

MGH Establishes Quality and Safety Goals for 2010

As you know, the MGH in the past several years has redoubled its efforts focused on quality and safety, aiming to set a national standard for high-quality care, practice and performance. We have made great strides in our efforts, and we aim to continue this track record in 2010. To guide us and to give us specific targets and measures by which we can monitor our progress, we have set up institutional quality and safety goals for 2010 that have been approved by the MGH General Executive Committee and the Board of Trustees. We are now working to develop implementation plans. These 2010 goals are:

1. Improve the experience of our patients

- Improve on four pay-for-performance-related metrics (RN and MD communication, responsiveness, and cleanliness) and achieve withhold targets
- Improve CG-CHAPS performance on physician communication, informed wait times, staff courtesy and timely result information
- Support MGPO continuity of care measurement development

2. Establish regulatory readiness

- Enhance Excellence Every Day effort with robust and sustainable leadership, educational programs, robust computer-based training, and auditing structures
- Advance institutional understanding and performance of safety culture
- Identify, codify and spread best practices related to handoffs
- Complete implementation of new institutional data-sharing policy

3. Enhance focus on efficiency

- Advance use of process improvement and related tools (move from opportunistic to strategic application)
- Enhance focus on key efficiency metrics (e.g. admits, days, high-cost radiology utilization), implement infrastructure and more transparent reporting

4. Initiate multi-year effort to reduce readmissions

- Create integrated working group (initially focused on the highest risk patients)
- Define metric (“avoidable” readmits) and initiate data collection
- Review existing best practices (e.g. RED, IHI STARR, CMS demo, post-discharge phone calls, others) and pilot at MGH/MGPO

5. Reduce health care associated infections

- Maintain or improve BSI, MRSA, C diff, and VRE performance and reduce catheter-associated UTIs and ventilator-associated pneumonia

We will be reporting to you throughout the year on our progress toward meeting these important goals. We are counting on the support and participation of everyone to be successful.

-From: “From the Desktop of Peter L. Slavin, MD”, e-mail December 31, 2009.