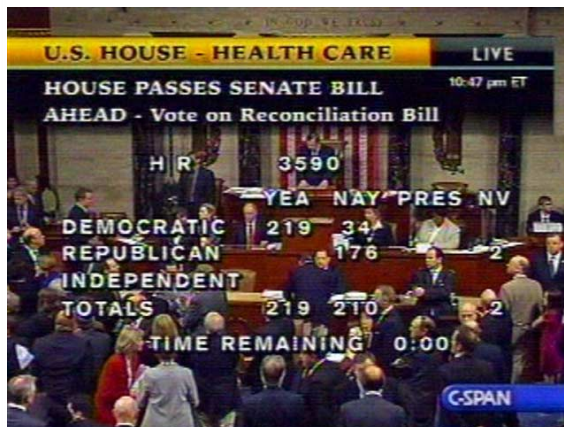


South Carolina Hospital Association

the implications of health care reform



reform in america



1

employer-sponsored health care

9

4

0

S



1

government-sponsored health care

9

6

0

S



To provide coverage for the elderly as well as poor women and children, Congress enacted Medicare & Medicaid in the mid-1960s.

1
9
7
0
S

employer mandate...from a republican??

“What I am proposing will require employers to provide basic health insurance for their employees. In the past, we have taken similar action to assure workers a minimum wage, to provide disability and retirement benefits. We should go one step further and guarantee that all workers will receive adequate health insurance protection.”

President Richard Nixon
February 18, 1971



1
9
8
0
S

health care for all...through an unfunded mandate

The Emergency Medical Treatment and Active Labor Act (EMTALA) of 1986 requires hospitals to screen and stabilize (treat) every patient who comes to the hospital ED seeking care, regardless of the patient's ability to pay and regardless of what it costs the hospital to provide the care.



1
9
9
0
S

government-centric reform?



1
9
9
0
S

no thanks!

*Dole and his fellow
Republicans argued
for a market-based
system designed
around an individual
mandate and the
creation of state
insurance exchanges.*



2

medicare expanded

0

0

6



2

the affordable care act

0

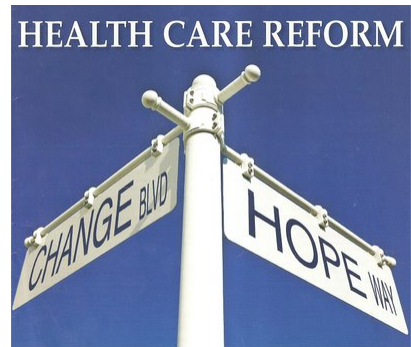
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strategic directions

- *coverage*
- *delivery system reforms*
- *payment reforms*
- *transparency*
- *health IT*

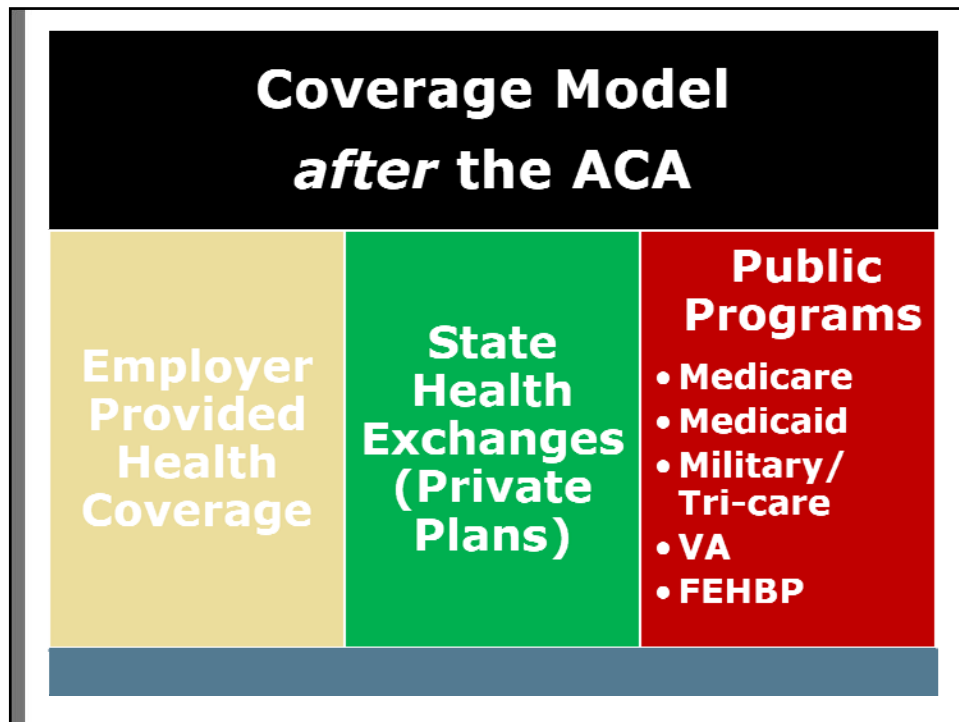


Coverage Model *before the ACA*

**Employer
Provided
Health
Coverage**

Public Programs

- Medicare
- Medicaid
- Military/
Tri-care
- VA
- FEHBP



implications for hospitals

- *achieve solid hospital-physician (clinical) alignment*
- *measure, report and deliver superior outcomes*
- *reduce costs*
- *form strategic alliances*



implications for physicians

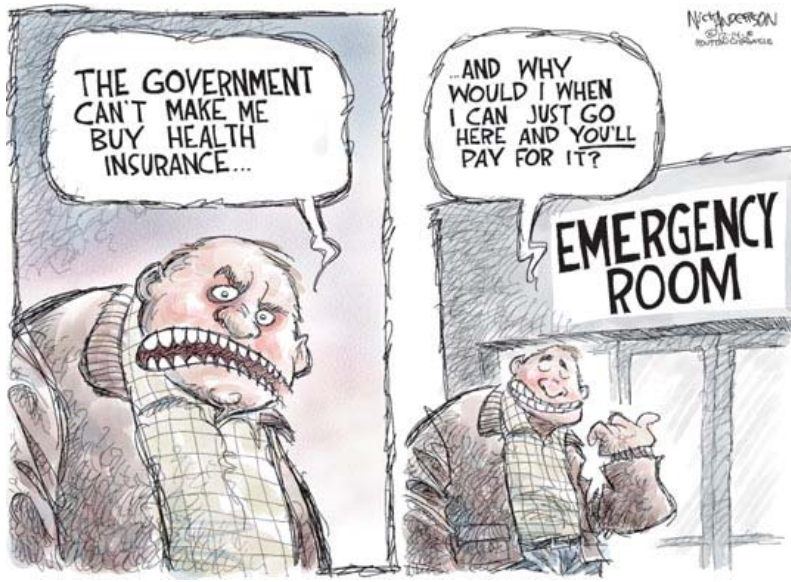
- *apply evidence-based practices to achieve best clinical results*
- *deliver the **right** care...at the **least** cost*
- *coordinate your patients' care with other providers*
- *learn to manage risk in partnership with hospital and physician colleagues*



*To repeal,
or not to
repeal...*



*players in
the repeal
drama*



Questions so far?

implications for hospitals

- *achieve solid hospital-physician (clinical) alignment*
- ***measure, report and deliver superior outcomes***
- *reduce costs*
- *form strategic alliances*



By Mark R. Chassin and Jerod M. Loeb

The Ongoing Quality Improvement Journey: Next Stop, High Reliability

DOI: 10.1377/hlthaff.2011.0076
HEALTH AFFAIRS 30
NO. 4 (2011): 559-568
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The People-to-People Health
Foundation, Inc.

ABSTRACT Quality improvement in health care has a long history that includes such epic figures as Ignaz Semmelweis, the nineteenth-century obstetrician who introduced hand washing to medical care, and Florence Nightingale, the English nurse who determined that poor living conditions were a leading cause of the deaths of soldiers at army hospitals. Systematic and sustained improvement in clinical quality in particular has a more brief and less heroic trajectory. Over the past fifty years, a variety of approaches have been tried, with only limited success. More recently, some health care organizations began to adopt the lessons of high-reliability science, which studies organizations such as those in the commercial aviation industry, which manage great hazard extremely well. We review the evolution of quality improvement in US health care and propose a framework that hospitals and other organizations can use to move toward high reliability.

Mark R. Chassin (mchassin@jointcommission.org) is president of the Joint Commission, in Oakbrook Terrace, Illinois.



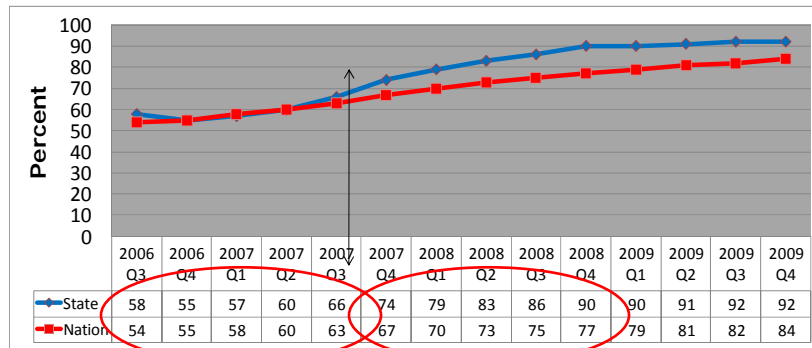
Efforts to improve the quality of health care have used a wide variety of approaches. In the past half-century all of the following have been in vogue at one time or another: redesigning professional education; improving peer review of physician practice; re-engineering systems of care; increasing competence of health care workers; emulating the work of epic figures such as Ignaz Semmelweis, the nineteenth-century obstetrician who introduced hand washing to medical care, and Florence Nightingale, the English nurse who determined that poor living conditions were a leading cause of death of soldiers at army hospitals. Later came pioneers such as Ernest Amory Codman, a crusader for the creation of hospital

“The study of ‘high reliability’—or consistent performance at high levels of safety over long periods of time—began with investigations of organizations that manage extreme hazards with exemplary safety records, far better than those in health care today.” Chassin & Loeb, Health Affairs, April 2011

Three requirements for achieving high reliability:

- Leadership
- Safety Culture
- Robust Process Improvement

heart attack patients given pci within 90 minutes of arrival

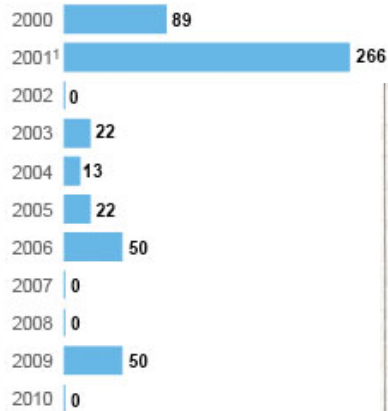


Collaboration accelerates performance improvement!



high reliability

Deaths in U.S. airline accidents have fallen to unprecedented levels:



1 – Does not include death toll in the Sept. 11, 2001, hijackings.

Source: National Transportation Safety Board

By Karl Gelles, USA TODAY



At Philadelphia International: Last year, U.S. carriers flew more than 10 million flights and hauled more than 700 million passengers, but only 14 people suffered serious injuries, according to the NTSB.

2010 marks another year with no U.S. airline fatalities

Experts hail results from series of safety improvements

if 99.9% were good enough...

- *Major plane crashes → 3 per day*
- *ATM errors → 37,000 per hour*
- *Pacemaker incorrectly installed → 291 per year*
- *Babies given to wrong parent → 12 per day*
- *Erroneous medical procedures → 107 per day*



Transmit



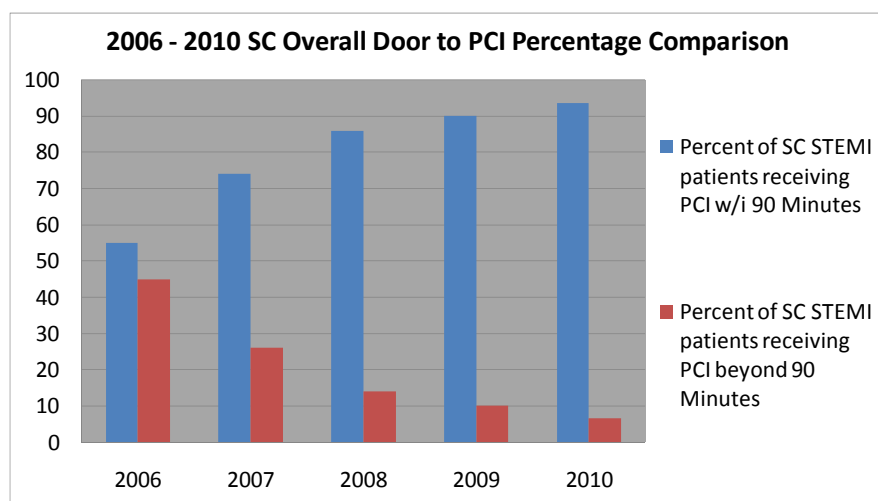
Transport



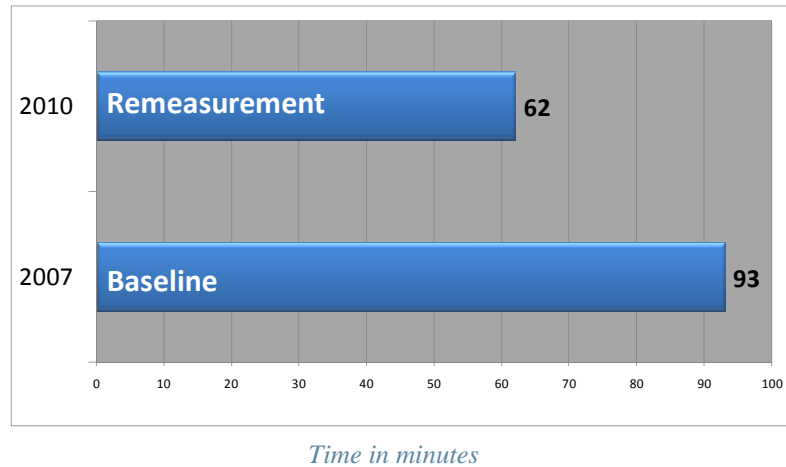
Treat

mission lifeline

mission lifeline data

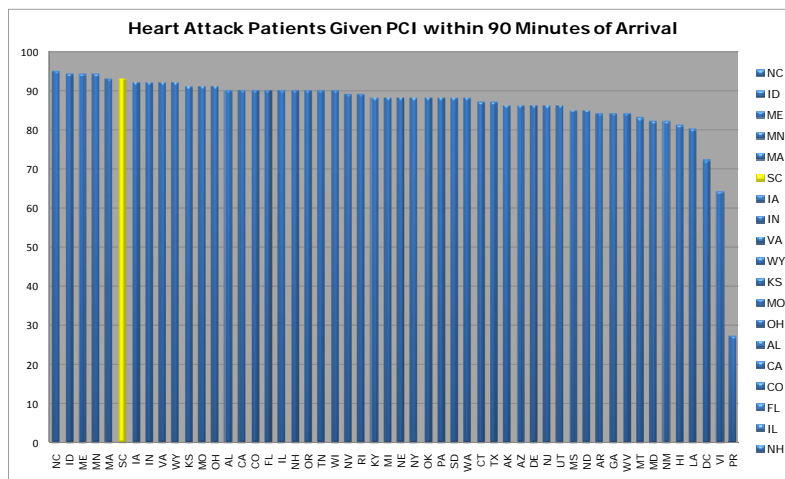


average door to balloon time



improvement rate: 33%

state comparisons



Hospital Compare latest data



Know heart attack warning signs and act quickly.

- Sudden chest pain or pressure that worsens. This may be felt as discomfort, heaviness or pain. May also be felt in the back, jaw, throat, arm or below the breastbone.
- Pain that spreads from the center of the chest to your arms, shoulders, neck or jaw.
- Sweating and dizziness.
- Feeling sick to your stomach, nausea or vomiting.
- Shortness of breath and extreme weakness.
- Rapid or irregular heartbeats.

If you experience any of these symptoms, call 911 immediately.

PROVIDENCE HOSPITAL
HEART & VASCULAR INSTITUTE

providencehospitals.com

WE are SOUTH CAROLINA'S HEART HOSPITAL

A Ministry of the Sisters of Charity Health System

Produced using sustainable methods including recycled/recyclable materials.

Heart attack warning signs can be different for women.

Just like men, women may experience:

- Sudden chest pain or pressure that worsens.
- Pain in the back, neck, jaw or stomach.

Women are more likely to have:

- Unusual fatigue.
- Cold sweat and dizziness.
- Lightheadedness and faint feeling.
- Feelings of nausea and vomiting.

If you experience any of these symptoms, call 911 immediately.

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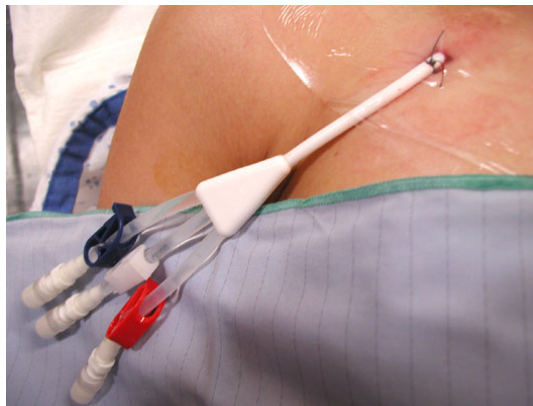
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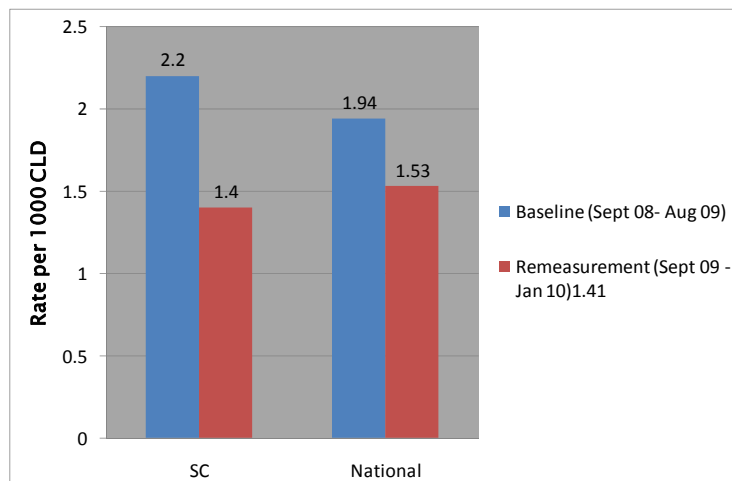
the implications of health care reform



stop bsi collaborative

Baseline and Remeasurement Rates for STOP BSI Collaborative

36% reduction 21% reduction



*Goal: 100% of South Carolina's acute care hospitals
using the surgical checklist in every operating room for
every surgical patient by 12/31/2013*

safe surgery 2015

implications for facility design

- *quality and reliability will be of paramount concern to hospitals*
- *design features and materials that can reduce unintended harm will be prized*
- *evidence-based practices will prevail; expect hospitals to favor design professionals who demonstrate willingness to learn from others' mistakes (in addition to their own)*

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(KRM WILL Redirect to Survey)