

**THE JOINT COMMISSION TELECONFERENCE
HOSPITAL OF THE FUTURE
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CATHY BARRY-IPEMA: Hello and welcome to The Joint Commission's news conference to announce a new white paper entitled, Hospital of the Future. Dr. Mark Chassin, president of The Joint Commission; Dr. Herbert Pardes, president and CEO of New York Presbyterian Hospital and New York Presbyterian Healthcare System; and Dr. Rita Gallagher, senior policy fellow for the Department of Nursing Practice and Policy for the American Nurses Association, will offer brief remarks before answering your questions.

Please take a moment to go to The Joint Commission website at www.jointcommission.org to access the complete Hospital of the Future press kit. It includes an executive summary, the full report, our speakers' biographies, and other useful background information.

With that, I will now hand it over to Dr. Mark Chassin.

DR. MARK CHASSIN: Good day to everyone on the call. A number of powerful forces are in operation today that are confronting hospitals and forcing them to make major adjustments in the way they provide care to patients in order to survive in today's competitive marketplace and to be viable tomorrow. Challenges are posed by economics, by technology, by demographics, a shortage of workers, and by physical design challenges in hospital buildings. Any one of these issues would be a test for hospitals. But combined, they require hospitals to transform as the future unfolds. The challenges and more importantly, the solutions associated with successfully managing far reaching change are the focus of a report released today by The Joint Commission.

This report, which is entitled *Health Care at the Crossroads Guiding Principles for the Development of the Hospital of the Future* makes clear that hospitals in the United States face an uncertain outlook unless these economic technological staffing and design challenges are successfully addressed. The report's recommendations represent the best thinking in America from experts in technology, health care economics, hospital design, patient safety, as well as from hospital CEOs, doctors, nurses, and other clinical leaders who are on the ground facing these challenges in patient care everyday.

This group of experts met extensively to discuss how the trend is unfolding and how it will influence the Hospital of the Future. The first area that we address is the economics of health care. And it's certainly true now as it has been over the last number of years that health care costs are rising globally, but the U.S. leads the way in rising health care costs. We have maintained our edge in health care spending. That is, we spend about 50 percent more per capita on health care than any other country, and a country that's in the number two spot, whoever that happens to be from one year to the next.

We all shoulder these costs; purchasers, payers, and consumers. This report enunciates some principles and specific actions that are essential to support economic viability including a necessity for hospitals to apply highly effective process improvement tools and methods to improve efficiency and reduce costs. The experts examine the role that information technology plays in improving health care quality and safety. And health IT is absolutely crucial to improving care, but the investment necessary to achieve this goal is substantial.

The experts who authored this report address the challenges of adopting technology and they recommend, for example, the use of digital technology to support patient centered hospital care and extend that care beyond hospital walls. The report also addresses the critical concept of patient centered care; putting patients and their families in the center of

everything that hospitals do. To do this and to do it well, hospitals will have to think about the unique expectations, cultural beliefs and traditions, and language needs of all of their patients.

Adopting patient centered care values has to be a priority for improving patient safety and addressing barriers to patient and family engagement such as low literacy is another recommendation from the expert roundtable. Hospitals rank second as a source of private sector jobs in the United States and yet they still can't find enough professionals to fill many of their key positions. How do hospitals address staffing challenges in the future? The report addresses this key set of issues, as well, and among the recommendations are expanding health professional education and supporting the development of health professional knowledge and skills for those already in the health care workforce.

With a hospital building boom underway, the experts recommended ways to be sure that new construction and renovated hospitals meet future needs. For example, the experts suggest incorporating a key set of green principles in hospital design and construction and including staff, patient and families in the design process. There is an awful lot to consider in this report. Daunting challenges face hospitals in our efforts to address these issues and to respond in new ways in order to provide safe, clinically effective, and patient-centered care going into the future.

Human lives weigh in the balance everyday in hospitals. The importance of hospital-based care will not diminish in the future. But the changes we see now in the social, the economic environments in which hospitals operate combined with the rapid progress in medical and technological innovation represent opportunities for hospitals to make the necessary changes and lead the way in meeting the challenges and transforming our health care system.

This transformation can lead to a new era of unprecedented excellence in safety, quality, and the effectiveness of health care. Thanks.

DR. HERBERT PARDES: I want to just elaborate what Mark has just stated is a rather large scale set of recommendations for how hospitals can not only maintain but enhance their position as dispensing as high of quality care as possible. I believe forward-looking CEOs around the country in the hospitals are figuring out ways to make the care more patient-centered, to use appropriate technology in every way possible, to use systems for looking at the way we provide care, and the way care moves with the most modern engineering systems in order to make them more efficient.

I believe most people who have gone into health care have done so because they love the mission of helping people. And hospitals want to do that and do it evermore effectively. There's a whole roster of issues that are subsumed in that statement including how to make the care more efficient, how to make the patients and workers as satisfied as possible, and feel that there's a happy climate there. And rather than going on and on, I would be happy to answer the questions. But the main point is to say I think this document serves as a wonderful blueprint to help guide hospitals all over the country as to ways by which they can make themselves more service-oriented and provide better care for patients.

RITA GALLAGHER: I was privileged to serve on the Hospital of the Future roundtable as the representative of the American Nurses Association, the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses. The roundtable really represents something unique in health care. A diverse range of stakeholders working together to align efforts to foster improvement in the Hospital of the

Future. Nursing is the largest component of the health care workforce and provides the greatest amount of direct patient care particularly within the hospital.

It is important for all health care related initiatives such as the roundtable to include the perspective of registered nurses in order to transform the health care system.

Therefore, ANA was particularly interested in the roundtable's consideration of the staffing challenge for an obvious host of reasons. In closing, I would say that any meaningful change in the Hospital of the Future needs to include input from all stakeholders, from insurers to employers, doctors and nurses, to patients and families. The guiding principles reflect that result and the result of that input from the members of the roundtable.

ANA supports the guiding principles for the development of the Hospital of the Future, particularly the recommendations for meeting the staffing challenge. And again, on behalf of ANA, I've been pleased to participate in the Hospital of the Future roundtable.

CATHY BARRY-IPEMA: Thank you very much. I'd now like to open it up to questions.

QUESTION: Just wanted to get a little bit more information on how the roundtable developed the principles and the actions. A lot of what I see looks to include recommendations that I've seen elsewhere from other organizations. And I'm just wondering what some of the thought went into the recommendations.

DR. HERBERT PARDES: I would say that what we did is we tried to get a very broad diversity of experts and perspectives on health care. There were a number of very long and deep discussions as to what those experts felt were the most important principles we could promulgate. I don't think it's entirely surprising that some of the things that you would see in

there would be things that you would hear written about elsewhere. We were really trying to collate the best of what people have to say.

So, I would think of this as having a value in its comprehensiveness. There was a lot of debate back and forth about various aspects of it. And the fact that others may be saying something similar I think simply affirms the value of that particular proposition.

DR. MARK CHASSIN: I would just add as well that this set of recommendations and principles represent the consensus across the amazing diversity of stakeholders that participated in this process which you don't often find in processes that generate recommendations. So, for example, on the IT recommendations you see a balance between the recognition of the benefit of IT but also recognition that the business case for specific IT applications have to be made. And the process that an IT solution is intended to benefit needs to be improved and perfected before it's automated.

So that's the other dimension to this report—that it represents a consensus across a very wide array of stakeholders.

DR. HERBERT PARDES: If I could just add one statement to that, Mark, just for the benefit of our people that are raising the questions, the constituents range from people from hospitals around the world. So there was a heavy international flavor to it. There were people who come from different health care disciplines within medicine itself, multiple different disciplines. There were people from the behavioral world. There were people who are active patient representatives. So to underscore, this is a very diverse set of people who helped put this together.

QUESTION: If I could just ask a follow-up. How many people actually served on the roundtable?

DR. HERBERT PARDES: I don't have the exact number in front of me. Maybe somebody else does. Typically in our discussions we would have something in the neighborhood of 40 to 50 people sitting for full days going over this.

DR. RITA GALLAGHER: I think it's also important to add that beyond the people around the table during the roundtable meeting, the expertise of a whole host of others were also filtered into the decision-making process for the roundtable.

CATHY BARRY-IPEMA: Forty-five individuals were on the roundtable. There's a list of everyone who participated on pages 41 and 42 of the paper that's online.

DR. HERBERT PARDES: I had one more point to that. One of the things that I found particularly helpful, it was good to hear from so many different people. But there were several people who were able to give emphasis to the environment, not only the psychological and social environment but the physical environment. This notion, for example, of the attractiveness of single bedded rooms is a very important one going forward. But the idea of keeping in mind when a patient is in the hospital, the context in which they live both personally and physically makes a tremendous difference in their care.

QUESTION: I was wondering if you would talk about, and probably Dr. Chassin this is more directed at you, is where do you see the accreditation process perhaps furthering some of these initiatives that again, as you just discussed, have sort of been out there for a little

while. So do you see the accreditation process evolving to further advance some of these ideas?

DR. MARK CHASSIN: Yes, certainly. I mean The Joint Commission in a number of these areas has been out front with respect to patient-centered care—taking cultural diversity into account; matching staffing requirements to specific service lines. We try not to, in the standards themselves, be overly prescriptive about how organizations have to meet the intent of the standards, the safety and quality intents. I think what these recommendations do are not so much to inform the development of specific standards which we work on everyday, but rather to articulate some important over-arching principles for hospitals to organize themselves to meet these challenges going forward.

So some of them certainly do translate into current and future standards. But the larger purpose was to really take a couple of steps back and look at the larger environment in this particular public policy exercise.

QUESTION: Dr. Pardes, perhaps a follow-up for you is as a hospital executive as you move away from the roundtable discussions, you look at this list of things, I mean obviously you've got a lot of stuff on your plate day to day. How do you look at this document and tackle it going forward?

DR. HERBERT PARDES: Well, I think we look at the document in the context of our hospital and figure out what are some of the highest priorities. We have put as our number one priority how to make the system and the health care we provide as patient-focused as possible. Let me give you an illustration. We are a very large hospital. You might be interested to know—let's take the issue that Mark made allusion to of culture and language.

We are able to translate now at New York Presbyterian approximating 100 languages and have in a given year a number which is roughly in the range of 200,000 health care exchanges in which linguistic help is needed.

So what I'm saying is that we take a look at the document and figure out in terms of the document what are we doing well and what we are not. That leads us to attend more to some of the things we need some further strengthening of and it gives us a very good guidance.

QUESTION: And is that what you would recommend to any other hospital or rural hospital, community hospital looking at this?

DR. HERBERT PARDES: Absolutely. I think they ought to take this document, read it through, and have various people within the hospital look it through. Hospitals are vastly different. A 2,000-bed hospital is different than a 100-bed hospital and then they've got to figure out in a way that fits their circumstance how do they address this to the greatest extent possible.

QUESTION: My question is in regards to the recommendations and the patient center care area. As I'm sure a lot of you know, there has been a lot of work done in this area for primary care by the patient center, Primary Care Collaborative and other organizations. And my question is whether you thought that your recommendations might ultimately result in a collaborative of this sort for hospitals going forward.

DR. MARK CHASSIN: I'll take a first stab at that. I know that there are already many hospitals that are engaged either in local or regional efforts to meet the diverse cultural

needs of an increasingly diverse patient population. Obviously, there are differences by community and by region. The Joint Commission has participated in a number of those activities and has a number of recommendations of other venues out there already, and I would certainly expect that every hospital that faces this problem and there are very few that don't, will need to figure out what the resources are locally for them to come to grips with these types of issues in an appropriate way for their community.

And The Joint Commission will continue to stimulate that activity and to stimulate the cross-fertilization to get appropriate tools in the hands of hospitals in similar kinds of communities.

DR. HERBERT PARDES: Maybe I can make a couple of comments about specifics as we've seen it here at New York Presbyterian. First of all, for example, on information technology which I'd say many of us, if not most of us, feel is an enormous potential for better health care. We are reaching out to multiple hospitals in our area to try to interconnect our systems. Number two is the language issue; I mentioned before what a number of hospitals in this area have done is convene together in order to exchange information and best practices regarding how to solve the linguistic challenges.

It might be interesting to know that a number of our hospitals are part of large systems. So if we are working on something in quality, we often convene the entire system of hospitals, in our instance it's about 30 hospitals, and we bring back to them whatever is gotten from anywhere else in order to enhance the quality across the systems.

DR. RITA GALLAGHER: I think one of the things that we need to be particularly concerned about when we move into the arena of health IT is that its relationship with the nursing workforce and to be particularly careful that the technology does not become another patient

for which the nurse must care. There's a critical need for education and preparation of all of the members of the workforce when technology is introduced into the system to ensure that the interoperability that can be inherent in some of the technological advances really is put to its best use.

DR. HERBERT PARDES: As a CEO, my feeling is one cannot overstate the critical nature of nursing care within a hospital. Nursing from my vantage point either makes it or breaks it. I think there's a wonderful surge in the people coming into nursing. I think it's one of the finest professions in this country and our government leadership should be out talking about how exciting it is to work in nursing. But if you take a look at any given institution, a tremendous proportion of the people in the hospital have to be nursing because they really give as large of bulk of care as any of the disciplines in the institution.

So I think the point about involving constituencies and particularly recognizing the centrality of nursing I think is part of the statement of this report.

DR. RITA GALLAGHER: And I would concur and we appreciate the roundtable's expertise and attention to the needs of the workforce.

CATHY BARRY-IPEMA: I'd like to thank everyone, our speakers and all of our participants, for joining us today on the call. If you do have any further questions, please contact Ken Powers the media relations manager here at The Joint Commission at (630) 792-175. Again, thanks so much and have a good day.