

# Community Emergency Healthcare Initiative

## Performance Excellence Transfer Enterprise

- **Purpose:** It is a given that U.S. healthcare is in a quality crisis. One critical element of this crisis is the state of emergency services in small community hospitals. This initiative specifically and uniquely addresses an unmet need that has been exacerbated since hospitals now have to deal with the challenge of nuclear-biological-chemical (NBC) disaster preparedness. A brief snapshot of some of the issues in emergency care includes:
  1. Experts believe that there are over 100,000 preventable deaths per year in U.S. hospitals.
  2. The more than 100 million patients seen in U.S. hospital emergency departments each year are at the greatest risk of suffering preventable harm. Over half of such preventable and harmful events result from treatment that is deemed “well below the standard of care”.
  3. As 10.5% of admissions are children, a substantial number experience preventable deaths and disabilities in U.S. hospitals each year.
  4. Small community hospitals are resource constrained and deliver a majority of frontline care.
  5. Frontline small community hospitals have virtually no capabilities and little capacity to deal with the unique demands of NBC attacks.
- **Vision, Mission, and Deliverables:** The vision is to empower frontline community hospitals to drive emergency healthcare performance in quality and safety. The mission is to identify, develop, and transfer world-class performance solutions that will equip hospitals to dramatically impact integrated care and operations processes. The ultimate goal of this process excellence and transfer enterprise is to create new knowledge channels that will provide a continuous flow of concepts, tools, and resources empowering thousands of community providers to deliver optimal healthcare performance.
- **Funding Sought:** We will be seeking funding from different agencies in order to establish the program. Thereafter, annual funding campaigns will perpetuate the initiative with the intention of reaching as many hospitals as possible. This can be adjusted based on the number of teams engaged.
- **Strategic Initiatives and Deliverables:**
  1. **Venture Development:** Design, recruitment of management team, and development of simple operational methods to drive programs.
  2. **ED Best Practices Set:** The ED Performance Teams will use a set of continually optimized best practices. They will be aggregated, tested, and implemented to generate measurable high impact sustainable gains through an ongoing development program. Showcase centers will be established to provide verifiable evidence and training for the market segments to be targeted.
  3. **Interactive Collaborative ED Network:** An ED Idealized Design and an ED Breakthrough Series shall be developed and launched with IHI to facilitate the development of process excellence and catalyze knowledge transfer via a practicing interactive community. As many as 30 to 50 community hospitals will be trained per year. The emphasis will be single-mindedly focused on measurable performance. The leading performance teams who hold their gains will compete for renewable grants that allow them to become faculty the next year. Such PETE Centers (Performance Excellence Transfer Enterprise) will train three new outside teams per year.
  4. **Disaster Preparedness/Emergency Medical Response Grid (EMRG):** The terrorism attacks in September 2001, the subsequent bioterrorism attacks, and the risk for further NBC attacks have put staggering pressure on an already failing and stressed healthcare system. A framework will be developed to equip frontline and small community and rural hospitals with the knowledge and skills to rapidly weave together and expand the disaster preparedness and emergency services in their communities. It will expand capacity and capabilities of the community service areas.
  5. **Children’s Program:** Children have very specific needs that make their care more critical. This specific program will address the key emergency issues including coordination with first responders and evacuation principles.

6. **Knowledge Management (KM) System:** A state-of-the-art system will be built to provide the network with concepts, tools, and resources to facilitate development and optimization opportunities. The robust KM system portal will support the EMRG by providing an open architecture hub for collaborators to access existing knowledge and ever developing assets in order to develop new knowledge and best practices.
7. **Consumer/Patient-Centered Module:** A consumer-based module will be co-developed with the Agency for Healthcare Research and Quality. Funding will help establish executive team meetings and establish the design for an ED consumer research project. The focus will be to develop the performance considerations for developing the concepts, tools, and resources to enhance the role of consumers in reducing adverse events and optimizing their care. Consumers will actually serve as faculty to teach our ED teams.
8. **Advisory Platform Development:** Advisory teams of world-class experts in ED methods, technologies, and process performance will be developed and managed.

- **Participating Organizations:**

1. **Institute for Healthcare Improvement (IHI):** Is widely recognized as the gold standard in healthcare improvement technologies. IHI will provide leadership of a specific Community ED Idealized Design program that will develop deployable improvement methods. It will also lead a Community ED Breakthrough Series to train small community hospitals.
  2. **Texas Medical Institute of Technology (TMIT):** Will provide an operations base and KM platform for collaborators. It will supervise the design, construction, and operation of the Community ED knowledge management system. It will recruit expert panels and healthcare supplier teams. It is a 501(c)3 tax exempt organization. Founded in 1984, TMIT has a longstanding history of patient safety development activities.
  3. **Health Care Concepts, Inc. (HCC):** Is a major donor to TMIT. It has donated start-up funds and will donate performance solution measures, will provide proprietary innovation transfer methodology, technical recruitment support, operations space, staff, and patient safety concepts, tools, and resources. It will design and construct the KM system.
  4. **Health Resources and Services Administration (HRSA):** Along with TMIT is undertaking a rapid evaluation of emergency services and imaging issues across the 3,200 HRSA community health centers and affiliated clinics nationwide. The intent is to identify quality issues that can be addressed by the CEHI effort and that can be made available to HRSA caregivers delivering care to 11 million people across the nation.
  5. **The Institute of Medicine (IOM):** Has asked CEHI to collaborate on ED measures and process improvement in rural and frontline hospitals. CEHI was invited to participate in its first national IOM symposium addressing innovation in the spring of 2002, showcase its work and present awards to the collaborators from the emergency medicine initiative.
  6. **Sponsors and Advisors:** Numerous sponsor organizations will provide funding and knowledge assets. These include NASA, academic organizations, global corporations, and professional societies.
- **Timeline:** The KM phase of the initiative has been launched. The Idealized Design effort and team selection will begin based on available funding in the first quarter of 2002. Recruitment of community emergency care teams started on October 10, 2001 at the national patient safety meeting, *Patient Safety Stories of Success*, in Dallas, Texas and will be pursued based on funding.