

QIOs and Patient Safety

Protecting Patients from Medical Errors

As many as 98,000 Americans die each year from medical errors. That revelation in a landmark 1998 Institute of Medicine report alerted the nation to a significant challenge and spurred much of the health care industry to advance initiatives aimed at reducing medical errors.

Medicare's Quality Improvement Organizations (QIOs) are at the forefront of these efforts in every U. S. state and territory. Since 1997, QIOs have helped establish and lead statewide collaborative partnerships to accelerate programs to keep patients safe. QIOs also focus on specific safety challenges that unnecessarily harm patients and drive up health costs. Here's how some QIO patient safety-related activities are making a difference:

Safer Surgery

About 2.6% of nearly 30 million operations each year are complicated by surgical site infections; one-third to one-half of these infections can be avoided with appropriate use and timing of prophylactic antibiotics. Some examples of how QIOs help hospitals reduce the incidence of surgical site infections:

- In Nebraska, at BryanLGH Medical Center, appropriate use of prophylactic antibiotics for cardiac surgery patients soared from 50-100%.
- In Oklahoma, Mercy Health Center reduced its surgical site infection rates by 78% in patients receiving cardiac bypass, orthopedic, colon, and hysterectomy surgery, achieving 100% on-time antibiotic administration.
- In Colorado, 16 hospitals increased on-time antibiotic delivery from 62% to 88%.

QIOs also work with hospitals and other partners to reduce the incidence of overall surgical complications as key partners in the Surgical Care Improvement Project (SCIP). In SCIP, QIOs work with health professionals to offer education and training aimed at increasing the adoption of recommended practices for making surgery safer.

Other Hospital Care

QIOs also work hand-in-hand with health professionals to improve care for patients who suffer heart attacks, congestive heart failure, pneumonia and other conditions. Some examples:

- In Arkansas, the Sparks Regional Medical Center nearly doubled its use of life-saving beta-blocker drugs for heart attack patients, from 56% to 92%.
- Over 18 months, Russell County Medical Center in Virginia increased pneumococcal immunization screening by 56%.
- Truman Medical Center's emergency department decreased the average time from patient arrival until antibiotic administration for pneumonia from over seven hours to just under three hours, a move that reduced hospital stays for patients.

Studies show that hospitals working with local QIOs are more likely to provide patients with safer, higher quality care. The 2005 National Health Quality report found, "That there has been much more rapid improvement in some measures, especially where there have been focused efforts to improve performance....measures for heart attack, heart failure and pneumonia showed

an annual improvement of 9.2 percent... priority areas for Medicare, where hospitals have received special help from Medicare's Quality Improvement Organizations.”

In a September 5, 2006 *Annals of Internal Medicine* article assessing the QIO program, researchers found that hospitals improved in 19 of the 21 measures that QIOs helped them with at a statewide level.

State Initiatives

At the state level QIOs are instrumental in creating and promoting initiatives to advance patient safety efforts that affect all patients, not just Medicare beneficiaries.

States from Virginia to California are employing a variety of strategies to advance patient safety: working with QIOs to compile practice guidelines, raise public awareness, develop targeted projects, and establish patient safety centers. QIOs are also eligible to be certified as Patient Safety Organizations (PSO) under federal patient safety laws. Some of examples of what they've achieved:

- The Maryland Patient Safety Center, jointly led and funded by the Delmarva Foundation and the Maryland Hospital Association, has reached over 5,000 health care workers and senior executives through educational and training activities, safety culture collaborative seminars, and near-miss medical error reporting projects.
- The Virginia Health Quality Center, the state medical and hospital associations, and other partners have created a coalition to improve patient safety in the state. The coalition was instrumental in passing a patient safety law in the state.
- In West Virginia, the QIO is working to improve patient safety in rural and critical access hospitals by providing a free, confidential medical error and near-miss reporting system and training health care professionals on its use.

The American Health Quality Association represents the national network of Quality Improvement Organizations (QIOs) that work to encourage the spread of best clinical practices and improve systems of care delivery. Visit www.ahqa.org.