

## Opinion

### Taking a leap

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Although most people would agree that a hospital's business is healing patients, the truth is that much of the U.S. health care system isn't organized to pay hospitals for how well they conduct their "business." Instead, hospitals traditionally have been paid for the quantity of care and services with little regard to the actual quality or effectiveness of their efforts.

A loud national gasp was heard when the Institute of Medicine released a 1999 study that said up to 98,000 Americans die every year from preventable medical errors made in hospitals. The report was a wake-up call and led to a movement that has begun to transform not only the financing of health care, but its safety too. Instead of getting paid for services rendered, more hospitals and physician groups are participating in programs that link reimbursement and compensation to the quality and outcomes of care.

But why would hospitals agree to participate? One reason is a desire to serve their patients and communities well. Another is a need for reliable information that helps them measure whether or not they are doing a good job.

In Virginia, 38 hospitals participate (52 do not participate) in the nonprofit Leapfrog Group's "Hospital Quality and Safety Survey," enabling them to compare their performance against national quality and safety standards or "leaps" that are known to save lives. In fact, Sentara Norfolk General Hospital is one of the nation's "Top Hospitals," a result of its performance compared to 1,200 other U.S. hospitals participating in the Leapfrog survey. The latest hospital scores can be viewed at [www.leapfroggroup.org](http://www.leapfroggroup.org).

By making quality information publicly available, Leapfrog (and organizations such as the Virginia Health Information (VHI), Centers for Medicare and Medicaid, and the Joint Commission on the Accreditation of Health Care Organizations) enables individuals to make more informed choices about where to seek care. Equally important, local businesses and national corporations use the information to make important decisions about which providers are best for providing care and what type of contracts they should sign.

In spite of disturbing reports of growing numbers of uninsured, health care fraud and waste, and quality failures (the Commonwealth Foundation just reported that the U.S. scored only 66 out of a possible 100 on various health care measures), there are solid indications that the quality movement is making a difference: A recent report by the National Committee on Quality Assurance said that more than 70 million Americans enrolled in private health plans saw the quality of their care improve last year; and, The Leapfrog Group estimates that more than 20,000 lives are now being saved annually in hospitals

where the ICU is staffed by ICU specialists.

The comprehensive Leapfrog survey has motivated hundreds of hospitals to take four tangible “leaps” to improve hospital safety and save lives: implementing a computerized system for prescriptions and other doctor’s orders; staffing intensive care units with trained specialists; achieving the best results possible on high-risk procedures (such as coronary surgeries and neonatal intensive care); and implementing 27 other essential hospital safety practices. In fact, if all non-rural (a.k.a. “urban”) hospitals implemented the first three of these leaps, over 65,000 lives would be saved and over 900,000 serious medication errors would be prevented yearly. In a follow-up to its 1999 report, the IOM noted that “Between the health care we have and the care we could have lies not just a gap, but a chasm.” The hospitals in Virginia participating in Leapfrog’s survey must be commended for demonstrating a commitment to crossing the chasm. But words of praise aren’t enough; businesses and individuals alike have a responsibility to make their own “leap” across the chasm by choosing to use hospitals that measure and report on quality. If yours doesn’t, ask why not.

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