

Philanthropy Profile

Health Care Quality and Patient Safety: Funding a Movement

Quality initiatives have been in existence for years. However, the publication of the Institute of Medicine's landmark report *To Err is Human: Building a Safer Health System* [1] in November 1999 marked a significant shift in the health care landscape—one that placed quality and safety at the forefront of pressing industry issues. The confluence of various political, social, and technological changes, along with the availability of public and private funding to establish effective programs, has helped hospitals and other health care organizations to become leaders in providing quality health care in the Carolinas.

The trustees of The Duke Endowment, a private foundation established in 1924 by James Buchanan Duke, approved the topic of patient safety as a priority funding area in 2000. The overall objective was to help reduce the incidence of medical errors that have the potential to result in patient harm. The original goals were to encourage and assist health care organizations in the following areas: to create opportunities for experts in the industry to openly discuss medical errors and patient safety; to change the health care culture by fostering a non-punitive environment that allows staff members to learn from their mistakes and to create improved systems of care; and to identify and assess strategies for error reduction and best-practice models for monitoring and reporting systems.

In 2001, The Duke Endowment gave 4 North Carolina hospitals grant funds totaling \$2,272,520 to purchase and implement new technologies aimed at reducing medical errors. The 4 hospitals—Duke Medical Center in Durham, Northeast Medical Center in Concord, Iredell Memorial Hospital in Statesville, and Wayne Memorial Hospital in Goldsboro—implemented technologies such as bar coding systems, physician order entry systems, and electronic medical records, which proved to be effective in reducing medical errors. After evaluating these hospitals' results and recognizing the value of these technologies, the trustees of The Duke Endowment approved a Health Information Technology Special Grant Program.

The funding provided by this program expanded the utilization of health care technology that supports hospitals' ability to improve patient safety and quality, coordination of care, and provider efficiency and productivity. Through this program, The Duke Endowment provided funding for 26 health care technology projects in small and rural hospitals in the Carolinas.

In 2003, The Duke Endowment was invited to engage in discussions with leaders in South Carolina about an opportunity to partner with their leading health care systems and universities. In April 2004, Health Sciences South Carolina (<http://www.healthsciencessc.org/>) was founded as an inclusive, public-private, statewide biomedical collaborative committed to the vision of using health science education and research to drive economic growth and health care improvement. In 2006, a multiyear grant of \$21 million from The Duke Endowment provided resources that helped Health Sciences South Carolina establish the necessary infrastructure and technology to become a leader in health care education, research, and delivery of quality health care.

In 2004, The Duke Endowment began working with leaders of both the North Carolina Hospital Association and the South Carolina Hospital Association (SCHA) on ways to improve health care quality and patient safety. Conversations centered around ways to address issues related to quality improvement and patient safety, with a vision for the future in which every hospital in the Carolinas would have the necessary support and tools to provide the highest quality of care possible. This planning led to the North Carolina Hospital Association receiving a multiyear grant of \$5 million to help establish the North Carolina Center for

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Hospital Quality and Patient Safety—now known as the NC Quality Center (NCQC; <http://www.ncqualitycenter.org/>)—which has helped position North Carolina as a national leader in quality improvement and patient safety. The NCQC has been highly effective in working with hospitals to provide educational events; data collection, analysis, and comparison of quality and patient safety indicators; and strong leadership, all of which have had a significant impact on advancing a culture of safety and improving patient care outcomes. [Editor's note: For more information about the NCQC, see the article by Koeble and Campione on pages 126-132.]

Also in 2004, the SCHA convened a statewide committee on patient safety to review issues and to facilitate collective learning and activities. A multi-year grant of \$3 million from The Duke Endowment in 2006 helped to formalize and centralize the SCHA's statewide patient safety efforts through a program known as Every Patient Counts (<http://www.scha.org/improving-patient-experience>). The SCHA was nationally recognized in 2012, when the American Hospital Association awarded the SCHA with the Dick Davidson Quality Milestone Award for its leadership and its work to improve patient safety and quality of care.

Over the past decade, The Duke Endowment has continued to provide funding to improve health care quality and patient safety, approving grants totaling more than \$60 million. The emphasis has shifted from funding individual organizations in the Carolinas to funding concentrated, strategic statewide efforts aimed at improving systems of care and patient outcomes while reducing health care costs.

In addition to the funding mentioned above, several other organizations have received grants from The Duke Endowment to advance quality and safety efforts beyond hospitals: The North Carolina Public Health Foundation was given a grant to help establish the North Carolina Center for Public Health Quality (<http://www.ncpublichealthquality.org/ctr/>). [Editor's note: Randolph and colleagues provide details about the Center for Public Health Quality in their commentary on pages 137-141.] The North Carolina Office of Emergency Medical Services (EMS; <http://www.ncdhhs.gov/dhsr/EMS/ems.htm>) received funding to help the EMS Performance Improvement Center at the University of North Carolina at Chapel Hill (UNC-CH) use data to reduce disparities and to improve response times and patient outcomes in North Carolina

and South Carolina. Future Care of North Carolina (<http://futurecarenc.org/>) was given funding to enhance the clinical skills of nurses in long-term care facilities through patient simulation training. UNC-CH received funds to expand the North Carolina Area Health Education Center's Improving Performance in Practice program (<http://www.ncipip.org/>), which helps primary care practices use data to improve patient care outcomes. Finally, the North Carolina Department of Health and Human Services was given funding to implement the Just Culture initiative, which promotes patient safety in North Carolina's state-operated health care facilities (<http://www.ncdhhs.gov/dsohf/>).

The Duke Endowment has been proud to work with leaders of health care organizations who have effectively engaged their board members and staff members and committed to stimulating change in health care culture, improving clinical practice, and enhancing patient outcomes. The Carolinas have made significant gains in working toward their goal of gathering data about quality of care and making that data available to the public. Although there is still much to do, the Carolinas have experienced a noticeable shift in health care culture, from one of denial and blame to one of learning and improvement. Both states have also brought about documented improvements in health care quality and patient safety outcomes.

As we look to the future, The Duke Endowment anticipates opportunities to work even more collaboratively across health care organizations, to maximize the benefits of electronic health records and data, to develop formal programs that more closely involve patients and families in decisions about their care, and to continue to improve health care quality and patient safety.

On behalf of The Duke Endowment, I would like to take this opportunity to recognize and thank every health care organization, physician, staff member, and provider who works every day to improve health care quality and patient care outcomes. NCMJ

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Reference

1. Kohn LT, Corrigan JM, Donaldson MS. To Err Is Human: Building a Safer Health System. Washington, DC: The National Academies Press; 2000.