



General Information about the Partnership for Patients

What is the Partnership for Patients?

In April 2011, the White House Administration unveiled a new patient safety initiative, Partnership for Patients: Better Care, Lower Costs, a public-private partnership to improve the quality, safety and affordability of health care for all Americans. Led by Health and Human Services and the newly formed Innovation Center at the Centers for Medicare and Medicaid Services, the Partnership for Patients initiative highlights the administration's priority to improve the quality of health care delivery. To date, more than 7,600 partners have signed a pledge promising to work toward achieving these ambitious goals.

What are the aims of the Partnership for Patients Campaign?

The Partnership for Patients aims to:

- Prevent further patient injury and illness – By the end of 2013, preventable hospital-acquired conditions will decrease by 40 percent compared to 2010 levels. For our nation, achieving this goal would mean approximately 1.8 million fewer injuries to patients with more than 60,000 lives saved over three years.
- Help patients heal without complication – Improve continuity and effectiveness of care during transition from one care setting to another, decreasing unnecessary readmissions within 30 days of discharge by 20 percent compared to 2010 levels.

How does the Partnership for Patients align with MHS Strategic Priorities?

The Military Health System joined the Partnership for Patients to make hospital care safer, more reliable and less costly. The aims of the partnership support the Quadruple Aim, and will help the MHS achieve lower per capita cost, and improve population health, experience of care and overall military readiness. Additionally, the Partnership for Patients has been aligned with MHS Strategic Initiative #2- Implement Evidence-Based Practices across the MHS to Improve Quality and Safety - a stepping stone in developing a transformative enterprise approach to care in the MHS. The Partnership for Patients, with its existing measurable aims that address specific aspects of improved patient health, will serve as a springboard to other comprehensive quality improvement and patient safety initiatives and organizational changes moving forward. Although the campaign ends December 2013, an infrastructure will be in place for partners to continue the improvement of patient quality and care.



Does each MTF need to pledge to be a part of the Partnership for Patients?

No. Dr. Jonathan Woodson, the Assistant Secretary of Defense for Health Affairs, signed the Partnership for Patients pledge on June 7, 2011, dedicating support on behalf of the entire MHS.

Does the Partnership for Patients pertain to both inpatient and outpatient facilities?

Yes, this initiative pertains to both inpatient and outpatient facilities. This is particularly the case in addressing readmissions, which requires careful coordination among various levels of care. Of note, civilian facilities that partner with the DoD to provide services may also have pledged to participate in the Partnership for Patients.





Is there a governing group in place to plan and oversee Partnership for Patient activities?

Yes. A Working Group has been formed to design the Partnership for Patients initiative and oversee the implementation plan. The Working Group is made up of quality and safety leads from the Army, Air Force, Navy, JTF CapMed and TMA. The group's focus is on operational planning in order to support integrated implementation efforts and successfully achieve the aims of the Partnership for Patients.

How will the MHS be involved with the Partnership for Patients?

Specifically, the MHS will work to:

- Provide broad resources focused around the Partnership for Patients. The MHS is creating implementation guides for each harm category and for readmissions that will leverage evidence-based practices to improve harm rates, and provide implementation guidance for care teams and patient safety champions. The implementation guides will be disseminated through Service Headquarters.
- Track a series of outcome measures that will ensure care is being improved and the aims set are being accomplished.
- Learn from, and partner with the private sector to drive improvements in health care safety, quality and value. The MHS will encourage innovation, while recognizing that the payment systems between hospitals, providers and private payers vary by facility.
- Ensure that MHS facilities implement proven tools to reduce hospital-acquired conditions and facilitate better care transitions.
- Provide opportunities for MTFs to share best practices and lessons learned with each other and learn more about harm categories and readmissions through Learning Action Networks.

Roles in the Partnership for Patients

What resources are CMS investing in to support the Partnership for Patients?

In support of the Partnership for Patients, the recently formed Innovation Center at CMS intends to test models of safer care delivery and promote implementation of best practices in patient safety. CMS will also invest in a Community-based Care Transition Program created by the Affordable Care Act to support hospitals and community based organizations in helping Medicare beneficiaries at high risk for hospital readmissions safely transition from the hospital to other care settings. The learning's from these initiatives will provide best practices to organizations aligned with the Partnership for Patients.

Additionally, on December 14, 2011, CMS granted \$218 million to 26 state, regional and national hospital system organizations to serve as Hospital Engagement Networks in the Partnership for Patients initiative. HENs are responsible to:

- Identify solutions to reduce healthcare acquired conditions and spread them to other hospitals and health care providers
- Develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety efforts across the nation
- Conduct training programs



- Provide technical assistance so that hospitals can achieve quality measurement goals
- Establish and implement systems to track and monitor hospital progress in meeting the PfP aims.

CMS also awarded a contract to create a National Content Developer, which provides materials and methods to support hospitals in meeting the aims of the Partnership. The NCD delivers training materials, consulting methods, implementation support and other services to HENS and serves as a platform for sharing and learning via webinars, video conferences and the dissemination of research and learning materials to hospitals.

What is the role of the DoD Patient Safety Program?

The PSP will work to promote practices that reduce hospital-acquired conditions and hospital readmissions, and collect, analyze and report progress in administering safer care and improving military readiness. The PSP will work in collaboration with patient safety and quality leaders in the MHS and the Services plus JTF CAPMED to enable facilities to achieve the aims laid out by the Partnership for Patients. Learning Action Networks have been developed to provide opportunities for best practices, lessons learned and resources to be shared among MTFs.

What is the role of the Service Headquarters?

The Services will be responsible for ensuring that they are achieving the goals of the Partnership at the aggregate level. Service Headquarters will be accountable for ensuring that their Service is implementing evidence-based practices, making progress against the goals in a timely fashion and reporting Service-level metrics and progress against the goals to the Clinical Quality Forum via the PSP.

Data & Metrics

How will data be collected from the MTFs by the PSP?

Metrics on all ten areas of harm will be collected from MTFs (hospitals and clinics) in the direct care system, while the only metrics collected from facilities in the purchased care system will be on readmissions. OCMO has established baseline data for calendar year 2010 related to hospital-acquired conditions and readmissions. Quarterly progress reports will be submitted by OCMO to senior leadership.

What type of data will be collected?

Three types of measures, compliance, process and outcome, will be gathered on the following ten harm categories (as defined by the Partnership for Patients):

- Adverse Drug Events
- Catheter-Associated Urinary Tract Infections
- Central Line Associated Blood Stream Infections
- Falls
- Obstetrical Adverse Events
- Pressure Ulcers
- Surgical Site Infections
- Venous Thromboembolism
- Ventilator-Associated Pneumonia
- Readmissions





Where will the data be pulled from?

Sources for data on the hospital-acquired conditions include the Patient Safety Reporting system, National Perinatal Information Center, and the National Healthcare Safety Network (from the Centers for Disease Control and Prevention). The source of the data varies across hospital-acquired condition and can vary according to whether the data is related to process or outcome measures. The Patient Safety Analysis Center aims to develop a methodology for aggregating data from these different sources that is consistent with the definitions, parameters and methodologies of other groups in the Partnership.

Harm Category	Data Source
Adverse Drug Events	PSR
Catheter-Associated Urinary Tract Infections	NHSN
Central Line-Associated Blood Stream Infections	NHSN
Falls	PSR
Obstetric Adverse Events	ORYX, MHS Population Health Portal
Pressure Ulcers	MHS Population Health Portal
Readmissions	MHS Population Health Portal
Surgical Site Infections	ORYX, NSQIP
Ventilator-Associated Pneumonia	NHSN
Venous Thromboembolism	ORYX, MHS Population Health Portal

How will facilities share best practices and learn from others?

Communities of Practice will be formed for each harm condition to promote sharing and learning between facilities. A CoP is a cluster of teams who are addressing the same harm condition at different MTFs who come together to share best practices, ideas, resources, learn from and support one another. Each COP will be supported by Improvement Coaches. All the Improvement Coaches are experienced nurses.

CoPs will hold conference calls. During these calls representatives from MTFs will have the opportunity to share best practices and lessons learned with other MTFs and are responsible for taking applicable practices and ideas back to their facilities to implement to improve performance. The Improvement Coaches will share resources, tools and best practices from other national activities.

Alignment & Support

What are the current Patient Safety and Quality initiatives in place to reduce hospital-acquired conditions?

Currently within the MHS, there are several existing initiatives and interventions designed to improve the safety, quality, and coordination of care delivered to DoD beneficiaries. These programs and strategies support and align with the goals of the Partnership for Patients. Below are the interventions in place right now:

- Patient-Centered Medical Home - A team-based model, led by a personal physician, that provides continuous, accessible, family-centered and comprehensive healthcare in order to achieve the best outcomes for patients. A PCMH practice is responsible for all of a patient's healthcare needs and for coordinating/integrating specialty healthcare and other professional services as needed.





- **TeamSTEPPS®** - An evidence-based teamwork system designed to improve the quality, safety and efficiency of patient care in an effort to optimize clinical outcomes by improving communication and other teamwork skills among healthcare professionals. TeamSTEPPS produces highly effective medical teams that optimize the use of information, people and resources to achieve the best outcomes for patients and eliminate barriers to quality and safety.
- **Medication Reconciliation** - An important process by which to combat potential medication errors. Medication Reconciliation is a multi-step and ongoing process defined as “the process of creating the most accurate list possible of all medications a patient is taking – including drug name, dosage, frequency and route – and comparing that list against the physician’s admission, transfer and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital”.
- **Patient Safety Reporting System** - A web-based application that standardizes event reporting across the MHS and allows for the ability to capture, track and analyze patient safety event information. MTFs are able to easily access, aggregate and trend their data to identify risks to patient safety and opportunities for process improvement.
- **Universal Protocol** - Established by The Joint Commission in 2003 and became effective in 2004 for all accredited hospitals as a mechanism for preventing wrong site, wrong procedure and wrong person surgery. The Universal Protocol is built on three key components: pre-procedure verification, site marking and pre-procedure time out.
- **Patient Activation** - Patients and families must be actively engaged in decisions about their care and must have broader access to information and support. Activated patients are goal-oriented, possess a good knowledge base and are capable of achieving self-care best practices. Related tools are forthcoming.

How is this different from what has been done through the National Patient Safety Goals?

The Partnership for Patients is in alignment with the National Patient Safety Goals, to reduce preventable readmissions by 20%.

How can the MHS improve care transitions to reduce hospital harm category and readmission rates?

The Partnership for Patients Working Group has identified specific evidence-based practices per harm condition and readmissions as outlined below.

Harm Condition	Evidence-Based Practice	Source
ADE	IHI How-To Guide: Prevent Harm from High-Alert Medications	http://bit.ly/R0rXDN
	Institution for Safe Medication Practices 2011 ISMP Medication Safety Self Assessment® for Hospitals	http://bit.ly/UN51uN
CAUTI	IHI How-To Guide: Prevent Catheter-Associated Urinary Tract Infections	http://bit.ly/SBp4pS





CLABSI	IHI How-To Guide: Prevent Central Line-Associated Blood Stream Infections	http://bit.ly/OEZ1CQ
Falls	Johns Hopkins Falls Assessment Tool	Copyrighted Material
OB	IHI Perinatal Bundles: Elective Induction and Augmentation Bundles	http://bit.ly/OZPnXI
Pressure Ulcers	IHI How-To Guide: Prevent Pressure Ulcers	http://bit.ly/OF12Jw
Readmissions	Project RED	http://bit.ly/PqQksO
SSI	IHI How-To Guide: Prevent Surgical Site Infections	http://bit.ly/OFy5xg
VAP	IHI How-To Guide: Prevent Ventilator-Associated Pneumonia	http://bit.ly/PqQsIB
VTE	American College of Chest Physicians VTE Guidelines	http://bit.ly/VdoWRa

Where can I learn more about the Partnership for Patients?

More information about the Partnership for Patients initiative can be found on the:

- Patient Safety Program e-bulletin, a monthly publication that disseminates PSP program updates, news, useful tips, success stories and upcoming educational activities. To view the latest issue visit <http://www.health.mil/dodpatientsafety/News/Publications.aspx> and to subscribe visit <https://public.govdelivery.com/accounts/USMHS/subscriber/new>.
- Patient Safety Program Facebook page, which is updated daily with a message related to patient safety. (<https://www.facebook.com/dodpatientsafety>)
- Patient Safety website landing page image carousel, this highlights program news and promotes patient safety activities. (<http://www.health.mil/dodpatientsafety.aspx>)
- Partnership for Patients website landing page, that includes updates and resources dedicated to this initiative. (<http://www.health.mil/dodpatientsafety/partnership.aspx>)

A robust communications plan is currently in development to target all audiences involved in the Partnership for Patients.

How is the Partnership for Patients initiative expected to impact the MHS after 2013?

After the initiative ends in 2013, the evidence-based practices per harm condition and readmissions should be continuously used with every patient, every time at every MTF to prevent patient harm. The Partnership for Patients serves as a starting point for achieving the highest quality standard of care and the practices implemented and lessons learned throughout the initiative should remain core components of the MHS.

