Patient Safety and Quality

Minnesota Hospital Association

FEDERAL ACTION REQUESTED:

Congress should ensure that any new patient safety, quality standards or reporting requirements incorporate existing national standards, such as the NQF's requirements.

Every hospital's top priority is the quality and safety of the care it provides. Minnesota hospitals are consistently recognized as national leaders on this critical front.

For example, in January 2009, no other state in the country had more hospitals (seven) that were deemed Distinguished Hospitals for Clinical Excellence by HealthGrades, a health care assessment organization.

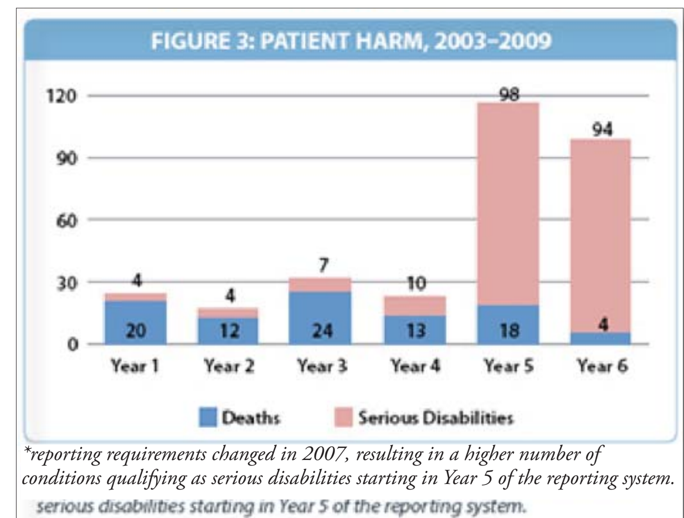
Today, several initiatives continue to build on Minnesota's advancements in keeping patients safe:

Minnesota's adverse health events reporting

Under Minnesota's groundbreaking adverse health event reporting law, begun in 2003, hospitals not only report these extremely rare but serious events, they also openly exchange key lessons learned about events that have occurred in their facilities to help prevent similar future occurrences. The reporting system is successful largely because it focuses on sharing proven corrective actions.

A unique collaborative effort between the Minnesota Hospital Association (MHA) and the Minnesota Department of Health (MDH) implements this law and continues to improve patient safety. Overall deaths from very serious events, for example, are down 78 percent since 2003.

Six annual public reports have been released. In 2009, the number of adverse events in Minnesota hospitals, ambulatory surgical centers and community behavioral health hospitals decreased from 312 to 301. And, patient falls resulting in serious disability or death decreased by 20 percent, with no patient deaths from falls during the 2009 reporting year. Activities are underway to improve results in areas of the report that demonstrated a slight increase over the previous year.



**reporting requirements changed in 2007, resulting in a higher number of conditions qualifying as serious disabilities starting in Year 5 of the reporting system.*

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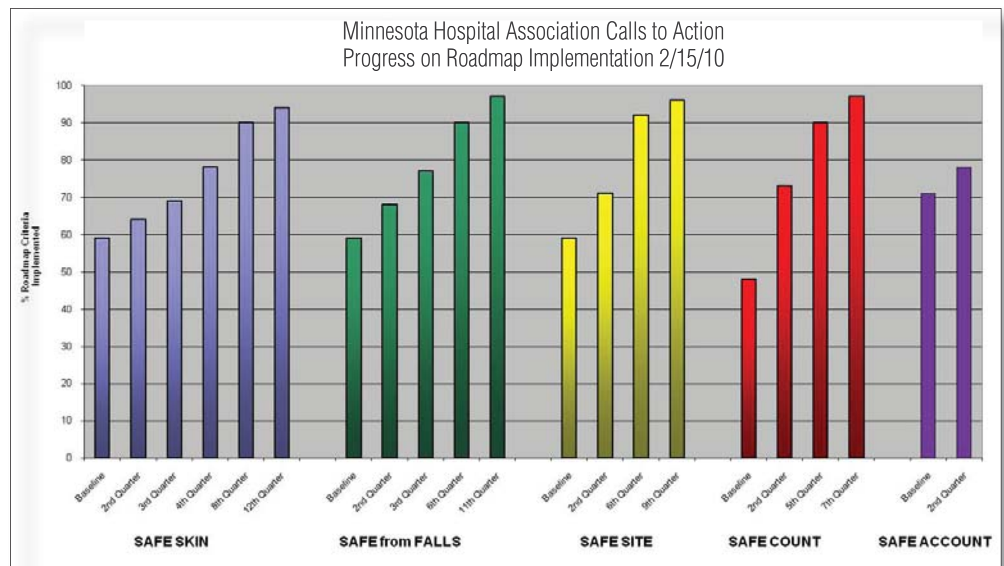
Statewide calls-to-action

Since 2007, MHA has launched five statewide "calls-to-action" to support implementation of best practices designed to prevent the four most common adverse events — pressures ulcers, falls, wrong-site surgery and retained objects. Since then, nearly 100 Minnesota hospitals have signed on to each of these initiatives. Participants complete a baseline survey to determine how many best-practice measures they already use. The survey helps identify potential barriers to implementation. Participants attend conference calls and report their progress on prevention measures each quarter.

over

The most recent initiative, SAFE ACCOUNT, began in October of 2009 and focuses on the counting and accounting of surgical items used in the operating room to prevent them from being unintentionally left behind in patients. 125 hospitals are participating in the program. Significant progress has been made in each campaign.



Transforming care at the bedside (TCAB)

In August, MHA will kick-off an 18-month "Aligning Forces for Quality: Transforming Care at the Bedside" (TCAB) project. While hospitals scattered around the country have been trained in TCAB, MHA's initiative will be of the first statewide efforts. TCAB focuses on empowering nurses to redesign the care they deliver and has demonstrated impressive results for the roughly 200 hospitals that have been trained across the United States. In addition to improving quality and patient safety measures, these hospitals also reported increases in nurse retention and job satisfaction.

Preventing and reporting hospital-acquired infections

Minnesota hospitals continued their tradition of proactively addressing infection prevention issues. For instance, members of the hospital community collaborated with numerous organizations to design a campaign to combat Methicillin-resistant Staphylococcus aureus, or MRSA. By January 2009, all hospitals implemented recommendations from this group.

MHA also serves on MDH's Healthcare-Associated Infections (HAI) Advisory Group and has identified two HAI prevention initiatives for Minnesota hospitals to focus on in 2010 through 2011. The initiatives will be developed using the MHA "call-to-action" framework.

In a similar effort, in 2009 Minnesota hospitals began reporting information about hospital-acquired infections based on National Quality Forum (NQF) care standards. The information includes how specific hospitals compare with one another on implementation of infection prevention measures and the surgical infection rates of hysterectomy procedures.

The information is available through the Minnesota Hospital Quality Report Web site, at www.mnhospitalquality.org.

Minnesota Hospital Quality Report

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HELPING YOU EVALUATE THE QUALITY OF CARE IN MINNESOTA HOSPITALS

You, the consumer, play a key role in making decisions about hospital care. You can be an active and involved partner in your care — but you need information. That's where this site comes in. The Minnesota Hospital Quality Report provides information to help you evaluate the quality of care of hospitals in your area.

Welcome to the Minnesota Hospital Quality Report, a site with information by hospitals on quality of care and patients' experiences. Consumers can use this information to help make decisions about future hospital care. The site includes two different types of information:

1. How Hospitals Perform on Quality

This site gives you a snapshot of hospitals' performance in five key areas: **heart attack, heart failure, pneumonia, infection prevention** (new measures as of Nov. 2009) **and surgical care.** Performance is displayed through "quality of care" measures. These measures describe how often certain practices of care have been followed.

Another way to look at performance is through the Appropriate Care Measure (ACM). A more patient-focused measure, the ACM shows whether a patient received ALL of the "appropriate or right care" (recommended treatments) that they should have received, based on their clinical condition. Each patient is unique and may not be eligible for every type of care for a condition. The ACM takes patient individuality into consideration, looking at one patient and their episode of care, related to their specific condition.

To Start

Choose of these two options

One Hospital

To see the performance of a particular hospital

Compare Hospitals

To compare performance between hospitals

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