

Crossing the quality creek

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The Institute of Medicine (IOM) report, "To Err is Human: Building a Safer Health System,"¹ represented a landmark shift in this country in the thinking about health care quality and safety. The report also brought safety in health care to the public's attention in a very big way by documenting the types of errors that occur and, in general, how often they occur and why. The follow-up report, "Crossing the Quality Chasm: A New Health System for the 21st Century," published 2 years later challenged the health care industry to reform itself to improve quality and safety.² Much of what is reported in this issue of the *Journal* is a follow-up to those recommendations as quality is being addressed at a statewide or systems level in Wisconsin.

While the metaphor of a "quality chasm" describes the large changes that must happen to achieve an effective health system, metaphors have unintended consequences that sometimes work contrary to their purposes. Anyone in clinical medicine and the majority of the public understand the dysfunctionality that marks the current state of health care in this country. No one really questions the existence of safety and quality issues as well as unresolved and growing disparity in care. Leaders of the Wisconsin Medical Society, the public, and physicians who, every day, try to do what is possible to improve care, all agree that change is necessary. But that is where the

"quality chasm" metaphor becomes a problem.

We spend part of the year at our house in northern New Mexico. Our land is between 2 canyon walls, each 400 feet high. When I stand on the top of one mesa and contemplate getting from there to the other mesa, a quarter of a mile away, it seems pretty much impossible. I can't fly, like the crows and eagles that bounce from mesa to mesa. It is a chasm I can't cross, so I have to climb down to the canyon floor. A spring-fed creek runs down the valley and to get home, I have to cross it. Crossing a creek, for me, and I suspect most physicians, offers a more understandable metaphor for getting to better quality and safety than sprouting wings and crossing the chasm.

To cross a creek, I have to scout out the best place, find rocks that will let me go from one side to the other, and find a pole to stabilize my crossing. Creeks can be fickle and they change throughout the year. If the water is low, it is easy; when there is a rain, or at spring run-off, the water is high, the transit more difficult, and I have to find a new route or a new section to cross. But, in any case, to get home, I have to cross the creek. I have to find a way, even if it might mean getting soaked.

Crossing a chasm seems impossible, but most of us can figure out how to cross a creek. The most important issue about quality improvement is to realize we can do it, just as I have to cross the creek to get home. Standing still is not an option. We have to look

at the conditions—our practice—and decide how to begin. There are times when improving quality is more difficult: when the water seems higher. We might need some help from a pole to cross. We have to map out the strategy and be willing to step on the first rock and even, occasionally, need to change strategies in the middle of the creek. But with determination and planning, we will get across.

So while the fundamental changes advocated by the IOM are unquestionably necessary, the systems changes that we can bring about in our individual practices are both the place to begin and the level at which most of us can work. Large goals and principles are helpful as guides but, as in most things, change begins on the ground with each of us. The other reality is the practice level, not the systems level, is the place to experiment. If I slip off a rock crossing the creek, the worst thing is that I get wet and have to try a new route. If I were to try to fly across the canyon, the consequences would be much more permanent.

References

1. To Err is Human: Building a Safer Health System. Institute of Medicine, National Academies of Sciences Press. Washington, D.C.; 1999.
2. Crossing the Quality Chasm: A New Health System for the 21st Century. Committee on quality of health care in America. Institute of Medicine. National Academies of Science Press. Washington D.C.; 2001.

Wisconsin Medical Journal

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The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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