

Applying IOM Aims in a Faculty Group Practice Johns Hopkins Medicine 2004 Acclaim Award Honoree

Johns Hopkins Medicine, in collaboration with its larger academic medical institution, has used the IOM aims to drive system-wide quality initiatives and is actively making them the strategic foundations that underpin our everyday work.

Goal

While many of the medical group's initiatives touch multiple IOM aims, major goals include:

- Making safety a system priority
- Encouraging cooperation among clinicians
- Customizing care processes based on patient needs and values
- Sharing knowledge
- Ensuring evidence-based decision making

Intervention

The faculty group practice and broader institution committed to these particular goals to have the greatest impact on quality patient care, establish a lasting culture of safety, and build on initiatives already underway. Examples of actions taken to achieve these goals follow:

- Established in 2002, the **Center for Innovation in Quality Patient Care (CIQPC)** is a learning lab for quality improvement, safety, and innovation that facilitates such work by interdisciplinary unit-based teams. CIQPC provides quality and safety improvement and measurement training to project teams throughout the hospital.
- Creation of **department and system-level measures** for each of the IOM aims.
- Developed a **Patient Safety Committee** in 2003, which sets the organizational agenda for Patient Safety. The Committee developed a strategic plan for patient safety that outlines organizational patient safety goals and action plans to achieve these goals.
- Implemented a **Comprehensive Unit-based Safety Program (CUSP)**. CUSP works to create and sustain a culture of safety through interdisciplinary teams that identify safety concerns and solutions, executive leadership involvement, and sharing of lessons learned. The safety culture is systematically measured using a safety climate survey.

Highlights

The organization's leadership has demonstrated that the IOM aims are top leadership and organizational priorities in ways such as the following:

- Executive leaders have each adopted a care unit and conduct regular "safety rounds" with care providers. For example, the CEO and President each actively participate in monthly team meetings in adopted ICUs and work collaboratively with an interdisciplinary team of physicians, nurses, pharmacists and administrators to identify and rapidly resolve safety issues.
- Leadership invested significant financial resources to establish the **Center for Innovation in Quality Patient Care** in 2002 to facilitate safety and quality improvement efforts of unit-based clinical teams. Executive leadership is engaged on a weekly basis with the CIQPC, providing strategic planning guidance for safety and improvement initiatives.
- Executive leadership asked the organization's clinical and administrative leaders to tackle the barriers that can impede continuous improvement in quality and safety. These leaders created

workgroups to focus on freeing up time, providing tools and training, and developing incentives for quality and patient safety.

- The Dean evaluates department chairmen and bases their annual review in part on their contribution to patient safety.

Results

The organization actively involves all disciplines in efforts to achieve the IOM aims. In committees, CUSP units, and Innovation projects, interdisciplinary teams are encouraged to work together to identify patient safety concerns and implement and study improvement strategies. All members of the unit-based team complete the Safety Climate Survey. Patient representatives are included in our patient safety committee and a medication redesign work groups.

Incentives for Quality

In the summer of 2004, a work group of administrative and clinical leaders initiated a series of meetings to identify ways to link quality and safety outcomes to staff compensation. The organization anticipates rolling a revised, quality-linked incentive plan later this year.

Education

To facilitate achievement of the IOM recommendations, Johns Hopkins has undertaken these education efforts:

- Teamwork and communication training for interdisciplinary clinical teams.
- Development of an interdisciplinary safety and quality curriculum that involves students in the Schools of Medicine, Nursing and Public Health.
- Safety lectures delivered to first and fourth year medical students.
- Unit-based training for caregivers on the science of safety, rapid-cycle improvement methodology, and measurement.
- Progress toward achievement of the IOM aims is measured in a variety of ways. A Performance Improvement Profile tracks safety indicators on a monthly basis. In addition, a Weekly Indicator of Harm tracks reported infections. Results of unit-based and organizational safety climate surveys are reported.

Department and System-Level Measures

The institution is currently developing department and system-level measures around the IOM aims. For example, for the Safe aim, departments will report on their actions to improve systems that cause such “defects” as nosocomial infections, risk management claims, and medication errors. The Effective measure will use process measures to track how often departments implement evidence-based guidelines for priority procedures.