

# PREFACE

Change is constant, and no statement is more appropriate for the health-care industry. Since the first edition of this textbook, healthcare costs have increased beyond the rate of inflation, the number of uninsured individuals has grown dramatically, employers and consumers are facing a greater share of healthcare expenses, and navigation of the complex and complicated healthcare system has become a burden on the public. Our healthcare crisis permeates every aspect of the industry—the delivery of medical care, the financing of our system, and the quality of healthcare we receive.

In our fragmented, unsustainable, and uncertain healthcare system, one element remains steadfast—healthcare quality is paramount. Healthcare that is safe, effective, efficient, equitable, patient centered, and timely is fundamental to all potential healthcare reform plans—big or small, national or regional.

This textbook provides a framework, a context, strategies, and practical tactics for all stakeholders to understand, learn, teach, and lead healthcare improvement. We have assembled an internationally prominent group of contributors for the best available current thinking and practices in each of their disciplines.

This edition has evolved from the first. New case studies have been added, up-to-date content has been included, new study questions have been posed, and a new chapter has been added. The framework of the book remains constant. Chapters 1 through 4 discuss foundational healthcare quality principles. Chapters 5 through 16 discuss critical quality issues at the organizational and microsystem levels. Chapters 17 through 19 detail the influence the environment has on the organizations, teams, and individuals delivering healthcare services and products.

In Chapter 1, Maulik Joshi and Donald Berwick center on the patient and articulate key findings from national, sentinel reports of healthcare quality over the last ten years. In Chapter 2, Leon Wyszewianski discusses the fundamental concepts of quality. In Chapter 3, David Ballard and colleagues discuss medical practice variation and provide an updated case study, and Kevin Warren has revised Chapter 4 to reflect the latest quality improvement tools and programs.

In Chapter 5, Robert Lloyd discusses measurement as a building block in quality assessment and improvement. John Byrnes focuses on data collection and its sources in Chapter 6, and Jerod Loeb and colleagues discuss analytic opportunities in quality data in Chapter 7. In Chapter 8, David Nash and colleagues detail a physician profiling system. In Chapter 9, Susan Edgman-Levitan tackles an often discussed but less understood area of patient satisfaction—experiences and perspectives of care—and includes an update on the latest surveys. In Chapter 10, Michael Pugh aggregates data into a management tool called the Balanced Scorecard. Frances Griffin and Carol Haraden in Chapter 11 and

Richard Ward in Chapter 12 dive deeper into two evolving subjects essential to driving performance improvement—patient safety and information technology, respectively. Chapters 13 through 15, by James Reinertsen, A. Al-Assaf, and Scott Ransom and colleagues, provide a triad of keys for change in organizations seeking to become high performers. The triad represents leadership, infrastructure, and strategy for quality improvement. Chapter 16, by Valerie Weber and John Bulger, is a compilation of strategies and tactics necessary to change staff behavior.

Chapter 17, by Jean Johnson and colleagues, a new chapter, provides examples of many of the recent national quality improvement initiatives and an overview of the quality improvement landscape. In Chapter 18, Greg Pawlson and Paul Schyve collaborate to summarize the work of the two major accrediting bodies within healthcare—the National Committee for Quality Assurance and The Joint Commission—and cover the latest changes in the accreditation process. The book concludes with an important chapter by Francois de Brantes on the power of the purchaser to select and pay for quality services, which he has updated to provide the latest information on pay for performance.

Several of these chapters could stand independently. Each represents an important contribution to our understanding of the patient-centered organizations and environment in which healthcare services are delivered. The science and knowledge on which quality measurement is based are changing rapidly. This book provides a timely analysis of extant tools and techniques.

Who should read this book? The editors believe all current stakeholders would benefit from reading this text. The primary audiences for the book are undergraduate and graduate students in healthcare and business administration, public health programs, nursing programs, allied health programs, and programs in medicine. As leadership development and continuing education programs proliferate, this textbook is a resource for executives and practitioners at the front line. We hope this book will break down the educational silos that currently prevent stakeholders from sharing equally in their understanding of patient-centered organizational systems and the environment of healthcare quality.

This textbook and the accompanying instructor manual are designed to facilitate discussion and learning. There are study questions at the end of each chapter in the textbook. The instructor manual contains answers to the study questions and a PowerPoint presentation for each chapter as a teaching aid. For access information, e-mail [hapl@ache.org](mailto:hapl@ache.org).

Please contact us at [doctormaulikjoshi@yahoo.com](mailto:doctormaulikjoshi@yahoo.com). Your feedback, your teaching, your learning, and your leadership are essential to raising the bar in healthcare.

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