

Quality and Patient Safety

Ensuring quality and patient- and family-centered safe care is the top priority in every hospital. Georgia hospitals continually strive to raise their quality standards and enhance their patient safety efforts. Hospitals spend significant resources on monitoring the quality and safety of care provided to patients.

Quality in a hospital can be broken down into three areas: clinical quality, patient safety and patient perception. Clinical quality is the actual medical care that a patient receives. Core measures, which are founded on proven evidence-based medicine, are one way to measure this type of quality. These measures assess the process of care a patient receives based on a disease-specific category. For example, stroke patients receive blood clot prevention treatment within two days of arriving at the hospital. Heart failure patients should receive discharge instructions on what to do if symptoms worsen. Clinical quality also considers outcome measures such as length of stay, infection and/or mortality.

Patient safety is defined as keeping patients safe from harm. Hospitals must monitor and track events such as medication errors, infections and injuries in order to continually make environments safe for patients and families. Staff are also surveyed as to their perception of patient safety in the hospital in order to find gaps and improve overall patient safety.

Patient perception of care while in the hospital is measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. The survey includes 32 questions in seven areas. Some examples include doctor communication, cleanliness of the hospital, pain management and discharge planning.

There are multiple efforts to monitor, assess and ensure that hospitals provide safe and quality care. *Figure 17 on page 69 depicts the significant number of entities that are involved in this process and the following sections further discuss these efforts.*

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Hospital Improvement Innovation Network (HIIN)

GHA partnered with the American Hospital Association (AHA) Hospital Research and Educational Trust (HRET) on the Centers for Medicare and Medicaid Services (CMS) Partnership for Patients Hospital Improvement Innovation Network (HIIN) initiative. Through the HIIN, GHA worked with 97 hospitals to reduce all-cause inpatient harm by 20 percent and readmissions by 12 percent by 2020.

Partnership for Health and Accountability (PHA)

PHA brings the health care field together with agencies and individuals to ensure quality and safety in healthy communities. PHA assists in strengthening collaboration between providers, community members, and other stakeholders by providing education and data-driven tools to facilitate improvement. Since being established by GHA's Research and Education Foundation in 1999, PHA has become a state and national leader in patient safety and quality health care issues.

In 2019, 11 hospitals received GHA/PHA Patient Safety & Quality Awards for their outstanding initiatives and three hospitals received the Josh Nahum Award for Infection Prevention and Control. PHA works with Georgia hospitals to improve safety across the board in order to eliminate preventable health care-associated infections (HAI).

Proprietary Voluntary Quality and Safety Programs

Many hospitals seek voluntary accreditation from national entities recognized in the health care industry as having developed exceptional standards to which a hospital can be compared.

Hospitals also voluntarily participate in the CMS Medicare Quality Improvement Program (QIP). The Medicare Quality Innovation Network – Quality Improvement Organizations (QIN - QIOs) are organizations that contract with Medicare to set goals and implement new data-driven quality improvement projects with health care providers.

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Proprietary Voluntary Quality and Safety Programs

Hospitals utilize accreditation organizations to show that:

- (1) they have passed a rigorous external inspection and
- (2) the care they provide meets the highest and most current quality and patient safety standards. Two examples of these kinds of organizations are The Joint Commission, the nation's oldest and largest standards-setting and accrediting health care body¹⁰⁰, and DNV Healthcare, a Centers for Medicare and Medicaid Services (CMS)-approved company conferring the National Integrated Accreditation for Healthcare Organizations to qualified health care providers.¹⁰¹

Approximately 116 of Georgia's hospitals are accredited by The Joint Commission and 39 hospitals are accredited by DNV Healthcare.

The Beneficiary and Family-Centered Care (BFCC) QIOs respond to the appeals of Medicare beneficiaries and monitor the quality of care provided.¹⁰²

Alliant Quality is the Georgia QIN-QIO.¹⁰³ Alliant Quality assists hospitals, nursing homes, home health agencies, physician offices, and communities with redesigning processes and developing organizational cultures to accelerate the rate of quality improvement. A key strategy involves building trusted relationships, forming partnerships with other professional organizations and collaborating with others to extend the reach and broaden the effectiveness of quality improvement efforts.

Physician Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires all physicians who are not part of an Accountable Care Organization or other alternative payment model to adopt standardized quality improvement practices to avoid a 4 percent payment penalty.

In 2017, the Centers for Medicare and Medicaid Services (CMS) implemented the Quality Payment Program to help physicians comply with the provisions of MACRA. The QPP analyzes hospital data and offers feedback and resources to help physicians provide the best possible care. Physicians can choose how to participate based on their practice sizes, specialties, locations, or patient populations.

The QPP has two tracks available for eligible professionals to choose: Advanced Alternative Payment Models (APMs) give added incentive payments to provide high-quality and cost-efficient care. The Merit-based Incentive Payment System (MIPS) will adjust payments based on individual performance. It is a payment mechanism that began providing annual updates to physicians in 2019. These updates are based on performance in four categories: quality, resource use, clinical practice improvement activities, and meaningful use of an EHR system. Both APMs and MIPS required physician practices to submit performance data beginning in 2017, which impacted their payments in 2019.¹⁰⁴

Georgia Care Coordination Council

GHA created the Georgia Care Coordination Council to support a patient- and family-centered health collaborative where every Georgian experiences a seamless continuum of care. The purpose of the Council is to identify care coordination opportunities and develop an annual plan to improve health outcomes. The council meets quarterly.

When the council was established in 2007, its focus was readmission reduction. Since then, it has expanded into population health. The Council has reached out to Georgia communities and local health groups to demonstrate the value of inclusivity and care collaboration in the state of Georgia. In 2020, the Care Coordination Council will focus on patient and family engagement and the benefits of health care organizations partnering with patients and families to improve quality and safety.

The council consists of individuals who represent the full spectrum of health and health care. Members are individuals who have been patients; providers such as hospitals, home health, physicians, palliative care, hospice, long-term care facilities, pharmacists; agencies and entities such as Departments of Community Health, private health plans, care management organizations, quality improvement networks; and the community such as academia, area agencies on aging, the regional commission, and the area health education centers.

Roles and responsibilities of the council are based on an annual action plan that includes targets to accelerate readmission reduction in the state of Georgia. The Council offers guidance on collaborative models that promote a seamless patient- and family-centered continuum of care and support transparency and public information related to care coordination. There are two workgroups within the Council. The Medication Management workgroup focuses on how to improve care coordination through medication adherence. The Education workgroup hosts 30-minute webinars throughout the year on various evidence-based topics to show organizations how to improve the continuum of care.

The Care Coordination Council encourages the engagement of frontline staff to ensure care coordination processes are standardized, systematic and reliable. The council also reviews and endorses appropriate metrics to drive care coordination and readmission reduction efforts.

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Physician Credentialing

Credentialing is the basis for appointing health care professionals to the medical staff of a hospital or other health care organization. This process is used by hospitals to ensure the qualifications of licensed physicians or other health care providers. Credentialing includes an evaluation of the provider's education, training, experience, competence and judgment, as well as his or her scope of practice. A credentialed staff member is permitted to perform certain clinical duties or privileges within the organization. Specific clinical duties are defined by the institution's medical staff.

Credentialing is also performed by health plans before facilities and providers are accepted into a plan's provider network. Many hospitals and health systems that have a large number of employed providers prefer to have delegated credentialing contracts with the plans in which they participate in order to simplify the process of adding providers to a plan's network. Delegated credentialing usually requires that the hospital or health system contractually agree to perform the components described above for hospital credentialing as well as other activities required by the National Committee for Quality Assurance (NCQA) and the plan.