

2024

The
American Hospital
Association
Quest for Quality®
Prize Honorees



About the Prize

The American Hospital Association Quest for Quality Prize is presented annually to honor health care leadership and innovation in improving quality and advancing the health of all individuals and communities. The 2024 award recognizes hospitals and health care systems that have committed to and are making significant progress in providing access to exceptional quality, safe, timely, effective, efficient, equitable, patient- and family-centered and affordable care. The award showcases successful innovative models of care, services and collaboration to provide a seamless patient experience and inspires hospitals and systems to lead and partner with community organizations to improve health status and address care disparities. The prize is directed and staffed by the American Hospital Association's field engagement team. The winner and finalists were recognized in July at the AHA Leadership Summit.

For more information and to request an application for the 2025 Prize, visit www.aha.org/questforquality. Applications are due Sept. 13. Email questforquality@aha.org with questions.



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2024 Nominees

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WINNER

Wellspring Health | York, Pa.

Focusing on the Most Important Goal

The health equity strategic plan calls for eliminating the gap in life expectancy. This aspirational goal ties the organization to community partners in the work: preventing early death, ensuring that people have what they need to live their healthiest lives, access to care, and measuring progress on outcomes.

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Carilion Clinic | Roanoke, Va.

Improving Patient Safety Through Collaboration

Teamwork at the system level has led to marked improvements in the reduction of hospital-acquired infections, preventable harm following a surgical procedure and falls with injury. In its Center for Simulation, Research and Patient Safety, workflows and processes are safely studied to meet patient needs.

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Jefferson Health | Philadelphia

Taking a Systemwide Approach to Quality

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Using Telehealth to Extend Quality Care

By adopting a virtual-first strategy, patients are seen within days instead of weeks or months for primary care and specialty appointments in endocrinology, hematology, neurology, pulmonology, rheumatology and sleep medicine. Maximizing the use of telehealth reduces care disparities and improves outcomes.

WINNER

WellSpan Health | York, Pa.



Focusing on the most important goal

As in many health systems, WellSpan Health — an eight-hospital system — serves an area with a big variance in life expectancy from one neighborhood to the next. The health system, however, decided not to tolerate that.

WellSpan's health equity strategic plan calls for eliminating the gap in life expectancy. "We appreciate that this is a long-term play, but that's really the only measure that matters," said Michael Seim, M.D., senior vice president and chief quality officer. "No one wants to live in a place where, because of your race or ZIP code, you are going to die substantially younger than someone who lives five miles from you."

In 2023, WellSpan became one of the first health systems in the country to earn National Committee for Quality Assurance health equity accreditation. The organization's health equity strategy works with three pillars — preventing premature death, promoting longevity, and improving quality of life — and uses outcome measures to track progress.

"If I have sepsis, I don't care if you follow a sepsis checklist if I end up dying," Seim said. "I care that if you treat me, I get better and I'm discharged from the hospital. That same idea has to be true with health equity."

Of course, achieving aspirational outcomes requires a

steady focus on process measures. "WellSpan teams have been relentless in finding a better way to deliver care," said Roxanna Gapstur, Ph.D., R.N., president and CEO. "We've been dedicated in building the capabilities for high reliability for each other and our patients."

For example, when data revealed that Hispanic patients requiring an interpreter had breast cancer screening rates that lagged those of other patients, WellSpan set three goals: Increase the overall rate of screenings to 73%; increase the rates of screening in each race and ethnic group by 1.25%; and reduce the number of patients who had no race/language/ethnicity (REL) data entered into their electronic health record (EHR) by 25%.

A multimodal approach was implemented, including a culturally and linguistically tailored outreach program to reach Spanish-speaking women overdue for screening. By June 2023, about two years from baseline measurements, all goals had been exceeded. Among patients who identify as Hispanic, speak Spanish and require an interpreter, screening rates increased to 77.4%. The number of patients who had no data for REL fell by 50%, and WellSpan's race data-collection error rate dropped to 1.76%, outperforming the national benchmark of 5%.

That success rested in part on listening sessions with

◀ The Wellspan Health Team

(Seated left to right) Jodi Cichetti, R.N., MS, CCM, Vice President, Quality & Patient Safety; Kim Brister, Vice President & Chief Diversity, Equity & Inclusion Officer *(Standing left to right):* Ann Kunkel, R.N. BSN, Vice President, Community Health Home Care & Hospice; Michael Seim, M.D., Senior Vice President & Chief Quality Officer; Holly Wolfe, Senior Director, Quality; Jenna Jansen, Senior Director, Quality; Mary Studzinski, Senior Director, Health Disparities & Community Partnerships; and Michele Mummert, Senior Director, Community Health

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“Sometimes we may be the expert, but other times we need to be a funder or a convener that brings everybody together to make sure that the ultimate outcome — the health of our friends and neighbors in our communities — is achieved.”

Jenna Jansen
Senior Director of Quality

Hispanic community partners to solicit feedback on barriers to screenings. “We recognize that WellSpan is not going to be the only factor in improving life expectancy,” said Jenna Jansen, senior director of quality. “Setting the aspirational goal of reducing that disparity helps tie our goals as an organization to those of our community partners so that we all have that shared thread in the work that we’re doing.”

For example, WellSpan’s mobile mammography program has built partnerships with many community-based organizations, which have contributed to its ability to reach diverse and underserved patients. Through a partnership with a local insurance provider, the mobile breast imaging unit provided private and discreet on-site screenings at 70 community events in fiscal 2023. At the events, 1,011 individuals were screened, 63 patients who were under- or uninsured were provided screenings at no cost, and eight individuals were diagnosed with cancer that otherwise may have gone undetected.

In another community outreach effort, WellSpan supports and benefits from the work of four county health coalitions, each of which has a local board that identifies its own priorities and goals. WellSpan funds the executive director positions for each coalition and proactively makes sure that its resources are available to support coalition goals.

“We cannot be the expert in everything, and we need to be humble enough to say that and recognize what our role is,” Jansen said. “Sometimes we may be the expert, but other times we need to be a funder or a convener that brings everybody together to make sure that the ultimate outcome — the health of our friends and neighbors in our communities — is achieved.”

For example, WellSpan’s recuperative bed program gives unhoused patients a safe place to continue healing after they are discharged from the hospital. The health system leases nursing home spaces for these patients and its social workers help them seek permanent housing. “We partner with the YMCA and other organizations to improve lives,” Seim

said. “Over the last five years we have stepped away from feeling we have to do everything to focusing more on finding the key partners who can do certain things better.”

Another example is the credible messenger program. As part of its collaboration with the York City Gun Violence Initiative, the health system funded a liaison position — an individual who is trusted by the community — who supports gunshot victims and families at WellSpan York Hospital.

“The credible messenger not only goes into the hospital, but also goes into the community to connect with people, especially our young adults, to reduce the violence that we have seen happening,” said Kim Brister, WellSpan’s chief diversity, equity and inclusion officer.

In the first seven months of 2023, WellSpan York Hospital saw a 43% reduction in gunshot-wound patients overall and a 56% reduction in gunshot wounds by homicidal intent compared with the same period in 2022.

WellSpan also has seen success from its patient safety strategy. It uses a six-tier daily huddle system to cascade information about safety issues up the ladder, as necessary, and back to front-line team members. Meanwhile, the safety reporting system was renamed Safety First, and staff members who report potential safety issues are celebrated.

“We rebranded to a mentality that ‘we’re not waiting for you to report something that happened — we are going to be proactive in prevention,’” Seim said. “We really focused on psychological safety and nonpunitive reporting, and we worked on stopping the line at the same time.”

The result: a 50% reduction in serious events between fiscal years 2020 and 2023, while doubling the annual number of potential safety event entries — from 20,000 to more than 40,000 — during the same period. ●



“WellSpan teams have been relentless in finding a better way to deliver care. We’ve been dedicated in building the capabilities for high reliability for each other and our patients.”

Roxanna Gapstur
President and CEO

FINALIST

Carilion Clinic | Roanoke, Va.



Improving patient safety through collaboration

Carilion Clinic, a seven-hospital organization based in Roanoke, Va., leans on system collaboration across teams in its quality and patient-safety initiatives. Over the past three years, most clinical departments appointed physician quality medical directors who spend dedicated time leading their teams' outcomes. "All of our work, progress and success stems from multidisciplinary team collaboration. We bring everyone together," said Mary Suzanne Kraemer, M.D., chief quality officer.

That systemness has improved situational awareness and the sharing of trends and outcomes with marked quality improvements in the reduction of hospital-acquired infections and preventable harm following a surgical procedure.

"Patient outcomes are strongest when the entire team is empowered to share observations, track trends and work together to implement change," said Nancy Howell Agee, CEO. "I am proud of our strong safety culture, which engages care teams at all levels to improve the health of the communities that we serve."

A key partner in studying workflows to ensure that teams succeed in meeting patients' needs is the Human Factors Center of Excellence in the Carilion Clinic Center for Simulation, Research and Patient Safety. The 11,000-square-foot training facility includes a patient room, operating room, birthing suite/neonate care area, trauma bay and clinical skills lab equipped with video cameras and analysis software. "We take problems from the hospital and translate them into research questions that we can answer safely in the simulation center,"

The Carilion Clinic Team
(Left to right): **Nancy Howell Agee**, Chief Executive Officer, Carilion Clinic; **Mary Suzanne Kraemer, M.D.**, Chief Quality Officer, Office of Clinical Advancement and Patient Safety; **Laurie Wolf, Ph.D.**, Director of Human Factors Implementation; and **Shirley Holland**, Vice President, Community Health & Development

said Laurie Wolf, director of human factors implementation.

For example, when a hospital unit experienced a falls-with-injury problem, a simulation center nurse developed four scenarios, each based on a specific event that had occurred on the unit, so teams of nurses and nurse aides could perform a scenario, watch one another in action and discuss their learning. Carilion Clinic also uses bed-sitting robots to help monitor patients at high risk of falls. The health system's human factors engineers helped determine how many patients a remote technician can safely monitor.

To increase the efficiency and quality of trauma care in Carilion Roanoke Memorial Hospital's new tower, human factors engineers worked with clinicians to design its five trauma bays. In a life-size cardboard mock-up, 13-member trauma teams worked through common scenarios.

Quality care depends on access, which is why Carilion opened a school-based pediatric clinic in a high-poverty neighborhood in southeast Roanoke in 2022. "When we discovered that we had a high rate of pediatric emergency department visits related to asthma in that section of our city, we decided to really have a presence in that community," said Shirley Holland, vice president of community health and development.

The LIFT (Local Impact for Tomorrow) Center is a partnership that includes Carilion, the school district and others. In addition to sick care, immunizations, sports physicals and other routine pediatric services, families can access dental and mental health care and support from a community health worker.

Another quality win came from Carilion's focus on inpatient mortality. When benchmarking data in 2022 showed the need to address mortality outcomes, a process for real-time mortality reviews was created. A newly formed mortality review committee meets weekly to discuss cases and identify patterns and trends, which inform process-improvement initiatives. Within two years of implementing the program, mortality rates improved by more than 50%. ●



Taking a systemwide approach to quality

Jefferson Health’s decision to spread best-in-class sepsis care across the system shows the impact of an intentional focus on patient safety. In the last two fiscal years, the 17-hospital system serving greater Philadelphia and southern New Jersey saw an average annual decrease in sepsis mortality of 25%, saving nearly 700 lives and \$30 million in costs.

Its focus on central-line bloodstream infections (CLABSI) was another success. When CLABSI rates crept up during the COVID-19 pandemic, Jefferson assigned a team to reverse the trend. Its CLABSI standard infection rate fell by 15% annually in the last two fiscal years, resulting in 37 fewer infections than expected.

Baligh R. Yehia, M.D., president of Jefferson Health, attributes the wins to the health system’s 2020 decision to replace a departmental project-based approach to safety with the OnPoint Program, a unifying management system for improvement efforts in quality, safety, patient experience and health equity for the entire system.

“We want our patients and our caregivers to have similar experiences regardless of whichever hospital or clinic they step into,” he said. “This system makes sure that we all have the same information and the same structures and processes so we deliver on the outcomes we want regardless of where someone enters the system.”

Patricia Henwood, M.D., executive vice president, chief clinical officer, and the James D. and Mary Jo Danella Chief Quality Officer, said the OnPoint system supports a laser fo-

cus on system priorities. For CLABSI prevention, for example, an EHR dashboard alerts caregivers to “pre-failure operator errors,” such as no chlorhexidine gluconate bath that day, so that errors don’t turn into failure.

“Instead of just reacting — ‘We had a CLABSI on this unit, and we need you guys to do better every day’ — we recognize that patient care is complex, people get pulled to a code, something else comes up with another patient and sometimes things do not get done,” she said. “The CLABSI dashboard raises those signals so the unit knows what can be done now to prevent an outcome that we’re trying to avoid.”

Dwight W. McBee, enterprise senior vice president, health equity and chief experience officer, said the OnPoint clinical improvement team was key to the March 2023 rollout of a new systemwide approach to screen patients for health-related social needs. Patients visiting all primary care sites and/or being admitted to a hospital are evaluated in six domains — financial, food, transportation, utilities, violence/safety and social connection. Some 400,000 patients have been screened by May 2024. Patients who screen positive are referred to community-based resources and, when necessary, further supported by Jefferson’s community health workers.

In preparing for the new system, the OnPoint clinical improvement team reworked nurse workflows to limit the burden of conducting the screens, and created paths for patients who need help. “Our teams that were using the tool found that we were not assessing something that they were left unequipped to address,” McBee said. “That allowed for greater adoption of the tool.” ●

◀ **The Jefferson Health Team**
(left to right): Dwight McBee, MBA, MSN, Enterprise Senior Vice President, Health Equity and Chief Experience Officer; Patricia Henwood, M.D., Executive Vice President and Chief Clinical Officer and James D. and Mary Jo Danella Chief Quality Officer; and Baligh Yehia, M.D., MPP, MSc, President of Jefferson Health



Using telehealth to extend quality care

MUSC Health provides care at 16 hospitals, with four more in development. But as the only comprehensive academic medical center in South Carolina, it needs to provide top-quality care throughout the state, and telehealth is its strategy for doing so.

“We have really been able to get into every nook and cranny of the state,” said Danielle Scheurer, M.D., system chief quality officer. “Telehealth gives you a conduit to provide specialty care to rural areas, not only within the brick-and-mortar facilities that exist, but also into patient’s homes.”

MUSC Health, one of only two health systems nationally recognized as a National Telehealth Center of Excellence by the Health Resources and Services Administration, has adopted a virtual-first strategy to provide appointments for some specialties — endocrinology, hematology, neurology, pulmonology, rheumatology, sleep medicine, and primary care — within days instead of weeks or months. This approach applies to all patients, rural or urban.

“A huge part of care disparities and health outcomes is whether you are able to be seen by a relevant doctor in a timely fashion,” Scheurer said. “If the answer is ‘no,’ then your outcomes worsen and your disparities go up. We are maximizing the use of telehealth to reduce those gaps.”

The system’s school-based telehealth program serves more than 100 schools and supports the South Carolina Telehealth Alliance, a statewide coalition that serves more than 180 schools. The program provides both physical and mental

pediatric care, including on-demand medical visits for common illnesses, chronic care management for youth with asthma and attention deficit/hyperactivity disorder, and trauma therapy.

MUSC Health is also a leader in the way it engages patients and families. In addition to patient and family advisory councils, it created a department of patient and family-centered care in 2015 to lean into a new perspective. Patients and family members are trained and onboarded so they can insert themselves constructively into important decisions.

“The goal was to flip decision-making so that it is based on the patient lens,” Scheurer said. “They are on all our root-cause analysis discussions, all our quality committees, all our governance committees, all our patient satisfaction committees.”

Patients and family members sit on design teams for new facilities, she said, so that their needs have the proper priority. “You can design for both patients and physicians — it’s not mutually exclusive — but you are naturally going to design based on the people in the room,” she said. “And if you have a well-trained, highly respected patient/family adviser in the process, the team will make different decisions.”

MUSC Health completed the AHA’s electronic Health Equity Transformation Assessment in 2022, which revealed the need to create an infrastructure to maintain accountability throughout the organization. “A systemwide strategy is important, but without division and facility-level tactics and initiatives, the work is not sustainable,” said Tamara Bourda, the system’s health equity administrator.

To that end, the organization is creating a health equity Integrated Center of Clinical Excellence and working to increase the number of underrepresented minorities in administrator, director and manager positions and train care team members in how to provide culturally responsive care. ●

◀ **The MUSC Health Team**
(left to right) **Tamara Bourda, PhD**, Administrator, Health Equity; **Tracie Grant**, Program Director, System Quality & Safety; **Patrick Cawley, M.D.**, System CEO, MUSC Health; **Danielle Scheurer, M.D.**, System Chief Quality Officer, MUSC Health; and **Anthony Poole, DMSc, PA-C**, System Senior Director, QAPI Program



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