

Health Policy

NEWSLETTER

Change – Both a Journey and a Destination

Impressions from the Annual National Forum on Quality Improvement in Health Care

“Change almost always comes as a surprise.”¹ This simple truth was shared by Maureen Bisognano, CEO of the Institute for Healthcare Improvement (IHI), during her opening remarks at the 23rd Annual National Forum on Quality Improvement in Health Care in Orlando, Florida, December 2011. The 5,700 healthcare professionals in attendance all seemed to be in agreement. Over the past year, our healthcare system has experienced significant changes as the various phases of health reform are implemented in the face of threats of significant funding cuts. Through all of the uncertainty about where we’re headed, health care providers around the country are bracing themselves for the ride and remain hopeful that change, while we may be slow to adopt it, will propel us forward.

As a Forum participant, I listened intently as Ms. Bisognano outlined a vision that could be achieved through the collective impact of improvement professionals working together. One thing that was clear is that healthcare professionals must partner with patients to achieve that goal. Delivering patient-centered care, addressing population needs, achieving value, and continuously strengthening our improvement capability relies on being open to and giving consideration to feedback from our patients and colleagues. We must adopt a “nothing about me, without me”

mentality. This point was affirmed throughout the Forum when a leader who builds the will for change (Maureen Bisognano) outlined it as a vision, a patient (Michael J. Fox) described illness as a matter of perspective or what you make of it, and a national leader and humanitarian (Don Berwick) gave us a call to action.

Including the patient is not a new concept. It has been part of safety improvement discussions for the last several years. What is new is the realization that we can’t achieve this vision using only the knowledge we currently have. We must build improvement capability to develop a healthcare workforce trained in the skills of quality improvement.

Healthcare professionals are not simply expected to participate in improvement, but to lead it – and that requires a specific skill set.² A session that I co-presented with David Nash, MD, MBA at this year’s Forum focused on how to build the skills necessary to improve the system where we practice and receive care. One element that will move us toward that goal is transparency regarding medical errors. Open discussion when things go wrong provides an opportunity to learn and prevent it from happening again. Transparency is an individual decision but it relies on cultural

acceptance. If you choose to openly discuss a situation, it must be received and transmitted into action. The benefit is that we can begin working on transparency today. It’s immediate. It doesn’t require infrastructural changes or resources. Just one of many skills that will advance the system, transparency is essential to improvement.

Behind every movement is a journey and further ahead, a destination. The journey began when the Institute of Medicine realized the magnitude of deaths occurring from medical errors each year and it will continue its work until the goals of delivering truly patient-centered care, addressing population needs, achieving value, and strengthening our improvement capabilities are achieved. Commitment to open discussion and gaining improvement skills, while keeping the vision in mind, will allow us to have collective impact. As Don Berwick stated in his closing remarks, “You [we] have a chance to make what is possible real.” ■

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