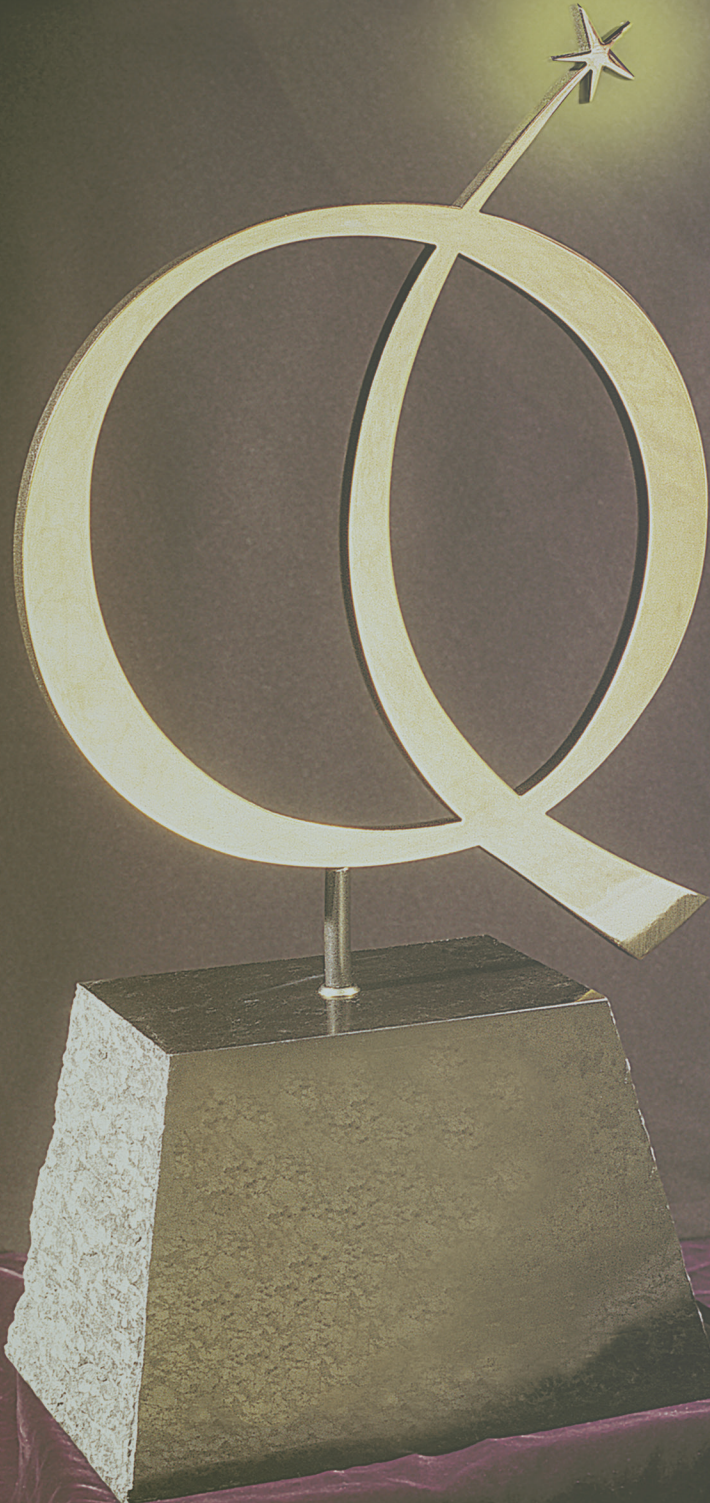


# 2022

The  
American Hospital  
Association  
Quest for Quality<sup>®</sup>  
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 achieving high-quality health care and advancing

health in communities. The 2022 award recognizes hospitals and health systems that are committed to and are making significant progress in providing access to exceptional quality, safe, patient- and family-centered affordable care that is improving the health of their communities. The award showcases successful innovative models of care, services and collaboration to provide seamless care and to address health care disparities. The prize is directed and staffed by the American Hospital Association's Office of the Secretary. The award winner and finalists were recognized in July at the AHA Leadership Summit. For more information about the prize, visit [www.aha.org/questforquality](http://www.aha.org/questforquality).

For information on the 2023 award process and application, please visit: [www.aha.org/about/awards/questforquality](http://www.aha.org/about/awards/questforquality).

Call 312-422-2749 or email [questforquality@aha.org](mailto:questforquality@aha.org) with questions.



## 2022 Prize Committee

**Thomas Burke, M.D. (chair)**  
Former professor, department of gynecologic oncology and reproductive medicine, University of Texas MD Anderson Cancer Center

**Madeleine Biondolillo, M.D.**  
Vice president, academic initiatives Premier Inc.

**Robert Dean Jr., D.O., MBA**  
Senior vice president, performance management Vizient Inc.

**Jill Duncan, R.N., MS, MPH**  
Vice president Institute for Healthcare Improvement

**Paul B. Hofmann, DrPH**  
President Hofmann Healthcare Group

**Beverley H. Johnson**  
President and CEO Institute for Patient- and Family-Centered Care

**Ken Sands, M.D.**  
Chief patient safety officer HCA Healthcare

**Abraham Segres, MHA**  
Vice president, quality and patient safety Executive director, Center for Healthcare Excellence Virginia Hospital & Healthcare Association

**Mary Beth Navarra-Sirio, R.N.**  
Senior vice president, awareness and adherence solutions ConnectiveRx

**Ronald (Ron) Werft**  
President and CEO Cottage Health

**Gary R. Yates, M.D.**  
Partner, transformational advisory services Press Ganey

### AHA Staff

**Gail Lovinger**  
Senior vice president and secretary, association governance

**Cecily Pew**  
Senior director and assistant secretary, association governance

**Nancy Foster**  
Vice president, quality and patient safety policy

# Inside

## WINNER



**University Hospitals** | Cleveland  
Harm is preventable and 'it's my job to do it'

## FINALIST



**Ochsner Medical Center** | New Orleans  
Dyad leadership model: 'We're not in this alone'

## FINALIST



**WellSpan Health** | York, Pa.  
Diverse, data-driven culture boosts outcomes

## CITATION OF MERIT



**NorthShore University HealthSystem** | Evanston, Ill.  
Community focus drives health equity



# WINNER

University Hospitals | Cleveland



## Harm is preventable and 'it's my job to do it'

**M**embers of the environmental services staff at University Hospitals (UH) in Cleveland have agreed to stop seeing themselves as housekeepers only. They created their own commitment: "I will start believing that I play a critical part in the safety, well-being and health of all those we serve."

Similar pledges have been created throughout UH — a comprehensive health system comprising more than 20 hospitals, 50+ health centers, and more than 200 physician offices in northern Ohio — in support of the organization's Zero Harm culture. For the past three years, UH has been changing beliefs about patient safety. "The secret sauce to get to zero is that people need to stop believing that harm is inevitable and start believing that 'it's preventable and it's my job to do it,'" says Peter Pronovost, M.D., PhD., the system's chief quality and clinical transformation officer.

That new mindset is one component of UH's broad initiative to eliminate defects in value. "What's this 'defect' term? It's an action or a behavior that we know we should be doing for a patient to improve quality or reduce costs that we're not doing," Pronovost says. "Let's make those visible and then design them out."

UH's Zero Harm focus has four domains: (1) zero clinical harm; (2) zero suffering from a poor patient experience; (3) zero inequities; and (4) zero wasted resources.

"It requires building high-reliability medicine into our work streams for almost every DRG [diagnosis-related group] to

make sure that we are following the best practices," says CEO Cliff Megerian, M.D., "And our board holds us accountable to that. In fact, the board is actively engaged to make sure this extends throughout the entire system and is not just limited to our academic medical center."

Beginning in 2018, senior leaders aligned around a goal of Zero Harm, communicated this goal and all employees, both clinical and nonclinical, began receiving training on UH's Zero Harm initiative and the importance of believing that harm is preventable.

University Hospitals also created a culture across the system that encouraged people to connect, which facilitated the sharing of promising practices and a free flow of ideas. UH calls this its fractal management system and believes it is the key to learning, innovating and improving.

Additionally, the system launched a series of Zero Harm newsletters, focused on hospital, ambulatory and primary care, to provide tips — for example, reducing readmissions or decreasing use of skilled nursing facilities — and report performance on key metrics.

In addition to changing beliefs and sharing best practices, achieving Zero Harm requires open acknowledgement when defects occur. "We believe it's important to be transparent — share data, share events, share concerns, share opportunities — and foster a 'speak up' culture," says Michelle Hereford, R.N., the system's chief nursing executive. "We encourage openness during our learning and shared accountability forums where best practices within the system are

### The University Hospitals Team

(Front row, left to right): **Cliff A. Megerian**, M.D., FACS, UH Chief Executive Officer, Jane and Henry Meyer Chief Executive Officer Distinguished Chair; **Peter Pronovost**, M.D., PhD, Chief Quality and Clinical Transformation Officer; **Michelle Hereford**, R.N., MSHA, System Chief Nurse Executive, Ethel Morikis Endowed Chair in Nursing Leadership. (Middle row, left to right): **Patricia M. DePompei**, R.N., MSN, President, UH Rainbow Babies & Children's and UH MacDonald Women's hospitals, Rainbow Babies & Children's Foundation Chair in Leadership and Innovation; **Jason Pirtz**, R.N., MBA, BSN, Chief Nursing Officer, UH Cleveland Medical Center, Thomas F. Zenty III Fellow in Transformational Leadership; **Danielle Price**, MSSA, Director, Community Health Engagement, UH Government & Community Relations. (Back row, left to right): **Robyn Strosaker**, M.D., FAAP, President and COO, UH Lake Health Medical Centers; **Jordan M. Javier**, MBA, Director, UH Rainbow Babies & Children's Ahuja Center for Women & Children; **Eddie Taylor, Jr.**, Board Chair, UH Cleveland Medical Center, and President and CEO, **Taylor Oswald**.



“We all need to be constantly aware of unconscious bias in how we interact with each other and with our patients.”

**Cliff A. Megerian,  
M.D., FACS**

UH Chief executive officer

shared and knowledge is transferred across the organization.”

When defects are made visible, people are inspired to redesign the processes that allow defects, Pronovost says. That is true only when staff members have confidence that revealing defects will not lead to punishment.

UH has positioned itself as a learning organization, believing that solutions to all defects can be found — if not internally, then outside UH or even outside health care — and everyone is responsible. “As we make defects visible, leaders must first hold themselves accountable for setting teams up to be successful,” Pronovost says. “It gets us out of an ‘us vs. them’ and completely into the ‘we’ category.”

The UH Social Justice and Equity team works to address health care disparities and promote justice and equity in the workplace. Among other things, the team conducted a policy and practice audit to establish a baseline assessment of the organization’s strengths and opportunities in the areas of justice, diversity, equity and inclusion. The UH Office of Community Impact, Equity, Diversity & Inclusion (CEDI) has sponsored the Racial Equity Institute training for providers and leaders and facilitates the bias training for all employees. Innovative CEDI initiatives, such as the UH Health Scholars and the UH Food For Life Markets, are nontraditional health care initiatives that are focused on improving both workforce opportunity and health equity in traditionally marginalized communities.

“We all need to be constantly aware of unconscious bias in how we interact with each other and with our patients,” Megerian says.

To truly address disparities, the system’s internal work had to be coupled with increasing access to care in underserved neighborhoods, he says. “That’s why we decided to build in one of the most economically challenged areas of the city. It was maybe not reasonable from a profit standpoint, but we felt that our community is our patient.”

In 2018, University Hospitals opened the UH Rainbow Babies & Children’s Ahuja Center for Women & Children in one of Cleveland’s neighborhoods with the highest needs.

“We recognized that we needed to deliver primary care differently because the health and health care disparities we saw between black families and white families were unacceptable, quite frankly,” says Patricia DePompei, R.N., president of UH Rainbow Babies & Children’s and UH MacDonald Women’s hospitals.

An advisory committee, including representatives from a wide range of diverse organizations, helped UH design the new facility, from programs and services to artwork, building design and community partnerships.

“We’ve been able to successfully weave in a number of supportive services beyond the traditional primary medical pediatric and obstetric and gynecologic care,” DePompei says. For example, a Legal Aid attorney works at the center full time. Full-time nutritionists for both the



pediatric and the women’s health program collaborate with a nearby grocery store to provide classes and shopping experiences.

UH’s focus on infant and maternal mortality and morbidity is starting to pay off. Approximately 94% of women participating in the system’s CenteringPregnancy program, which provides health assessments, health promotion, education and prenatal care in a supportive, group environment, deliver full-term babies, compared with 88% in Cuyahoga County overall.

When the COVID-19 pandemic hit in 2020, UH initiated a tiered communication and issue-identification structure to help manage scarce resources and rapidly changing information, and it continues in place. “This structure — from the bedside to the top of the organization — allows us to engage everyone to work together to develop solutions and communicate them across the organization,” says Hereford.

The COVID-19 crisis reinforced UH’s commitment to collaboration. In one of many examples, UH worked with the Cleveland Clinic, its biggest competitor, on surveillance and modeling, testing, logistical issues, research and vaccine administration. The two organizations started sharing data in March 2020 to gain a better understanding of how COVID-19 was spreading and quickly saw the benefits of doing so.

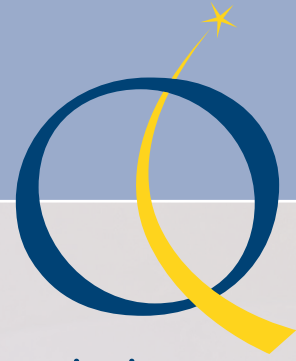
UH and Cleveland Clinic have committed to a “Stronger Together” pledge to further collaborate on public health challenges (the opioid epidemic, infant mortality, lead poisoning, food insecurity) as well as workforce development, supply chain and sourcing, and research.

“We realized during this time that although our hospitals are competitors, we do not compete in giving back to the community,” Megerian says. ●

“Our tiered communication structure — from the bedside to the top of the organization — allows us to engage everyone to work together to develop solutions and communicate them across the organization.”

**Michelle Hereford,  
R.N., MSHA**

System chief nurse executive



American Hospital Association  
*Quest for Quality Prize*<sup>®</sup>