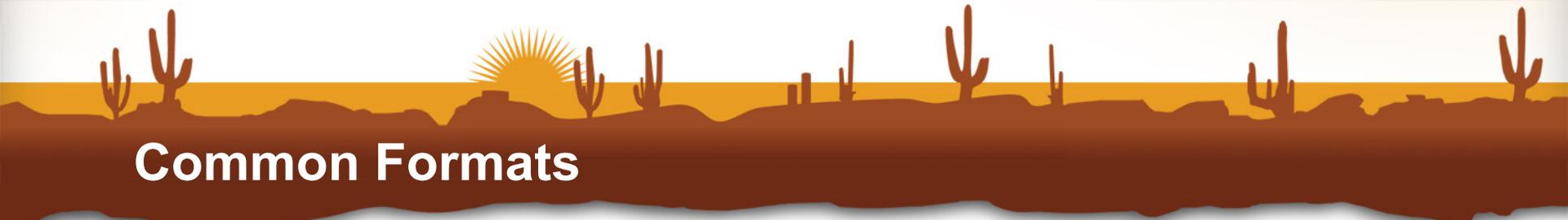
Common Definitions & Formats for Patient Safety Events

- Authorized by statute; application voluntary
- Underlie ability to compare & learn
 - Allow aggregation of comparable data at local, PSO, & national level
 - Allow benchmarking & trend reports
 - Comprise definitions, data elements, technical specifications, reporting formats
- Facilitate exchange of data among PSOs



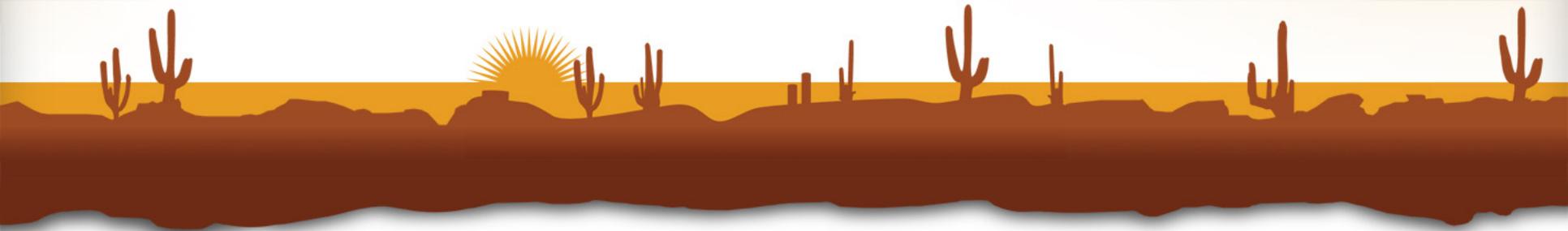
Common Format Development

- Developed initial Common Formats with Federal agencies with reporting systems (CDC, FDA, VA, DoD, NIH)
- Conducted two pilot tests in DoD hospitals
- Contracted with the National Quality Forum (NQF) to receive public/user feedback on Common Formats after their release & provide AHRQ with advice on revisions

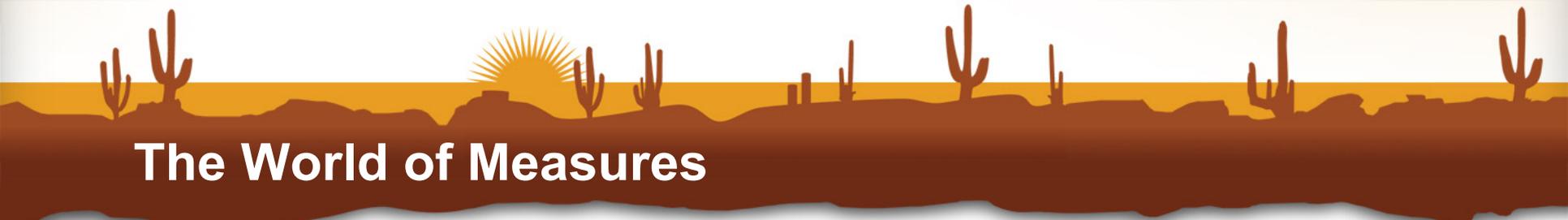


Common Formats

- Formats will not be subject to:
 - Federal regulatory processes
 - NQF formal consensus process
- Formats will:
 - Be updated annually as guidance
 - Have tight version control
- Formats are:
 - Currently limited to the hospital setting
 - Planned for additional settings

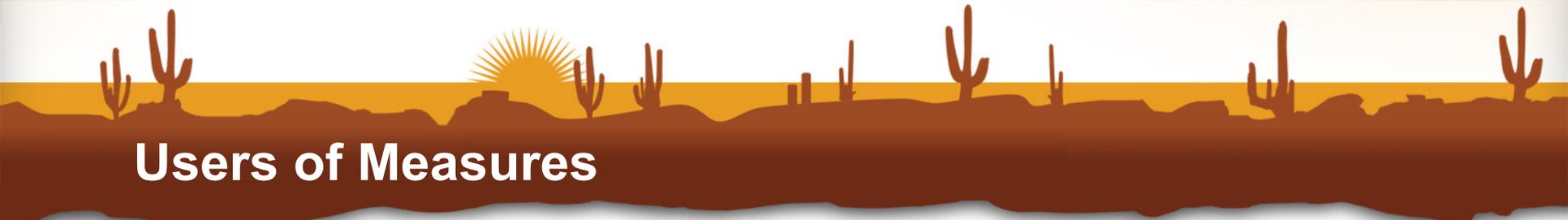


MEASUREMENT



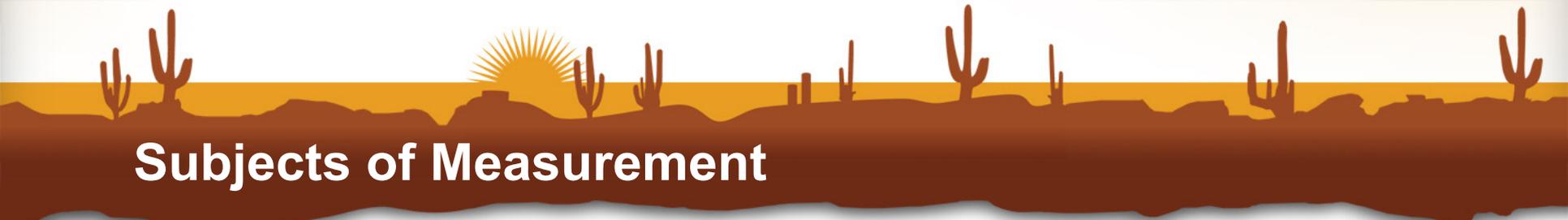
The World of Measures

- High expectations
- Technically complex
- Large number of players
- Intensely vested interests
- Politically charged
- Expensive



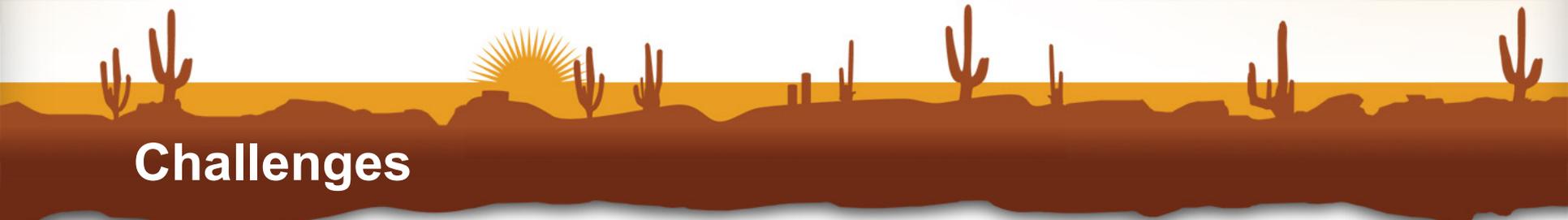
Users of Measures

- **Providers**
 - Identify problems
 - Determine priorities for improvement
 - Monitor progress
- **Oversight/certifying/accrediting bodies**
 - Evaluate performance
- **Purchasers & consumers**
 - Make informed choices
 - Reward success, improvement



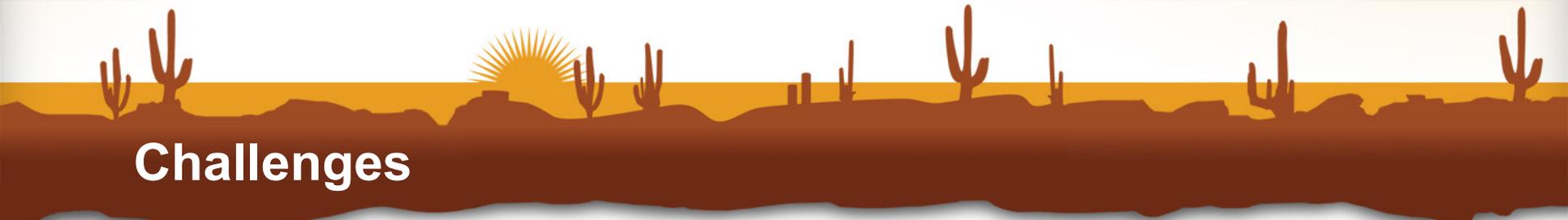
Subjects of Measurement

- Access
- Care processes
- Patient outcomes
- Consumer experience
- Culture of safety
- Cost
- Combinations of the above



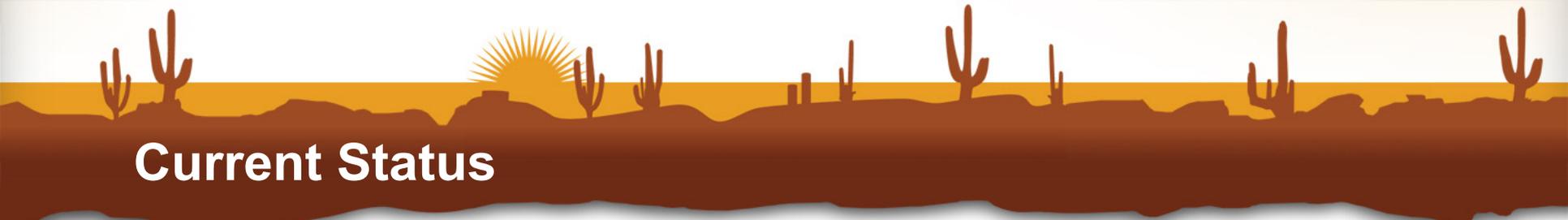
Challenges

- Performance measurement efforts are isolated, fragmented
 - Narrowly defined to meet specific needs
 - Do not provide overall picture of performance
 - Yield judgments about providers based on insufficient information
- Definitions, formats, & taxonomies are not standardized, resulting in non-comparable, non-interoperable measures



Challenges

- Large number of measurement efforts is increasing data collection burden
 - Disparate approaches, requirements
 - Logistics of collecting data from multiple sources, both paper & electronic
 - Quality & IT domains slow to integrate
 - Cost
- Existing developers are invested in current approaches => status quo



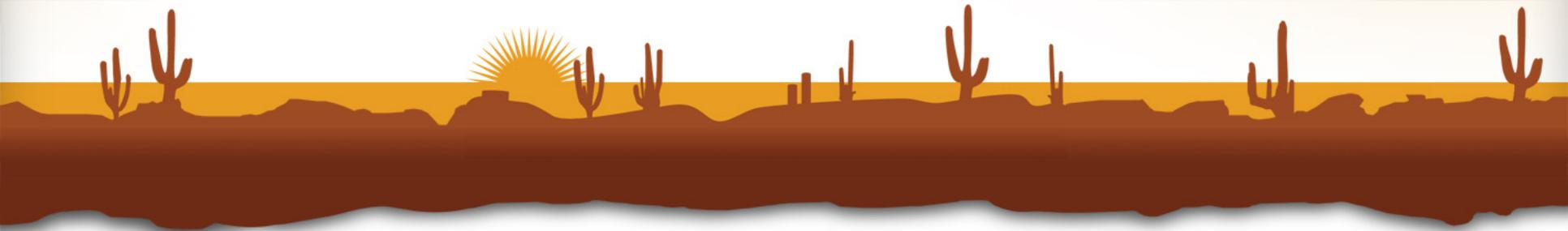
Current Status

- Our best instruments are for:
 - Consumer experience
 - Culture of safety
- Clinical measurement is more difficult
 - Administrative data are often inadequate to reveal actionable quality & safety information
 - Abstracted data are expensive & narrow in focus
- Cost data are universal but seldom tied to quality & safety information



Future Measurement Trends

- AHRQ's Common Formats for patient safety events have the potential to harmonize patient safety reporting nationwide
- Further advances in quality reporting may follow but will be more difficult
- Pressure to make reimbursement decisions (P4P, eligibility, etc.) based on whatever measures exist will continue to escalate



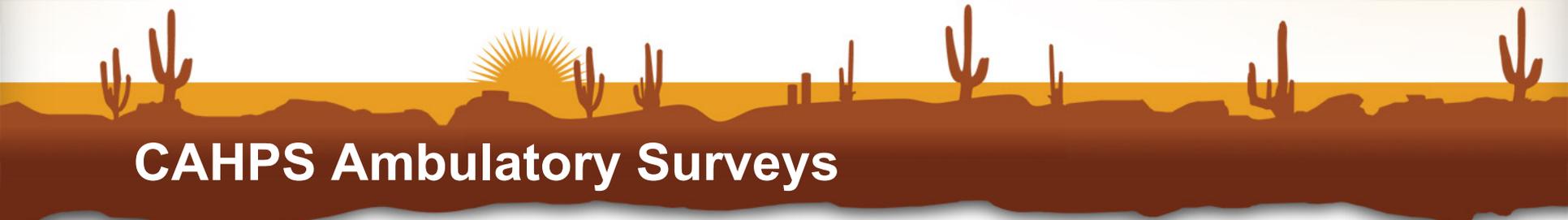
CAHPS & SOPS



State of Consumer Assessment, Early '90s

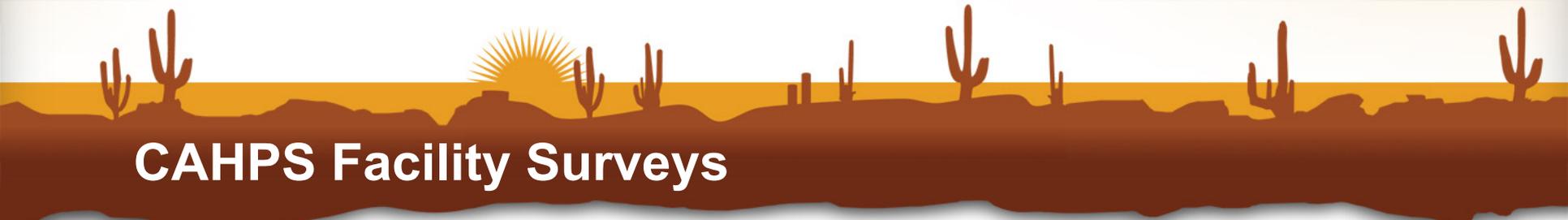
- CAHPS begun in 1995
- No single survey at that time:
 - Measured quality from the patient's point of view
 - Was tested to ensure that respondents understood items as intended
 - Was tested for psychometric properties
 - Could be used across diverse delivery settings
 - Focused on questions that only the patient could answer

- An integrated set of carefully tested, standardized survey questionnaires & accompanying reporting formats that can be used to collect & report meaningful, reliable information from patients about their experiences of care.
- Goals:
 - Help consumers identify the best health care plans & services for their needs
 - Develop & test questionnaires that assess health plans, hospitals, & other settings
 - Produce understandable reports for consumers
 - Evaluate usefulness of reports



CAHPS Ambulatory Surveys

- Health Plan
- Clinician & Group
- ECHO (for assessment of behavioral healthcare)
- Home Health Care
- Adult Dental Care
- American Indian
- Additional item sets:
 - Health literacy
 - Cultural competence
 - People with mobility impairments
 - Medicare prescription drug plan (Part D)
 - Health information technology, QI, PPO enrollees



CAHPS Facility Surveys

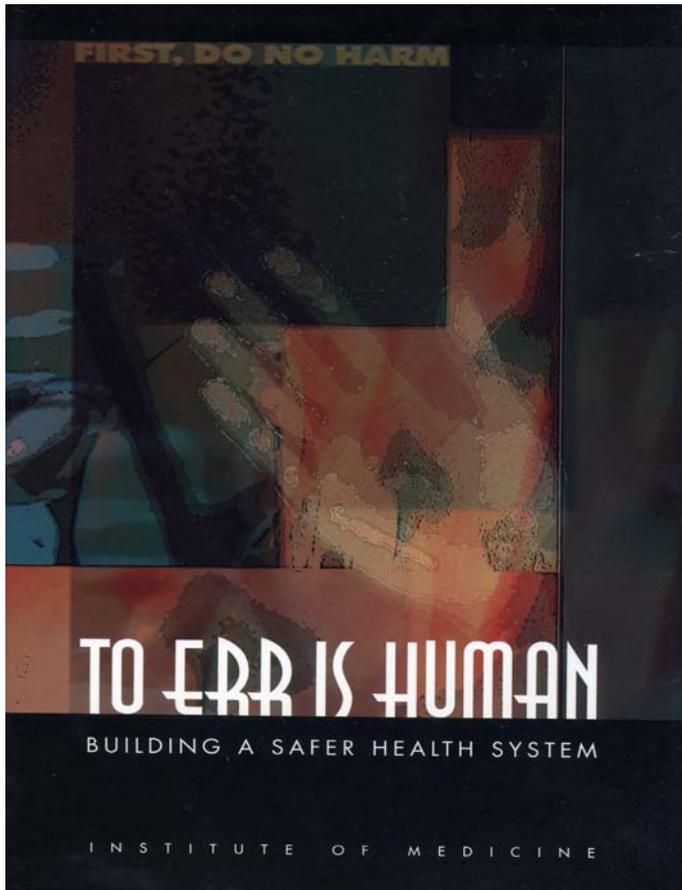
- CAHPS Hospital Survey
 - Supplemental health literacy items
- CAHPS In-Center Hemodialysis Survey
- CAHPS Nursing Home Resident Survey
- CAHPS Nursing Home Family Survey



Evolution from CAHPS I to III

- Progressive adoption, requirement, or endorsement of CAHPS instruments by:
 - CMS & NCQA
 - NQF
 - Most Medicaid programs
 - Department of Defense
 - United States Office of Personnel Management
- 141,000,000 Americans enrolled in plans for which CAHPS data are collected

Patient Safety Culture



The biggest challenge to moving toward a safer health system is changing the culture from one of blaming individuals for errors to one in which errors are treated not as personal failures, but opportunities to improve the system and prevent harm

Hospital Survey on Patient Safety Culture

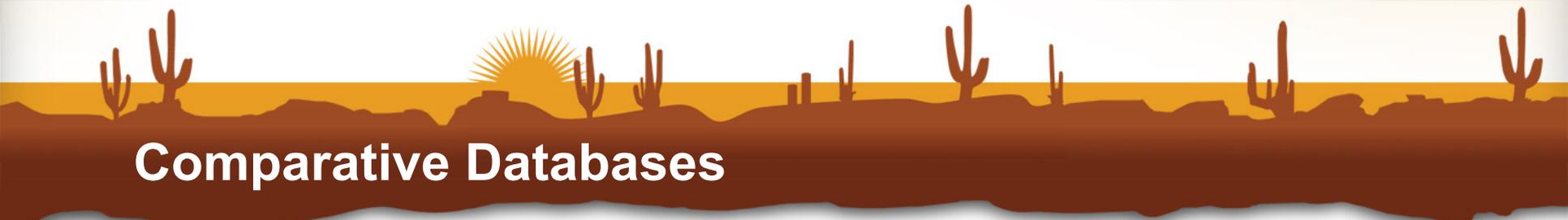
- Helps hospitals & health systems evaluate employee attitudes about patient safety in their facilities or within specific units
- Includes survey guide, survey, & feedback report template to customize reports
- Assesses 12 dimensions of patient safety culture
- Includes AHRQ partnership with Premier, Inc., Department of Defense, & American Hospital Association





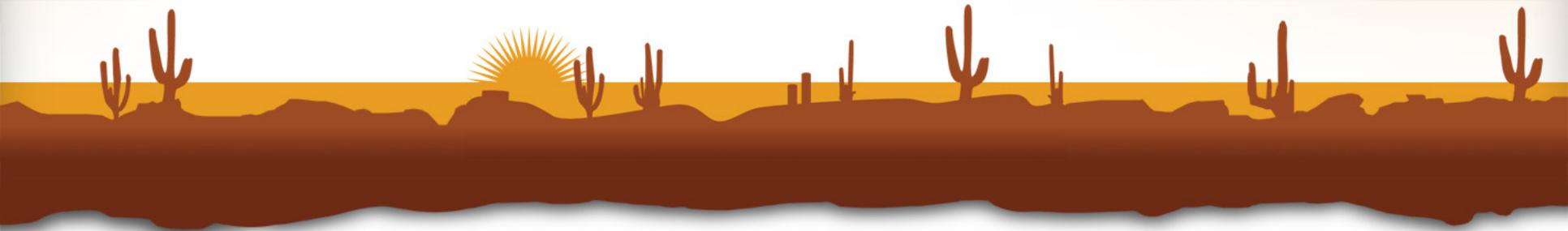
Surveys of Patient Safety Culture

- Currently-available SOPS instruments assess patient safety culture in:
 - Hospitals
 - Medical Offices
 - Nursing Homes
- HSOPS has been taken up internationally very quickly
 - Now used in 23 countries, translated into many languages

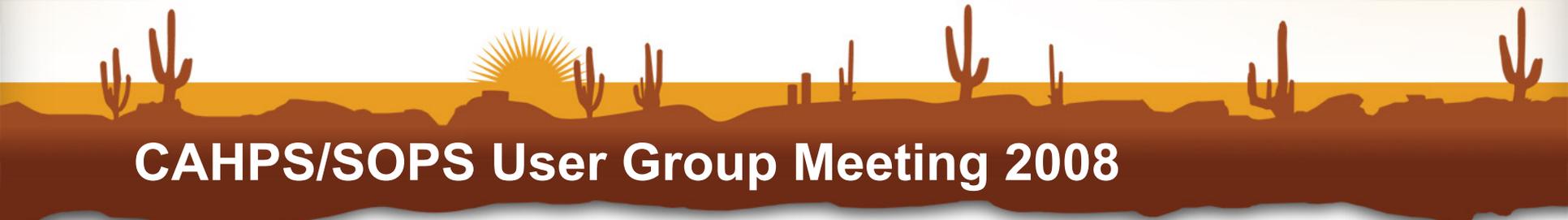


Comparative Databases

- CAHPS comparative database has been an integral part of the program since inception
- HSOPS comparative database was created in 2006
 - First report released in April 2007
 - 2009 report coming soon

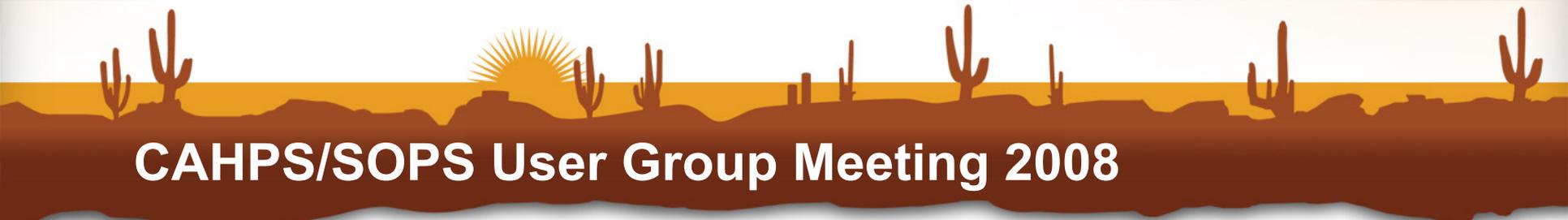


USER GROUP MEETING



CAHPS/SOPS User Group Meeting 2008

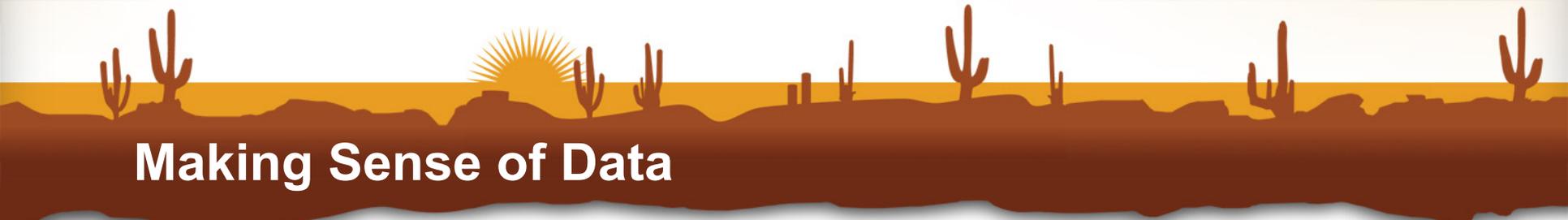
- Annual opportunity to learn about
 - Problems
 - Successes
 - Surveys you may not yet have used
- A chance to share techniques that work among participants, establish lasting learning relationships



CAHPS/SOPS User Group Meeting 2008

First time for program tracks on:

- Patient Safety Culture
- CAHPS Hospital Survey
- CAHPS Clinician & Group Survey



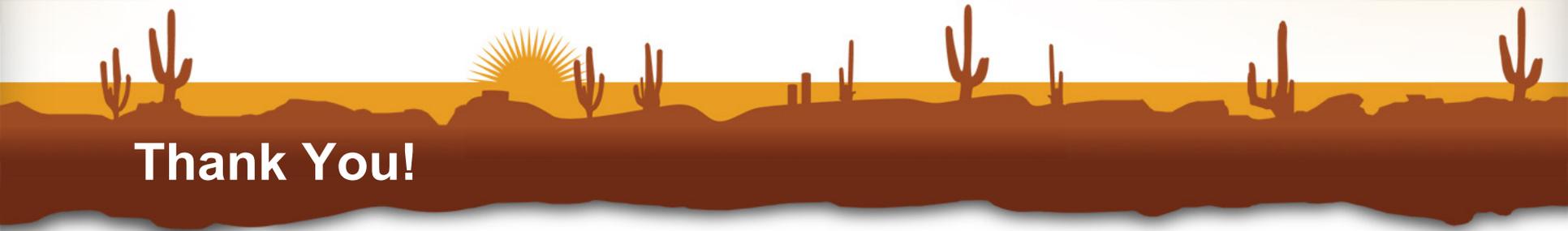
Making Sense of Data

- Interpreting Survey Results & Action Planning
- Patient Safety Improvement Initiatives
- So Much Data But What Does It All Mean?:
Implications of the Relationships Between
HSOPS, HQA Clinical Measures, PS
Indicators & HCAHPS



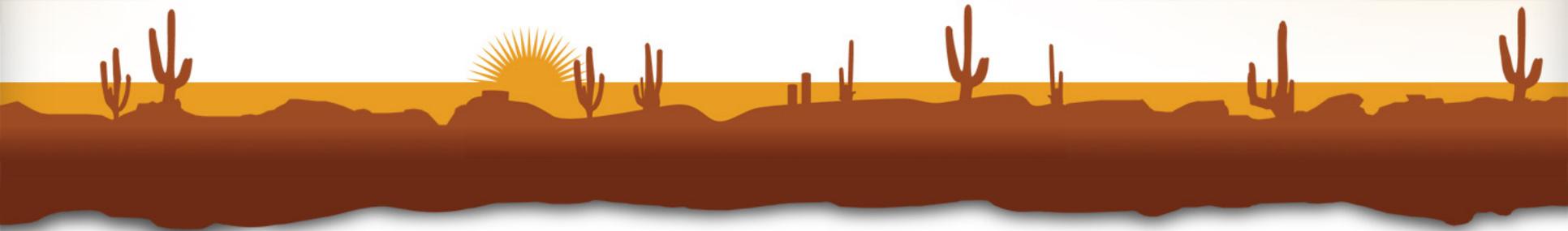
Using Data for Quality Improvement

- Now That You Have HCAHPS Data, What Are You Doing With It?
- Using CAHPS Data to Drive Quality Improvement
- Using CAHPS for Medical Office Quality Improvement
- Lessons from High-Performing Hospitals: Achieving Patient & Family Centered Care

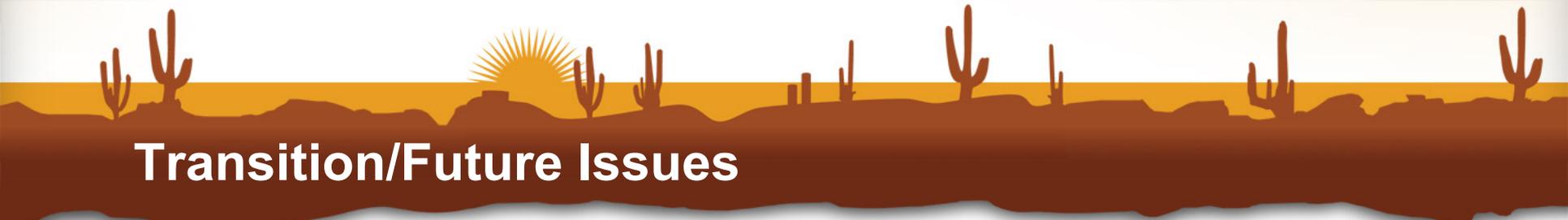


Thank You!

- Harvard
- Rand
- RTI
- AIR
- Yale
- Westat
- Chris Crofton
- Jim Battles
- All AHRQ & contractor staff

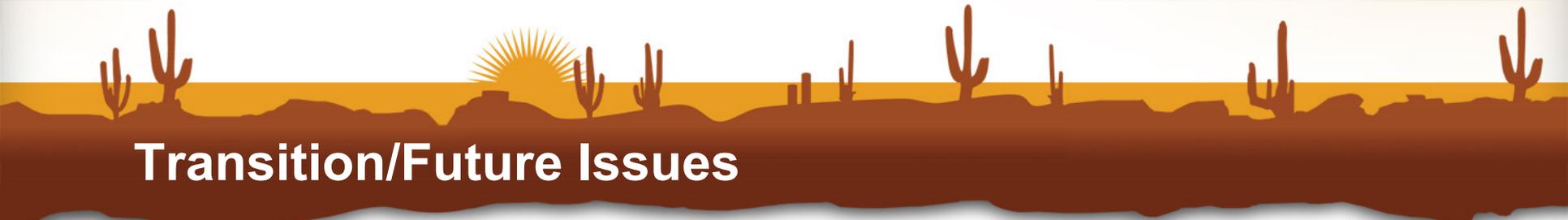


TRANSITION



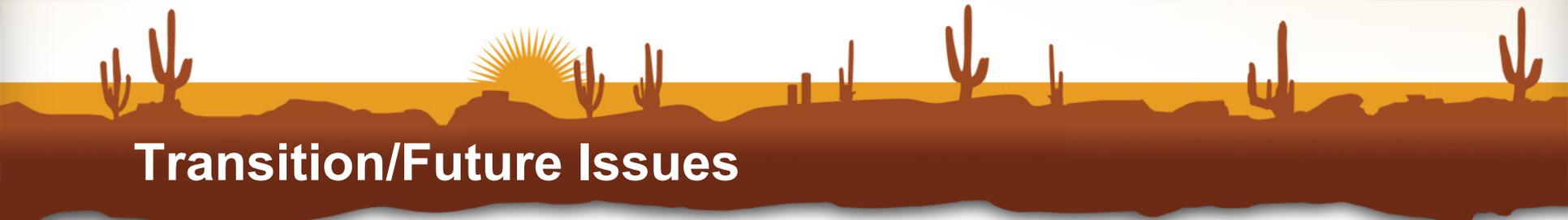
Transition/Future Issues

- Addressing access to healthcare will redraw the healthcare landscape
- Expectations will increase for:
 - Quality/safety
 - Cost containment
 - Accountability
- Measurement & IT will become an even more critical focus



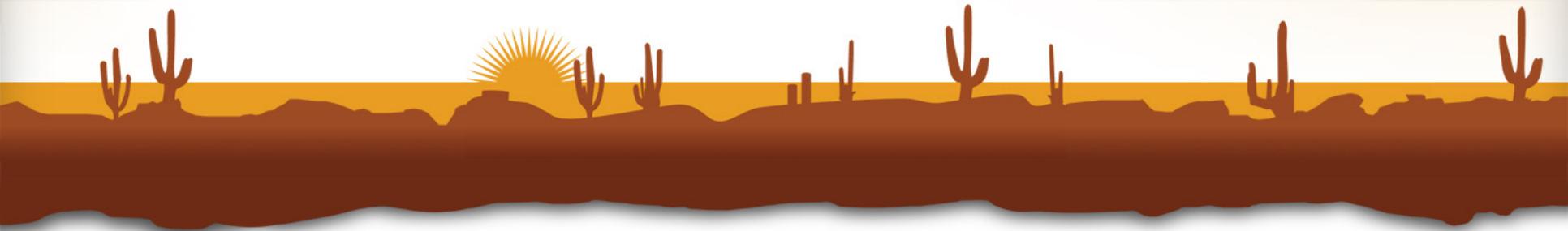
Transition/Future Issues

- Tensions may be heightened:
 - Culture of safety (PSO protected reporting) vs. public reporting
 - Cost vs. everything else
- Costs will be affected in unpredictable ways in addressing:
 - Access
 - Prevention
 - Quality/safety
 - Health information technology



Transition/Future Issues

It is, however, clearly a time of opportunity, for patient safety, quality, & all aspects of health care delivery



Your questions?