

## EDITORIAL

## A seat at the quality table

Whatever health care reform legislation looks like in the end, measuring hospital performance, reporting it publicly and using it as a basis for payment and delivery system decisions is here to stay. And hospitals are way out in front on this issue.

We've been long and strong supporters of the National Quality Forum (NQF), and its mission to identify measures strong enough to be national standards. The AHA helped create the Hospital Quality Alliance (HQA) - the public/private partnership to make credible quality data available to the public.

That record of quality advocacy is paying off. Reform legislation moving forward lays the groundwork for the leadership of the NQF, the Agency for Healthcare Research and Quality, and the HQA's role as a public/private vehicle for developing national quality improvement strategy. The hard, patient work of so many who built the HQA has ensured hospital leaders a seat at the table - one which they helped to construct.

## On the CUSP of safer care

Speaking of hospital quality-improvement efforts, the Agency for Healthcare Research and Quality (AHRQ) recently awarded nearly \$7 million to the AHA's Health Research & Educational Trust (HRET) affiliate to allow hospitals in all 50 states to participate in a project to reduce central line-associated bloodstream infections.

Launched in 2005 by the Michigan Health & Hospital Association and Johns Hopkins University in Baltimore to reduce the rate of central-line bloodstream infections in more than 100 Michigan intensive care units (ICU), "On the CUSP" - Comprehensive Unit-Based Safety Program - uses a culturally driven approach, a checklist of evidence-based safety practices, staff training, and other tools to prevent and reduce infections.

More than half of the participating ICUs eliminated central-line bloodstream infections within six months of the start of the program. It's estimated the program saved 1,500 lives and nearly \$200 million during its first full year of implementation.

On the CUSP offers a powerful example of hospitals' commitment to reducing healthcare-associated infections. With AHRQ's ongoing support and HRET's leadership, the program can become a national model for spreading innovation and making health care safer for patients and families.

## Washington Hospital Center's house calls keep focus on elderly patients

*"Community Connections" spotlights the many ways in which hospitals serve their communities. AHA members can learn more by clicking on the Community Connections" icon at [www.aha.org](http://www.aha.org).*



BY CURT MCCORMICK.

Who said the house call is dead? Washington (DC) Hospital Center and its caregivers are reviving the once-common practice of keeping Americans healthy and in touch with their doctors under the hospital's "Medical House Call" program.

Take Myrtle Sorrell, a 100-year-old patient suffering from severe abdominal pain. Recently, an ambulance was needed to

transport Myrtle to Washington Hospital Center's emergency department (ED), where she was treated and released. A few days later, the pain was back ... but Sorrell wasn't. This time, she was treated at home by hospital geriatrician George Taler, M.D.

Upon examining Sorrell and reviewing her ED visit medical record, Taler diagnosed constipation as the source of her pain, and prescribed an over-the-counter laxative.

"This might not seem like a big deal, but for a person in frail health everything is a big deal," Taler says. "In all probability, her condition would have continued to deteriorate and the house call prevented a hospitalization...and no one would benefit from her being admitted to the hospital."

The 10-year-old program provides home-based primary care to more than 600 frail elderly patients. Taler regularly confers

with the program's 17 geriatricians, nurse practitioners, social workers and coordinators to discuss treatment for more than 20 of their most unstable patients. The goal of the program is to see every patient at least once per month.

"Patients and their families are grateful that we can provide care in the home," says program director Eric De Jonge, M.D., who adds that the program prevents readmissions, reduces average length of stay and opens up hospital beds for more complex patients.

"Our focus is home-based treatment for the expensive subset of Medicare beneficiaries with severe chronic illness," De Jonge explains. "These patients account for nearly half of all Medicare spending."

"For these patients the best care is a different kind of care, one that is focused on the person and not just the illness," De Jonge says. "That's why our team includes not just geriatricians, but also nurse practitioners and social workers. Any team member

## AHA NOVA Award winner partners with others to instill healthy habits

*Mission Health System in Asheville, NC, knows what it takes to build healthy communities. The health system's "Lighten Up 4 Life" program received a 2009 AHA NOVA Award, which honors local partnerships that improve community health. Mission partnered with the local Chamber of Commerce, newspaper and radio stations to launch the annual community weight loss challenge in 2008. More than 3,000 people and 225 businesses got involved, and participants lost more than 20,000 pounds during the program's first year. We recently spoke to Mission President and CEO Joseph Damore about his organization's strong community connections.*

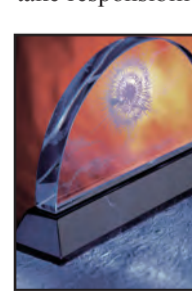
**AHA News:** How does the range of services you provide outside the walls of the hospital help demonstrate accountability to the community?

**Damore:** Our mission is to improve the health of the people of western North Carolina and the surrounding area. We provide many services to help the sick and injured but we also provide programs and services outside of the walls of the hospital such as



DAMORE

"Lighten Up 4 Life" and "Know Your Numbers" to help people take responsibility for their health



AHA NOVA AWARD

and to take steps to improve their health. These programs demonstrate the Mission Health System's

commitment to both the community and our mission of improving health.

**AHA News:** Lighten Up 4 Life is helping to put thousands of people in your community on the

path toward better health. What has been the key to its success in galvanizing the community?

**Damore:** The most important aspect of this program has been engaging various parts of our community in this program. First, we engaged the business community by providing this program to over a hundred local businesses. Second, we partnered with several key organizations including the Chamber of Commerce and the local media. Third, we provided a program that involves both teamwork and competition. The four-person teams serve as a support group for each other and the competitive aspect serves as a way to measure and motivate people.

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can 'lead the care' depending on a patient's area of greatest social or medical need," he adds.

The program cost Washington Hospital Center about \$1.6 million to operate last year. Seventy percent was captured through Medicare fee-for-service and waiver payments, leaving a nearly half-million dollar funding gap that is filled by the hospital and by private donations.

According to De Jonge, a measure in the House and Senate health care

reform bills could boost programs like Medical House Call that seek to reduce Medicare costs and enhance the quality of care for many elderly and chronically ill patients.

The "Independence at Home Act," H.R. 2560, would create a three-year pilot program to bring primary care and medical service to chronically ill Medicare beneficiaries. Washington, DC, would be included in the program.

"It's an idea whose time has come," De Jonge says. "Our Medical House Call model shows that for the frail elderly, when health becomes the central focus of life, then the whole life needs to be the focus of the health care."

*For more information about the program, contact Washington Hospital Center's Michelle Allen at michelle.m.allen@medstar.net.*



**HOUSE CALL.** Washington Hospital Center's George Taler, M.D., visits Myrtle Sorrell in her home. The house calls prevent unnecessary hospitalizations and help frail seniors remain healthier and more independent.

**AHA News:** How important is it for hospitals to find ways of effectively connecting to their community to better tell their story?

**Damore:** It is critical for hospitals to work with other organizations in the community to improve health. We cannot do it alone, we need to cooperate and work as a team with other key components of our community such as the business community, the local media and other community organizations. By working together we can be more successful in serving the community.

**AHA News:** How does your governance structure help strengthen your "community connections?"

**Damore:** The Mission Health System has a 19-member board of directors. Our board members are very diverse and bring different sets of skills to governing this nearly \$1 billion organization. We are fortunate to have business leaders, physicians, financial institution leaders, community activists, and others who are committed to our mission of improving the health of the people of Western North Carolina and the surrounding region. This diverse group of individuals helps us stay connected to our community.



**ALL FOR ONE.** (Top) Team members from Biltmore Baptist Church show their solidarity in the Lighten Up 4 Life challenge sponsored by Mission Health System. (Below) Asheville residents participate in a community walk-a-thon.



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