

# 2022

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 high-quality health care and advancing

health in communities. The 2022 award recognizes hospitals and health systems that are committed to and are making significant progress in providing access to exceptional quality, safe, patient- and family-centered affordable care that is improving the health of their communities. The award showcases successful innovative models of care, services and collaboration to provide seamless care and to address health care disparities. The prize is directed and staffed by the American Hospital Association's Office of the Secretary. The award winner and finalists were recognized in July at the AHA Leadership Summit. For more information about the prize, visit [www.aha.org/questforquality](http://www.aha.org/questforquality).

For information on the 2023 award process and application, please visit: [www.aha.org/about/awards/questforquality](http://www.aha.org/about/awards/questforquality).

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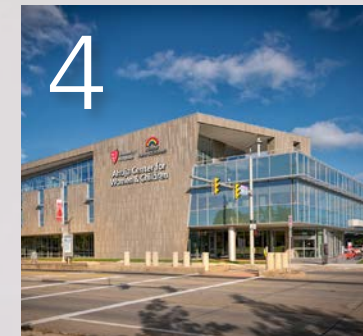
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# WINNER

University Hospitals | Cleveland



## Harm is preventable and 'it's my job to do it'

Members of the environmental services staff at University Hospitals (UH) in Cleveland have agreed to stop seeing themselves as housekeepers only. They created their own commitment: "I will start believing that I play a critical part in the safety, well-being and health of all those we serve."

Similar pledges have been created throughout UH — a comprehensive health system comprising more than 20 hospitals, 50+ health centers, and more than 200 physician offices in northern Ohio — in support of the organization's Zero Harm culture. For the past three years, UH has been changing beliefs about patient safety. "The secret sauce to get to zero is that people need to stop believing that harm is inevitable and start believing that 'it's preventable and it's my job to do it,'" says Peter Pronovost, M.D., PhD., the system's chief quality and clinical transformation officer.

That new mindset is one component of UH's broad initiative to eliminate defects in value. "What's this 'defect' term? It's an action or a behavior that we know we should be doing for a patient to improve quality or reduce costs that we're not doing," Pronovost says. "Let's make those visible and then design them out."

UH's Zero Harm focus has four domains: (1) zero clinical harm; (2) zero suffering from a poor patient experience; (3) zero inequities; and (4) zero wasted resources.

"It requires building high-reliability medicine into our work streams for almost every DRG [diagnosis-related group] to

make sure that we are following the best practices," says CEO Cliff Megerian, M.D., "And our board holds us accountable to that. In fact, the board is actively engaged to make sure this extends throughout the entire system and is not just limited to our academic medical center."

Beginning in 2018, senior leaders aligned around a goal of Zero Harm, communicated this goal and all employees, both clinical and nonclinical, began receiving training on UH's Zero Harm initiative and the importance of believing that harm is preventable.

University Hospitals also created a culture across the system that encouraged people to connect, which facilitated the sharing of promising practices and a free flow of ideas. UH calls this its fractal management system and believes it is the key to learning, innovating and improving.

Additionally, the system launched a series of Zero Harm newsletters, focused on hospital, ambulatory and primary care, to provide tips — for example, reducing readmissions or decreasing use of skilled nursing facilities — and report performance on key metrics.

In addition to changing beliefs and sharing best practices, achieving Zero Harm requires open acknowledgement when defects occur. "We believe it's important to be transparent — share data, share events, share concerns, share opportunities — and foster a 'speak up' culture," says Michelle Hereford, R.N., the system's chief nursing executive. "We encourage openness during our learning and shared accountability forums where best practices within the system are

### The University Hospitals Team

(Front row, left to right): **Cliff A. Megerian, M.D., FACS**, UH Chief Executive Officer, Jane and Henry Meyer Chief Executive Officer Distinguished Chair; **Peter Pronovost, M.D., PhD**, Chief Quality and Clinical Transformation Officer; **Michelle Hereford, R.N., MSHA**, System Chief Nurse Executive, Ethel Morikis Endowed Chair in Nursing Leadership. (Middle row, left to right): **Patricia M. DePompei, R.N., MSN**, President, UH Rainbow Babies & Children's and UH MacDonald Women's hospitals, Rainbow Babies & Children's Foundation Chair in Leadership and Innovation; **Jason Pirtz, R.N., MBA, BSN**, Chief Nursing Officer, UH Cleveland Medical Center, Thomas F. Zenty III Fellow in Transformational Leadership; **Danielle Price, MSSA**, Director, Community Health Engagement, UH Government & Community Relations. (Back row, left to right): **Robyn Strosaker, M.D., FAAP**, President and COO, UH Lake Health Medical Centers; **Jordan M. Javier, MBA**, Director, UH Rainbow Babies & Children's Ahuja Center for Women & Children; **Eddie Taylor, Jr.**, Board Chair, UH Cleveland Medical Center, and President and CEO, **Taylor Oswald**.



“We all need to be constantly aware of unconscious bias in how we interact with each other and with our patients.”

**Cliff A. Megerian,  
M.D., FACS**

UH Chief executive officer

shared and knowledge is transferred across the organization.”

When defects are made visible, people are inspired to redesign the processes that allow defects, Pronovost says. That is true only when staff members have confidence that revealing defects will not lead to punishment.

UH has positioned itself as a learning organization, believing that solutions to all defects can be found — if not internally, then outside UH or even outside health care — and everyone is responsible. “As we make defects visible, leaders must first hold themselves accountable for setting teams up to be successful,” Pronovost says. “It gets us out of an ‘us vs. them’ and completely into the ‘we’ category.”

The UH Social Justice and Equity team works to address health care disparities and promote justice and equity in the workplace. Among other things, the team conducted a policy and practice audit to establish a baseline assessment of the organization’s strengths and opportunities in the areas of justice, diversity, equity and inclusion. The UH Office of Community Impact, Equity, Diversity & Inclusion (CEDI) has sponsored the Racial Equity Institute training for providers and leaders and facilitates the bias training for all employees. Innovative CEDI initiatives, such as the UH Health Scholars and the UH Food For Life Markets, are nontraditional health care initiatives that are focused on improving both workforce opportunity and health equity in traditionally marginalized communities.

“We all need to be constantly aware of unconscious bias in how we interact with each other and with our patients,” Megerian says.

To truly address disparities, the system’s internal work had to be coupled with increasing access to care in underserved neighborhoods, he says. “That’s why we decided to build in one of the most economically challenged areas of the city. It was maybe not reasonable from a profit standpoint, but we felt that our community is our patient.”

In 2018, University Hospitals opened the UH Rainbow Babies & Children’s Ahuja Center for Women & Children in one of Cleveland’s neighborhoods with the highest needs.

“We recognized that we needed to deliver primary care differently because the health and health care disparities we saw between black families and white families were unacceptable, quite frankly,” says Patricia DePompei, R.N., president of UH Rainbow Babies & Children’s and UH MacDonald Women’s hospitals.

An advisory committee, including representatives from a wide range of diverse organizations, helped UH design the new facility, from programs and services to artwork, building design and community partnerships.

“We’ve been able to successfully weave in a number of supportive services beyond the traditional primary medical pediatric and obstetric and gynecologic care,” DePompei says. For example, a Legal Aid attorney works at the center full time. Full-time nutritionists for both the



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pediatric and the women’s health program collaborate with a nearby grocery store to provide classes and shopping experiences.

UH’s focus on infant and maternal mortality and morbidity is starting to pay off. Approximately 94% of women participating in the system’s CenteringPregnancy program, which provides health assessments, health promotion, education and prenatal care in a supportive, group environment, deliver full-term babies, compared with 88% in Cuyahoga County overall.

When the COVID-19 pandemic hit in 2020, UH initiated a tiered communication and issue-identification structure to help manage scarce resources and rapidly changing information, and it continues in place. “This structure — from the bedside to the top of the organization — allows us to engage everyone to work together to develop solutions and communicate them across the organization,” says Hereford.

The COVID-19 crisis reinforced UH’s commitment to collaboration. In one of many examples, UH worked with the Cleveland Clinic, its biggest competitor, on surveillance and modeling, testing, logistical issues, research and vaccine administration. The two organizations started sharing data in March 2020 to gain a better understanding of how COVID-19 was spreading and quickly saw the benefits of doing so.

UH and Cleveland Clinic have committed to a “Stronger Together” pledge to further collaborate on public health challenges (the opioid epidemic, infant mortality, lead poisoning, food insecurity) as well as workforce development, supply chain and sourcing, and research.

“We realized during this time that although our hospitals are competitors, we do not compete in giving back to the community,” Megerian says. ●

“Our tiered communication structure — from the bedside to the top of the organization — allows us to engage everyone to work together to develop solutions and communicate them across the organization.”

**Michelle Hereford,  
R.N., MSHA**

System chief nurse executive



# FINALIST

Ochsner Medical Center | New Orleans



**The Ochsner Medical Center Team**  
(Left to right): **Armin Schubert, M.D.**, vice president of medical affairs, quality and patient safety; **Bradley Goodson**, CEO; and **Deborah Ford**, chief nursing officer and vice president of quality.

## Dyad leadership model: 'We're not in this alone'

Ochsner Medical Center New Orleans uses a dyad leadership model in which unit-based medical directors and nursing unit directors work together on quality-improvement initiatives that support the hospital's strategic quality and safety plan.

The model draws on the strengths and perspectives of both nursing and medical staffs, says Bradley Goodson, CEO of the 767-bed hospital. "This forces a different level of collaboration, which produces better outcomes for our patients."

For example, Ochsner's evidence-based guidelines for controlling hospital-acquired *Clostridioides difficile* infections require a physician to order a test when certain criteria are met. "But if that doesn't happen, the nursing staff does not have to tell the physician directly because they can readily access the unit medical director who has that conversation with their colleague," says Armin Schubert, M.D., vice president of medical affairs, quality and patient safety.

Another example of collaboration: When the fourth surge of COVID-19 hit New Orleans last summer, Ochsner had to double its intensive care beds — and faced a shortage of nurses to staff them. More than 200 medical staff in 13 specialties stepped up to learn nursing workflows, contributing more than 10,000 hours to support nurses in providing safe patient care.

"That brought the nursing teams and medical staff even closer together," says Deborah Ford, chief nursing officer and vice president of quality. "It communicates that, during this nursing shortage, we're not in this alone and there are things that we can all do to make sure that everyone stays safe."

Ochsner's most significant patient-safety initiative is the use of predictive analytics to improve care delivery and outcomes.

The system applies machine learning to reduce hospital-acquired *C. difficile* infections, creating a neural network model that was trained by using 250,000 hospital admissions over three years. That work revealed a surprise: The use of gastric acid-suppression medications was known to be associated with increased risk of *C. difficile* infection, but not to the extent seen in Ochsner patients.

"Those medications were by far the most impactful and principal predictor for our patients," Schubert says. "This did not correspond to what had previously been reported in the literature, which shows that you really have to study your own population and devise an action plan based on that."

At Ochsner, patients at high risk for *C. difficile* infection who are identified with machine learning are reviewed by a dedicated pharmacist who contacts the attending physician for risk review and medication. The pharmacist advises physicians on the minimal use of acid-suppressing medications and, if necessary, discontinuation of use.

The result: Monthly hospital-acquired *C. difficile* infections fell by 49%, avoiding 166 infections and an estimated \$4 million in treatment costs over a two-year period.

To reduce health disparities in Ochsner's service area, the hospital board in 2020 established a strategic plan to improve diversity and inclusion in five domains: care, leadership, environment, supplier diversity and communication.

One of the plan's objectives is improving recruitment, retention, promotion and engagement of a more diverse workforce. To that end, Ochsner committed to consider a competitive diverse candidate for all positions at the manager level and above and created Momentum, a mentorship program for underrepresented leaders.

"I got paired with somebody I had never met before, so that is a new set of eyes," Goodson says. "Many of the pairings are cross-disciplinary — maybe a revenue-cycle person paired with an operations person — and the unique strengths that they bring to the table can benefit both the mentor and the mentee."

More than 5,000 Ochsner employees participate in one of 10 resource groups tailored for specific employee populations, such as African Americans, military/veterans, women and LGBTQ+ individuals.

"Many organizations use a vision for diversity and inclusion and training, but having some groups to operationalize the vision is very helpful," Ford says. "We want to have a workforce that reflects the people that we are taking care of, and creating groups in which people feel they can speak freely and then share their ideas across the organization helps us with that goal." ●



# FINALIST

WellSpan Health | York, Pa.



**The WellSpan Health Team**  
(Seated left to right): **Ann Kunkel**, VP community health and engagement; **Kim Brister**, VP & chief diversity, equity and inclusion officer; **Eugenia Powell**, PhD, R.N., VP quality and patient safety. (Standing left to right): **Michael Seim**, M.D., Sr. VP and chief quality officer; **Roxanna Gapstur**, PhD, R.N., president and CEO.

## Diverse, data-driven culture boosts outcomes

To support its focus on health equity, WellSpan Health dug into its electronic health record (EHR) system to understand breast cancer screening rates by race — and found an opportunity for improvement. “We used that data to drive operational changes and realized a 50% decrease in disparity in screening rates between whites and other demographic groups,” says Michael Seim, M.D., WellSpan’s senior vice president and chief quality officer.

Screening mammography is just one example of how WellSpan, an eight-hospital health system serving central Pennsylvania and northern Maryland, is using data analysis to improve health equity. Since improving the collection of patients’ race, ethnicity and language data, the system has also significantly reduced inequities in severe maternal morbidity, COVID-19 mortality and COVID-19 vaccination rates.

That progress toward health equity mirrors WellSpan’s efforts to improve diversity, equity and inclusion throughout the organization. In the past two years, strategic recruitment efforts have upped diverse executives from 8% to 16%. WellSpan is an inaugural member of the Welcoming Workplaces Council, which is a group of likeminded leaders from various organizations within York County, Pennsylvania, committed to creating diverse and inclusive cultures within their organization and communities. Earlier this year, WellSpan York Hospital was recognized by the Human Rights Campaign Foundation as a top performer nationally for its policies and practices to ensure equitable treatment and inclusion of LGBTQ+ staff and patients.

“Patients and team members should feel welcomed, respected and valued when they come to WellSpan, and that has been our goal,” says Roxanna Gapstur, WellSpan’s president and CEO.

WellSpan engages with strategic partners to meet specific needs in the communities it serves. Following the National Health Care for the Homeless Council model, the health system partnered with shelters and social services agencies to support persons with housing insecurity who need medical respite. Patients served by the Arches to Wellness program have an average length of stay of 45 days, during which time they are connected to primary medical care, legal assistance and education about managing their health.

More than 70% have attained permanent housing, and the program has reduced emergency department and hospital

utilization by 70%, saving nearly \$1 million in 2021.

Since late 2020, WellSpan’s Specialized Treatment And Recovery Team (START) has been providing coordinated behavioral health and substance-use disorder treatment in a certified community behavioral health clinic.

The clinic partners with community agencies to address patients’ chronic disease, housing and other social problems. Through one such partnership, the START clinic increases access to treatment rather than incarceration for individuals who are charged with minor crimes related to mental health or addiction illness.

After identifying higher-than-expected sepsis mortality rates, WellSpan analyzed every case in which clinicians had not complied with the sepsis bundle to understand the root cause of the problem.

In response, the system created an RN-staffed telemonitoring team that receives sepsis alerts, triggered by inputs into patients’ EHRs, which they review and, if appropriate, alert local care teams. The central alert team model of care, as it is called, supports early identification of sepsis, timely initiation of treatment and ongoing monitoring to make sure all components of the sepsis bundle are completed.

The result: WellSpan has improved sepsis bundle compliance and significantly reduced mortality, saving the lives of 350 patients with a principal diagnosis of sepsis in the past three years.

Early in the COVID-19 pandemic, WellSpan adopted a comprehensive Lean management system to focus employees on keeping their patients — and one another — safe. “We’ve seen a dramatic decrease in our serious reportable safety events after the implementation of daily huddles,” Gapstur says.

WellSpan’s culture of safety is reinforced with the Heads Up Speak Up program, which is part of a weekly management call attended by nearly 1,000 leaders. During the call, Seim recognizes team members who have identified and elevated safety or quality concerns. Their stories are published on the system’s intranet so all team members can learn from one another’s experiences.

All 20,000 team members recently were trained in Lean techniques. “The Lean management system provides a framework to use data to drive change, listen to our team members and act on their feedback, and expand our capabilities to deliver exceptional experiences and outcomes,” says Seim. ●



# CITATION OF MERIT

NorthShore University HealthSystem | Evanston, Ill.

## Community focus drives health equity



Like much of America, COVID-19, combined with the killing of George Floyd and the summer of tumult that followed, served as a catalyst for change at NorthShore University HealthSystem, based in Evanston, Illinois. The events triggered a year-long, teams-based assessment in which scores of system executives, staff and outside community leaders took part.

“Those two events forced us to pause and be objective of where we were at that point in time,” says J.P. Gallagher, president and CEO of NorthShore – Edward-Elmhurst Health. Gallagher says that self-assessment gave rise to two future-forging initiatives: a Health Equity Impact Team (HEIT) and establishment of a Community Investment Fund at NorthShore, both squarely aimed at rebalancing health and wellness inequities.

NorthShore created an HEIT within its Office of Community Health Equity and Engagement, with the goal of reducing disparities in health care delivery and clinical outcomes. Among other things, NorthShore’s HEIT created what it calls a “lens of equity” tool, employing geospatial data (income, race/ethnicity) to create heat maps of community care delivery and outcome and care inequities. Though still in its early days, HEIT is already making headway in reducing community breast cancer screening disparities and improving the specificity of self-reported race and ethnicity data.

“The role of the HEIT team is to ensure that health equity is integrated into all of the organization’s initiatives. Health equity has to be part of the fabric of what we do in the organiza-

tion, not something that stands all by itself,” says Lakshmi K. Halasyamani, M.D., NorthShore’s chief clinical officer. “Integrating data helps us begin to understand our communities — to not presume that we know the drivers of the disparities — and instead work with community partners to more holistically understand the problems so we can build and iterate solutions together.”

While data helps reveal clearer pictures of NorthShore’s communities, the heart of process is to listen, learn and build community relationships, says Halasyamani. “You can only go at the speed of trust.”

As part of its merger with Edward-Elmhurst Health, NorthShore also committed an initial \$100 million to a Community Investment Fund to support its goal of becoming an anchor organization that advances economic development, health and health equity in its communities. The idea sprang from team member dialogue that revealed the health system’s greater potential to be a force for good. Edward-Elmhurst Health shared in this commitment, doubling the principal funds to \$200 million.

“We’re intentionally leaning into the various social determinants of health like food insecurity and homelessness, developing a more diverse workforce pipeline and getting entrenched into our communities,” Gallagher says. “Fundamentally, this is a recognition that we hold a unique and significant responsibility across our communities, both for our team members and the people who depend on us.” ●