• MODULE 1 •

VALUES, TRUST, CONDUCT

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Pennsylvania
MEDICAL SOCIETY®

module 1

VALUES, TRUST, CONDUCT

module 1: Values, Trust, Conduct

module 2: Assessment of Current Medical Staff Structure and Restructuring for the Future

module 3: Engaging Physicians and Enhancing Professional Satisfaction

module 4: Communication

module 5: Credentialing and Privileging

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Introduction

In this module, we will explore how to align the values of the medical staff (both employed physicians vs. independent physicians), the hospital administration, and governing body. In addition, we will look at how to determine if there are trust issues among these groups, and if so, how to help build trust, while enhancing collaboration among all members of the health care team.

- Consider developing a professional compact with the medical staff, hospital administration and governing body that clearly outlines the roles, responsibilities, and expectations of each.

- Develop a Professional Code of Conduct for medical staff members outlining expectations for creating a professional environment amongst all medical staff members.

- Consistent communication is imperative; from hospital administration to medical staff, and from medical staff to hospital administration, regarding the current missions/priorities of each, and how the other can or should be involved in collaborative efforts and provide joint commitment, supported by the governing body.

- Encourage hospital administration to regularly deliver "report cards" to medical staff from administration on the ongoing activities within the hospital, particularly those directly impacting patients and/or physicians, as a means of providing open and frank information sharing.

- Develop and demonstrate good citizenship.

Professional Compact

Creating a compact between the health system administration and the organized Medical Staff may assist in improving an existing culture problem and help everyone achieve identified goals. The act of having individuals from both areas sit together and attempt to define values and roles is an excellent starting point. This compact should clearly state the commitment of each party to mutual goals of quality patient care, safety and value, and any other areas that are of mutual importance. Aligning the goals and behaviors of all parties can help ensure success going forward.

In *Module 1 – Physician/Health System Compact –*

Building a Compact that Works you will find some examples of professional compacts between medical staff and health system leaders/governing bodies. In addition, you will find a tool that will help you and your administration/governing body customize a compact to meet your needs by selecting those elements most important to all parties.

Professional Code of Conduct

A culture of professionalism is vitally important in a health care setting. While the expectation exists that this is inherent by virtue of the fact that physicians are professionals, the two are not always mutually inclusive. Professionalism can go a long way in building trust and encouraging cooperation within the health care team.

- Survey hospital staff to find examples of unprofessional conduct that they have witnessed.

- Analyze results to identify trends or recurring themes. Use these to develop facility-specific code.

- Create a document that will be distributed to all hospital staff, displayed in prominent locations, and distributed to all medical staff members.

The code should include such items as:

- Treat others as you expect to be treated.

- Show respect to all, no matter what job they do.

- Choose appropriate times and places to discuss problems.

- Communicate clearly and directly with team members.

- Don't expect perfection. Accept that sometimes things are beyond our control. A culture of blame is a direct threat to the safety of patients.

- Choose words carefully, especially when angry.

- Apologies are accepted when warranted.

Assessing Your Issues

- Are there problems within your health system?
- Are things "not quite right"?
- Do the doctors just not care about the hospital?
- Is the CEO a tyrant?
- Do you feel you that you are being told the truth?
- Are physicians taking advantage of administration's good intentions?
- Are you working too hard for too little pay?
- Is there the perception that the CMO might hide out in her office and do nothing?
- Are physicians the only "good guys"?
- Does it seem that the administration purposely feeds the medical staff limited information?
- Are some physicians wasting resources?
- Is the CEO your biggest champion?
- Who can you trust?

Some of these problems and considerations may exist in your health system, and some may not. Very little is the same at every single health system. Each system has its own environment and its own culture.

Several things are almost always true:

- Physicians and hospital administrators care first and foremost about patients.
- Sometimes you simply can't tell everyone everything that is going on right now because it could put something at risk, etc. The minute they can tell you, they usually will.
- Few people in any business ever feel they are being paid enough.

One of the most difficult things for a group to do is to identify exactly what is broken, and how to go about fixing it. There are conflicting values, feelings can get hurt, and some people either don't think there is a problem, or just don't care.

For those who care, the most important thing that you can do is to find like-minded individuals who are willing to spend the time to figure out what needs to be done to improve the culture of the health system.

Are your issues physician to physician? Are there physicians on the medical staff who are making everyone miserable? Is it personality, mental illness, substance use or clinical incompetence? Are physician leaders aware of the problem? Has the physician in question been spoken to and provided support? Do your bylaws address physician professional conduct? If not, they should. Everything that impacts the medical staff must be addressed in the medical staff bylaws, and rules and regulations. When was the last time your medical staff bylaws committee reviewed them? Make sure they are current, relevant and appropriate.

Are physicians not willing to take on leadership roles, or to serve on medical staff committees? Are the same people doing everything all of the time? What do you do to entice physicians to participate in the activities of the organized medical staff and its governance?

Is there overall apathy within the medical staff? How can you get physicians engaged? Why are they not interested in the future of the medical staff within your hospital? Look back and try to figure out when or why it began. Was there a change in leadership? Did a large number of physicians leave the area at one time? Was there a single event that triggered the apathy? How long has it been going on? Reach out to physicians who have been on staff for a long time to get their historical perspective.

Are the problems you face between physicians and hospital administration? Do you know what is important to the hospital administrators? To the governing body members? Do they know what is important to the medical staff? If you honestly don't know, then you need to start there. Ask what keeps a hospital administrator up at night. What worries him or her the most? Can the medical staff help? Sometimes just knowing the burden someone else is carrying is enough to get us to open our minds and be more receptive.

The job of a hospital CEO is one of the toughest jobs there is. If he/she does a bad job, it can directly impact the health of the community. CEOs need to have a crystal ball to see the future, so that they can

appropriately plan for it. They need to keep a medical staff, administrative staff, nursing staff, and everyone else within the system happy. So, who is making sure the CEO is happy? Exactly!

The job of a physician in today's health care environment is also tough. Physicians have to take care of clinical needs of their patients, deal with mountains of administrative paperwork, comply with complex rules and regulations if they want to get paid for their services, decide if they want to try to survive private practice or get a job with a large group or health system, and still find the time to have a life.

Sometimes there just are not enough hours in a day for the CEO or the physicians. One of the most beneficial goals that can be met is for both to work together. As part of a team working for the same outcomes, CEOs and physicians can help and support each other.

The CEO doesn't necessarily understand what a robot does in the OR, and the surgeon doesn't necessarily understand where the money comes from to buy the robot, but both must be involved in the decision to purchase or not to purchase. This is just one example of how administrators and physicians need to work together for the benefit of the patients they serve.

Taking the time to have open and honest conversations while trying to understand the "other side" is critical in coming together for a common goal. As a physician, give some thought to the things that a CEO of a health system needs to worry about. Do you think about how much disposable gloves cost, and how much money the hospital spends each year buying them? Probably not. Everything that is purchased for and by a hospital adds to the overall cost of health care. Staff expenses, recruiting physicians and other health care workers, insurance coverage, property management, governmental regulations, reimbursement rates, and the list goes on and on.

On the flip side of that coin, physicians spend their time worrying about the patient that they may not have enough time to spend with, or the diagnosis that might have eluded them, or the patient who is going to die alone because she has no family. They are worried that their patient with congestive heart failure is going to need to be readmitted shortly and so the insurance company probably won't pay for that admission. They aren't sure they are documenting correctly in their patients' charts to get proper reimbursement, and "how in the world do I get to the next page of this electronic medical record so that I can examine my patient who is waiting on the exam table now for more than 5 minutes?"

The first step to finding a solution to a problem is to understand where the other person (group, etc.) is coming from, and how they are looking at the situation. What is important to them and how does this mesh with what is important to you? Find common ground.

Finding solutions that work is the next big step. Can everyone agree on what will work? Is there a cost involved? How can you test it? Do you have the resources you need to assume the task? Hospital physician leaders and hospital administration leaders can, and should want to, work together to build a dynamic, patient-centric environment that is poised for the rapidly changing world of health care. Regulations and state law provide that the organized Medical Staff is responsible for the clinical decisions made within a hospital or health system. Making sure that this structure is strong and in place is one of the most important things that you can work on together to enhance the safety and value of the care delivered to your most important asset – your community.

Hopefully the tools that we are providing in these modules will help to stimulate discussion and help guide all parties to build an optimal medical staff governance system, with quality at the core.

Gap Analysis Tool

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
Is there mutual respect between the health system administration and the organized Medical Staff?			
Do you believe that quality patient care, value and safety are the top priorities of the hospital administration, governing body and Medical Staff?			
How is that demonstrated, and/or measured?			
Which of the objectives of the health system contribute to quality, value and patient safety? How do you measure how that is executed?			
What is the strategic plan? Do physicians contribute to the development of the strategic plan?			
Which of the objectives of the Medical Staff contribute to quality, value and patient safety? How do you measure how that is executed?			
What is the process for informing and receiving input from medical staff on achieving objectives? Provide examples of how that has been done in the past year.			
Are the objectives at your health system aligned across the Medical Staff, administration and governing body?			

Gap Analysis Tool

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
How are core values communicated to all interested parties as noted above?			
Are there multiple methods of communication that effectively get information to all parties?			
Are the objectives at your health system aligned between the system-employed, large group employed and independent physicians?			
Are the core values at your health system aligned between the Medical Staff, administration and governing body?			
Does your Medical Staff communicate changes in reimbursement? Are they actively involved in responding?			
Does system management routinely involve Medical Staff members in activities, or solicit input from physicians, related to Affordable Care Act activities?			
Does your health system actively involve physicians in all decisions directly involving patient care?			
How does your health system management, governing body and Medical Staff leadership actively develop strategic plans (i.e., 3 year plan)?			

Gap Analysis Tool

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
How are changes made within service lines/clinical departments?			
Do you know your health system's Mission, Vision and Value Statement?			
Do you feel that your health system is committed to their formal Mission, Vision and Value Statement?			
How is the Mission, Vision and Value Statement communicated to physicians?			
How do health system administrators, governing body and Medical Staff members define and align their objectives?			
What happens when a consensus cannot be reached between the Medical Staff and the hospital administration? Is there a formal process for resolution?			
Do the organized Medical Staff and hospital administration openly discuss conflict of interest in a non-adversarial way?			
What percentage of independent physicians are likely to participate in Medical Staff activities?			
In the last two years, has there been a decision made without having Medical Staff consensus, by either leadership or board?			

Gap Analysis Tool

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
What percentage of system-employed physicians are likely to participate in Medical Staff activities?			
Does your hospital have a physician CEO; how many physicians are on the executive leadership team?			
How many physicians are on the health system governing body? How many of them are given a vote?			
How is conflict of interest handled?			
Federal sunshine act—how does the medical staff handle this?			
How do you integrate independent physicians into health care teams?			
Does your Medical Staff currently have a professional compact with your system management and/or governing body?			
Does your Medical Staff currently have a written Professional Code of Conduct that Medical Staff members are expected to comply with?			
How is it developed? How many times has it been used in the past two years? What has been the outcome of use of the code?			

Gap Analysis Tool

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
Do physicians respect the hospital management team? How do you measure that?			
Do the hospital management team members respect the physicians on staff? How are physician concerns addressed and, if appropriate, acted upon?	*Look for duplicate above*		

Professional Codes of Conduct

A professional code of conduct can be beneficial as part of the Medical Staff Bylaws. These codes provide clear standards of acceptable behavior of Medical Staff members.

Both appropriate and inappropriate behavior should be defined clearly and concisely. Examples of appropriate behavior can include:

• Treating others with respect

• Communication through proper channels

• Cooperation when resolving issues

• Clear and honest communication with coworkers

• Constructive criticism offered and received professionally

• Prompt response to consults, pages, or any other patient care event

Examples of inappropriate behavior can include:

• Threatening or intimidating others

• Bullying behavior of any kind

• Treating others with disrespect

• Harassment of any type (verbal, physical, sexual)

• Use of profanity

• Refusal to perform consults, or any other patient care event, in a timely manner

• Failure to respond to pages or return phone calls

• Personal insults to staff, patients or family members/visitors

• Physical contact or behavior that is in any way inappropriate

• Verbal threats of any nature, including retaliation, job loss or harassment in any form

• Threat of violence or actual physical violence

The policy should also outline actions that will be taken when physicians engage in inappropriate behavior, who may investigate, and who may determine what, if any, corrective action will be taken.

Each member of the Medical Staff should sign the Code of Conduct, and should be regularly provided educational programs that discuss professional behavior issues and resources available in instances of issues with physicians.

As with all policies and procedures included in the Medical Staff Bylaws, please consult your attorney for assistance in developing this code.

Professional Compact Examples

Physician/Health System compacts are being used today by many systems across the country. They help to focus both hospital administration and physicians on the most important aspect of healthcare — the quality and value of the care delivered to patients. They provide an opportunity for open and frank conversations between physician leaders and administrative leaders within the health system, allowing each group to understand the priorities and concerns of the other while identifying and supporting shared values and goals.

Both the medical staff/physician's and the organization administration's responsibilities, goals, and commitments to each other, as well as to the community, need to be identified and refined to find those value-based behaviors that each group feels are the most significant and therefore belong in the compact.

When developing a compact, it is important to consider who should be invited to participate from each group. Communication about what values each group holds important, what values align, and which values might conflict is critical.

The first thing that the group will determine is what is the purpose of the compact? Is it being built to develop a partnership or relationship that does not currently exist, or to enhance an already existing partnership? What values or philosophies are shared already? What do the groups involved feel that the other groups are missing? It is vital that all of these things be put in writing before selecting the components of the compact, and that they be referred to regularly when deciding what should be included in the final document.

The following categories are often used in physician compacts:

Leadership; customer service; partnership; superior clinical quality; patient-centeredness; patient safety; service; financial success; growth; communication; alignment; professional development and growth; integrity; excellence; respect; stewardship;

compassionate care; honesty; transparency; support; value; best practices; ownership.

There are, of course, many more. These are just a few examples that are seen in professional compacts.

Examples of Responsibilities/Commitments/Goals

Patient Quality Care Values:
* Both sides will actively support and agree to provide superior quality care
* Best clinical practices will be identified, implemented and supported
* Strive for, and support clinical excellence
* Compassionate care will be provided at all times
* Practice state of the art medicine
* Ensure access for patients
* Help develop and use clinical guidelines
* Help support a patient-centric environment
* Support health care teams, as well as individuals

Leadership:
* Actively participate in organized Medical Staff activities
* Provide leadership with integrity
* Embrace necessary changes and help integrate these changes among Medical Staff members
* Actively listen, collaborate, and share ideas.
* Take advantage of leadership training opportunities
* Mentor other Medical Staff members

Communication and Transparency:
* Share information among Medical Staff members, as well as hospital administrators when appropriate
* Ensure that communication is clear
* Provide and accept regular feedback and dialogue
* Physicians will communicate effectively with other members of the health care delivery team
* Listen with respect for other values and opinions

Ethics:

- Provide fair compensation
- Demonstrate highest professional conduct
- Work together to find ethical and effective solutions
- Lead organization with integrity and accountability

Customer Service:

- Develop and maintain patient-centric culture
- Analyze patient satisfaction data to identify areas of improvements, share data with medical staff
- Encourage patient involvement in healthcare and treatments
- Consistently act in a way that is best for the patient

Financial Success:

- Each party will actively work to provide value in health care
- Each party will actively work to demonstrate accountability for rising costs of health care
- Each party will actively work to foster success in an environment of limited resources
- Each party will actively work together and share information regarding business decisions effecting health care

Compassionate Care:

- Provide care without discrimination
- Support physicians in their efforts to provide compassionate care

- Respect the patient-physician relationship
- Communicate clearly with patients and their families
- Educate patients and guide them in their care

Respect:

- Agree to treat others as you expect to be treated
- Show respect to all, regardless of their position
- Choose appropriate times and places to discuss issues/concerns
- Accept that sometimes things are beyond our control
- Clearly communicate the reasons for decisions made so that the rationale is understood by all
- Apologize when warranted

Professional Development and Growth:

- Provide organizational training activities
- Actively participate in organizational training activities
- Provide tools to achieve state of the art, high quality medicine
- Take advantage of leadership training courses
- Use quality data to identify areas of improvement in patient care and value
- Provide support and resources for additional training and research
- Embrace innovation and continuous quality improvement

Professional Compact Selection Tool

Hospital/Health System Responsibilities	Medical Staff Responsibilities
Patient Care Values: ☐ Both sides will actively support and agree to provide superior quality care ☐ Best clinical practices will be identified, implemented and supported ☐ Strive for, and support clinical excellence ☐ Ensure access for patients ☐ Help support a patient-centric environment ☐ Support health care teams, as well as individuals	Patient Care Values: ☐ Both sides will actively support and agree to provide superior quality care ☐ Best clinical practices will be identified, implemented and supported ☐ Strive for, and support clinical excellence ☐ Compassionate care will be provided at all times ☐ Practice state of the art medicine ☐ Help develop and use clinical guidelines ☐ Support health care teams, as well as individuals
Leadership: ☐ Provide leadership with integrity ☐ Embrace necessary changes and help integrate these changes among Medical Staff members ☐ Actively listen, collaborate and share ideas. ☐ Take advantage of leadership training opportunities ☐ Mentor other Medical Staff members	Leadership: ☐ Actively participate in organized Medical Staff activities ☐ Provide leadership with integrity ☐ Embrace necessary changes and help integrate these changes among Medical Staff members ☐ Actively listen, collaborate and share ideas. ☐ Take advantage of leadership training opportunities ☐ Mentor other Medical Staff members
Communication and Transparency: ☐ Ensure that communication is clear and concise ☐ Provide and accept regular feedback and dialogue ☐ Listen with respect for other values and opinions	Communication and Transparency: ☐ Share information among Medical Staff members, as well as, hospital administrators when appropriate ☐ Ensure that communication is clear and concise ☐ Provide and accept regular feedback and dialogue ☐ Physicians will communicate effectively with other members of the health care delivery team ☐ Listen with respect for other values and opinions

Professional Compact Selection Tool

Hospital/Health System Responsibilities	Medical Staff Responsibilities
Ethics: ☐ Provide fair compensation ☐ Work together to find ethical and effective solutions ☐ Lead organization with integrity and accountability	Ethics: ☐ Demonstrate highest professional conduct ☐ Work together to find ethical and effective solutions ☐ Lead Medical Staff with integrity and accountability
Customer Service: ☐ Develop and maintain patient-centric culture ☐ Health system administration will analyze patient satisfaction data to identify areas of improvements, and will share data with Medical Staff	Customer Service: ☐ Develop and maintain patient-centric culture ☐ Encourage patient involvement in healthcare and treatments ❑ Consistently respond in a way that is best for the patient
Financial Success: ☐ Each party will actively work to provide value in health care ☐ Each party will actively work to demonstrate accountability for rising costs of health care ☐ Each party will actively work to foster success in an environment of limited resources ☐ Each party will actively work together and share information regarding business decisions effecting health care ☐ Each party will demonstrate thoughtfulness and responsibility when using system resources	Financial Success: ☐ Each party will actively work to provide value in health care ☐ Each party will actively work to demonstrate accountability for rising costs of health care ☐ Each party will actively work to foster success in an environment of limited resources ☐ Each party will actively work together and share information regarding business decisions effecting health care ☐ Each party will demonstrate thoughtfulness and responsibility when using system resources
Compassionate Care: ☐ Provide care without discrimination ☐ Support physicians in their efforts to provide compassionate care ☐ Respect the patient-physician relationship	Compassionate Care: ☐ Provide care without discrimination ☐ Communicate clearly with patients and their families ☐ Educate patients and guide them in their care

Professional Compact Selection Tool

Hospital/Health System Responsibilities	Medical Staff Responsibilities
Respect: ☐ Agree to treat others as you expect to be treated ☐ Show respect to all, regardless of their position ☐ Choose appropriate times and places to discuss issues/concerns ☐ Accept that sometimes things are beyond our control ☐ Clearly communicate the reasons for decisions made so that the rationale is understood by all ☐ Apologize when warranted ☐ Accept, as well as provide, feedback to/from Medical Staff, employees, peers, and patients in respectful manner ☐ Agree to treat clinical staff professionally at all times ☐ Agree to respect the cultural differences of others (physicians, nurses, hospital employees, patients and their families)	Respect: ☐ Agree to treat others as you expect to be treated ☐ Show respect to all, regardless of their position ☐ Choose appropriate times and places to discuss issues/concerns ☐ Accept that sometimes things are beyond our control ☐ Clearly communicate the reasons for decisions made so that the rationale is understood by all ☐ Apologize when warranted ☐ Accept, as well as provide, feedback to/from management, staff, peers, and patients in respectful manner ☐ Agree to treat clinical staff professionally at all times ☐ Agree to respect the cultural differences of others (physicians, nurses, hospital employees, patients and their families)
Professional Development and Growth: ☐ Provide organizational training activities ☐ Actively participate in organizational training activities ☐ Provide tools to achieve state of the art, high quality medicine ☐ Take advantage of leadership training courses ☐ Use quality data to identify areas of improvement in patient care and value ☐ Provide support and resources for additional training and research ☐ Embrace innovation and continuous quality improvement	Professional Development and Growth: ☐ Provide organizational training activities ☐ Actively participate in organizational training activities ☐ Provide tools to achieve state of the art, high quality medicine ☐ Take advantage of leadership training courses ☐ Use quality data to identify areas of improvement in patient care and value ☐ Provide support and resources for additional training and research ☐ Embrace innovation and continuous quality improvement
Education: ☐ Support physician continuing medical education ☐ Provide the necessary tools and financial support needed to insure state-of-the-art graduate medical education	Education: ☐ Support physician continuing medical education ☐ Provide the necessary tools and financial support needed to insure state-of-the-art graduate medical education

Professional Compact Selection Tool

Hospital/Health System Responsibilities	Medical Staff Responsibilities
Collaboration on Patient Care: ☐ Collaborate with Medical Staff to ensure that the most current technologies are available ☐ Collaborate with Medical Staff when making decisions that directly impact patient care, value and/or safety	Collaboration on Patient Care: ☐ Collaborate with colleagues to realize that the power of the organized Medical Staff directly contributed to the quality of care delivered ☐ Collaborate with management and hospital staff to constantly improve services
Medical Staff Rights: ☐ Support organized Medical Staff right to self-governance ☐ Respect and support the organized Medical Staff as the authorized body to take actions of reduction of privileges, suspensions or terminations of members of the Medical Staff, regardless of their employment status ☐ Support the organized Medical Staff fair hearing and appeals process, never attempting to override or withhold these rights from members of the Medical Staff	Medical Staff Rights: ☐ Members of the Medical Staff will support the rights of their peers to fair hearing and appeals process ☐ Medical Staff members will be actively engaged in maintaining the rights, roles and responsibilities of the organized Medical Staff
Foster Excellence: ☐ Recruit and retain highest caliber physicians and staff ☐ Acknowledge outstanding achievements ☐ Support Medical Staff in improving community health	Foster Excellence: ☐ Provide top quality, evidence-based care ☐ Actively work with others to achieve improvements in patient care ☐ Provide patient care to all, regardless of health or socio-economic status
Change: ☐ Manage change effectively and efficiently, with clarity of purpose for each	Change: ☐ Embrace cutting edge technology, process and procedure changes to improve patient care
Reward: ☐ Reward superior performance ☐ Provide competitive compensation and benefits	

References/Resources/Readings

AMA Convened Physician Consortium for Performance Improvement: www.ama-assn.org/resources/doc/cqi/pcpi-overview-flyer.pdf

PCPI Approved Quality Measures Royalty Free: www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI

PCPI Webinars to advance quality of care and patient safety: www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement/knowledge-center/webinars.page?

Patient Safety Organization Leadership Checklist: www.ama-assn.org/resources/doc/ethics/patient-safety-checklist.pdf

NAHQ Call to Action—Safeguarding the Integrity of Healthcare Quality and Safety Systems, October 2012: www.nahq.org/uploads/NAHQ_call_to_action_FINAL.pdf

Agency for Healthcare Research and Quality (AHRQ) Patient Safety Network—Patient Safety Primers: http://psnet.ahrq.gov/primerHome.aspx

AHRQ Care Coordination Accountability Measure for Primary Care Practice: www.ahrq.gov/qual/pcpaccountability

AHRQ Surveys on Patient Safety Culture: www.ahrq.gov/qual/patientsafetyculture

Commonwealth Fund—Providence St. Vincent Medical Center—Improving Efficiency by Standardizing Care and Ensuring Access: www.commonwealthfund.org/Innovations/Case-Studies/2011/Jul/Providence-St-Vincent-Medical-Center.aspx

Commonwealth Fund—Reducing Hospital Readmissions: Lessons from Top-Performing Hospitals: www.commonwealthfund.org/Topics/Health-Care-Quality.aspx

Commonwealth Fund—Quality Matters Newsletters: www.commonwealthfund.org/Publications/Newsletters/Quality-Matters.aspx

HealthAffairs—The Design and Application of Shared Savings Programs: Lessons from Early Adopters: http://content.healthaffairs.org/content/31/9/1959.abstract

Institute for Healthcare Improvement—IHI Global Trigger Tool for Measuring Adverse Events: www.ihi.org/knowledge/Pages/Tools/IHIGlobalTriggerToolforMeasuringAEs.aspx

Pennsylvania Medical Society—Managing Risk Newsletters: www.pamedsoc.org/MainMenuCategories/Publications/Managing-Risk