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Obama Administration Investing $1 Billion in Patient Safety

The Obama administration in the U.S. is investing $1 billion in health system reform money to improve patient safety through an initiative with health care industry organizations, physicians, hospitals and the Dept. of Health and Human Services.

The Partnership for Patients aims to save lives by preventing hospital-acquired conditions and lowering readmission rates. The American Medical Association, among others in organized medicine, helped launch the partnership with HHS on April 12. The American College of Cardiology joined the partnership because the program's goals aligned with its own, said Janet Wright, MD, the college's senior vice president of science and quality. For example, the college started the Hospital to Home campaign in 2009 to reduce readmissions for patients recently hospitalized with a cardiovascular condition."Throughout this voluntary, goal-oriented initiative, physicians will be encouraged to do everything they can to reduce adverse events and reduce readmissions," said AMA President Cecil B. Wilson, MD. "For instance, we know that if we ensure that a patient's primary care physician receives their discharge papers within 24 hours of their release from the hospital, the likelihood of hospital readmission will be reduced."

In 2011, the cardiologists' campaign started challenging members to schedule follow-up care within seven days for patients discharged from the hospital, Dr. Wright said. For instance, a cardiologist would try to enroll a patient who had a heart attack into a cardio rehab program within a week of leaving the hospital. This would prevent the patient from going several weeks without seeing a physician and risking hospital readmission, she said.

The partnership aims to decrease readmission rates by 20% by 2013. This would prevent more than 1.6 million hospital readmissions. The Centers for Medicare & Medicaid Services outlined five tested strategies that health professionals can follow to improve safety and achieve the goal. These are:The new federal initiative has the stated goal of decreasing preventable hospital readmissions within 30 days of discharge. One in five patients sent home from hospitals experienced an adverse event within three weeks of discharge, according to HHS. Medication errors are the most common of these events.

- Increasing patient training and self-care skills before patients leave the hospital.
- Sharing plans of care across inpatient and outpatient settings.
- Standardizing communication exchanged between physicians and other health professionals caring for patients.
- Improving medication reconciliation and safe medication practices.
- Establishing that the health professional initiating a handoff maintains responsibility for the patient until he or she receives confirmation that the transfer is complete.

A main component of the Partnership for Patients is improving communication among health care professionals, said CMS Administrator Donald M. Berwick, MD. Information on patient safety strategies tends not to move around quickly enough, he said.

"Part of the resources we'll be investing is setting up networks of support to reach out to hospitals, clinicians and leaders so they can learn who's doing the best, what the best looks like, and how to adapt and adopt it locally," Dr. Berwick said.

Focus on hospital-acquired illness

A key goal of the partnership is to reduce preventable hospital-acquired conditions by 40% by 2013. Accomplishing this would prevent 1.8 million injuries to patients, the administration estimated.

HHS has listed nine areas to which the partnership initially will devote its attention: adverse drug events, catheter-associated urinary tract infections, central line-associated bloodstream infections, injuries from falls and immobility, obstetrical adverse events, pressure ulcers, surgical site infections, venous thromboembolism and ventilator-associated pneumonia.

Some harmful incidents, such as drug adverse events and injuries from falls and immobility, can occur in an ambulatory setting, too. Diagnostic and process errors in a physician office often are the cause of patient safety problems, said Diane Pinakiewicz, president of the National Patient Safety Foundation. For instance, the process of sending test results during a transfer of care from a primary care physician to a specialist can be error-prone, she said.The Center for Medicare and Medicaid Innovation will receive as much as $500 million to test different models of improving patient care. The center will help hospitals in the partnership make evidence-based improvements to target these preventable patient injuries.

"Some patients will think if you don't hear from a physician you can assume the test was OK," Pinakiewicz said. "But you might not hear from a physician because they didn't get the test result back."

Up to another $500 million authorized by the health system reform law will be spent on efforts to improve transfers of care and keep patients from returning to the hospital. CMS has launched a demonstration project involving community-based organizations that partner with hospitals to

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improve care transition services. For instance, organizations would receive funding for postdischarge education and patient self-management support within 24 hours of discharge.

A patient safety movement is afoot in the U.S. health system, and the new partnership will be one piece of it, Dr. Berwick said. He cited new payment models, such as accountable care organizations in Medicare, and quality initiatives, such as the federal electronic medical record incentive program, that are focused on improving patient safety instead of just driving service volume.

"It's America turning its attention toward re-creating the health care system we all want and really need," Dr. Berwick said. (source: American Medical Association)

Published on : Fri, 24 Jun 2011

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