LEARNINGS FROM AHA'S
QUALITY
COLLECTIVE

Strategies and insights from health care leaders exploring quality and performance improvement

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A Letter from AHA's Quality Leadership Team

The American Hospital Association recognizes the unwavering commitment of hospitals and health systems to ensure all patients receive safe, high-quality care. The COVID-19 pandemic significantly impacted every aspect of health care delivery, both within the field and among the general population. This evolving landscape has presented hospitals and health systems with the dual challenge of implementing and sustaining quality improvement objectives.

As part of AHA's work on performance improvement, the Quality Collective (QC) was launched to provide a collaborative platform for leaders in quality improvement to engage deeply with their peers, collectively strategizing on the most pressing health care quality-related issues. Over the course of three months, the QC assembled some of the brightest minds in health care quality leadership. Their collaborative efforts were focused on co-designing strategies that not only address the current needs of the field but also shape its trajectory into the future.

Throughout this initiative, QC members candidly shared successes, explored innovative solutions and focused on redefining a culture rooted in quality and performance.

With the understanding that the field's approach to defining, measuring, and advancing quality continued to evolve during the pandemic, these discussions aimed to reshape perceptions and expectations.

It is our honor to share highlights from the insightful deliberations of QC members in this report. The AHA extends its heartfelt gratitude to all participants for their expert and candid contributions and their unwavering commitment to providing safe, quality care to patients. Your energy powers our work to foster a just society of healthy communities, where all individuals reach their highest potential for health.

With gratitude,

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Executive Summary

The American Hospital Association (AHA) is pleased to present insights derived from the Quality Collective (QC), a collaborative platform facilitating in-depth engagement among leaders in health care quality improvement. In response to the profound impact of the COVID-19 pandemic, the QC embarked on a three-month initiative to address evolving challenges in quality improvement and collectively strategize on pressing health care quality-related issues.

Shifting Perspectives on Quality

The report highlights a dynamic shift in the definition of quality among QC members, with a majority acknowledging a change or evolution over the past three years. Notably, a small percentage of QC members maintain a consistent definition but have adapted their approach to quality. These findings underscore the transformative nature of health care organizations in responding to the evolving landscape.

Areas of Success and Opportunities for Improvement

In clinical domains, QC members reported that their organizations excel in patient safety, infection prevention and emergency preparedness. Opportunities for improvement were identified in population health management, behavioral health and health equity. Culture, executive leadership commitment and performance improvement infrastructure were identified as strengths, while community engagement, technology and board involvement emerged as areas for enhancement.

Key Priorities and Future Focus Areas

QC members outlined priorities for the next three to five years, envisioning a hospitalwide and systemwide commitment to providing care that is safe, timely, effective, efficient, equitable, patient- and family-centered and affordable. The future agenda emphasizes embedding quality into the care journey, fostering engagement, promoting patient safety, advancing health equity and strengthening resiliency.

Digital Transformation and Emerging Innovations

The QC members anticipate an increasing prevalence of artificial intelligence and other technological innovations in disinfection practices. They recognize the need for additional resources to improve quality, enabling a focus on high-risk patient rounding, compliance with evidence-based bundles and value stream improvement efforts.

AHA Patient Safety Initiative

Building on the success of the QC, AHA has introduced the Patient Safety Initiative, a collaborative effort empowering hospitals to influence national health care safety discussions. It aims to enhance engagement, public trust and data accuracy while reducing preventable harms, inequities and administrative burdens. The initiative focuses on fostering a safety culture, addressing safety inequities and improving workforce safety. The AHA, with its extensive membership, leads this initiative through research, collaboration and data-sharing to transform patient safety, reinforcing commitment and leadership in the health care field.

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Introduction

In March 2023, the AHA invited health care quality leaders from its member hospitals and health systems to participate in the QC for focused discussions and exploration of quality issues over three months. In total, 104 leaders joined the QC, which launched on April 5, 2023.

Methodology

The QC provided opportunities for members to collaborate on health care quality topics they identified and shared as priorities, focusing on strategies for success and opportunities for improvement.

Outcomes

The goal of the QC was to promote engagement and collaboration with participants on health care quality issues that matter most to them and also to share feedback from the discussions via a number of actionable resources, including this report.
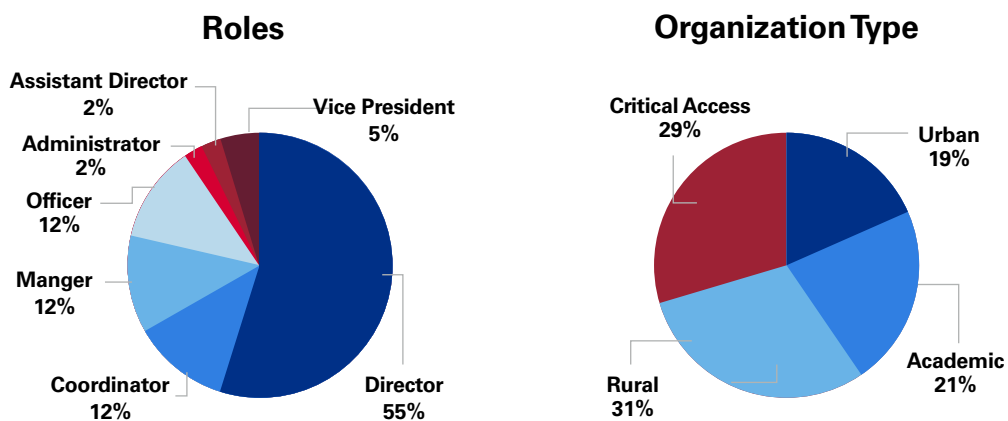
Discovery

As the QC first convened, members received a brief discovery form designed to illuminate their priorities and inform discussions; 42 individuals completed this survey. Topics covered included:

- member demographics, including roles and organization types;
- definitions of quality and performance improvement and how those definitions may have shifted throughout the COVID-19 pandemic;
- members' organizational quality priorities for 2024;
- clinical and cultural quality areas, ranked in order of successes and opportunities for improvement; and
- members' quality "wins."

Demographics

QC members reported holding a variety of roles within health care quality, with the majority being a director (55%). Other roles include coordinator, manager and quality officer. Among QC members, 60% of members classified their organization as rural or critical access with 40% being academic and/or urban organizations.

Roles

- Assistant Director 2%
- Administrator 2%
- Officer 12%
- Manger 12%
- Coordinator 12%
- Director 55%
- Vice President 5%

Organization Type

- Critical Access 29%
- Urban 19%
- Academic 21%
- Rural 31%

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Defining Quality

In health care, quality can be subjective, with varying definitions among organizations, providers and patients. Through feedback on the discovery form and focused discussions, the QC aimed to collectively define quality from health care leaders' perspectives. QC members were asked to define quality, and key words emerged, including "patient," "outcomes" and "care."

COLLECTIVE INSIGHTS

> The extent to which health care services provided to individuals and populations of **patients** increase the **likelihood of a desired outcome** and are consistent with current, **evidence-based practices**.

> Providing the **best health care possible** within the scope of the organization, implementing a model of **continuous improvement** in health outcomes and ensuring that **all patients are treated with dignity and respect**.

> **Patient-centered** care **that exceeds expectation**.

> Providing the **safest care** in the most **effective way**.

> The degree to which health services for individuals and populations increase the likelihood of **desired and equitable health outcomes**.

Quality Definition Shift

When asked how the definition of quality has shifted in the last three years, a majority of QC members said their quality definition had changed or evolved. Some QC members said their definition had not changed and a small group said their definition had not changed, but their approach to quality had.

COLLECTIVE INSIGHTS

> The methods and strategies employed to achieve quality have changed — greater consideration for the **bandwidth of work teams** and **need for more focused approaches**.

> We've recognized the importance of **taking into account the patient's definition of quality**. What they want may not be what we think they want.

> I have been enlightened in a more **comprehensive view of health equity** and what that means for the population we serve.

> More focused on **front-line teammate engagement** and taking staff and environment into consideration.

> The COVID-19 pandemic has heightened health care organizations', patients' and consumers' awareness of the **quality** of health care.

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Defining Performance Improvement

QC members were asked to define performance improvement, and key themes emerged, including "processes," "improvement" and "better outcomes."

COLLECTIVE INSIGHTS

" Being **better today** than we were yesterday. "

" The consistent effort to identify opportunities for improvement within our work and develop **effective, sustainable solutions**. "

" The continuous study and adaptation of the functions and processes of a health care organization to increase the probability of achieving desired outcomes and to **better meet the needs of patients**. "

" Finding **perception versus reality**, reducing waste within processes and improving or creating processes for patients and staff. "

" Striving to **continually improve**, learn from mistakes and near misses. "

" The redesign of a process, workflow and/or tool with the intention of **improving overall outcomes**. "

Organizational Quality Priorities

Members shared their organization's top three priorities in quality and performance improvement in 2023. Priorities shared by members include:

- Reduction in readmissions
- Reduction in harms/zero harm
- Reduction in HAIs and improved antibiotic stewardship
- High reliability
- Improved patient experience
- Operational excellence
- Health equity
- Workplace violence prevention

COLLECTIVE INSIGHTS

" Identifying a new electronic health record system. "

" Enhancement of patient experience, focusing on transition of care and patient education. "

" Hardwiring the use of the Hierarchy of Reliability in process improvement and process changes. "

" Prioritizing just culture and increasing reporting. "
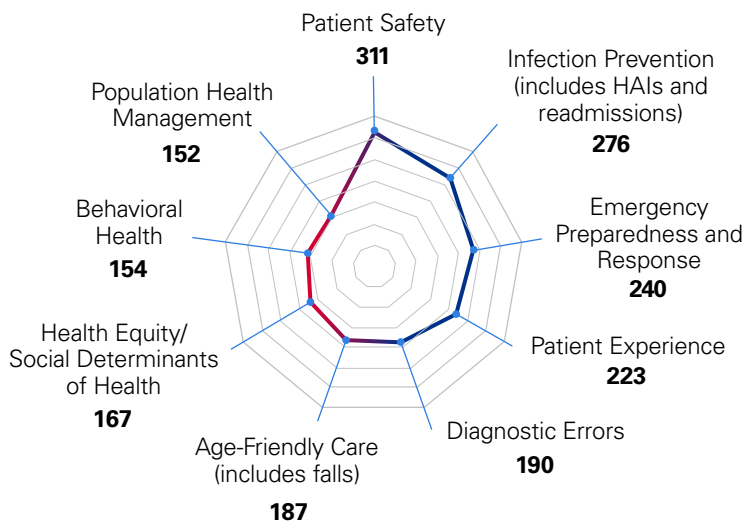
" The Joint Commission survey preparedness. "

" Identifying health care disparities and social determinants of health and improving health equity. "

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Deep-Dive Discussions

AHA's performance improvement coaches (PICs) relied on member feedback to inform QC deep-dive discussion topics. Throughout the QC, PICs facilitated 12 deep-dive sessions focused on results on member quality topic rankings (success areas and opportunities for improvement) as well as members' organizational priorities. These discussions offered participants a real-time platform to connect and collaborate with peers, share success strategies, address improvement opportunities and outline quality plans for the future.

Radar charts were used to visually represent the collective rankings and to weight and present the data across multiple variables. The charts below show how members collectively ranked the clinical and cultural quality topic areas — the higher the ranking of success, the further away from the center of the chart.

Clinical Quality Ranking

Patient Safety **311**
Infection Prevention (includes HAIs and readmissions) **276**
Population Health Management **152**
Emergency Preparedness and Response **240**
Behavioral Health **154**
Patient Experience **223**
Health Equity/ Social Determinants of Health **167**
Diagnostic Errors **190**
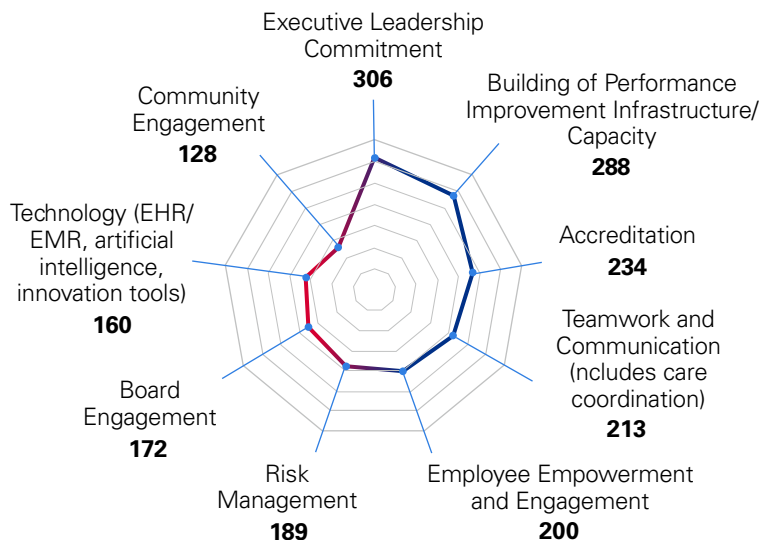Age-Friendly Care (includes falls) **187**

Top three success areas

1. Patient safety
2. Infection prevention (including HAIs and readmissions)
3. Emergency preparedness and response

Top three opportunities for improvement

1. Population health management
2. Behavioral health
3. Health equity/social determinants of health

Cultural Quality Ranking

Executive Leadership Commitment **306**
Building of Performance Improvement Infrastructure/ Capacity **288**
Community Engagement **128**
Accreditation **234**
Technology (EHR/ EMR, artificial intelligence, innovation tools) **160**
Teamwork and Communication (ncludes care coordination) **213**
Board Engagement **172**
Employee Empowerment and Engagement **200**
Risk Management **189**

Top three success areas

1. Executive leadership commitment
2. Building of performance improvement infrastructure/ capacity
3. Accreditation

Top three opportunities for improvement

1. Community engagement
2. Technology
3. Board engagement

Patient Safety

QC members ranked patient safety as the number one clinical quality area of success within their hospitals and health systems. Several members also listed patient safety as a top organizational priority for 2024, with goals including zero harm, maintaining a good catch rate and achieving the best quality and safety patient outcomes in the U.S.

Strategies for Success

- **Focus on culture.** Members report that their success in patient safety is a direct result of their culture of all team members always wanting to do the right thing for their patients.
- **Engage the front line.** Including front-line workers on committees and task forces for improvement correlates with success for many members. The front-line team provides valuable insights and ideas.
- **Engage leadership.** Presenting patient safety topics to the executive leadership team and the hospital or health system board regularly helps keep patient safety topics at the forefront.
- **Celebrate good catches.** Recognizing team members who take corrective or timely actions to protect a patient from a potential harm or an adverse event helps improve engagement in performance improvement and patient safety.
- **Dedicate staffing and resources.** Members report that assigning dedicated roles to team members helps improve patient safety. Examples include assigning a patient safety officer to each facility and assigning clinical quality nurses to lead performance improvement initiatives and real-time education at the unit level.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- **Converting patient data into a unit safety score** enables measuring and accelerating improvements in patient safety performance. The aim of the unit safety score is to ensure consistency, transparency and objectivity, while delivering actionable insights for busy health care professionals. This data also offers staff feedback on hand hygiene and near misses, and it is publicly displayed for all unit leaders and front-line personnel to access.

- **Decreasing median door-to-needle time** to 33 minutes in stroke unit (goal was 100% of alteplase administration in less than 45 minutes), achieved through staff education, reinforcement and a mock drill program.

- "While we have struggled with getting back to basics post pandemic, along with significant staffing challenges in both nurses and techs, we have seen **successes in fall injury reduction, venous thromboembolism prevention**, among others. We educate, recognize, provide feedback and are very transparent with our data. Our focus this year is all about accountability at every level."

- "**Patient safety engagement** has remained a paramount focus at our hospital, shaping our daily efforts. We've established daily huddles and initiated patient safety and process improvement endeavors encompassing all staff, fostering committee participation and open dialogue. Our commitment to transparency spans all levels. Notably, our most recent culture of safety survey yielded the best results we've witnessed in years — an achievement I find truly significant."

AHA Resources

- **AHA Patient Safety Initiative**

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Infection Prevention and Control

Members ranked infection prevention and control (including health care-associated infections and readmissions) as one of their top three successful quality areas. Members shared that they have been successful in implementing dedicated infection prevention initiatives, reducing health care-associated infection rates and emphasizing infection prevention strategies and data in quality and board meetings.

Strategies for Success

- **Ensure frequent and transparent communication.** Daily rounding and huddles support just-in-time education and engagement with staff.
- **Engage patients and family members in the treatment and prevention of health care-associated infections** as part of the infection prevention control team.
- **Use nurse-driven protocols.** Such protocols empower nurses to identify risks and take action to prevent infections, such as assessing patients for C. *diff* based on a testing algorithm or removing indwelling catheters based on appropriateness.
- **Prioritize collaboration with multidisciplinary teams.** This kind of collaboration maintains working relationships and encourages open feedback among different departments, such as patient care services and pharmacy, while also supporting quality coordination of infection prevention efforts.
- **Encourage friendly competition to engage employees.** Friendly competition and employee engagement can help incentivize infection prevention behaviors such as hand hygiene compliance and HAI prevention. Using competition/prizes and recognition engages employees to participate actively as part of the infection prevention team.
- **Provide education, audits and feedback.** Schedule annual staff trainings and frequent just-in-time education on infection prevention basics, policies and procedures, as well as on emerging topics of focus, such as multidrug-resistant organisms and Candida auris. Conduct regular audits and provide feedback to staff for transparency.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- **Reduced MRSA rates by 54% and increased full decolonization from 16% to 50%** in three months by 1) moving accountability from infection prevention team to nursing executives to report out in daily safety huddles and communicate with clinicians regarding decolonization, 2) implementing best-practice advisories in the EMR to initiate testing, 3) tying unit goals to HAIs and MRSA specifically for units with high infection rates and 4) using electronic hand hygiene technology with weekly unit and individual reports to improve hand hygiene.

- **Reduced CAUTI and ventilator-associated events from 2022 to 2023** by establishing an infection prevention coach training program. This program aimed to enhance nursing staff's knowledge of infection control practices, bolster hand hygiene compliance, nurture leadership skills for coaching colleagues and physicians in their hospital departments, educate patients and families about hospital infection control, and foster collaboration with the infection prevention and control coordinator to mitigate preventable safety issues and HAIs. The participating nurses displayed heightened engagement in patient and family education, staff guidance and action planning in response to HAIs.

- **Increased hand hygiene compliance rates across all departments,** from approximately 60% and 70% to over 95%, by 1) implementing additional training with "secret shoppers" to ensure standardization of observations, 2) rolling out an organization-wide recognition program for compliance and 3) providing scripting and awareness around hand hygiene, including how to approach a colleague if they are observed not washing their hands.

AHA Resources

- **AHA Infection Prevention and Control**
- **AHA Infection Prevention and Control Success Stories**
- **Project Firstline**

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Emergency Preparedness

QC members ranked emergency preparedness among their top three areas of success in clinical quality topics. They noted consistent improvement and heightened focus in this quality area throughout the COVID-19 pandemic, despite such challenges as staffing and budgetary resources.

Strategies for Success

- **Allocate dedicated resources for emergency preparedness.** The pandemic underscored the need to include focused, full-time employee resources for emergency preparedness within budget. Integrate quality and emergency preparedness by involving quality staff on the emergency preparedness team; quality staff can help conduct real-time, small tests of change to improve preparedness response time and effectiveness.
- **Include the entire organization in emergency preparedness efforts** and encourage staff to volunteer.
- **Prioritize real-time communication and include it in the emergency preparedness plan.** Ensuring immediate communication with leaders in your hospital, health system or region is essential for receiving timely notifications about emergent situations and taking necessary actions.
- **Conduct risk assessments and benchmarking.** Annually review risk assessments and identify any changes from the previous year. Embrace best practices by connecting with partner hospitals and examining how they assess risk.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- "We activate a command center when an event occurs as outlined in our emergency preparedness plan. This brings together a **broad array of leaders** from across the organization, including affiliate hospitals and skilled nursing facilities. As the command center operates, we do many **rapid tests of change** as needed based on the situation. As each stage of the response plan is rolled out, we monitor the outcome and make adjustments as needed."

- "Our emergency preparedness full-time employee is in the quality department, so we work very closely by virtue of being in the department. We also report issues related to emergency preparedness or upcoming drills and responses to drills during our **daily safety huddle**, which includes top administration and is very **interdisciplinary**. Doing so definitely brings attention to any failures we've had on drills. For example, our emergency alert system was related to color codes so everyone would get confused. People would have to look up the color system to remember what color code stands for. We changed to plain language codes such as 'Security Alert.'"

- "We're doing a **monthly policy review** in our leadership council. We are finding that not all of our telephone numbers are exactly right; so, if we need our staff members to call an emergency to the right place at the right time, then we need those documents to be up to date. By doing these small things in the quality world we know need to be done and applying them to our emergency plan, we'll be better set up for the future."

AHA Resources

- **AHA Convening Leaders for Emergency and Response (CLEAR) Initiative**
- **AHA CLEAR Field Guide for Emergency Preparedness**
- **AHA CLEAR Crisis Leadership Video Series**

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Executive Leadership Commitment

QC members ranked executive leadership commitment as the number one cultural quality area of success within their hospitals and health systems. Through commitment, strategic guidance and resources, the executive leadership team lays the foundation and structure for quality outcomes and empowers teams for continuous improvement.

Strategies for Success

- **Empower and celebrate staff in quality improvement.** Quality thrives when leadership teams empower staff and celebrate victories. This in turn encourages employee engagement in the performance improvement/quality improvement process.
- **Support educational growth and development.** Executive leadership can provide financial support for building performance improvement capacity and carve out protected time for front-line teams from nursing, food services, rehab services, environmental services and other units to participate in performance improvement trainings and organizational initiatives to address quality concerns.

Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- "Executive leadership continues to make our "Reaching for Zero" journey a priority by **infusing safety into everything we do** — from starting every meeting with a safety story to standardizing daily safety huddles at each facility."

- "Our quality and safety culture is supported by our executive leadership team, which always focuses on what is best for the patients and community and consistently **strives to maintain focus on our core values** and doing the right thing."

- "Our success has really come from getting back to the basics and engaging all levels of staff and departments within the organization. This has been fully supported by our executive leadership team, which **conducts rounds on an ongoing basis with all of the departments** to develop that rapport with staff, as well as to keep a pulse on what is happening as it pertains to patient safety, or potential risks that could negatively impact patient safety."

AHA Resources

- **AHA Leadership Dialogue**
- **AHA Physician Alliance**
- **American Organization for Nursing Leadership**

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Workplace Violence

Workplace violence was selected by QC members as a top priority area for their organizations in 2024, and most shared their active involvement in addressing workplace violence. Hospital teams recognize their facilities are not immune to violence and are actively working to enhance plans and prioritize this critical issue. As one member said, "No one comes to work to not go home."

Strategies for Success

- **Survey front-line staff.** Hospitals and health systems use independent surveys and culture of safety surveys to better understand staff experiences and gather improvement suggestions regarding workplace violence. Some members indicated workplace violence is underreported by front-line staff, which has prompted awareness campaigns and interviews with staff, followed by additional surveys to assess the impact.
- **Build alliances on workplace violence.** Forming subcommittees focused on workplace violence prevention within hospital teams has enabled hospitals and health systems to complete risk assessments, address staff concerns and present top recommendations to executive leaders.
- **Create and update policies.** Establishing a code of respect as part of organizational policy provides staff with clear procedures for responding to violent incidents.
- **Use technology support** for mitigating workplace violence. To enhance prevention efforts, hospital and health systems can employ electronic medical record safety screening tools and use QR code systems for reporting violence, bullying and incivility.
- **Provide staff training and education.** Trainings can help by providing strategies to de-escalate a situation through practiced scripting and role modeling as well as empowering staff to speak up about any discomfort, emphasizing the importance of reporting workplace violence. Frequent workplace violence trainings and drills can be organized into "safety weeks" to provide an engaging way to bring awareness and educate staff on workplace violence.
- **Communicate and coordinate with the local police department.** Strategies include collaborating closely with local police to share strategies for emergency preparedness, defining roles during an emergency event, prioritizing de-escalation tactics before police involvement and installing panic buttons that contact the police directly and immediately.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- **Reduced injuries to staff and others and improved treatment time** by implementing an initiative to place all patients who are violent or actively on illicit drugs in the adult ICU (staffed 1-to-1), as opposed to placing them on other units where staff nurses have three to five patients.

- "**We have implemented a BIRT team (behavioral intervention response team)**, a multidisciplinary team of behavioral health leaders, security and nursing leadership to support a patient or family member exhibiting violent behavior. We call a BIRT after our team attempts de-escalation .There are things we try to do first before we do something physical like medication or restraints."

- "**We use the Broset violence checklist.** We have a Broset score for every patient that is admitted and assessed to help staff understand if a patient is at risk for any violent behavior. This helps us be aware of situations that might come up or things that might need more attention. We have banners in the Epic chart for those moderate or higher risk patients so everyone who logs in is aware."

- "**Annually we conduct a workplace violence risk assessment across all shifts and departments**. Following this, we formulate improvement recommendations that we present to our executive committee and board subcommittee. This initiative is supplemented by Safety Week, an engaging event where we address gaps through a combination of enjoyable activities and focused training. Our approach extends to emergency preparedness as well, with follow-up drills across all facilities and departments. It's a concerted effort to underline the importance of mutual safety, addressing both workplace violence concerns and emergency preparedness needs."

AHA Resources

- **AHA Hospitals Against Violence**

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Building Performance Improvement Infrastructure and Capacity

Building PI capacity was ranked highly as a success area among QC members. Many members included the topic as a priority for their hospital in 2024. As noted by one member, "The days of retrospective process improvement are behind us; it's imperative to scrutinize care in real time, rectifying and offering feedback as events unfold."

Strategies for Success

- **Provide resources and structure dedicated to quality and PI.** Some members reported that assigning quality staff to specific units or departments can help facilitate projects when a unit/department identifies a need, or if there is a trend or issue across multiple departments. One hospital shared their experience using performance improvement nurses in units, noting that having a PI leader at the bedside to provide real-time feedback and share data and education is most effective.
- **Provide PI education for staff and leaders.** Educating leaders and staff on basic quality improvement methodologies, metrics and tools is important for awareness and building a culture of PI. Keep the information easy to understand and user-friendly so that staff can eventually integrate PI into daily work.
- **Engage leadership.** Presenting improvement projects and metrics to executive leadership and the hospital or health system board regularly helps keep quality and PI at the forefront. Involving executive leadership in quality committees and task forces also provides top-down support and commitment to quality.
- **Share stories.** Collecting and highlighting stories of performance improvement projects across the organization is a great way to recognize those teams and share ideas across other areas. One hospital presents PI projects to its board at least quarterly to share updates on progress and successes.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- "I'm the quality director and performance improvement committee chair at a small critical access hospital. My main focus has been on **providing useful tools and educating directors on performance improvement**, as it might not be intuitive for everyone, especially those without prior education or background in the field. The hardest part lies in helping people realize they're already engaged in performance improvement; they just need to connect it to a PDSA format. We work together on establishing priority concerns to focus on for each department, developing SMART goals, determining and addressing the root cause to optimize the initiatives' success, etc. Accountability is maintained by requiring submission of annual storyboards to recognize people's improvement efforts, displayed publicly to celebrate our achievements."

- "While our formal continuous improvement projects and quality reporting structure are impressive, I truly appreciate that our organization has taken significant strides to truly **engage our front-line teams** and ensure that they are not only informed about quality metrics and data but also are **personally guiding the improvements.** At these sessions, there is an opportunity for educating teams around quality and PI topics, but also time for teams to assess identified concerns, discuss current processes and assist to develop solutions. These teams also are supported to **pilot solutions** on the units. Additionally, our organization sponsors quality awards to engage teams in quality competitions and provide monetary gifts for units to spend on anything that the winning team wishes."

AHA Resources

- **AHA Living Learning Network**

Behavioral Health

The vast majority of QC members integrate behavioral health into their organization-wide quality improvement initiatives. Members emphasized that accurate and suitable data play a pivotal role in the success of behavioral health interventions, and some data might be outdated

Strategies for Success

- **Update unit types to align with high-volume patient demographics.** Members found that updating unit types and patient approaches to better align with demographic realities can foster an environment conducive to kick-start improvement efforts. For instance, reclassifying a general psychiatric unit as a geriatric unit enabled members to gather more precise data on falls and adverse events, facilitating the implementation of targeted interventions tailored to older adult patients.
- **Create cohorts for psychiatric and behavioral health patients.** Members shared that grouping patients into specialized cohorts and allocating dedicated spaces for them resulted in enhanced outcomes.
- **Look to front-line team for answers.** Collect feedback and meet in person to capture a complete perspective about your organization's behavioral health unit from nurses, mental health technicians, social workers and others working directly with patients. Then use this information to develop an action plan, improve processes or develop quality metrics.
- **Use antipsychotic medications appropriately.** Members found that there can be a lack of understanding between patients and their families and, at times, with caregivers on the side effects and appropriate use of antipsychotic medications. Educating teams about alternative approaches and interventions, along with revaluating appropriate use for antipsychotic medications across different care settings, can help ensure patients receive the right care at the right time.
- **Investigate disparities to drive behavioral health interventions.** Use root cause analysis to identify where your organization is underperforming to reveal if there are health disparities and social factors influencing patients' health outcomes. Using a root cause analysis tool can help shape your approach to using behavioral health interventions.
- **Integrate physical health and behavioral health screenings and referrals.** Integrating these screenings and referrals in the emergency department and in primary care settings can improve access to care upstream for all individuals.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- "We had **success with fall prevention** when we shifted our general psychiatric unit to geriatric-psych. We had to focus on specific geriatric interventions, such as nonslip shoes versus nonskid socks, removing blankets in the common room to avoid tripping, among other things. It made a big difference."

- **Reduced antipsychotic medication usage** by 25% while maintaining a high quality of care for patients by exploring appropriate use of antipsychotic medications alongside reevaluating medications.

- "We are participating in the Hospital Quality Improvement Project, which has an entire section on **Zero Suicide**. This section entails all aspects of performance improvement — leadership involvement, policy, training, implementation, data collection, evaluation, etc. Currently, challenges are getting the team together."

AHA Resources

- **AHA Behavioral Health**

- **AHA Behavioral Health: Physical and Behavioral Health Integration**

- **AHA Suicide Prevention in the Health Care Workforce**

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Employee Engagement in Quality Improvement

QC members emphasized that establishing a culture of open and transparent communication with employees is essential for effective engagement in quality improvement. Implementing a feedback system and using evaluation surveys — and subsequently taking concrete action based on identified trends and engagement opportunities — have proved highly successful among QC members. When aligning organizational interventions and improvements, engaging staff — particularly team members responsible for implementation — can proactively address challenges before they escalate.

Strategies for Success

- **Feedback and evaluation surveys.** Using survey and evaluation forms can effectively capture feedback from employees on how they would like to be engaged and how they would like to participate in the organization's culture of quality improvement.
- **Pulse surveys.** Quicker pulse surveys can assess how staff are receiving new standards of procedures, interventions or organizational changes.
- **Meals with leadership.** This strategy involves selecting specific employees, four or five at a time, to have a breakfast or lunch with leadership, guided by an appropriate meeting cadence for open discussions on what's going on at care sites and what kind of support staff and patients need.
- **Messaging groups.** Many QC members are implementing a group messaging function for smaller teams to maintain a constant stream of communication that's faster than email. Members are using organization-sanctioned messaging platforms to keep staff in the loop and respond to any issues as they arise.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- "We implemented **Gemba boards** in each department last year to give front-line staff insights into the key performance indicators their leaders are working on, **engage them in process improvements** and **celebrate their successes**. These have been very successful in some departments. **Engaged leaders equal engaged staff.**"

- "We began to **implement a tiered huddle process pre-pandemic**. While the forward progress was slowed a bit through the last couple of years [during the pandemic], we have adapted the Cleveland Clinic model to meet our organizational needs and reflect our staff structure. We initially had great success with our upper-level, tiered huddles with the administrative team members, but had a harder time achieving consistency with the front-line team members directing their concerns up through the tiers. We have been working with our leaders from the nursing assistant team and asked for their input on how to better facilitate a consistent process. They've developed a new board system for their units that they feel will allow **contributions from all shifts** and can be driven by our lead nursing assistants and charge nurse team representatives."

- "Our greatest quality win for 2022 was **better engagement from staff in quality and harm prevention**. We rolled out what we call we call 'harms rounds,' where front-line nursing staff are assigned as a harms nurse and delegated to actively review patient safety efforts and follow up with staff on any opportunities. For example, if a patient is at high risk for a fall and the bed alarm is not on, the harms nurse would follow up with the bedside nurse to address this. This not only gets **front-line nursing staff better engaged in understanding quality and harm prevention**, but also creates a peer-to-peer evaluation where trust is already built and **buy-in is more successful.**"

AHA Resources

- **AHA Health Care Workforce Scan**
- **AHA Strengthening the Health Care Workforce Guide**
- **AHA Workforce**

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Patient Experience

All QC members consistently place patients at the core of their quality definitions. Responses to "What constitutes a patient experience of quality?" included receiving timely, suitable care in a friendly and appropriate manner and fulfilling patient and family expectations or effectively managing these expectations. Notably, patient experience ranks within the top three organizational priorities by QC members.

Strategies for Success

- **Address issues in real time.** QC members noted that patient satisfaction surveys and related data typically arrive after patients are discharged, making timely responses challenging. Proactively addressing patient needs as they arise greatly enhances the patient experience.
- **Remember that first impressions are important.** Innovative approaches to real-time interventions involving a whole-team approach around patient experience are important to consider.
- **Use volunteers.** Volunteers or staff with available time can check on patients and convey their needs accordingly. This practice has been used by some QC members who noted improved patient satisfaction scores.

Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- "We use **real-time patient satisfaction surveys**. Any low scores or comments are addressed by the manager of that department, usually by a phone call. Patients have been very pleased that we have followed up with their concern."

- "Staff are educated to reach out to their leaders if they discover a patient or family member has a concern or complaint. Our goal is to try to connect with this patient or family member as soon as possible. We then listen to their story and find a mutually agreed upon resolution. Often, **patients just want to be heard and want us to know their experience**, so it doesn't happen to someone else. We follow up with any staff involved in the situation and let them know of the opportunity for improvement."

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- "As participants in the quality consortium known as the Seniors Quality Leap Initiative, **we gather, analyze and compare both clinical and quality of life data across similar organizations**. We conduct monthly patient surveys and analyze the collected data to identify trends in patient-reported care experiences. We complement these formal surveys with patient council meetings, which center around survey topics and actively seek feedback on meaningful ways to enhance patient experiences. Our primary obstacles include workforce shortages affecting both nursing and ancillary teams. Ensuring the engagement of front-line teams also is crucial to sustain the improvements we enact."

- "Our med-surg/ICU/SNF unit initiated **real-time patient satisfaction meetings** with our inpatient census. The director does a random sample of patients to talk about their experience of their hospital stay. This allows us to address any concerns they may have immediately before they have been discharged to show we care about their experience. This had made a huge impact to our PSAT (patient satisfaction) scores. Fixing a problem before they leave makes a big difference. Sometimes it just entails an explanation and understanding. We also are implementing real-time surveys this year. We are really hoping to get responses from our patients to initiate some change. "

- "The biggest impact to patient experience has been **patient advisory councils (PACs)** focused on specific experiences, e.g., Deaf PAC, Black/African American PAC, Transgender PAC."

- "Conducting pharmacy rounds to **educate patients about medications** yielded significant results. Furthermore, **implementing executive rounds** also positively influenced our scores."

AHA Resources

AHA Patient and Family Advisory Councils: Resources for the Field

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Health Equity

Many members shared common challenges in establishing consistent and reliable methods for collecting and assessing health equity data and statistics. Common obstacles included incomplete ethnicity identification upon admission, suboptimal electronic health record capabilities for gathering health equity data and difficulties in effectively using the collected data. Generating written reports from EHRs and connecting to race and ethnicity are difficult, often requiring manual labor that adds to time and resource constraints.

Strategies for Success

- **Create a team.** Health equity work is multifactorial and very expansive. Creating a team focused on health equity is necessary in order to address equitable and inclusive organizational policies, collect and use data to drive action, ensure diverse representation in leadership and governance, and provide culturally appropriate patient care.
- **Community collaboration.** Partnering with community organizations in collaborative leadership, innovation solutions, evaluation and sustainability of solutions is crucial in improving the overall health of patients and their communities. A QC member shared that they partnered with their local transportation authority to help patients return home after their visit to the hospital. This alleviated congestion in waiting rooms and emergency departments.
- **Use the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index.** This tool provides racial, ethnic, minority, and socioeconomic status information by county to help target interventions.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- "We **assess social determinants of health and address needs** at every outpatient clinic visit, as well as inpatient, via case management. We share resources with patients and set them up for any needs while they are with us. We are in the process of collecting and analyzing data to identify our highest need, and health equity is a focus of our quality plan for 2024."

- "Health equity has been a new topic this last year with The Joint Commission and Centers for Medicare & Medicaid Services. We have used community health assessment data along with state data in our organization. We took this initial data and created a SDOH team to do an analysis of our community needs and create an action plan. We then started collecting the **REAL (race, ethnicity and language) data** as mandatory fields. Our team reports their data to our quality committee, up to the board. Health equity is included in our quality plan as an organization. Currently our team has implemented an inpatient and outpatient food bank based on our initial assessment and action plan."

- "The community I serve is in a very country setting — there are no taxi, Uber or Lyft services in this community. **Our director worked with Michigan Transportation Connection to provide patients with transport to and from our care center**. Now we no longer have patients sitting in the waiting room for hours on end waiting for family to come get them. "

- "We are implementing an intervention using **natural language processing solutions** to identify patients who are at risk for SDOH. The NLP solution uses AI to learn identifiers of SDOH through the EHR and alerts clinicians, social workers and other health professionals to take action and get a meeting or intervention scheduled. It takes data from Epic, and the NLP churns through all the notes to find words and phrases that indicate SDOH and pushes that back into Epic. This technology has high confidence standards in recognizing SDOH, but it also learns from the input of health professionals as it is being used, to become more and more accurate in identifying SDOH and patients who need action."

AHA Resources

- **AHA Community Health Improvement**
- **AHA Health Equity Roadmap**
- **AHA Institute for Diversity and Health Equity**

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Age-Friendly Care

With the older adult population increasing, ensuring hospitals and health systems have the structure and systems in place to address this urgent need is vital. QC members emphasized that initiating collaboration with the quality department and starting to segment data by age are essential first steps in addressing the health care needs of older adults. Using the Age-Friendly Health Systems movement's 4Ms framework — "what matters" to the patient, medications, mentation and mobility — can help improve care and health outcomes for patients age 65 or older. Additionally, capturing data tailored to this demographic has empowered age-friendly care teams with actionable insights to create targeted interventions for this population.

Strategies for Success

- **Start with the work you already do.** Effective age-friendly care practices typically align with high-quality care. There is no need to "recreate the wheel." Health care teams can start with a gap analysis checked against the 4Ms framework to find opportunities to align their organization with Age-Friendly Health Systems recognition requirements. Most organizations find they're already doing a lot of this work.
- **Collect, stratify and use data.** Several small interventions can align an organization's care with the 4Ms. The first step is ensuring data is collected and segmented by age (patients 65 years or older) and using that data to guide care plans and interventions for older adult patients.
- **Formalize a structure to include older adult voices.** Creating quality committees that include patients, family members and caregiver voices and experiences can help meet the needs of older adult patients.
- **Align your EHR with the 4Ms framework.** Taking the time to implement the 4Ms framework within the EHR is a great way to meet the needs of older adult patients. Being able to see a patient's "what matters" goals across the care continuum is especially vital to aligning the care provided with the patient's goals and needs.
- **Create a 4Ms dashboard.** Having one central location for older adult patients' data, goals and progress is an excellent way to monitor and track age-friendly care outcomes while implementing interventions to meet patients' needs.
- **Work toward becoming recognized as an age-friendly care site.** The Institute for Healthcare Improvement (IHI) offers care sites the opportunity to be recognized as an Age-Friendly Health Systems "Participant" or "Committed to Care Excellence." AHA and IHI lead Age-Friendly Health Systems action communities that provide free webinars, 1-to-1 coaching and resources on implementing the 4Ms framework.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- **Reduced falls/injuries by 75%** by engaging unit staff in root cause analysis and asking for feedback on how to address issues. Transparency through data was key.

- "**We implemented an Age-Friendly Advisory Committee** to leverage work across the continuum of care settings. This is an approach that looks forward and more in line with failure mode and effects analysis versus root cause analysis — looking forward to anticipate issues versus looking back to address them (in retrospect). Our entire continuum of care shares the same EHR, so it's easier for us to manage this intervention."

- "As a post-acute provider of geriatric care, age-friendly care is right up our alley. **We began to pursue formal recognition as an Age-Friendly Health System in the last two years**, and securing that recognition has been our biggest achievement in this space. The acknowledgment has driven a concerted effort to continue to excel in this space and lead the way. As part of this, we have created an interdisciplinary committee to drive forward all age-friendly work and projects and analyze metrics and progress. We also have begun implementation of EHR documentation specific to the 4Ms to include nursing team interventions and team flowsheets."

AHA Resources

- **AHA Age-Friendly Health Systems**

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Board Engagement

During a deep-dive session on board engagement, most QC members said they are involved with informing and supporting their board on quality initiatives and concerns. Many voiced, however, that there is still room for further engagement of board members to increase their involvement and understanding of quality and performance improvement.

Strategies for Success

- **Create and maintain a culture of transparent communication.** Ensuring direct and transparent communication and sharing data with the board on a regular cadence fosters a relationship of shared accountability and also pushes forward a patient-centric agenda. QC members reported strong board engagement in a culture where knowledge, especially from outside the health care field, is valued and used to create a collaborative learning environment.

- **Establish an orientation process for new board members.** Formally onboarding board members to quality and performance improvement in health care ensures that board members are well informed and quality regulations are met, so they are valuable contributors in meetings. Not all board members start their terms with an extensive knowledge of health care field terms, topics and data expertise. Providing a process and dedicated time for education and encouraging communication can be key to establishing a strong relationship with the board.

- **Make quality a priority.** Quality needs to be a topic on every meeting agenda to discuss ongoing performance improvement work, key performance indicators, adverse events, rising trends in quality as well as feedback from patients and community members.

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Improvement in Action: Examples from QC Members

The following are examples from QC members of actions they have taken to advance improvement in their organizations.

- "Once a quarter, we have a special meeting before the board meeting that's dedicated to patient safety and quality. This is an interactive session where we review our **quality metrics** (both internal and publicly reported), performance improvement projects, root cause analysis, etc. We also talk about things like culture of safety survey results, Leapfrog and disease-specific care certification. It usually leads to good dialogue and keeps the board engaged in our quality efforts. Just as we train our employees, we also **provide training to our quality board on process improvement** and trends or benchmarks we are trying to meet. I also fill the compliance role, so I always encourage our board to ask questions and dig deeper around identified gaps and issues we report. And if we don't follow up with some improvement, they should be asking us for it."

- "We have a very **transparent and collaborative** environment, and that is a key part of the culture leading to this organization's success in engaging the board. This relationship is ever evolving, but you need to have that trust with the CEO to be able to put your quality team in front of the board. Everyone in the room wants to do the right thing, and this provides positive feedback to keep the culture that way."

- "We have a specific **onboarding process for new board members that is orientation for quality** and metrics and regulations. We educate the board on the dashboards and metrics and what everything means."

AHA Resources

AHA Trustee Services: Helping Boards Have Productive Conversations about Quality of Care

AHA Trustee Services: Understanding Quality Scorecards: A Primer for Boards

AHA Trustee Services: You Have a Quality and Safety Report. Now What?

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Future of Quality in Health Care

Throughout the QC, members shared their thoughts on the future of quality in health care, identifying top priorities for the next three to five years and key focus areas to build quality back to pre-pandemic levels and surpass them, which aligns closely with what is identified in **AHA's 2024 Environmental Scan**.

- **Encourage a hospital-wide or system-wide commitment to providing STEEEP.** Promote access to exceptional quality — that is, safe, timely, effective, efficient, equitable, patient- and family-centered (STEEEP) and affordable care.

- **Embed quality into the care journey.** Develop and promote new and innovative care models, services and collaboration to provide seamless care.

- **Foster engagement.** Increase engagement among providers, patients and their families to promote informed and collaborative decision-making.

- **Promote patient safety.** Continue to strive to prevent all harm or death from health care errors through quality improvement efforts, just culture and team communication.

- **Encourage leadership involvement in quality.** Engage hospital and health system leadership in quality improvement initiatives.

- **Advance health equity.** Create a care journey that is free from inequity while optimizing opportunities, access and outcomes for historically marginalized and under-resourced communities.

- **Community partnerships.** Lead and partner with other community organizations to coordinate health care and address health care disparities to improve the health status of the community.

- **Strengthen resiliency.** Develop metrics and quality improvement programs that evaluate and promote the ability of health care systems and providers to be prepared for a changing health care ecosystem and to adapt to future emergencies or challenges.

- **Embrace the digital age.** Electronic data, which is standardized, interoperable and shared, is essential to promote seamless care coordination and communication.

Further Insights from Members on the Future of Quality

- **The role of technology.** QC members see artificial intelligence and emerging innovations in disinfection practices becoming more prevalent. In addition to examples of AI guiding health equity solutions via natural language processing, members think there's room for AI to guide clinicians in evidence-based medicine. Innovations such as the emerging dry hydrogen peroxide disinfection technology can be explored to improve infection prevention and reduce HAI rates. With the increase in telehealth during the COVID-19 pandemic, it's important to continue developing telehealth and engaging patients with their care at home.

- **Innovation and quality.** One QC member shared that the COVID-19 pandemic brought the field together in a unique way under unique circumstances that required us to innovate to meet patients' needs. Without the pandemic as an existential community-wide focal point — and everything that went along with it — sustaining forward momentum on some initiatives has been challenging. QC members wondered how we could capture the positive aspects of the pandemic's all-in mindset to continue driving quality in this next phase of healthcare improvement.

- **Additional resources for quality impact.** If given five extra full-time equivalents, one QC member said they would spend those resources on rounding for high-risk patients, using rounding to influence compliance with evidence-based bundles and expand value stream improvement efforts. Other members would spend the extra resources on department-specific "champions" to ensure interventions have follow-through. Others would spend the extra resources on adding clinical quality nurses on every unit and/or adding dedicated pharmacists on high-risk units such as the emergency department. Overall, QC members emphasized that more resources should be put into quality improvement support for implementing interventions and collecting and analyzing the data.

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AHA Patient Safety Initiative

QC members have consistently emphasized the pressing need for increased collaboration and a stronger sense of community in the realms of health care quality and performance improvement. Throughout the QC discussions, it has become evident that candid, informal dialogues on clinical and cultural aspects of quality have illuminated the myriad challenges and opportunities that confront the field. These discussions also have offered valuable insights and strategies along with examples of successful initiatives and interventions, fostering a culture of shared learning.

Building on the success of the QC, the AHA is further amplifying the impact of quality improvement through its new Patient Safety Initiative. By seamlessly integrating insights from this collective, the AHA has created a comprehensive approach that not only addresses the evolving landscape of health care quality but also enhances patient safety on a broader scale. Together, this work will fortify the commitment of hospitals and health systems to deliver exceptional care in the face of current challenges and future uncertainties. For more information please visit: **https://www.aha.org/aha-patient-safety-initiative**.