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PROFESSION

Quality initiative claims it saved 22,000 lives

Sharing data and best practices helped 157 hospitals cut costs and deliver quality care. A separate study, however, casts doubt on patient safety progress.

By KEVIN B. O'REILLY, *amednews* staff. *Posted Dec. 13, 2010.*

More than 150 hospitals participating in a nationwide quality initiative saved an estimated 22,165 lives and cut health care expenses by \$2.1 billion, officials involved with the effort say.

The 157 hospitals are members of the QUEST initiative organized by Premier Inc., a Charlotte, N.C.-based purchasing and quality improvement alliance of more than 2,400 U.S. nonprofit hospitals. Charter members of the initiative were drawn from 31 states, with roughly even participation of small, mid-size and large hospitals. Thirty-eight percent of the participants are teaching hospitals, and 14% are in rural areas.

Compared with the mortality rate expected from a baseline collection of data, hospitals taking part in the initiative saw their inpatient death rates drop nearly 25% over two years. The average cost-per-discharge fell 10%, to \$5,278.

Working with the Cambridge, Mass.-based nonprofit Institute for Healthcare Improvement, members of the initiative focused on care areas such as respiratory failure, cardiac arrest, septicemia and other hospital infections, officials said. Hospitals' average performance on 19 measures of evidence-based care, such as prescribing beta-blockers at discharge to heart attack patients, improved to greater than 90%.

The participating hospitals take part in one-hour educational calls, webinars and initiatives focused on specific conditions or care processes. They also meet face-to-face twice a year and have access to a Web portal that allows them to see their results. The results of other hospitals also are shared.

"The transparency, sharing the data openly in the collaborative, really set up a friendly competition," said Richard Bankowitz, MD, Premier's chief medical officer. "No one wants to go to the meeting with their hospital at the bottom of the list."

High-performing hospitals also share their methods with other members of the initiative, Dr. Bankowitz said.

"Some hospitals have figured out how to address, say, congestive heart failure, and we can share those best practices throughout the collaborative so people aren't reinventing the wheel," he said.

Aurora Health Care, based in Wisconsin, has 13 hospitals taking part in the initiative. Quality officials there said engaging physicians has been critical to improvement. For example, QUEST performance data are shared and discussed at physicians' regular meetings at Aurora Sheboygan Memorial Medical Center. Each doctor is given individual results on measures relating to heart attack, heart failure and pneumonia care, as well as blinded data about their peers' performance.

Safety slower to improve

If all hospitals nationwide could replicate the quality initiative's results, 64,000 lives would be saved, officials said. That would be two-thirds of the way toward addressing the nearly 100,000 lives that are lost due to medical errors annually, as cited by the Institute of Medicine in its seminal report, "To Err is Human," released in 1999.

Yet a Nov. 25 study published in *The New England Journal of Medicine* found that rates of preventable harm to patients did not improve during the last decade.

Researchers selectively examined 2,341 admissions at 10 North Carolina hospitals from 2002 to 2007 and found no statistically significant drop in rates of preventable harm such as fluid overload, hematoma and acute respiratory failure.

"Our findings validate concern raised by patient-safety experts in the United States and Europe that harm resulting from medical care remains very common," the study's authors said.

The next phase of the QUEST initiative will focus on 27 measures of preventable harm, in addition to readmission rates. The baseline data collection of hospital results on these measures shows "pretty flat" performance, said Susan B. DeVore, Premier's CEO. Measuring the scale of the problem is a first step toward addressing it, she said.

"It could be that because the measures were not standardized until now and hospitals weren't reporting them, or they were not as visible in an automated way so they could be tracked, then it's hard to do the improvement work, because hospitals didn't have the information they needed," DeVore said.

Dr. Bankowitz said the *NEJM* study "shows that we still have a long way to go in making our hospitals high-reliability institutions.

"Hospitals tend to work internally on improvement, and they are all trying to do the right thing," he added. "But they may need external assistance, a catalyst, to get things moving faster."

This content was published online only.

ADDITIONAL INFORMATION:

Delivering evidence-based care

Hospitals participating in Premier Inc.'s QUEST initiative have improved their performance on measures of quality, such as administering aspirin upon arrival and discharge to heart attack patients.

Over the two years, the 157 hospitals improved their rate of delivering on 19 evidence-based care metrics from just under three-quarters of the time to 9 times out of 10 :

Increase in evidence-based care	
At baseline	77.7%
At year 1	86.3%
At year 2	90.5%

Source: "QUEST: High Performing Hospitals Collaborative Year 2 Results," Premier Inc., Nov. 22 (www.premierinc.com/quality-safety/tools-services/quest/year2/quest-year-2-results.pdf)

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"QUEST: High Performing Hospitals Collaborative Year 2 Results," Premier Inc., Nov. 22 (www.premierinc.com/quality-safety/tools-services/quest/year2/quest-year-2-results.pdf)

"Temporal trends in rates of patient harm resulting from medical care," *The New England Journal of Medicine*, Nov. 25 (www.ncbi.nlm.nih.gov/pubmed/21105794)

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