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Editorial

Hospitals Take Ownership for Quality Improvement and Patient Safety

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In September 2007, the inaugural issue of *Prescriptions for Excellence in Health Care* painted the national quality landscape with broad strokes, dealing with issues such as culture change in medicine and quality initiatives at the state level. In this issue, we narrow the focus to look at advances in patient safety and quality improvement in our nation's hospitals.

Improving patient safety continues to be an uphill battle on the hospital front. In its 4th Annual Patient Safety in American Hospitals Study (April 2007), HealthGrades, an organization that provides ratings and profiles of hospitals, nursing homes, and physicians, analyzed patient safety among Medicare patients in all US hospitals.[1] Looking at data from 2003-2005, they found that despite increased attention to improving quality and patient safety, approximately 1.16 million total patient safety incidents occurred in the course of over 40 million hospitalizations. These incidents were associated with $8.6 billion in excess costs. Moreover, 10 of 16 studied patient safety incident rates worsened by more than 11.5% on average; the 6 indicators that improved did so by 8% on average. Perhaps the most disturbing finding was that of the 284,798 deaths that occurred among patients who were affected by 1 or more patient safety incidents, 247,662 (or 87%) were potentially preventable.

The 2006 Agency for Healthcare Research and Quality (AHRQ) National Healthcare Quality Report assessing the state of hospital quality and patient safety[2] was similarly dispiriting. It concluded that positive change in quality outcomes has been modest and that variation in health care quality remains unacceptably high.

We have seen positive effects stemming from public reporting initiatives (eg, the Pennsylvania Health Care Cost Containment Council [PHC4]),[3] but the continued lack of any nationally recognized system or structure for identifying, reporting, and sharing quality and patient safety information remains a substantial barrier to improvement in these vital areas.

In this issue, the authors describe successful quality improvement initiatives undertaken by 4 different hospitals: an innovative approach to eradicating methicillin-resistant Staphylococcus aureus (MRSA) at a Philadelphia medical center; a strong argument for redesigning hospital facilities in order to reduce human error, thereby preventing harm to patients; a comprehensive quality improvement plan involving an entire academic health center in western Massachusetts; and an intervention directed at decreasing turnaround time in a single department at a health system in Delaware.

Upcoming issues will be devoted to such topics as improving the quality of care in outpatient settings and the role of health information technology and public reporting. I hope that you will be as impressed as I am with the range and scope of the programs and initiatives described by the authors, as well as with the level of commitment represented by the work at their respective institutions. As always, I am interested in your feedback and you can reach me by email at david.nash@jefferson.edu.

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