Reform in Action:
Improving Quality in Hospitals

Insights from Aligning Forces for Quality

Aligning Forces for Quality **(AF4Q) is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in 16 targeted communities, as well as reduce racial and ethnic disparities and provide tested local models that help propel national reform.**

Despite the best intentions of all involved in the U.S. health care system, both good care and bad care are being delivered at hospitals throughout the nation. That is why doctors, nurses, and other health care providers are working together and with patients to improve the quality and consistency of hospital care.

The Robert Wood Johnson Foundation's (RWJF) *Aligning Forces for Quality* (AF4Q) initiative is working with multidisciplinary teams at nearly 300 hospitals in 16 targeted communities. Teams involved in AF4Q's Hospital Quality Network, or its Transforming Care at the Bedside program, are actively developing, testing, implementing and spreading quality improvement strategies among their hospitals and beyond.

Improving Quality in America's Hospitals

For more than a decade, RWJF has sponsored a variety of hospital-based initiatives designed to improve the quality of care provided. These efforts have engaged staff members at all levels within a hospital to measure and improve the quality and safety of patient care, as well as help spread replicable strategies across the country.

Today 281 teams at 192 forward-thinking hospitals are participating in AF4Q hospital quality improvement initiatives centered on four areas:

- Reducing Readmissions
- Increasing Emergency Department Throughput
- Improving Language Services
- Engaging Nurses and Front-Line Staff in Quality Improvement

Participating hospitals represent a range of institutions, from 25-bed critical care hospitals in Humboldt County, California, to 500+ bed urban teaching hospitals in Boston and elsewhere. This breadth of participants makes the lessons learned particularly valuable to others interested in improving the quality and equality of acute care.

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Reducing Unnecessary Readmissions

Success Factors For Reducing Readmissions

- **Secure vocal support for making changes from senior hospital leaders.**
- **Create multidisciplinary teams to design and test care improvements, including relevant staff from information technology, quality improvement, registration and all levels of the clinical team.**
- **Ask patients and caregivers to suggest ways to improve care and discharge processes.**
- **Use consistent, accurate data to track progress.**

One in four Medicare patients admitted to U.S. hospitals for chronic disease will return to the hospital within 30 days after being discharged.[1] Up to 90 percent of these readmissions are estimated to be unplanned and unnecessary.[2]

When so many patients return to the hospital so soon after leaving it, the impact on patient health and medical costs is acute. Unnecessary hospital readmissions among Medicare patients are estimated to cost the government between $12 billion and $17 billion a year.[3]

This October, the federal government will apply a penalty equal to 1 percent of a hospital's total Medicare billings if an excessive number of patients are readmitted when it could have been avoided. The penalty rises to 2 percent beginning October 2013 and 3 percent in 2014.[4]

Hospitals participating in AF4Q initiatives to reduce readmissions have found that the quality of care can increase, and readmission rates decrease, in a relatively short period of time. In one program, the percentage of hospitalized patients receiving all recommended care for heart failure, for example, improved 37 percent among participating hospitals over two years.[5]

Increasing Emergency Department 'Throughput'

Critical Success Factors to Improving ED Throughput

- **Recognize that the source and solution of ED crowding is hospital-wide, not just an ED problem.**
- **Build multidisciplinary teams to brainstorm and implement changes—including staff from admissions, information technology, housekeeping, etc.**
- **Determine physician and nurse "champions" who can help foster a culture of improvement.**
- **Secure strong support from leadership of different hospital units.**
- **Commit to rigorous metrics to set goals and track progress.**

Hospital emergency departments (EDs) provide a critical safety net in every community. Yet over the last decade, studies have deemed the country's EDs to be at a breaking point, as patient volume has steadily increased while capacity has decreased.

According to the U.S. Centers for Disease Control and Prevention, from 1996 to 2006 the number of patient visits to the ED rose 32 percent, while the number of hospital EDs dropped almost 5 percent—leaving an increasing number of ED patients concentrated in a smaller number of hospitals.[6] Many EDs are overwhelmed by the number of patients needing their services, with 62 percent of the nation's EDs reporting they are consistently operating "at" or "over" capacity.[7]

Part of the problem is the sheer volume of patients who come to the ED. But a significant factor is also the slow pace with which patients leave the ED, either to be admitted to the hospital, or treated and released. Increasing ED 'throughput' has been the focus of hospital management for several years.

RWJF has led several programs to help hospitals develop and test strategies that have become best practices for other hospitals trying to decompress their EDs and improve patient flow. One participating hospital decreased the average time from arrival in the ED to bed placement from 219 minutes to 94 minutes (a decrease of 57 percent).[8]

Recently, 40 hospitals in AF4Q communities have worked collaboratively over 18 months to improve the efficiency of their EDs.

Improving Language Services

AF4Q's Quick Tips for Improving Language Services

- **Ensure that needed information on race, ethnicity and language preferences is prominent in the patient record and recorded at the point of admission.**
- **Place front-line clinical care providers—especially nurses—at the forefront of improvement efforts.**
- **Do not assume that family members provide accurate medical translation.**
- **Plan ahead to ensure a qualified interpreter is available for discharge discussions.**

Evidence indicates that the nearly 25 million people in the United States with limited English proficiency (LEP) are significantly disadvantaged when it comes to accessing high-quality health care. They have greater difficulty obtaining care, receive less primary care[9], receive fewer preventive services,[10] and—not surprisingly—are less satisfied with their care.[11]

All hospitals are required by law to provide interpreter services to LEP patients, but there is little federal guidance or uniform standards to gauge the most effective ways to do so. Many hospitals in AF4Q communities are working to improve their language services, in part by better screening patients for their spoken and written language preferences and tracking how often the hospital meets them. This is especially important at critical points in the care process, such as admission and discharge, when critically important information is exchanged between patients and providers.

The efforts are paying off. In one of RWJF's programs aimed at improving the quality of language services, the median percentage of LEP patients who received both initial assessment and discharge instructions from a qualified interpreter or bilingual provider increased from 35 percent to 53 percent.[12] At one hospital, the use of interpreter services for LEP patients increased from 32.5 percent to 65.5 percent in just 10 months.

The recent experience of the AF4Q hospitals shows that language services can be improved when there is an institutional commitment to doing so and a systematic effort to track progress.

Engaging Nurses and Front-Line Staff in Quality Improvement

AF4Q's Quick Tips for Hospitals

- **Obtain buy-in from hospital leadership and unit managers to create a culture of change.**
- **Start with a change that will be easy to hardwire and is readily accepted by staff.**
- **Test changes for short periods of time to determine if they needs to be adapted, abandoned or adopted.**
- **Identify up-front investments necessary to implement change.**

As the health care professionals who are most frequently at patients' bedsides, nurses and other front-line staff are uniquely suited to lead quality improvement efforts.

Evidence shows that when nurses are overburdened with non-clinical demands and system inefficiencies and failures, patient care suffers and disillusioned nurses often leave their jobs.[13] The national average for nursing turnover in U.S. general and surgical hospitals averaged 14 percent in 2010,[14] and the rate for nurses on medical-surgical units—where close to 40 percent of all unanticipated hospital deaths occur[15]—may be even higher.

One RWJF-led program seeking to engage nurses and front-line staff in quality improvement is Transforming Care at the Bedside (TCAB). First introduced in 2001 and now being spread to 133 hospitals across AF4Q communities, TCAB engages nurses and other front-line hospital workers in testing changes that can lead to more reliable, safe, patient-centered care. This in turn leads to better teamwork and a more engaged workforce.

Participating hospitals consistently report positive outcomes, such as fewer patients falling down or getting pressure ulcers, increased time spent by nurses in direct patient care, and increased satisfaction from patients and nurses. Sinai-Grace Hospital in Detroit, for example, dropped its pressure ulcer rates by 89 percent—from 36 per 1,000 inpatient days in November 2009 to four per 1,000 inpatient days in February 2012.

ADDITIONAL RESOURCES

- **Video: See how St. Luke's hospital in Kansas City, MO, has addressed language services for its patients.**

For more information about Aligning Forces for Quality, visit *www.rwjf.org/qualityequality/af4q*.

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