

Aligning Forces for Quality Hospital Quality Network: What did the collaborative accomplish?

The Aligning Forces for Quality Hospital Quality Network connected more than 100 forward-thinking hospitals across the 16 AF4Q communities to work together to improve quality and safety of patient care.

These hospitals collectively avoided hundreds of readmissions, improved patient safety for LEP patients, standardized the way the hospitals collect information on patients' race, ethnicity and language preferences, and both reduced ED wait times and ensured more patients received timely care. Ninety percent of hospital teams participating in Aligning Forces for Quality improved the quality of care for their patients in measurable ways.

Hospitals participated in three unique quality improvement (QI) initiatives – *Reducing Readmissions*, *Improving Language Services*, and *Increasing Throughput*. Each hospital chose the focus area for their hospital's quality improvement work and developed a team to lead the initiative to improve the quality, efficiency and equity of the care they provide to their patients. About one-third of the hospitals worked on two or all three of the initiatives, bringing the total number of teams to 150 who completed the collaborative. Hospitals represented in the collaborative included small critical access hospitals of less than 25 beds, to large teaching hospitals with over 500 beds.

Over the 18 months of this AF4Q virtual collaborative, hospital teams conducted many small tests of change and implemented strategies designed to reduce variation in the selected performance measures. Ideas for improvements and process changes came from members of their teams in their organizations, and also from the large network of participating teams. Much of this exchange occurred during monthly webinars sponsored by the AF4Q National Program Office (NPO), where experts gave advice and shared ideas, and collaborative members talked with their peers from other organizations, learning about challenges and successes of other teams and sharing their results.

Each team submitted monthly quantitative and quarterly narrative progress reports to the NPO for a total of nearly 4,000 reports containing over 15 million data elements. At the end of the 18 month collaborative, 90 percent of the teams had improved the quality of care for their



patients in at least one of their measures. Through the opportunities to share ideas with others while making tangible improvements in quality for their patients, teams enthusiastically reported remarkable results of enhanced teamwork, culture change and system transformation.

Initial implementation of these strategies is just the beginning of the quality improvement story. Many of these hospitals and teams will continue to test and evaluate their results, making adjustments wherever needed to build upon the gains from the AF4Q work and to ensure ongoing progress and sustainability of this important work.

One overall goal of this AF4Q initiative was developing the capacity to identify and address disparities in care based on the patients' race, ethnicity, and language (R/E/L). Each participating hospital was expected to collect patient R/E/L data in a standardized manner and to report all performance measures stratified by those same elements. Collecting patients' self-reported R/E/L information at registration enhances an organization's ability to examine and improve its processes to ensure equitable care is provided to all its patients. During the collaborative, more than 95 percent of participating teams standardized the way they collect patient self-reported R/E/L data. As a result of the work of this initiative, these hospitals now have race, ethnicity, and language data for all of their patients. These data are a powerful analytic tool that now give these hospitals the ability to look for disparities within any subgroup for any condition and develop strategies to address them.

The success of the AF4Q Hospital Quality Network is the result of a great deal of hard work by all the hospital teams and through collaboration within their AF4Q communities. Following are some key findings from each area of focus.

Reducing Readmissions

Participating hospitals worked to decrease 30-day readmission rates following heart failure hospitalization and ensure that heart failure patients received all recommended care. Readmitting patients who were recently discharged after hospitalization with heart failure (HF) is expensive and often preventable. National data show about one in four Medicare patients admitted to the hospital for chronic diseases will return to the hospital within 30 days of being discharged. Hospitals that participated in *Reducing Readmissions* engaged health care providers at all levels of the organization to improve heart failure care and ultimately reduce avoidable readmissions by building on the lessons learned from previous Robert Wood Johnson

Foundation supported hospital collaboratives, including *Expecting Success* and *AF4Q Equity QI Collaborative*.

- Seventy-seven hospital teams representing fifteen AF4Q Alliances participated in the reducing readmissions portion of this initiative.
 - Sixty percent of participating Aligning Forces for Quality hospitals improved in reducing readmission within 30 days for heart failure patients.
 - Those teams avoided approximately 486 readmissions within 30 days of hospital discharge. Top performers in reducing readmissions are Lovelace Westside Hospital in Albuquerque and Penobscot Bay Medical in Maine each with 17 percent reductions and Memorial Medical Center in Wisconsin and Truman Medical Center Lakewood – Kansas City each with 15 percent reductions.
- Fifty eight hospital teams improved in their adherence to all components in the Measure of Ideal Care (MIC) and as a result 18,311 heart failure patients received all four measures of ideal care.
- Top performers in improving in adherence to the MIC are McCullough Hyde Memorial Hospital in Cincinnati with 24 percent improvement and Monroe Clinic and St. Nicolas in Wisconsin, both who improved 18 percent.
- By the end of the collaborative, nearly 95 percent of the hospital teams in *Reducing Readmissions* had successfully standardized their registration systems to collect self-reported race, ethnicity and language data.

Improving Language Services

Hospitals in this portion of the initiative implemented strategies to ensure that limited English proficient (LEP) patients had access to and received language services, such as a qualified interpreter. Communication, in a language the patient can understand, is fundamental for receiving and providing safe, high-quality health care. Research has demonstrated that the likely result of using untrained interpreters (such as friends and family members) is an increase in medical errors, poorer patient-provider communication, and poorer follow-up and adherence to discharge instructions. The goal of *Improving Language Services* was to ensure that all limited English proficient patients received language services supported by a qualified interpreter during initial assessment and discharge. Hospitals participating in AF4Q are now

poised to meet the new Joint Commission standards, effective as of July 2012, that address qualifications for language interpreters, identify and address patient communication needs (both spoken and written), stipulate the collection of preferred language data, and ensure the provision of language services.

- In this initiative, 1.5 million patients were screened for preferred spoken language, more than half a million screened for preferred written language, and more than 4,500 patients had qualified interpreters at both initial assessment and discharge.
- Thirty-two teams representing 12 AF4Q Alliances participated in the *Improving Language Services* portion of this initiative.
 - Thirty hospitals improved their screening rates to determine a patient's preferred spoken language for health care. St. Vincent Charity Hospital in Cleveland improved by 99 percent and Mid Coast Hospital in Maine improved by 98 percent.
 - Twenty five hospitals improved their rates of collecting and reporting a patient's preferred written language for health care. Allegan Hospital, West Michigan, Monroe Clinic, Wisconsin, St. Elizabeth's Medical Center, Boston, St. Vincent Charity Medical Center, Cleveland, Tacoma General Hospital, Puget Sound, Tufts Medical Center, Boston and St. Mary's Health Care in West Michigan demonstrated impressive improvement in this measure and achieved screening rates of over 95 percent.
 - Twenty hospitals improved in providing qualified language services at initial assessment *and* discharge. St. Luke's Hospital, Kansas City and Providence St. Peter in Puget Sound both improved 58 percent.
- By the end of the collaborative, 100 percent of the hospital teams in *Improving Language Services* had successfully standardized their registration systems to collect self-reported race, ethnicity and language data.

Increasing Throughput

Improving the flow of patients through the emergency department (ED) is an important goal for hospitals looking to reduce ED crowding and provide better care to the growing number of patients that seek treatment at the ED. Crowding and poor patient flow compromise quality and safety and cause patients to remain in the ED longer than necessary. Delays in care also cause some patients to leave the ED before being seen by a provider. The goal of the *Increasing*

Throughput initiative was to have hospitals reduce the amount of time patients spent in the ED and to reduce the number of patients leaving the ED before being seen by a provider.

- As a result of hospitals' efforts through this initiative, 10,000 patients avoided leaving EDs before care was provided.
- Fifty-five percent of participating teams reduced the time patients spent in their EDs by an average of 30 minutes.
- Forty teams representing 14 AF4Q Alliances participated in the *Improving Throughput* collaborative.
- Thirty-seven hospitals in *Increasing Throughput* collected and reported data on ED throughput.
 - Twenty two hospitals reduced the time patients spend in the ED. Good Samaritan in Puget Sound achieved the largest improvement with an average decrease of 101 minutes for patients being admitted and Regional Medical Center in Memphis achieved the largest improvement by reducing their average time for discharged patients by 89 minutes.
 - Sixteen hospitals reduced their boarding time. Mercy Hospital in Portland Maine achieved the largest improvement by reducing the amount of time admitted patients waited to be transferred to an inpatient unit by 43 percent.
 - Twenty hospitals reduced their Left Before Being Seen (LBBS) rates. Lovelace Women's Hospital in Albuquerque, New Mexico achieved the largest improvement reducing their LBBS rate by 19.5 percent.
 - By the end of the collaborative, 95 percent of the hospital teams in *Improving Throughput* had successfully standardized their registration systems to collect self-reported race, ethnicity and language data.

Reducing Disparities

- During the collaborative, more than 95 percent of participating teams standardized the way they collect patient self-reported R/E/L data.



- Standardized data collection is the first step in being able to identify and address any disparities in care within the hospital. While making the necessary changes (e.g., training staff to allow patients to self-report their R/E/L preferences and revising the hospital's information technology systems), the vast majority of the participating hospitals demonstrated that standardized data collection is possible. The hospitals have also shown that stratifying performance measures by race, ethnicity and language is also possible.
- In instances where hospitals submitted enough data to test for differences in care, the NPO performed analysis to determine if potential differences related to R/E/L existed. When differences were identified, the results were provided to the hospitals for further review. As a result of the work of this initiative, these hospitals now have race, ethnicity, and language data for all of their patients. With the data, hospitals have a powerful analytic tool to look for disparities within any subgroup for any condition and develop strategies to address them.