



National Business Group on Health Recommendations to Employers on Essential Actions to Improve the Quality and Safety of Health Care

The quality and safety of health care in the United States has come under increased scrutiny since the publication several years ago of two seminal reports by the Institute of Medicine (IOM)—*To Err is Human: Building a Safer Health System* (IOM, 2000) and *Crossing the Quality Chasm: A New Health System for the 21st Century* (IOM, 2001). These reports clearly identified and widely publicized the glaring gaps in quality and safety of health care in the United States. The first IOM report drew attention to the dangerous consequences to people each day that the health care system fails to deal with its major deficiencies in quality and safety. The urgency for drastic and systemic improvement in quality and safety is underscored by the fact that employers and governments can no longer afford to sustain the current rising and uncontrollable costs, much of which is for low quality and unsafe care, as the economy becomes increasingly competitive domestically and globally.

Given the urgent need to protect patients and the lack of significant progress of the health care community in improving quality and safety, the National Business Group on Health strongly urges all employers do the following to more rapidly bring about the needed improvements in the quality and safety of health care:

Take all necessary steps with health plans, providers, other payers and government to stop paying for the most significant “never events.”

In years one and two, working with health plans, providers, consumers and other employers, we recommend that employers not pay for avoidable errors, starting with the list below. By year three, employers should expect substantial progress to be made on reducing health care-acquired infections and should use payment policies that support a culture of safety.

Surgical Events

- Surgery performed on the wrong body part
- Surgery performed on the wrong person
- Wrong surgical procedure performed on a patient
- Retention of a foreign object in a patient after surgery or other procedure
- Death of a normal health patient during or immediately following surgery
- Death or serious disability of a patient associated with the use of contaminated drugs, devices, or biologics
- Death or serious disability of a patient associated with the use of a device that is used or functions in ways not intended

- Death or serious disability of a patient associated with an intravascular air embolism while in a health care facility

Care Management Events

- Patient death or serious disability associated with a medication error, often the admission to another care facility results in the lack of appropriate medication reconciliation
- Patient death or serious disability associated with administration of incompatible blood or blood products
- Maternal death or serious disability associated with labor or delivery on a low-risk pregnancy while being cared for in a health care facility

Recognizing that significant progress in patient safety occurs when there is evidence of the strong commitment of the Leadership Team and the Board of Directors, employers should require either that all hospitals and health care systems in their preferred networks satisfy the following conditions or provide special financial incentives (e.g. lower deductibles) to employees and other participants in employers' plans who use hospitals and health care systems that satisfy the following conditions:

- Obtain the commitment of the CEO, the Board, and other senior leadership team members to the culture of safety and the reduction of avoidable medical errors;
- Actively participate in the 100,000 Lives Campaign and work aggressively to sharply reduce the number of health care acquired infections; and
- Actively participate in the Surgical Care Improvement Project.

Implement health information technology, including electronic medical records and personal health records for all patients, according to the standards and requirements specified by the Secretary of Health and Human Services, based on the work of the American Health Information Community (AHIC). The systems should include e-prescribing, and connections to the personal health records that every consumer will have and be able to carry.

Health information technology will eliminate the complexity, duplication, waste and bureaucracy associated with paper-based medical records. Each individual should be able to have convenient, affordable access to personal, portable health information that may take a variety of forms, but will enable all people to have an electronic home for their medical history.