The Case for Change:
The Need For

The Coalition for Quality and Patient Safety of Chicagoland

In recent years, the Institute of Medicine and the medical literature have detailed the hundreds of thousands of deaths and millions of injuries which have been suffered by Americans because of a widespread failure to deliver the right care to the right person at the right time. This failure occurs despite the best efforts of smart, caring, hard-working professionals, and goes beyond what are normally seen as “mistakes” to encompass fundamental problems in the design and structure of everyday medical care systems.

Chicago, the third largest metropolitan area in the United States, is not immune from this problem. The frank truth is that too many of our family, friends and neighbors continue to be harmed by the medical care system they have trusted to heal them.

Acknowledging this truth is difficult, but Chicago leaders have begun to do so as the first step in addressing the underlying causes of this problem. In 2001, the Institute of Medicine of Chicago responded by creating the Chicago Patient Safety Forum. Yet in our community and in others, too little effective operational change has occurred. Patients continue to die or suffer serious harm due to systemic frailties identified but never fixed. The rate of avoidable healthcare-associated infections remains unacceptable due to our inability to effectively influence practitioner behavior. Consumers of healthcare remain confused and disengaged because of a lack of transparency.

We can and must do better. The Chicago metro area is home to a rich and diverse healthcare community: hospitals and health systems, device and pharmaceutical companies, insurers and consumer organizations, provider and professional associations. As a result, we are in a unique position to foster

meaningful and collaborative partnerships to bring about transformational change.

To do so, we propose the creation of a new organization to succeed the Chicago Patient Safety Forum and build upon its strengths in order to drive meaningful and measurable improvement. While CPSF energy was focused primarily on developing knowledgeable care providers and researchers, the new organization will be distinctive in two important ways:

- Consumers will be an integral part of the leadership and governance.
- Achievement of measurable improvements in health care quality and safety will drive priorities.

Measurably transparent, safe and high quality health care can be provided to all patients in the Chicago-area, but only if all stakeholders make it a top priority. This goal must be achieved across the entire care continuum, and it must involve cooperation and collaboration among all those involved in providing, delivering or paying for that care.

In brief, the mission of the new organization is as follows:

> **Our mission is to mobilize the diverse healthcare stakeholders in metropolitan Chicago to provide the best possible care to every patient every time by eliminating preventable harm and implementing systemic change to ensure consistent excellence.**

There are many examples of advances that have been made within Chicago's individual hospitals and healthcare facilities toward reducing harm associated with adverse events and inconsistent quality of care. However, the gains vary in kind and quality. In addition, improvement strategies are not always shared among institutions so that those with fewer resources can benefit from what has been learned by their neighbors. Furthermore, safe healthcare hinges on

effectively managing care across the boundaries of healthcare organizations as well as within each one's walls. In order to leverage the progress made by individual organizations and orchestrate care improvement across the continuum, there is a need for an independent organization to connect existing systems and structures of care to generate the best possible outcomes for patients. All stakeholders will benefit, including physicians, hospitals, health plans, and consumers.

To reach our ultimate goal, we envision a series of specific steps and projects. Two priorities have been suggested for early efforts: eliminating healthcare-associated infections (HAIs) and improving transitions of care across the healthcare continuum. The context for all these efforts is found in the IOM's 2001 *Crossing the Quality Chasm* report, which established six goals that have been widely accepted by professional and consumer organizations. These include care that is safe, effective, patient-centered, timely, efficient and equitable.

Our organization also intends to become a federally designated Patient Safety Organization (PSO) in order to collect, aggregate and analyze patient safety event data and then issue reports. This tactic will foster the creation of safe systems to prevent "patient safety events" by shedding light on the etiologies of specific error types and disseminating strategies for problem resolution. This will be done by issuing regular reports to the entire community, with the first reports to focus on HAIs and transitions of care (particularly medication safety), as noted above.

The goals proposed above require further definition and detail. A comprehensive set of targets and strategies will be developed with the input of a diverse group of stakeholders. Leadership of the new organization will include representatives who can establish final decisions on priorities and pace of change.

We are committed to a bold aim: to ensure that ***Chicago-area health systems lead the nation on all publicly reported measures of quality and patient safety***, including those from the Centers for Medicare and Medicaid Services (CMS), The Leapfrog Group, the Agency for Healthcare Research and Quality (AHRQ), and the National Quality Forum.

Our guiding principles include:

- ✓ Identify known, evidence-based best practices which can be broadly implemented. The core purpose is to improve care through knowledge transfer, not to develop new knowledge.
- ✓ Stimulate and drive collaboration, research, or pilot studies to develop new knowledge or expand on what is known when recognized best-practices are inadequate for high-priority safety or quality issues.
- ✓ Focus on measurably improving care through partnerships among consumers, providers, payers and other stakeholders (i.e. government, employers, etc).
- ✓ Commit to transparency of process and outcome both locally and nationally: share what we have learned.

As one strategy to achieve these goals, we will create a website that will be the preeminent resource for stakeholders interested in innovation in safe, high-quality, and effective care. Chicago area healthcare organizations will use this website to showcase their individual successes, identify opportunities for collaboration, and identify strategies for replication of evidence-based best practices in their own facilities. We will develop a methodology to evaluate the results of projects and rate them for level of design quality and outcomes. Best practices from national sites, such as the Centers for Disease Control and Prevention, National Quality Forum and other respected leaders will be linked as

well. This will help serve the key function of diffusion of evidence-based practice innovations throughout metropolitan Chicago.

Infrastructure

Staffing: The group will eventually have a full-time Executive Director and staff, phased in over time. [See Timeline (Appendix A) and Proposed Budget (Appendix C)]

Start-Up Process: Potential leadership partners will have an opportunity to contribute to the design and funding of the organization. A stakeholder "summit" in late autumn 2008 will build a consensus vision for the coalition **(**See Appendix B for a list of recommended attendees at the Health Care Quality and Safety Summit). The summit will engage relevant groups—consumers, government, hospitals, physicians, nurses, employers, payers, community leaders, and academics. The aim is to involve representatives from all sectors of the community with a vested interest in ensuring the delivery of safe, high quality care in the Chicago area.

Budget Plan: See Appendix C

Governance:

- ✓ We recommend a Board of Directors of ten to twelve members in order to facilitate efficient and effective governance, and a larger Constituency Council to enable broad input from all stakeholders. We propose that the Board be elected by the Constituency Council from among its members and be charged with carrying out the policies set by this Council.
- ✓ Consumers will be fully integrated into governance in suitable numbers to assure strong leadership and authority. Leadership roles in the organization will be filled by a combination of consumers, providers and regional leaders.

- ✓ It is envisioned that a Consumer Council will be established to harness the voices, experiences and insights of this vital group in order to maximize their input into coalition goals.
- ✓ Representation on the Board and Constituency Council will be composed of a diverse and balanced membership that reflects the defined stakeholder groups as well as the citizens of Chicagoland.

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Appendix A

Next Steps / Time Line

Summer 2008	**Complete case statement, preliminary budget** **Complete Brochure**
Summer/Fall 2008	**Individual meetings, grant proposals, other contacts with potential leadership funding sources**
Fall 2008	**Interim / medium term funding secured; incorporation/ organizational work; plan Summit, recruit Executive Director**
Fall 2008	**Summit** **Deliverable: Mission, Vision, Governance and Constituency Council, Two-Year Plan**
Winter 2009	**Formally launch new coalition**

Appendix B

Recommended Stakeholders for the Metropolitan Chicago Health Care Quality and Safety Summit

General Constituencies

1. Government(s) Illinois, Chicago, other local areas - including specific State or Local Health Related Agencies
2. Consumers and Consumer Organizations focused on Healthcare issues
3. Public and Private Purchasers of healthcare
4. Insurance Providers
5. Health Insurance Providers
6. Malpractice Insurance Carriers
7. Providers of all types, such as hospitals, nursing homes, ambulatory centers, group practices, pharmacies, home care and hospice agencies, etc.
8. Professional Organizations
9. Hospital Associations
10. Medical Societies
11. Pharmaceutical Industry
12. Public Health Organizations
13. Health advocacy organizations focused on diverse populations along disease-specific, racial, ethnic, economic or access issues
14. National Organizations (e.g. Joint Commission) based locally

Appendix C

Proposed Budget
(under development)

Appendix D
Specific Contacts

1. Current CPSF Steering Committee and IOMC members
2. IDPH including Damon Arnold, MD Director
3. BC/BS
4. Chicago Board of Health – Joe Harrington
5. Midwest Business Group on Health
6. IHA
7. ISMS
8. INA
9. Aon Corporation
10. Unions? – consider Teamsters
11. Cardinal Health (manufacturer/supplier)
12. Baxter
13. Abbott
14. Mitchell Wiet, independent (formerly Northwestern Memorial Hospital)
15. Illinois Chamber of Commerce
16. MCHC
17. CAPS
18. AARP
19. Anne Murphy
20. Chicago Department of Health – Terry Mason
21. Sister Sheila – Mercy Hospital
22. Pharmacies – Target, Walgreens, etc
23. Senator John Cullerton
24. Senator Julie Hamos
25. Other insurance carriers – Aetna, Cigna, United
26. QIO (IFQHC)
27. IOMC
28. Hispanic Health Care Coalition
29. Community health centers
30. Other community organizations involved in health care advocacy
31. Medicaid disproportionate share
32. Additional organizations

Appendix E

Potential Leadership and Funding Sources

1. Carriers and Health Plans
2. Health Care Providers and Provider Organizations (IHA, ISMS, Hospitals, Long Term Care Facilities, Nursing Organizations, Pharmacies etc)
3. Business
4. Government (State and Local)
5. Michael Reese Health Trust
6. Washington Square Foundation
7. Otho S.A. Sprague Memorial Institute
8. Agency for Healthcare Research and Quality
9. Conversion foundations (formerly not-for-profit hospital fund set-asides)
10. Other