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Health Information Technology-The Essential Ingredient in Effective Quality Improvement Strategies

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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON MEDICAL COLLEGE AND ELI LILLY AND CO.

Editorial

Health Information Technology – The Essential Ingredient in Effective Quality Improvement Strategies

By David B. Nash, MD, MBA
Editor-in-Chief

It is hard to believe that this issue marks the completion of the initial volume (4 quarterly issues) of *Prescriptions for Excellence in Health Care*. I continue to be impressed by the cutting-edge work the authors describe in their articles, and heartened by the positive responses I've received from readers across the country.

From the initial group of articles that addressed quality improvement in general terms ("Doing Things Right *and* Doing the Right Things – Quality and Safety in Health Care," Fall 2007), we focused first on the hospital perspective ("Hospitals Take Ownership for Quality Improvement and Patient Safety," Winter 2007), and then on innovative strategies for improving quality of care in 4 different clinical settings ("Quality Improvement Strategies: Frontline Experience," Spring 2008). In this issue, we explore the vital role of health information technology (HIT) in greater depth, keeping in mind that it is only 1 ingredient in any recipe for quality improvement.

The first article, "Overcoming Barriers to Quality Health Care: Performance Improvement Methodologies and Evidence-Based Medicine," highlights a number of performance improvement strategies that rely on HIT for providing timely access to the right information at the right time for the right patients.

The second article, "Establishing a Comprehensive Inpatient Clinical Safety and Quality of Care Data-Driven Decision Support System," contextualizes the current data challenges. It then offers a clear, concise description of the comprehensive, integrated data infrastructure that is necessary to enable hospitals and other health care systems to monitor and track quality of care metrics and clinical safety issues.

We have chosen to end with "Improving Clinical Performance in Hospitals: A Difficult Challenge for Leaders," a thought-provoking piece that reminds us that, despite the

undeniable power of HIT to help us meet today's health care challenges, human factors are and will remain the key.

Looking ahead, I am delighted to report that the groundwork has already been laid for the second series of *Prescriptions for Excellence in Health Care*. These upcoming issues will explore the many facets of governance in health care quality improvement. As always, I am interested in your feedback and you can reach me by email at david.nash@jefferson.edu.

David B. Nash, MD, MBA is the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy and Chairman of the Department of Health Policy at Jefferson Medical College.

Prescriptions for Excellence in Health Care is brought to Health Policy Newsletter readers by the Department of Health Policy in partnership with Eli Lilly and Company to provide essential information from the quality improvement and patient safety arenas.