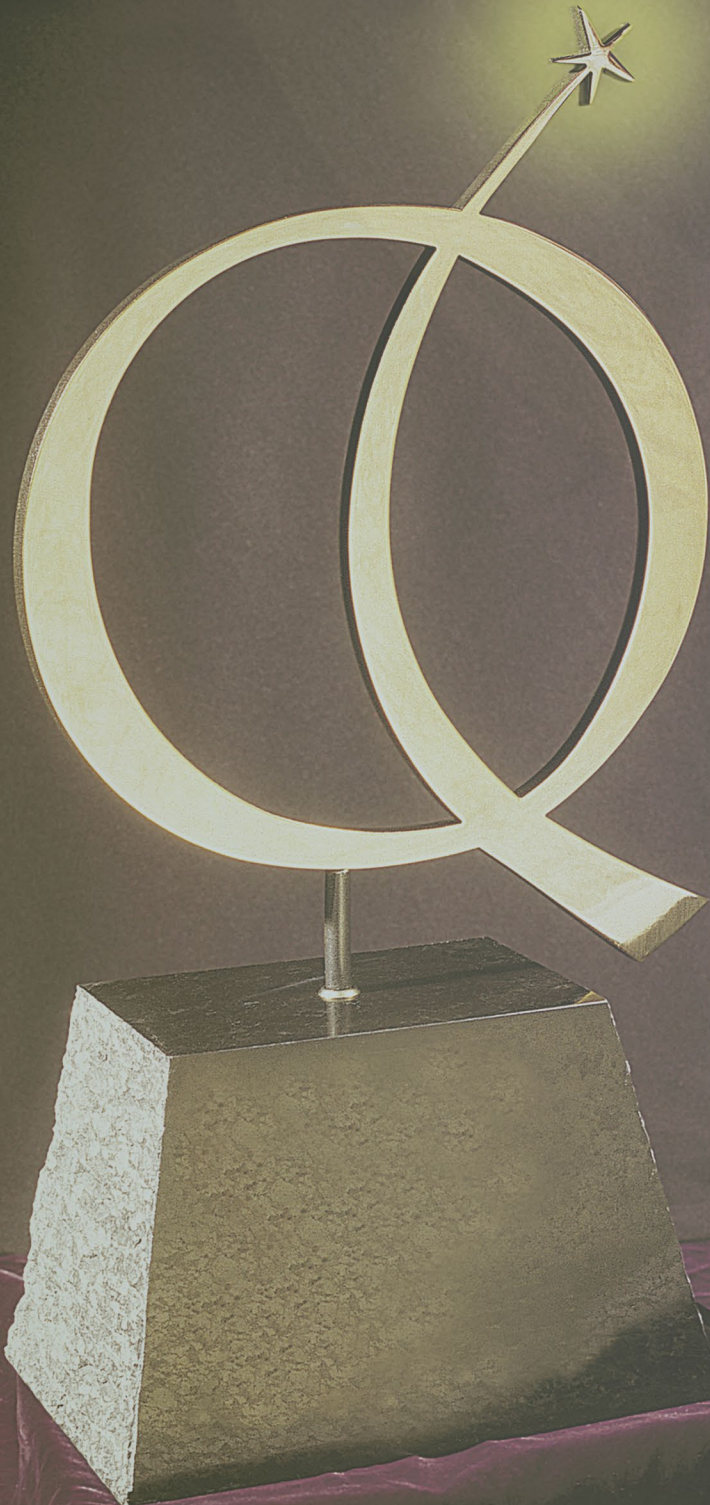


# 2023

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 improving quality and advancing the

health of all individuals and communities.

The 2023 award recognizes hospitals and health care systems that have committed to and are making significant progress in providing access to exceptional quality, safe, timely, effective, efficient, equitable, and patient- and family-centered care. The award showcases innovative models of care, services and collaboration to provide seamless care, and inspires hospitals and systems to lead and partner with community organizations to improve health status and address health care disparities. The prize is directed and staffed by the AHA's Field Engagement team. The award winner and finalists were recognized in July at the AHA Leadership Summit.

To learn about the 2024 prize or to download an application, visit [www.aha.org/quest-forquality](http://www.aha.org/quest-forquality), and for questions, email [quest-forquality@aha.org](mailto:quest-forquality@aha.org). Applications are due Sept. 12, 2023.



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## CITATION OF MERIT

University of Chicago Medicine | Chicago, Ill.  
Providing equitable care and reducing disparities

WINNER

Main Line Health | Bryn Mawr, Pa.



## Embedding a systems approach to safety, quality and equity

When Main Line Health hosts its annual Disparities in Care Colloquium, now in its 12th year, to expose inequities within the health system and the community it serves, the system's top leaders do not shy away from attending.

"Our senior leadership is there, the whole community is invited and it's recorded so all our employees and medical staff can see," says Jonathan Stallkamp, M.D., senior vice president and chief medical officer. "It shows that dedication to equity starts at the top."

Main Line Health, a not-for-profit health system serving Philadelphia and its western suburbs, includes four acute care hospitals, a rehabilitative medicine hospital, a center for drug and alcohol recovery, a wide range of outpatient services and a multispecialty physician network.

The system's focus on equity starts with a board-level committee that oversees several system-level diversity, respect, equity and inclusion (DREI) workgroups addressing vendor relations, talent management and other issues.

One group — the disparities in care workgroup — initially focused on collecting and stratifying data that populate a dashboard that tracks disparities. "Now clinical teams come to the group to talk about projects they are working on," says Eileen Jaskuta, system vice president of quality and patient safety. "This ensures that we are infusing a focus on equity through the organization so everybody sees striving for equity as part of their work."

That systematic approach to improvement is embedded in Main Line Health's culture. Its performance improvement system, overseen by the board of governors, is structured to focus on three core competencies: culture of safety,

superior experience and DREI. A systemwide dashboard monitors Safe, Timely, Effective, Efficient, Equitable, Patient-centered (STEEEP) metrics, and annual team goals are aligned to the STEEEP domains.

"We are proud of our team's commitment to quality, safety and equity," says Jack Lynch III, president and CEO.

That commitment is supported by clinical environment workgroups (CEWs) that represent clinical areas — surgical services, behavioral health, inpatient/critical care and others — across the health system. Each of Main Line Health's four hospitals has a physician leader and a nurse leader who are jointly responsible for the care delivered in a specific clinical area, and they report to a system-level physician/nurse dyad.

"Every clinical environment workgroup has goals that are connected to Main Line Health's strategic plan, which are embedded in the STEEEP domains," says Barbara Wadsworth, executive vice president and chief operating officer. "So everything is connected and cascades through the organization."

As the former chief nursing officer for the system, Wadsworth co-led the system's inpatient/critical care CEW for several years and subsequently served, along with the chief medical officer, as the system dyad responsible for all clinical care. Each CEW regularly reports to the system's Safety, Quality and Equity Committee and a board committee.

"Every presentation starts with their data, what they are doing well, what their challenges are, and how we as leaders can help remove barriers," Wadsworth says. "That's how we do our work."

Main Line Health's focus on what its community needs led to its decision to expand its inpatient behavioral health

### The Main Line Health Team

(Top row, left to right): **Karen Fitzpatrick Smith, CDP**, System Director, Diversity, Respect and Inclusion; **Michelle Johnson, MS, HRD**, Program Manager, Diversity, Respect and Inclusion; **Jonathan Stallkamp, M.D.**, Senior Vice President and Chief Medical Officer; (Front row, left to right): **Shonalie Roberts, MHA, ARM, LSSGB**, System Director, Health Equity; **Jack Lynch III, FACHE**, President and CEO; **Eileen Jaskuta, MSHA, BSN, R.N.**, System Vice President, Quality and Patient Safety; **Barbara Wadsworth, DNP, MBA, R.N.**, Executive Vice President and Chief Operating Officer; **Barry Mann, M.D.**, System Medical Director for Equity.

# CITATION OF MERIT

Atlantic Health System | Morristown, N.J.

“We are delivering on our promise to our families, friends and neighbors that they will be seen when they walk through our doors.”

**JACK LYNCH III** | President and CEO, Main Line Health

unit to 40 beds in 2022. It also added more social workers focused on behavioral health in its primary care practices. “While many places around the country are cutting back on their behavioral health care services and closing units, we actually doubled the size of our inpatient mental health unit,” Stallkamp says. “It’s an area that doesn’t pay well so we aren’t going to get a financial return on that investment, but it’s the right thing to do for the community.”

Part of a \$35 million investment, the 44,000-square-foot unit seeks to address a behavioral health crisis that has been exacerbated by the coronavirus pandemic, increasing the behavioral health-related visits to area emergency departments.

“We are delivering on our promise to our families, friends and neighbors that they will be seen when they walk through our doors,” Lynch says. “The investment we’re making in behavioral health is significant and underscores our belief that health care is human care.”

Health equity is a top priority at Main Line Health. “We aim to identify the non-medical barriers that may be impacting the health of our patients through universal screening for social needs, such as access to food, safe and stable housing and transportation. As part of our strategy, Main Line Health is committed to responding to every identified social need via referrals to in-house supports and community-based resources,” says Shonalie Roberts, system director, health equity.

Main Line Health supports its community, while improving community health, by engaging in partnerships. Among other initiatives, the health system has been collaborating with Greener Partners, a local nonprofit, to operate Deaver Wellness Farm on its Lankenau Medical Center campus since 2016.

Produce from the organic farm is available to patients, visitors and employees at a year-round farmers’ market. In addition, food from the farm is also used to combat food insecurity in vulnerable patients, including those who need home delivery of food.

“We try to ensure that people have food bags when they leave our emergency departments or inpatient units if patients are food-insecure,” Jaskuta says.

Main Line Health, along with other health care systems and community organizations, founded Together for West Philadelphia, a nonprofit working to improve health equity in West Philadelphia, a low-income and underresourced part of the city.

“We had that partnership long before the pandemic, but it really came to benefit us when the pandemic hit,” Stallkamp says. “We took vaccines to the community and worked on getting the vaccination rate of West Philadelphia up to a really high level.”

Barry Mann, M.D., Main Line Health’s system medical director for equity, founded and leads the Medical Student Advocate program in partnership with Philadelphia College of Osteopathic Medicine. Second-year medical students help patients at Main Line Health’s Lankenau Medical Associates clinic connect to community resources that can meet their social needs.

“We have a number of DEI initiatives that support our ongoing commitment to employee development through education, programming and resources,” says Karen Fitzpatrick Smith, system director, diversity, respect and inclusion.

Main Line Health also reaches into its community to develop a pipeline of diverse health care workers. A week-long summer program for middle-school students in highly diverse schools is designed to introduce them to diverse physicians, nurses and others.

“We are really trying to inspire them to consider nursing or medicine or respiratory therapy — and there’s so many administrative opportunities as well — as a career,” Wadsworth says.

Other programs target diverse high-school students and, in conjunction with the AHA Institute for Diversity and Health Equity Summer Enrichment Program, diverse graduate students preparing for health care careers. Main Line Health also has a robust nursing extern program that offers part-time, year-round paid positions to nursing students. “We specifically try to focus on diverse talent,” she says. ●

## Using patient feedback to guide care



Atlantic Health System, a seven-hospital system based in Morristown, New Jersey, is systematically tackling the challenges of patients with long COVID, who suffer from a range of physical and neurological symptoms after more than 30 days, through its Atlantic COVID Recovery Center.

A designated care coordinator helps patients navigate care provided by a multidisciplinary team that includes cardiologists, pulmonologists, behavioral health specialists, neurologists, rehabilitation and physical therapists, and primary care physicians.

The program not only provides patient-centered care but, more accurately, patient-guided care, says Suja Mathew, M.D., Atlantic Health’s executive vice president and chief clinical officer. “Dedicating a significant portion of our time to thoroughly understanding and incorporating the feedback from our patients allows us to continuously adapt and refine our program,” she says.

Although long COVID symptoms are not homogenous, Mathew says COVID-19 magnified the universal truth that inequities in morbidity and mortality are linked to racism. “Collectively, our task is to uproot these inequities and offer patient- and community-focused, evidence-based solutions,” she says. “The simplest way to start is by asking for any population-based metric. Which patients and populations are missing from our data? Who have we not yet reached?”

A strategy developed to cope with the onslaught of COVID-19 makes Atlantic Health well-prepared for future dramatic patient surges, says Donna Lawson, vice president for quality and patient safety.

Just before the first COVID-19 surge hit, nurses working in outpatient clinical departments were cross-trained to similar/like inpatient departments. For example, nurses serving maternity clinics were cross-trained to mother/baby inpatient units.

In addition, nurses in each inpatient unit were cross-trained to a similar/like “sister” unit, such as cardiac telemetry and step-down units. Clinical competencies for each unit were developed, all team members participated in just-in-time training and simulation labs, and preceptors supported clinical orientation. “These two cross-training protocols will remain in place and ‘at the ready’ in the event that a dramatic patient surge occurs again in the near future,” Lawson says.

Atlantic Health President and CEO Brian Gragnolati expressed pride in the staff’s commitment to quality. “Health care is about more than what makes it onto a chart,” he says. “It’s about creating an accessible environment where every member of our community feels seen and heard, and about always making decisions with the patient at the center of our focus.” ●

# CITATION OF MERIT

University of Chicago Medicine | Chicago, Ill.

## Providing equitable care and reducing disparities



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With a steady gaze on reducing maternal health disparities, University of Chicago Medicine has racked up some impressive wins.

“We integrate equity into every one of our quality and safety initiatives,” says Thomas Jackiewicz, the health system’s president.

The majority of mothers who deliver their babies at University of Chicago Medicine are African American/Black, and the OB-GYN department has been collecting data for many years, so it can identify and address disparities in care and outcomes between Black and white patients. Thanks to standardized protocols to ensure that all patients receive the same care, its rate of severe maternal morbidity has fallen to 2.2% — with no significant difference between African American/Black mothers and white mothers — compared with a statewide average of 10%.

“We have shown that you can reorganize an entire unit specifically to provide equitable care,” says Sarosh Rana, M.D., section chief of maternal-fetal medicine.

In another victory, Rana and her colleagues dramatically improved care for postpartum mothers with uncontrolled blood pressure.

The condition is serious because it can lead to stroke, but most mothers were not getting the follow-up care they needed. Rana assembled a broad and diverse team to tackle

the problem from all angles: clinician education, patient education, standardized care protocols, a new readmission policy that eliminated long waits in the emergency department, new postpartum hypertension clinics, blood pressure monitors given at discharge and telehealth visits.

The new strategy worked to improve care for all mothers with hypertension — and a bit of COVID-era serendipity eliminated one lingering disparity. When postpartum visits were moved to telehealth, the rate of follow-up visits among Black women increased from 30% to 76%, the same rate as that of white women.

University of Chicago Medicine uses its simulation lab to train clinicians how to have difficult conversations with patients and family members. Standardized patients, individuals who are trained to act as patients, give learners an opportunity to practice conversations in a meaningful way, says Priti Jani, M.D., faculty director for the simulation center.

Most recently, the simulation center added a new curriculum to train residents how to recognize and address racism, implicit bias and microaggression. “This helps trainees, whether they are a bystander or a recipient or potentially the perpetrator, think about what the next steps might be to address the situation,” Jani says. ●