The heat is on in health care like never before. Error prevention, efficiency and cost containment have been top priorities for a very long time, but now, with the introduction of healthcare reform, they are absolutely critical for survival, according to Joint Commission President Mark Chassin, MD, MPP, MPH.

What to expect from healthcare reform
Dr. Chassin delivered the keynote address at Medline’s 3rd Annual Prevention Above All Conference devoted to sharing new strategies for delivering cost-effective, high-quality, evidence-based health care. An audience of more than 100 hospital CEOs, chief nursing officers and other executives attended the meeting August 16 and 17, 2010, in New York City.

"Today’s message is clear," Dr. Chassin said. "Solve safety and quality problems. Don’t say you’re trying; just solve them. Take care of 30-plus million more people in your organizations. Become or participate in an accountable care organization. Figure out bundled payments. Adopt electronic medical records quickly. And one more thing. You can’t have any more money."

Overall, Dr. Chassin explained, healthcare reform increases coverage while experimenting with some new payment and care delivery ideas. Reform will increase federal costs, and there is only one vehicle for cost containment: limiting payment to providers.

Dr. Chassin cautioned, "You will never be paid better than you are being paid now. This was true six months ago. It’s true now, and it will be true tomorrow and next week."

So how do healthcare providers control costs and avoid major payment cuts and benefit reductions while also maintaining quality? Dr. Chassin outlined several keys to survival in today’s era of healthcare reform.

Employ a quality-driven strategy to eliminate overuse of health services. Examples include discontinuing wasteful practices such as prescribing antibiotics for colds and inducing labor earlier than 39 weeks.

"This is one part of health policy that has not received any attention," Dr. Chassin explained. "It’s been overlooked for decades in the research community. We must come together to do this." Two more keys to survival are eliminating the waste inherent in needlessly complex care delivery processes and putting an end to preventable complications.
Deborah Adler, Trent Haywood, Mark Chassin and Mikel Gray answer questions from the audience at the Third Annual Prevention Above All Conference held at the Hudson Theatre in New York City.
A look into the future

Speaking from his experience as CEO of New York City's Mount Sinai Hospital, one of the nation's largest and busiest hospitals, Wayne Keathley provided a firsthand look at what he predicts will be the norm for the average U.S. hospital amidst the new era of healthcare reform—having to do a lot more with a lot less at average capacity levels of 95 percent.

"A fair number of you probably don’t recognize the kind of congestion, overcrowding and difficulties with flow that I'm about to describe," Keathley said. "I would ask you to indulge in a little suspension of disbelief and assume for a minute that as health reform evolves, possibly because of a whole new group of patients who will come to you for care ... and more likely because the economics will require you to rethink capacity and the way you manage it — that the situation I'm going to describe for us, in fact, has some meaning for you."

Mount Sinai is operating at 95 percent capacity, and they are currently working with GE Healthcare to implement new systems to accommodate this level of activity.

Keathley advocates improvement through fixing systems, not by adding more resources. For example, whereas hospitals often rely on intuition and personal judgment when managing patient flow and locating empty beds, Keathley suggests that studying capacity patterns and related data leads to more efficient use of resources. He also encourages collaboration among departments, viewing the hospital as a whole rather than operating as individual silos.

"If money were no object, we would add more beds, add more operating rooms, hire more nurses, and we could drive occupancy back down to the ideal 85 percent," Keathley said. "But I am telling you, that fantasy doesn’t exist."

Prevention Above All

Another solution to meeting the challenges of healthcare reform lies in preventing costly medical errors and infections that are indeed preventable. Sue Machinnes, Medline's Chief Marketing Officer and host of the Prevention Above All Conference, reviewed Medline's growing offering of preventive strategies for healthcare providers:

The Gold Standard Surgical Safety Program to help prevent operating room errors, the Hand Hygiene Compliance Program, the Pressure Ulcer Prevention Program, Educational Packaging, the ClearCount Surgical System to help prevent sponges from being left behind and the Catheter-Associated

Urinary Tract Infection (CAUTI) Foley Catheter Management System to help prevent CAUTIs.

These six strategies are targeted, focused and achievable evidence-based solutions that are also practical. They fit with everyday processes and systems currently in place at most healthcare facilities.

Machinnes emphasized, "Sometimes the simplest solutions make the biggest difference."
Caroline Fife, MD and Kevin W. Yankowsky, JD
*Lawsuits, Technology and Wound Care: How Electronic Health Records Change Your Legal Risks*

"Any time a lawsuit is filed, you and your facility and your practitioners lose. The only question is the question of degree ... I would suggest and recommend that you take a moment to focus on how, in addition to improving your clinical care, you can take steps to absolutely minimize your risk of ever being involved in the legal system; of ever being sued in the first place."  - Kevin W. Yankowsky

Trent T. Haywood, MD, JD
*Social Practice: Observation for Understanding and Improving*

"One of the key things people have taught us in anything that has to do with practice improvement is not really what you don't know; it's what you think you know that ain't so."

Dale Bratzler, DO, MPH
*Healthcare-Associated Infections and Public Accountability*

"Clearly, if there is a single practice that we can do better that will dramatically reduce healthcare-associated infections, it would be hand hygiene."

Mikel Gray, PhD, FNP, CUNP, CCCN, FAANP, FAAN
*Evolution of Evidence: New Models for Demonstrating Effectiveness*

"Insufficient evidence remains the primary challenge of evidence-based practice; demystification of the research process is urgently needed."

Abdul Gawande, MD, MPH
*Author, The Checklist Manifesto*

"What we have today, though, is a volume and complexity of medical discovery that has now exceeded our ability as individual specialized artisans to be able to deliver that care to the right person, the right way, at the right time without waste of resources," Dr. Gawande said.
Practicing Advanced Medicine Within Outdated Systems

Atul Gawande, MD, a Harvard professor and author of several books, including his most recent, The Checklist Manifesto, addressed the challenges of delivering highly advanced medical care within outdated systems.

He pointed out that we’ve entered a complex medical world in which we have 13,600 different diagnoses, 6,000 prescription medications and more than 4,000 medical and surgical procedures.

Compounding matters, we’ve inherited a structure from 50 years ago that didn’t have nearly so many diagnoses, drugs and procedures. At that time, the doctor was considered an artisan, and all you really needed was the physician’s brain, along with an operating room, a few simple tools and some skills behind that.

“What we have today, though, is a volume and complexity of medical discovery that has now exceeded our ability as individual specialized artisans to be able to deliver that care to the right person, the right way, at the right time without waste of resources,” Dr. Gawande said.

The Checklist Manifesto: How to Get Things Right
Atul Gawande, MD, MPH

We live in a world of great and increasing complexity, where even the most expert professionals struggle to master the tasks they face. Longer training, ever more advanced technologies — neither seems to prevent grievous errors. But in a hopeful turn, acclaimed surgeon and writer Atul Gawande finds a remedy in the humblest and simplest of techniques: the checklist.

Bedside Clinicians as Researchers

Mikel Gray, PhD, FNP, CUNP, CCCN, FAANP, FAAN, editor-in-chief of the Journal of Wound, Ostomy and Continence Nursing, described the research process, focusing on randomized controlled trials, which are considered the gold standard for establishing the efficacy of an intervention.

According to Dr. Gray, the primary challenge of evidence-based practice is an overall lack of research. He feels that doctoral prepared researchers from universities are not the only ones qualified to perform meaningful clinical research. And as a way to generate more research, he believes there is an urgent need to demystify the research process to encourage bedside clinicians to conduct studies based on their everyday practice.

“Bedside clinicians can and do perform meaningful research if provided proper support, mentoring from sympathetic researchers and adequate resources,” he said.

Dr. Gray shared an example of one such clinician, Dea J. Kent, MSN, RN, NP-C, CWOCN, manager of the Wound Ostomy Clinic at Riverview Hospital in Noblesville, IN, who compared the effects of educational materials for wound dressing application that were attached to dressing packaging versus traditional wound care education.

The study showed that none of the 139 nurses who used traditional dressing packaging were able to apply the wound dressing correctly. On the other hand, 88 percent of the nurses who used the package with the educational guide attached to it were able to apply the dressing correctly. The study will be published in the November 2010 issue of the Journal of Wound, Ostomy and Continence Nursing.

To download a free copy of Kent’s study, “Effects of a Just-in-Time Educational Intervention Placed on Wound Dressing Packages” visit http://journals.lww.com/jwocnonline/pages/default.aspx.