

2018



The  
American Hospital  
Association  
Quest for Quality®  
Prize Honorees



*Advancing Health in America*



## About the Prize



The American Hospital Association Quest for Quality Prize is presented annually to honor health care leadership and innovation in achieving quality health care

and advancing health in communities. The 2018 award recognizes hospitals and health care systems that have been successful in aligning with the AHA Path Forward's commitments of access, quality, value, partnership, well-being, and coordination and provide models that can be replicated by other health care organizations.

The prize is generously supported by RL Solutions. This year, the winner received \$75,000, the finalists received \$12,500 and two additional hospitals were Citation of Merit honorees.

All U.S. hospitals are eligible for the AHA Quest for Quality Prize. The prize is directed and staffed by AHA's Office of the Secretary. The awards were presented in July at the AHA Leadership Summit in San Diego. For more information about the Prize, please visit [www.aha.org/about/awards/quest-for-quality](http://www.aha.org/about/awards/quest-for-quality).



## 2018 Prize Committee

**Thomas Burke, M.D. (chair)**

Former Professor  
Department of Gynecological Oncology and Reproductive Medicine  
University of Texas M.D. Anderson Cancer Center, Fredricksburg, Texas

**Kenneth Alexander, MS, RRT**

Vice President, Member Services & Quality Improvement  
Louisiana Hospital Association, Baton Rouge, La.

**Madeleine Biondolillo, M.D.**

Vice President of Quality and Safety  
Premier Inc., Charlotte, N.C.

**Robert Dean, D.O., MBA**

Senior Vice President  
Performance Management, Vizient Inc., Holland, Mich.

**Paul B. Hofmann, DrPH**

President  
Hofmann Healthcare Group, Moraga, Calif.

**Beverley H. Johnson**

President and CEO  
Institute for Patient-and-Family Centered Care, Bethesda, Md.

**Saranya Loehrer, M.D., MPH**

Head of North America Region  
Institute for Healthcare Improvement, Cambridge, Mass.

**Sanjay Malaviya**

President and CEO  
RL Solutions  
Toronto, ON, Canada

**Ken Sands, M.D.**

Chief Patient Safety Officer  
Hospital Corporation of America, Nashville, Tenn.

**Mary Beth Navarra-Sirio, MBA, R.N.**

Principal  
Sirio<sup>2</sup> Healthcare Innovations  
Pittsburgh, Pa.

**Gary R. Yates, M.D.**

Partner, Press Ganey  
President, Healthcare Performance Improvement (HPI)  
Virginia Beach, Va.

**Claire M. Zangerle, R.N., MSN, MBA**

Chief Nurse Executive  
Allegheny Health Network, Pittsburgh, Pa.

## AHA STAFF

**Gail Lovinger**

Senior Vice President and Secretary

**Dave Parlin**

Assistant Secretary

**Nancy Foster**

Vice President Quality/Safety Policy

**Jane Jeffries**

Senior Communications Specialist, Governance and Special Projects

# Inside

Stories by Jan Greene



## WINNER

**Northwell Health** | New Hyde Park, N.Y.

“Shark Tank” approach unleashes ideas for diverse community health needs



## FINALIST

**Anne Arundel Medical Center** | Annapolis, Md.

Leadership, data and patient stories fuel innovation



## FINALIST

**Aurora Health Care** | Milwaukee

Community health is “Better Together”

## CITATION OF MERIT

**Atrium Health** | Charlotte, N.C.

Analytics and community health power success

## CITATION OF MERIT

**Park Nicollet Methodist Hospital** | St. Louis Park, Minn.

Taking a hands-on approach to quality

003



The AHA Quest for Quality Prize is generously sponsored by RL, AHA's Champion Sponsor for Quality



## WINNER

Northwell Health | North Hyde Park, N.Y.



# “Shark tank” approach to ideas and funding for diverse community health needs

From its beginnings, Northwell Health set out to be comprehensive and inclusive. The system cares for an incredibly diverse patient population in New York City and the surrounding suburban communities of Long Island and Westchester County, and strives to reflect its communities and respond to their health needs.

“From Day 1 the idea was to be a holistic organization with a passion to help the community at large and be very inclusive,” says system CEO Michael Dowling, who joined North Shore Health System as chief operating officer in 1995 before its merger with Long Island Jewish Medical Center two years later and the eventual incarnation as Northwell in 2016. “The community is like a mosaic, and we want to deal with the issues of all the pieces of the mosaic.”

Despite its size — 23 hospitals, 665 sites of care and 66,000 employees — Northwell manages to maintain a singular sense of purpose and an entrepreneurial culture that encourages staff members of all types to help solve the health and social challenges of its wide-ranging population. Dowling describes the culture as both optimistic and impatient about doing better. “We’re innovative, team-oriented, passionate, we are resilient, we believe in persevering — we have a lot of grit,” he says. His optimism and openness set a precedent that the rest of the leadership emulate, and that inspires the staff, his colleagues say.

Northwell maintains an expansive sense of responsibility for the health of the populations it serves. The system maintains partnerships with a wide array of public health, nonprofit, and government organizations aiming to work together to address social determinants of health. The results of this work include free clinics for homeless people and for undocumented residents.

Future projects include the development of a social risk score to quantify social vulnerability, food pharmacies located in each hospital, making patient instructions smart phone-friendly, and joining a democracy collaborative that uses Northwell’s financial power to influence economic opportunity in challenged communities. “We shifted our lens from just treating the disease to starting to treat the patient and communities they come from,” says Ram Raju, M.D., community health investment officer.

In communities with struggling hospitals, Northwell has stepped in and acquired them to ensure a continued local source of care or they have shared their clinical and management expertise with critical access safety-net hospitals to help them improve their operations.

**THE NORTHWELL HEALTH EXECUTIVE TEAM:** (From left) **Jennifer Mieres, M.D.**, senior vice president, Center for Equity of Care; **Mark Jarrett, M.D.**, senior vice president and chief quality officer; **Maureen White, R.N.**, senior vice president and chief nursing executive; **Michael Dowling**, president and CEO; **Jeff Kraut**, executive vice president, strategy and analytics; **Karen Nelson, R.N.**, vice president, clinical excellence and quality; and **Ram Raju, M.D.**, senior vice president and community health investment officer



Quality improvement is embedded in the organization and works in concert with community health initiatives.

Diversity and inclusion are themes both for staff recruitment and in Northwell's work with communities. Cardiologist Jennifer Mieres, M.D., was brought on as chief diversity and inclusion officer in 2010, charged with embarking on a comprehensive effort to understand and serve the many communities in Northwell's service area, where about 40 percent of the population served speaks a language other than English. An early initiative produced vital health documents in 19 different languages, and another trained more than 1,000 employees in unconscious bias and empowered them to share what they learned with colleagues.

Northwell launched employee resource groups (ERGs) focused on different subgroups of the population to help inform health care delivery decision-making. There are ERGs focused on African-Americans, Chinese, Latinos, Koreans, LGBTQ, military veterans, and others where the varying language and culture needs of the groups are discussed. Any employee can join any of the interest groups, no matter their own cultural background. "The meetings are always interesting," says Mieres. "They're very lively. They foster camaraderie and connection among our employees."

The system strategically integrates employees in all areas of improvement, encouraging innovation through a "shark tank" approach that provides funding for implementation and encourages staff members to come forward with inventions and ideas for funding. "It's been a great source of employee engagement," says Chief Operating Officer Mark Solazzo. "If you facilitate and get out of the way, they will lead from the ground up." Dowling says he would rather get ideas from within than hire an outside consultant: "We're sitting on a largess of creativity; you just have to unleash it."

Communication and feedback are liberally applied. A recent employee celebration drew about 10,000 people. Every Monday, Dowling meets with about 150 new hires, sharing a pep talk about the organization they've just joined; he also hosts regular online chats with Northwell employees. The organization emphasizes multi-disciplinary meetings so that individual groups, whether they are administrators, physicians, nurses, or other staff rarely meet on their own but include others in the conversation. Patient and family councils have also become infused throughout the organization.

Quality improvement is embedded in the organization and works in concert with community health initiatives. For instance, Northwell's advanced illness management program includes house calls for homebound frail, elderly patients, collaborating with a clinical call center and a community paramedicine program with dedicated paramedics who go to the patient's home, ideally avoiding an emergency room visit. "It's an extension of our philosophy to do what's best for the patient," explains Karen Nelson, R.N., vice president of clinical excellence and quality.

In cooperation with nursing, Northwell's hospitals focused on reducing hospital-acquired infections, significantly reducing catheter-related and C. difficile infection rates. "Many of our hospitals go a year at a time without a single central line infection," says Mark Jarrett, M.D., chief quality officer. Another project cut sepsis mortality in half. "Improvement gets harder the better you do, but it means we have saved thousands of people who never would have left the hospital," he notes.

A robust analytics effort, paired with a culture of transparency, put Northwell (then North Shore-LIJ Health System) out front in sharing its quality metrics publicly, and it shares community health data with other organizations, even competitors. Data are also used internally; each nursing unit can see patient satisfaction data for every other unit. "Data is never used in a punitive way," explains Jeff Kraut, executive vice president for strategy and analytics. "It's used to make sure we can see where we can improve."

Dowling's relentless positivity — while acknowledging the inevitability of occasional failure and the big challenges facing any health care enterprise — helps fuel Northwell's engines. "You have to be sending that positive message to employees across the organization," he says. "Remember, we're in a business that does good things for people." ●

## FINALIST

Anne Arundel Medical Center | Annapolis, Md.



# Leadership, data and patient stories fuel innovation

**A**nne Arundel Medical Center's commitment to quality starts at the board level and is embedded throughout the organization. It is fueled by physician leaders, who are evaluated in part on quality improvement goals, and by all employees, who can win a grant to pursue their own improvement ideas.

That commitment extends to the health of its community, which has major behavioral health needs. The hospital is responding both with clinics in the community and by building a new mental health hospital. "We're putting the whole continuum on a campus where the resources can be shared, rather than just putting some psych beds into an acute



Photograph by Sam Kittner

**THE ANNE ARUNDEL MEDICAL CENTER EXECUTIVE TEAM:** (From left) **Maulik Joshi**, DrPH, executive vice president of integrated care delivery and chief operating officer; **Barbara Jacobs**, R.N., chief nursing officer; **Shirley Knelly**, chief patient safety officer and chief compliance officer; **Victoria Bayless**, president and CEO; **Mitchell Schwartz**, M.D., chief medical officer; and **David Lehr**, chief information officer

FINALIST

“ We really totally embrace patients and families in our work so we have a robust patient-family advisory platform. ”

care hospital,” explains President and CEO Victoria Bayless.

Analytics underly the hospital’s performance improvement projects. The analytics team doesn’t just provide a “canned dashboard” of metrics, says Chief Information Officer David Lehr. “We listened to what medical directors said they needed to do” and built analytics tools to support that.

Reducing opioid use across the system was a high priority in the past year, explains Chief Medical Officer Mitchell Schwartz, M.D. “Analytics was able to give us actionable data to help physicians and other clinicians understand the patterns of use,” he says. The project resulted in a 59 percent reduction in overall opioid use at AAMC.

The hospital also developed brief care alerts that could quickly identify a patient who has particularly challenging clinical or social circumstances. “We described this as a medic-alert bracelet, but it’s electronically broadcast so any clinician who met with the patient wouldn’t have to start from scratch,” explains Schwartz. The alert also includes a physician contact name and phone number. The alerts, based on software written by AAMC, are now shared with every hospital in Maryland.

Improvement projects don’t just rely on data however. AAMC also uses storytelling to fill out what the numbers say. “We frequently have a patient or family advisor on an initiative and their stories can be powerful,” says Chief Nursing Officer Barbara Jacobs, R.N. “But if there isn’t an adviser present, we don’t hesitate to tell patient stories” to humanize the work, she says.

“We really totally embrace patients and families in our work so we have a robust patient-family advisory platform,” explains Maulik Joshi, chief operating officer and executive vice president of integrated care delivery. There are more than 100 such advisors involved in committees and projects, and two serve on the hospital board’s quality and patient safety committee. Patient advisers also sit in on root cause analysis meetings.

AAMC empowers its employees to identify areas of improvement in care delivery by encouraging innovative thinking and problem-solving and through incentives. One way this is done is through the hospital’s “bedside scientist” program, which offers \$2,000 grants toward employee improvement projects. These projects and other performance improvement and research projects are celebrated each year at AAMC’s annual Quality Improvement Showcase.

AAMC has many initiatives aimed at promoting wellbeing and accessibility in the community, including screening and prevention services and work designed to promote inclusion and diversity. The hospital collects and uses data from across its service area to improve access by establishing clinics in underserved areas.

For instance, the hospital identified a hot spot where a substantial number of 911 medical calls were coming from. It turned out to be a low-income housing complex located in a “health care desert” with little access to care. Partnering with the housing authority and using state health enterprise zone funds, AAMC placed a clinic in the building so residents could always easily get care. “We have operated this at a financial loss, but the broader investment and ultimate outcomes were well worth it,” said Bayless. ●



## FINALIST

Aurora Health | Milwaukee



# Community health is “Better Together”

A few years ago Aurora Health Care’s leadership was looking for a way to summarize the organization’s mission in language that every staff member could remember and relate to. It settled on “we help people live well.”

“We were looking for a clear purpose: Why are we here? Why does this organization exist?” explains President and CEO Nick Turkal, M.D. “Our purpose statement is all about meeting people where they are. If you go around to all 30,000 people who work for Aurora, they all know it. They believe in it, and it drives what they do every day.”

The mission is central to Aurora’s diversity and inclusion efforts. Executives participated in extensive educational sessions on the issue. “We value difference and we want to use that to make



Photograph by Front Room Photography

**THE AURORA HEALTH EXECUTIVE TEAM:** (From left) C. Patrick D. Falvey, Ph.D., executive vice president; Dennis Potts, executive vice president; Nick Turkal, M.D., president and CEO; Mary Beth Kingston, R.N., chief nursing officer; Cristy Garcia-Thomas, chief external affairs officer; and Jeff Bahr, M.D., chief Aurora Medical Group officer

FINALIST

“Each employee is known as a caregiver. They are encouraged to “bring your whole self to work.””

us better,” explains Cristy Garcia-Thomas, chief external affairs officer. “The education component is fundamental. It allowed our top leaders to also understand their own personal journeys along with the business case for the organization to make diversity and inclusion a priority.”

Each employee is known as a caregiver, no matter the job title. They are encouraged to “bring your whole self to work,” so that they can not only provide a welcoming environment for patients and families, but also feel safe themselves to share their ideas.

Aurora makes continuous quality improvement a major priority and pushes itself to get better on a regular basis. “We up the ante every year,” says Turkal. “We seek input from clinicians from around the organization, so it’s not something being done to our providers but by them.”

Sharing data and information is a priority, and Aurora has a unique and transparent process for sharing information cultivated from its research and laboratory work. The analytics support quality improvement projects, such as one that identified a gap in length of stay between male and female patients, and developed strategies to remedy it.

Turkal, a family physician, continues to take time from his administrative schedule to see patients, something that informs the organization’s long-term partnership with patients and families. “I hope my role as a family doctor lets me have a holistic view of what patients and families need,” he says.

Aurora sees itself as having a major role in keeping its communities healthy. The system carried out community health needs assessments several years before they were required. It has created community steering councils in six markets and more are planned. As part of the outreach, the system learned that a major barrier to quality of life was behavioral health problems, so it began integrating behavioral health care into primary care and emergency departments in 2014. “We want to give patients easier access to behavioral health services,” Turkal says.

The system has made domestic violence and sexual assault an area of particular focus. In one of its emergency departments, Aurora built a full continuum of care that offers a safe and peaceful environment for survivors. “It gets them out of the normal ED structure, and we have advocates who also meet with them through their whole journey of recovery,” Garcia-Thomas says. The hospital also provides a health center that offers free counseling to survivors.

Aurora maintains a wide variety of community partnerships including youth organizations, the LGBTQ community, and law enforcement, and invested \$15 million in program funding for those partners through its Better Together Fund. Leaders from Aurora find places on the boards of community organizations to strengthen connections with the health system. “We can’t provide everything the community needs or be the public health department, but we can be sure we’re helping the community get to a better place,” Turkal says.

In April 2018, Aurora Health Care and Advocate Health Care merged to form Advocate Aurora Health, a nonprofit serving nearly 3 million patients in Wisconsin and Illinois. Advocate Aurora Health is committed to leading change, reimagining and redefining the possibilities of health. ●



## CITATION OF MERIT

Atrium Health | Charlotte, N.C.

# Analytics and community health power success

**A**trium Health's mission is to improve health, elevate hope and advance healing — for all. "The 'for all' part is really taken seriously here," explains James Hunter, M.D., system chief medical officer. "It's deep in our culture to do things focused on the patient and family, reducing their burden physically, psychologically, and economically."

Atrium Health (formerly known as Carolinas HealthCare System) uses sophisticated analytics to identify and better serve populations that cannot access adequate health services. The organization uses telehealth extensively to reach nearly 14,000 people each day.

The quality work is organized through 25 cross-continuum Quality and Safety Operation Councils, composed of physicians and front-line and quality staff who identify care gaps, develop solutions and spread best practices. They have reduced cesarean section delivery rates for first-time mothers and improved pneumococcal vaccination rates for home health patients.

Physicians are engaged with the quality work in part because they are given both the authority to make changes and the accountability to

show they are valuable changes, explains Hunter. "That's what physicians want; they're happy to participate and they appreciate that they are given some free rein," he says.

Patients and family advisors serve on internal advisory councils, and the system maintains extensive community partnerships working on more than 400 community-based initiatives. Participants in these quality and community health initiatives get extensive recognition throughout the year and share what they've accomplished on an annual sharing day that draws 800 people.

Atrium Health uses quality metrics to support process improvements to boost quality and decrease costs. Tracking metrics is helpful over the long term helps to document progress on initiatives such as the five quality and safety goals that have been shared systemwide for the past 11 years, says Pam Beckwith, system vice president for quality. "When you can look back and see how many lives have been saved on a mortality goal, how many gaps closed, it's easy to see and it's gratifying." ●



## CITATION OF MERIT

Park Nicollet Methodist Hospital | St. Louis Park, Minn.

# Taking a hands-on approach to quality

**P**ark Nicollet Methodist Hospital is on a journey to become a high-reliability organization and is bringing everyone along for the ride — patients, families, leaders, staff, physicians, and the community. Patients and families sit in on internal committees and their ideas have resulted in specific improvements. Meanwhile, the CEO regularly attends quality improvement meetings, and senior hospital leaders make visits to 250 departments to host hour-long interactive discussions.

Quality improvement is embedded in the organization's culture, and ideas are welcome from front-line staff. "We've learned that the people who do the work are the best people to improve the work," says Park Nicollet Methodist Hospital President Roxanna Gapstur.

Opening up access to care for people with unmet needs is a priority. The hospital set up medical clinics at four area high schools, and hospital clinicians provide telemental health to local schools. It sends its Mammo a-go-go mobile mammography truck to churches and com-

munity centers to provide 2,000 imaging exams each year. Bereavement counseling and support is extended to children who lose a parent or sibling beyond the first year of loss and through their sophomore year of college.

Park Nicollet Methodist Hospital is part of the HealthPartners integrated system, which is one of nine organizations participating in an Institute for Healthcare Improvement initiative to improve health equity and reduce disparities in care. Hospital staff are trained on unconscious bias and participate in a variety of efforts to reach diverse populations.

These initiatives to maximize quality and solve community health problems are fed by a commitment by both HealthPartners and Park Nicollet Methodist Hospital to follow the Triple Aim. "We're a very high-quality organization and have a strong focus on providing the best clinical care with the fewest complications, and on making health care more affordable by making it high quality," says Gapstur. "That is our North Star." ●

# The quest for quality improvement starts with you.

Each year, the American Hospital Association Quest for Quality Prize celebrates hospitals and health systems across the country that exemplify what it means to provide the highest quality care. This year's winners exemplify how process improvement and a focus on patients and community health can raise the bar of what safe, quality care means.



---

*At RL, we know that behind each step towards quality improvement is a dedicated group of people. As the AHA's Champion Sponsor for Quality, we are proud to congratulate all of this year's Quest for Quality honorees on their inspirational work and the impact it has in their communities.*



American Hospital Association  
Quest for Quality Prize®

