February 2010

Change is Coming!

David B. Nash MD, MBA
Jefferson School of Population Health

Follow this and additional works at: http://jdc.jefferson.edu/pehc
Part of the Public Health Commons
Let us know how access to this document benefits you

Recommended Citation
Available at: http://jdc.jefferson.edu/pehc/vol1/iss7/2

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Prescriptions for Excellence in Health Care Newsletter Supplement by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
As the publication date for this issue of *Prescriptions for Excellence in Health Care* approaches, an unprecedented degree of energy is focused on improving the health of our population and fixing our broken health care system. In recent months, the epicenter of activity and media attention has been Washington, DC… more specifically, in the halls of Congress.

No American with access to the Internet, a television, a radio, or a newspaper could be ignorant of the arduous but steady progress toward passing health care reform legislation. But most citizens are unaware of the extraordinary changes being brought about by key national organizations via a groundswell of activity at the grassroots level. One such organization is the National Priorities Partnership (NPP). Its list of National Priorities and Goals has stimulated action across the country. As the articles in this issue demonstrate, the tide is already beginning to turn toward improved care, equity, safety, and efficiency.

The lead article, “Improving the Quality of Care at the End of Life,” takes a critical look at issues related to hospice and palliative care models and their applications in the United States and offers constructive solutions to improve these important services. The focus shifts abruptly from end of life to life saving in the second article, “Improving Patient Safety Using Crew Resource Management Principles Taught Via Medical Simulation.” The author describes novel techniques by which clinicians on the front lines of medicine – trauma, critical care, emergency medicine – are being trained to function more efficiently and effectively as teams.

Positive quality outcomes of a health care system approach are detailed in the third article, “Health Care Reliability.” Implemented across diverse settings, the Accelerating Best Care at Baylor model has been used successfully to bring about continuous quality improvement in large health systems.

Health care challenges will be with us for a long time, but positive change is under way. As a nation, we’ve moved from wringing our hands over the *Quality Chasm* to doing something about it. I hope that these articles will stimulate discussion among our readers and their colleagues – and perhaps lead to additional projects that advance the National Priorities and Goals.

As always, I am interested in your feedback; you can reach me by email at: david.nash@jefferson.edu or visit my blog at: nashhealthpolicy.blogspot.com.

David B. Nash, MD, MBA is Founding Dean and the Dr. Raymond C. and Doris N. Grandon Professor, Jefferson School of Population Health.

References: