



Michael J. Dunn, MD

Efforts to increase health care quality and reduce medical errors must be maintained

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We have come a long way in our efforts to improve the quality of patient care and reduce medical errors. Different organizations, including some in direct competition with each other, now openly discuss and share health care performance data. Health care professionals are beginning to assess best-practice methods to ensure they are integrated into patient care, and outcome measurements have been implemented to determine our effectiveness.

Several public reports and projects, including the Institute of Medicine's (IOM) 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, and the Institute for Healthcare Improvement's (IHI) 2004 project, *100,000 Lives Campaign*, were instrumental in elevating the importance of these topics and forcing us to rethink how we practice medicine.

With Froedtert Hospital and Children's Hospital of Wisconsin, Medical College of Wisconsin physicians have instituted or participated in several quality improvement projects.

Wisconsin Collaborative for Healthcare Quality

The Medical College and Froedtert

Hospital joined the Wisconsin Collaborative for Healthcare Quality (WCHQ) in 2003 as 2 of its 8 founding members. John A. Weigelt, MD, DVM, Milton & Lidy Lunda/Charles Aprahamian professor of trauma, chief of trauma and critical care surgery and associate dean of clinical affairs, and William Petasnick, President and CEO of Froedtert Hospital, sit on its board of directors.

The WCHQ, now with 28 members, is a voluntary statewide consortium of health care professionals, employers, and union organizations dedicated to improving the quality and effectiveness of health care in Wisconsin through the development, collection, and public reporting of verifiable health care performance measures. Members also identify and share best practice methods.

Many ambulatory measures are publicly reported on the Collaborative's Web site (www.wchq.org), including some for diabetes care, cancer screening, congestive heart failure, hypertension evaluation, and myocardial infarction.

The growth and success of the WCHQ is significant, according to Dr. Weigelt, because it shows the willingness of diverse groups of organizations to work together

and share performance data for the sake of improving the quality of the health care system as a whole.

The WCHQ originally focused on measuring the quality of care in large practices and hospitals, but in 2006, it was 1 of 6 sites nationwide selected for a pilot project that will measure the quality of care in small practices (<15 physicians). The goal of the project is to develop a practical model for collecting and reporting information when fewer resources are available.

Joint Quality Office

The Medical College and Froedtert hospital created the Joint Quality Office (JQO) in 2004 to spearhead the growing clinical quality efforts of our 2 organizations. Led by Dr. Weigelt and associate director Geoffrey C. Lamb, MD, associate professor of medicine, the JQO identifies organization-wide clinical quality initiatives and provides support and expertise to departments, centers, and multidisciplinary product lines that wish to define, plan, measure, and report their own experience.

The JQO also reports our clinical quality data to WCHQ and the University HealthSystem Consortium (UHC). UHC is a nationwide group of 97 academic medical centers and 153 of their

affiliated hospitals that collect, analyze, and report data meant to improve clinical, operational, and patient safety performance.

To help incorporate quality principles into all aspects of our medical education programs, Dr. Lamb and Ann Morstad Boldt, the JQO manager, are developing an educational program to teach the principles to faculty, residents, and students.

Surgical Care Improvement Project

The Surgical Care Improvement Project (SCIP) is a set of 13 national, evidence-based quality measures aimed at reducing surgical complications by 25% by 2010. The Medical College and Froedtert Hospital implemented the measures, which are endorsed by the Centers for Medicare and Medicaid Services (CMS), and began publicly reporting our results on July 1, 2006.

The measures are focused on reducing the risks of postoperative myocardial infarction, surgical site infection, blood clots, and pneumonias associated with a ventilator.

This is one of the first national efforts to address specialty care, and the resulting improvements could be very worthwhile. According to data provided by the SCIP, a single wound infection will increase the overall cost of a patient's care by \$7000, and surgical site infections, which 2%-5% of surgical patients develop, increase hospital stays by an average of 7.5 days and cost the US health system between \$130 million and \$845 million annually.

DITTO Project

In July 2005, a Medical College team of physicians and staff in

a Froedtert Hospital General Internal Medicine Clinic, as part of an Academic Chronic Care Collaborative sponsored by the AAMC, developed a new 18-month program aimed at improving the care of diabetic patients.

The project, called Diabetes Team to Transform Outcomes (DITTO) and led by Jaishree Hariharan, MD, Associate Professor of Medicine, included the collaborative sharing of specialist knowledge, a redesign of care delivery that implemented best-practice methods, standardized protocols and definitions, structured outcome surveillance, follow-up communication with the patient, and diabetes-focused visits with the patients to foster self-management goals and adherence to care.

The results of this project were very encouraging. Preliminary data, which will be presented at the upcoming 2007 Wisconsin Quality and Safety Forum, demonstrated a reduction in median glycohemoglobin levels, from 7.4 to 7.0, among participating patients. Based on these results, this chronic care model will soon be implemented in all of our primary care clinics. The goal is to integrate the model into the care of patients with other chronic diseases like depression, congestive heart failure, and arthritis.

Virtual Pediatric Intensive Care Unit Performance System

Children's Hospital and Health System's National Outcomes Center is a founding partner of the Virtual Pediatric Intensive Care Unit Performance System (VPS), along with the Children's Hospital of Los Angeles and the National Association of Children's

Hospitals and Related Institutions. A consortium of 67 US hospitals, of which Children's Hospital of Wisconsin is a member, the VPS is focused on quality improvement and patient safety improvement work in pediatric intensive care units.

Ramesh Sachdeva, MD, PhD, Associate Professor of Pediatrics at the Medical College and Vice President of Quality and Outcomes at Children's Hospital of Wisconsin, is chief scientific officer for VPS, which allows participating organizations to do national benchmarking of performance and quality for pediatric ICUs. Through Dr. Sachdeva's work in Milwaukee with a team of Medical College faculty, we have been developing outcomes reports for hospitals around the country.

Pediatric Practice Group Efforts

Children's Hospital this year committed to coordinating its efforts in clinical quality with Children's Specialty Group—a joint venture between the Medical College and Children's Hospital and Health System—whose pediatric practitioners are College faculty members. The relationship is leading to the further tracking of quality and outcomes in various pediatric clinical practices, which will lead to improved care and patient safety.

As our efforts and focus on quality expand, they will have an even greater impact on improving patient outcomes, system efficiencies, and costs. Collaboration among those involved—including providers, payors, business, legislators, and patients—will boost the momentum and convert the data we collect into a more effective and efficient health care system for us all.

Wisconsin Medical Journal

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