

QUALITY COLLABORATIVE

National Priorities Partnership: Delivering Better Healthcare at Lower Costs

States across the country are in budgetary crisis, and healthcare spending is on track to reach 50% of America's gross domestic product by 2020. To address real healthcare reform aimed at delivering better healthcare at lower costs, the National Priorities Partnership (NPP) will [host a policy forum](#) to discuss national priorities and goals. The NPP plan released in "National Priorities and Goals: Aligning Our Collective Efforts" represents a fundamental rethinking and reforming of healthcare.

The [National Priorities Partnership](#), convened by the National Quality Forum, is a group of 28 national organizations representing consumers, providers, practitioners, purchasers, government, accrediting and certifying organizations, quality alliances, and health plans. This vanguard coalition identified a set of priorities and goals to help focus performance improvement in areas with the most potential to result in substantial improvements in health and healthcare. The goal of this coalition is to accelerate fundamental change in our healthcare delivery system.

The partners are offering a strategic plan that has the support of and leadership from influential consumer, healthcare, and government organizations. The plan can provide timely direction for a new president, Congress, and the healthcare industry.

These priorities, each setting out specific measurable goals, can dramatically improve our nation's healthcare quality:

- patient and family engagement: engaging patients and families in managing their health and making decisions about their care
- population health: improving the health of the population
- safety: improving the safety and reliability of America's healthcare system
- care coordination: ensuring that patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care
- palliative care: guaranteeing appropriate and compassionate care for patients with life-limiting illnesses
- overuse: eliminating overuse while ensuring the delivery of appropriate care.

The policy forum on national priorities and goals, being held [November 17 at the Newseum in Washington, DC](#), is open to the public. At the forum, the National Priorities Partnership will release its priorities and goals for healthcare reform and will host a robust discussion on the actions that disparate organizations can take to achieve these priorities, truly effect change, and reform healthcare.

Reducing Central Line-Associated Bloodstream Infections in Hospital ICUs

The Agency for Healthcare Research and Quality (AHRQ) has awarded nearly \$3 million for a contract to help reduce central line-associated bloodstream infections in hospital intensive care units (ICUs) by spreading the knowledge gained from a previous AHRQ-funded project. The Health Research and Educational Trust, an affiliate of the American Hospital Association, has been selected to coordinate the new 3-year project, which is part of an AHRQ initiative to reduce healthcare-associated infections.

The project will continue work started by Johns Hopkins University in Baltimore and the Michigan Health and Hospital Association to implement a comprehensive unit-based patient safety program that will help prevent infections related to the use of central line catheters. Often referred to as central venous catheters, central line catheters are tubes placed into a large vein in a patient's neck, chest, or groin to administer medication or fluids or to collect blood samples. Each year, an estimated 250,000 cases of central line-associated bloodstream infections occur in hospitals in the United States, and an estimated 30,000 to 62,000 patients who get the infections die as a result, according to the Centers for Disease Control and Prevention.

The comprehensive program, designed to assess and improve an intensive care unit's patient safety culture, was developed by researchers at Johns Hopkins University and has been used in more than 100 ICUs in Michigan. The program includes tools to help healthcare professionals identify opportunities to reduce potential healthcare-associated infections and implement policies to make care safer. Within 3 months of implementation in Michigan, the program helped reduce infection rates to zero in more than 50 percent of participating hospitals.

Under the new contract, the safety program will be implemented by statewide consortia in at least 10 states. The consortia, which will be established as part of this project, will include members of state hospital associations, quality improvement organizations, and public health agencies.

The project will be funded through AHRQ's Accelerating Change and Transformation in Organizations and Networks initiative, an implementation model of field-based research designed to promote innovation in healthcare delivery by accelerating the diffusion of research into practice.

For more information on AHRQ's patient safety research, visit www.ahrq.gov/qual/errorsix.htm.

Clarifying the Use of Standing Orders in Hospitals

In an October 29, 2008, letter to Joint Commission-accredited hospitals, Mark R. Chassin, MD MPP MPH, president of the organization, reported that the Centers for Medicare and Medicaid Services (CMS) has recently issued a memorandum that clarifies the use of standing orders in hospitals. The letter stated:

“This clarification was sought by The Joint Commission and brings CMS' interpretation of standing orders into alignment with The Joint Commission's view on how to facilitate the timely treatment of certain patients, particularly those who need medications, not previously ordered, to be administered within brief timeframes. The Joint Commission identified the issue through concerns raised by the field and brought it to the attention of CMS. The Joint Commission has been working with CMS on this issue for some time, advocating on behalf of Joint Commission-accredited hospitals. Subsequently, other organizations and hospitals voiced support for this CMS change.

“The new memorandum clarifies an earlier CMS memo issued in February 2008, and removes a requirement to obtain patient-specific practitioner approval for standing orders that meet the CMS' criteria prior to treatment. With this new memo, timely treatment can be provided to patients and the order can be signed by the physician at a later time. The Joint Commission believes this approach provides the safest, most expeditious way to provide timely

care and treatment to patients. CMS' previous interpretation of its Conditions of Participation on this issue raised serious questions about whether common safety practices in the care of newborns, patients with asthma and other acute conditions, and deteriorating patients would be permitted to continue.

“The clarification in the Survey and Certification Group memo states: *The use of standing orders must be documented as an order in the patient's medical record and signed by the practitioner responsible for the care of the patient, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances.*

“In the memo, CMS notes its intention to work with the professional community to develop an understanding of best practices and definitions for standing orders, pre-printed order sets, and effective methods to promote evidence-based medicine. The Joint Commission will continue to work with CMS and other stakeholders on these issues.”

[Click here](#) for the CMS memorandum. For more information, contact the Joint Commission's standards interpretation group at 630/792-5900 or via the online submission form at www.jointcommission.org/Standards/OnlineQuestionForm/.

Editor's Note: AHRQ and the Patient Safety Organization Privacy Protection Center (PSOPPC) will host a "PSO Update." Teleconferences are scheduled on Monday, December 15 at 9–10 am Central Time and Tuesday, December 16 at 2–3 pm Central Time. There is no cost for these sessions. To register, call 866/571-7712. For further information, contact Rhonda Davis, RN BS MHS A CPHQ, clinical product coordinator at PSOPPC at rdavis@ifmc.org.