

Improving Quality and Patient Safety for Vulnerable Populations

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Fundamental changes are reshaping the nation's health care system—from purchaser and payer demands for greater quality and value to new legislative and regulatory requirements stemming from the Affordable Care Act. Also driving change is the growing recognition that a reformed, high-performing health system must work toward the fundamental goal of reducing disparities to zero. To do that, all systems must provide the best care possible to society's most vulnerable members.

Hospitals that care for this population, regardless of ability to pay, have contributed much to ongoing care transformation through innovative practices born of the need to do more with less. Members of the [National Association of Public Hospitals and Health Systems](#) (NAPH) are constantly innovating and sharing best practices to improve patient care. A large-scale example of this work is the [NAPH Safety Network](#) (NSN). The 28-hospital NSN is one of 26 hospital engagement networks funded through the national [Partnership for Patients](#) initiative, which aims by the end of 2013 to reduce nine hospital-acquired conditions—such as catheter-associated urinary tract infections, early elective deliveries (EEDs), and pressure ulcers—by 40 percent, and 30-day readmissions by 20 percent. These goals are critical for a nation that sees far too many patients injured as a result of hospital care or a mismanaged care transition. Particularly for safety-net patients, who face

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cultural and socioeconomic challenges that can contribute to poor outcomes and higher likelihood of hospitalization, this work is essential.

In a short time, NSN hospitals already have begun to make impressive improvements that reduce harm and improve care quality, despite operating in an environment of constrained resources and complex government structures. One notable example of innovation is happening at Kansas City-based [Truman Medical Centers](#), where staff use a two-pronged strategy to reduce 30-day diabetes readmissions. A large portion of Truman's patient population—composed of 42 percent African American patients and 10 percent Hispanic/Latino patients as of fiscal year 2009—suffers from chronic diseases such as diabetes, underscoring the importance of coordination among providers. The system has integrated diabetes care across inpatient departments and developed an electronic health record to identify high-risk patients. It also has bolstered outpatient services, including funding diabetes informational classes for patients and adding new staff to coordinate patient care. Together, these inpatient and outpatient efforts

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helped [Truman virtually eliminate diabetes readmissions](#) from 2010 to 2012. The health system now is looking to expand patient access to healthy foods and nutritional education by [building a grocery store](#) in a local “food desert” and operating a mobile food van.

Meanwhile, in Phoenix, [Maricopa Integrated Health System](#) has made strides to reduce EEDs (deliveries between 37 and 39 weeks without medical or obstetrical indication) among its diverse patient population, which is 85 percent Hispanic/Latino and 93 percent Federal Emergency/Medicaid recipients. Not only did Maricopa standardize criteria for performing medically indicated early deliveries, but the system also boosted efforts to educate patients and providers about the dangers of EEDs, such as longer hospital stays and increased risk of intensive care for babies. Armed with these new policies, [Maricopa has successfully kept its EED rate at zero](#) for more than 19 consecutive months.

In addition to focusing on the Partnership for Patients’ nine hospital-acquired conditions and readmissions, NSN members are working to improve patient and family engagement and health equity, two other essential aspects of providing high-quality patient care. This year, NSN hospitals will discuss how to create environments where patients can confidently engage in their health care, which evidence shows can lead to better outcomes and higher rates of satis-

faction. For example, the NSN plans to explore how patient and family engagement initiatives can mitigate the impact of low health literacy, a common constraint for vulnerable patient populations.

Safety-net hospitals also are uniquely positioned to help reduce health care disparities, as more than half of safety-net hospital patients are racial and ethnic minorities, and a majority of patients are uninsured or qualify for Medicaid. The NSN is committed to helping decrease health care disparities in member hospitals and disseminate best practices throughout the broader hospital community. Providing culturally competent care by understanding each patient’s unique social and cultural experience and language needs can increase quality and patient satisfaction and improve patient compliance.

As the NSN continues its quality-improvement work, I’m reminded of the benefits of participating in a national collaborative network, such as the Partnership for Patients. Discussing and sharing best practices within the U.S. hospital community is one of the most effective ways to accelerate adoption of innovative strategies that can help us achieve our ultimate goal: better and safer care for all patients.

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Note: Authored commentaries in this IOM Series draw on the experience and expertise of field leaders to highlight health and health care innovations they feel have the potential, if engaged at scale, to foster transformative progress toward the continuously improving and learning health system envisioned by the IOM. Statements are personal, and are not those of the IOM or the National Academies.

In this commentary, Bruce Siegel, President and CEO of the National Association of Public Hospitals and Health Systems (NAPH), describes NAPH's current efforts to ameliorate the disproportionate burden of hospitalization and poor health outcomes for the nation's safety-net patients. His discussion touches on several concepts central to continuously improving care, including the importance of:

- Integrated, coordinated patient care across various care delivery settings;
- Electronic health records for identifying patients at particular risk for chronic disease;
- Outpatient services that educate patients and transition care management to the community setting;
- Standardized protocols for administering care and advising patients on best practices; and
- National organizational networks focused on sharing best practices to speed adoption of innovative strategies for achieving delivery of the best care.

Information on the IOM's Learning Health System work may be found at www.iom.edu/learninghealthsystem.