

HealthPartners: One Approach to Improving Quality and Safety

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September 10, 2002

The IOM Reports: A Call to Action

- There is a quality crisis - Chassin and Galvin; Institute of Medicine National Roundtable on Health Care Quality; JAMA. 1998;280:1000-1005
- Safety is a serious issue – “To Err is Human”
- It is only a facet of a large and serious quality crisis – “Crossing the Quality Chasm”

HealthPartners Response to the Safe Systems Challenge

- HealthPartners Health Plan
- HealthPartners Medical Group
- Pharmacy
- Regions Hospital
- HealthPartners Research Foundation
- HealthPartners Institute For Medical Education

HealthPartners Response

- Collaborations
 - ICSI
 - State Wide Task Force
 - Hospital Collaborative
 - Purchaser's Initiatives
- Legal Issues
- Legislative Issues
- Communications Strategies

HealthPartners Response

- Senior officer task group on errors and patient safety - **Statement of Commitment**
- Organization of planning around operating units - “Quick Hits” and the incorporation of patient safety in annual plans for the year 2001
- Enterprise-wide discussion and adoption of the Six Aims from Crossing the Quality Chasm: Safety, Effectiveness, Efficiency, Timeliness, Patient-Centered, Equity
- Participation in the RWJ initiative – **Pursuing Perfection**

HealthPartners Response

- Enterprise-wide discussion of priorities and focus in 2002
- Collaboration with others in the community – **Safest in America, Leapfrog** initiative, Ambulatory Safety Collaboratives via the **Institute for Clinical Systems Improvement**
- Adoption of a measurement strategy
- Establishment of a Research program
- Enhancing capability in workforce development and training through HealthPartners **Center for Clinical Simulation and Patient Safety** at Metropolitan State University

Our model for transformation in “Pursuing Perfection”

I. Patient Results Setting Aims for Improvement

Mission (purpose)
“What we strive for” (aims for improvement)

II. Micro-environment: The Care Itself

- Simple Rules
- Design Concepts
- Collaboration and Spread

III. Organizational Supports for Change

- Patient-centered
- Measurement
- Leadership
- Financial viability
- Communication
- Employee/Physician Learning, Growth and Alignment
- Systematic approach to process design
- Teamwork
- Effective use of technology

IV. Environmental Supports for Change

- Payment methods
- Transparency
- Clinical education/regulation/liability

Error Measurement

- In 2002, a baseline survey was conducted with HealthPartners members who received medical-surgical inpatient care from one of 19 hospitals. The question wording in the survey was as follows:

During this hospital stay, did any of the following types of medical mistakes happen to you:

- wrong diagnosis?
- wrong treatment?
- wrong operation or procedure, or one that was performed incorrectly?
- wrong prescription?
- any other type of medical mistake?
- Results are now being analyzed

Some Examples of Research on Safety at HealthPartners

- Prescribing Safety During Pregnancy
- Prescribing Safety Program
- Safety and Efficacy in the Chest Pain Unit
- Association of Working Conditions with Prescribing Errors in Primary Care Practice
- Relationship of Provider Group Characteristics to Quality of Care and Med Errors
- Patient-Based Strategy to Reduce Errors in Diabetes Care

Collaborations – Institute for Clinical Systems Improvement (ICSI)

- ICSI has facilitated Action Groups for Medical Practices on improving the culture for safety improvement by decreasing fear of punishment or reprisal arising from reporting mishaps or near-misses
- ICSI has facilitated 2 collaboratives run by Safest in America, one on hospital medication ordering and delivery and the other on decreasing the risk of wrong side surgery

Collaborations – Institute for Clinical Systems Improvement (ICSI)

- Many ICSI members are working on safety improvements with the assistance of ICSI – for example, decreasing the risk from anti-coagulant medication use and eliminating the risk of ignoring abnormal lab results
- ICSI has begun to issue template hospital order sets – for example, admission of patients with acute myocardial infarction

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Center for Clinical Simulation and Patient Safety

at Metropolitan State University

- Outside the actual patient care environment
 - No harm to patients
 - Decreased distractions and time pressure
 - Opportunity for feedback without patient or family present
- A new place to hone individual and team skills
 - No existing facilities to practice skills
 - Current lack of team focus to skill building

HealthPartners

Center for Clinical Simulation and Patient Safety

at Metropolitan State University

- A training space using simulated patient environments to help health professionals provide safe, effective care
- For health care professionals, students and teams
- Uses simulated clinical environments and virtual simulation for assessment, orientation, and training
- Practice before patient contact or to improve clinical performance

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- Simulated spaces
 - Hospital Bed, Clinic ER bay, Clinic Exam room
- Simulated procedures
 - Virtual pulmonary endoscopy, flex-sig/colonoscopy, venous access
- Human Patient Simulator
 - Physiology simulations – shock, MI, trauma
- Interview skills observation facilities
- New Curriculum using simulation

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- Metropolitan State nursing programs
- HealthPartners Medical Group nurses
- HealthPartners Medical Group and Twin Cities physicians
- Electronic Medical Record training
- Regions Hospital nursing and other team members
- U of M Medical students, U of M and HealthPartners residents
- Other organizations

Summary

- Dramatic Results can be achieved quickly – ambulatory prescribing errors reduced from 6% to 1% in 3 months, but much needs to be accomplished
- Focus emphasis and attention is necessary
- For organizations safety needs to be addressed in the context of the six aims and other quality improvement strategies
- Develop the capability to perform better
- Work well with others
- We're in it for the long haul