Advancing health care safety
Anatomy of a partnership

By Marie Dotseth, MHA, and Jennifer P. Lundblad, PhD

Stratis Health and the Minnesota Alliance for Patient Safety (MAPS) began a new strategic partnership on August 1, with MAPS becoming a subsidiary of Stratis Health. The new partnership will drive our common vision to advance safe care everywhere and strengthen each organization’s capacity to foster safety across the care continuum.

Together, we will be able to put greater emphasis on health care safety. The overarching goals of the partnership are to strengthen relationships between individuals and their care teams to ensure safe care, and to gain operational efficiencies for both organizations. MAPS gains a strong mission-aligned operational backbone through Stratis Health, along with exposure and access to a national health care quality network. Stratis Health strengthens ties to leaders across the state who have made a commitment to safety as MAPS members, enhance the safety component of its mission, and reinforce that safety is part and parcel of health care quality.
Stratis Health is one of MAPS’ five founding partners and has acted in a leadership capacity since the inception of the safety coalition. This partnership codifies the two organizations’ long-standing working relationship.

**Aligned to accelerate safety**

MAPS wanted to scale its safety efforts through a strategic alliance with another organization to achieve broader impact. This small nonprofit sought a willing partner that could enhance its programmatic and operational capacities and help advance its vision of safety. When MAPS approached Stratis Health, it felt like a natural alliance. Safety is a core component of Stratis Health’s mission and vision, and the larger nonprofit has long engaged in safety improvement efforts.

Stratis Health’s history of leading improvement efforts serves as a strong base from which MAPS can fulfill its vision of “safe care everywhere.” Stratis Health’s depth of expertise across the full continuum of care will propel MAPS’ ability to connect more broadly with new partners that already have an existing trusted relationship with the new parent company. A shared physical space will increase dialogue and coordination around safety as a critical aim in health care quality.

The two nonprofits agreed on a parent-subsidiary relationship as the preferred partnership arrangement to best maintain the laser focus of MAPS on safety within Stratis Health’s broader context of health care improvement. It allows for independent governance so each
organization can chart its own course, while coordinating strategy and integrating work on safe care between the organizations. MAPS remains a nonprofit membership organization with strong engagement of health care leaders and a broad range of health care organizations as members. As a subsidiary that carries its own assets and liabilities, MAPS can pursue funding beyond its membership-funding base, with the benefit of access to the business development expertise and processes of the larger organization. Stratis Health gains the ability to leverage funding from additional new safety-focused funding sources through MAPS.

**Experience in advancing safety**

Stratis Health is a 50-person, independent 501(c)(3) nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities, established in 1971. One of our signature programs is serving as one of the nation’s 14 Medicare Quality Innovation Network - Quality Improvement Organizations. Patient safety has always been part of the nonprofit’s health care quality work. At our start as a Professional Standards Review Organization (PSRO) for Medicare in the 1980s, we evaluated care concerns by looking at standard medical practices, efficacy, and safety. In the ensuing decades, Stratis Health has advanced health care safety in myriad ways, from work in infections and medication management, to measurement and focused efforts on teamwork and culture. In conjunction with the University of Minnesota, Stratis Health developed the national emergency department transfer communication (EDTC) measure. This measure is part of the Medicare Beneficiary Quality Improvement Project.
(MBQIP) and supports safe care for rural residents being stabilized and transferred from critical access hospitals to other health care facilities. This year, we provided technical assistance across the country to more than 40 nursing homes, using electronic health record (EHR) systems to reduce the occurrence of in-house pressure injuries. We helped them implement and evaluate the Agency for Healthcare Research and Quality (AHRQ) evidence-based On-Time Pressure Ulcer Prevention Program. We also worked with vendors so their EHR systems would produce supporting reports.

MAPS was established in 2000 as an all-volunteer coalition that promoted safety, primarily in the acute care setting, by encouraging collaboration between Minnesota health care leaders, organizations, and patients. It incorporated in 2012 with an executive director, operational support, and expert independent contractors to oversee projects, and has evolved into a small but stable 501(c)(3) nonprofit organization. The intention was to deliberately expand its strategic focus to embrace safety across the care continuum. Today, MAPS has more than 100 member organizations from across the health care continuum and across the state. Key recent work of MAPS has included leading the “You: Your Own Best Medicine” campaign that empowered patients to actively manage their own health care. A focus of the project was to assist Minnesotans partnering with their health care teams to stay healthy and safe at transitions of care. Every two years, MAPS hosts a popular conference that features national speakers and breakout sessions covering safety topics and best practices across the continuum of care.
Stratis Health and MAPS were already collaborating on a number of initiatives. We have partnered with the Minnesota Department of Health (MDH) and Minnesota Hospital Association to decrease adverse health events in Minnesota. We’ve worked to move Patient Safety Culture work forward throughout the state, by working with facilities to create an environment that focuses on protecting patients and staff from harm and by providing them with tools and resources. Stratis Health collaborated with MDH and the Department of Human Services (DHS) to spread MAPS’ Culture Roadmap into long-term care facilities through the DHS Performance-based Incentive Payment Program (PIPP). A pilot group of 10 long-term care facilities used the roadmap to improve safety in nursing homes.

Most recently, in response to the Institute of Medicine (IOM) September 2015 report “Improving Diagnosis in Health Care,” MAPS, Stratis Health, and MMIC convened community dialogues in 2016 to assess the level of interest and commitment among Minnesota health care leaders in improving diagnosis through collaborative efforts. The group developed a shared understanding of the complexity of diagnostic error, reviewed data and studies, and is currently advancing prioritized actions to be undertaken in the state.

Looking ahead to safe care

One of our first priorities in the new partnership is to accelerate our joint focus on diagnostic error. Building from our work with MMIC and community leaders, our new partnership will
help translate the community dialogue about diagnostic error into action through pilot projects with health systems and communities.

Health care stakeholders are seeing a renewed emphasis on safety. Safety is a key metric in the National Quality Strategy. The measures that best reflect health care quality are continually evolving to ensure we are getting the best quality of care, and best value, in health care delivery. We plan to lead the way with our stakeholders, gathering input on measures and shaping the future of safe care. We aim to forge measures that address measurement burden and are meaningful to providers and patients.

Competitive pressures continue to build for health care organizations, complicating efforts to maintain a focus on quality and safety. Technical approaches to safety, like infection prevention protocols, are in place in many organizations. Yet, research in recent years has identified that leadership and culture play essential roles in achieving safe care in a sustained way. This confirms what we’ve known; the highest level of safety is achieved when it’s an organizational priority. When leadership maintains safety as a priority, the technical approaches are executed with greater attention, and new ideas to enhance care quality come forward. We’ll continue to shine a light on safety culture and best practices.

For some time now, health care leaders have recognized the need to prevent harm as individuals cross organizational boundaries to receive care. Yet, we still have much progress to
make during care transitions. Stratis Health and MAPS will strengthen work in safety and aid collaborations between care settings and organizations to ensure safe care.

Our work will emphasize the voice of health care consumers for safety in all settings of care. A building body of evidence indicates that engaged patients have better outcomes and get safer care. Nationally, patients are being brought into health care discussions and improvement activities more and more. Their concerns about safety and quality are re-focusing and re-energizing the safety community.

Similar to the new partnership between the Institute for Healthcare Improvement (IHI) and National Patient Safety Foundation initiated in March 2017, Stratis Health and MAPS are joining forces to help reset and reenergize the safe care agenda. By joining forces more formally, our work can be accelerated and expanded. Stratis Health and MAPS look to build on current successful work, address unmet opportunities to improve safety, and create a pathway for sustainability and growth in safety initiatives. Patient and family engagement for safe care, diagnostic error, safety measurement, transparency using tools such as OpenNotes, and safety education for organizations and individuals are some of the evolving and emerging safety topics we will be jointly exploring to see where we can have the greatest influence and impact.

Physicians play a key role in safety across the continuum of care, given their formal and informal influence and leadership. In addition to providing safe clinical care, physicians are
essential in fostering a culture of safety through teamwork and communication. Safe care depends on their approach to handoffs and transitions; teamwork across clinical units; fostering a learning, rather than a punitive, environment with regard to errors; and enabling patients to participate in safety efforts.

As always, we will look to collaborate with the community as we work to achieve safe care everywhere.

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