



# Patient Safety in Ambulatory Care 2008

Request for Proposals

Submission deadline: September 9, 2008



**Blue Cross Blue Shield of Michigan Foundation**

The philanthropic affiliate of Blue Cross Blue Shield of Michigan  
dedicated to improving the health of Michigan residents

## Vision

To make a significant contribution to health care knowledge and its application to improve health by:

- Supporting research, and effective demonstration and evaluation projects; and
- Developing innovative and socially responsive health initiatives.
- We will significantly contribute to health care knowledge and its application by supporting research and effective demonstration and evaluation projects as well as innovative and socially responsive health initiatives.

## Mission

The Blue Cross Blue Shield of Michigan Foundation is dedicated to improving the health of Michigan residents through the support of research and innovative programs.

## Core Values

- Commitment to quality performance
- Honesty, integrity, collaboration and team work
- Effective and efficient use of resources
- Excellence in programs, grants and communications

**T**he Blue Cross Blue Shield of Michigan Foundation is dedicated to improving the health of Michigan residents by supporting health care research and innovative community health programs. The BCBSM Foundation's grant programs are conducted in Michigan by Michigan-based researchers and nonprofit community health care organizations.

Over the past 25 years, the BCBSM Foundation has contributed approximately \$25 million in grants for research and \$5 million for community health programs. This funding has resulted in enhancements to quality of care, patient safety and access to care for the people of Michigan. The BCBSM Foundation also supports efforts to control the rising costs of health care through research, demonstration and evaluation projects.

The BCBSM Foundation is the philanthropic affiliate of Blue Cross Blue Shield of Michigan (BCBSM). The Foundation is a 501(c)(3) nonprofit organization and an independent licensee of the Blue Cross and Blue Shield Association. For more information, visit [bcbsm.com/foundation](http://bcbsm.com/foundation).

# Improving Patient Safety in Ambulatory Care 2008

The Blue Cross Blue Shield of Michigan Foundation (BCBSM Foundation) is issuing a request for Proposals from Michigan-based clinicians and researchers interested in improving patient safety by reducing errors that occur in ambulatory health care settings.

The purpose of this Request for Proposal initiative is to encourage research, as well as demonstration and evaluation projects, on patient safety in ambulatory care settings. Physicians and researchers, in collaboration with health systems and universities are encouraged to develop projects designed to reduce the risk of errors that affect the quality, value and safety of patient care.

## Background

The Institute of Medicine (IoM) issued its report, *To Err is Human: Building a Safer Health System*, nearly 9 years ago. This report estimated that between 44,000 and 98,000 people die each year nationwide as a result of avoidable errors that occur in hospitals. In response to this report, the BCBSM Foundation developed and funded multiple projects in our five initiatives on Improving Patient Safety in Acute Care Hospitals and one initiative on Improving Patient Safety in Ambulatory Care Settings. This is our second effort to address ambulatory care patient safety.

Most care is provided in ambulatory care settings rather than acute care inpatient hospital settings. There is relatively little information regarding the risk, cost or consequences of medical errors in ambulatory care. Ambulatory care is provided in a broad array of settings including: physician offices, home health care agencies, community health centers, urgent care centers and outpatient surgery centers. In the past two decades, there has been a significant increase in the number and complexity of procedures performed in outpatient settings. Recent research finds that over 77% of medical procedures are now performed in ambulatory care settings.

## Program Rationale

The IoM report defines errors as “the failure of a planned action to be completed as intended,” or “the use of a wrong plan to achieve a goal, compromising safety.” To reduce errors, the Joint Commission on Accreditation of Health Care Organizations has developed patient safety goals ([http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/08\\_amb\\_npsgs.htm](http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/08_amb_npsgs.htm)).

**For 2008, goals for ambulatory care include:**

- Improve the accuracy of patient identification
- Improve the effectiveness of communication among caregivers

- Improve the safety of medications
- Reduce the risk of iatrogenically related infections
- Accurately and completely reconcile medications across the continuum of care and physicians
- Reduce the risk of surgical fires
- Encourage patients' active involvement in their own care as a patient safety strategy

The Joint Commission's goals are to improve ambulatory patient care by focusing on system-wide solutions. The Institute of Medicine emphasizes that safety does not reside in a person, device or department, but emerges from the interactions of components of a system. Errors may include problems in practice, products, procedures and systems. The BCBSM Foundation is interested in projects that are targeted toward the Joint Commission's goals and/or one of the following issues:

**Missed or Delayed Diagnoses:** In a recent study by Gandhi et al. (2006) investigating ambulatory patient safety, the authors found that many errors were the result of missed or delayed diagnoses of cancer. Reasons cited for this error included: failure to order the appropriate tests, incorrect interpretation of tests and failed follow up activities.

**Communication Errors:** The Joint Commission has found that ineffective communication is the most frequent cause of medical errors in ambulatory care. Physicians and other caregivers are typically unaware when patients do not understand information, misinterpret or misunderstand health information. Barry Weiss, MD, editor of a manual for clinicians on health literacy, finds that there are health literacy problems with 50% of patients.

The failure of providers to notify patients of suspicious or abnormal test results as well as diagnoses is related to communication errors. This type of error is often the result of numerous lab and test results coming into an office for different patients, on different days, with the risk of one or more test results being misplaced or lost. Past research found that laboratory results were handled in an appropriate manner in only 51% of cases.

**Medication Errors:** The provision of medications is the most common health treatment in medicine today. The Institute of Medicine found that the greatest rise in medication errors was found in care provided outside of hospitals. According to the IoM, there has been close to an eightfold increase in the number of outpatient deaths attributed to medication errors in contrast to a twofold increase in hospital deaths. Medication errors have multiple causes such as inappropriate drug interactions and ineffective patient education of correct dosage quantities and schedules.

**Ambulatory Surgical Errors:** There has been a significant increase in the number of surgical and invasive procedures that are performed in ambulatory surgery facilities and physician offices that were previously performed in acute care inpatient hospital settings. Some physicians may be performing surgical procedures outside their specialties. Additionally, the lack of adequate rescue equipment may increase the risk of an adverse event as the result of surgical errors.

**Care Transition Errors:** Patients may transition from one type of health care setting or practitioner to another, in the course of treatment, increasing the opportunities for error.

## Program Aim

Research is needed to assess the prevalence of errors in Michigan ambulatory care settings and the circumstances under which they occur as well as the need to evaluate the effectiveness of strategies and processes for preventing errors that compromise patient safety in outpatient care.

The aim of this initiative is to encourage applied research or demonstration and evaluation projects on patient safety in ambulatory care settings. This solicitation seeks responses proposing research, interventions and strategies grounded on evidence-based research that may result in increased patient safety. Demonstration projects must include a rigorous evaluation.

## Research on Improving Patient Safety

We're looking for proposals to investigate the causes of medical errors and close calls or innovative demonstration and evaluation projects intended to reduce errors and increase the quality, enhance the value and improve the safety of care. We are also interested in projects that focus on the transfer and evaluation of best practices found effective in reducing errors in acute inpatient hospital care settings to ambulatory care settings.

### Proposed studies will be considered in the following areas:

- A. Epidemiological Research:** Descriptive or analytic research on the determinants, frequency, severity and impact of medical errors and close calls in ambulatory care settings. This includes proactive risk assessment of accidental injuries or near misses resulting from both underlying system problems and identified safety problems.
- B. Demonstration and Evaluation Projects:** Development, implementation and evaluation of strategies to solve systemic problems that contribute to medical errors. This includes research on error reporting, employee training, effects of working conditions on patient safety and revised procedures.

### C. Transfer of Innovations and Best Safety Practices:

Identification, implementation and evaluation of innovations and best practices to effectively improve patient safety. There have been a multitude of innovations developed in various non-health care fields addressing information management, communication, scheduling and space design, etc. These innovations might be adapted to ambulatory settings resulting in improved safety. Similarly, there are validated clinical guidelines based on evidence-based medicine that have not been effectively incorporated into ambulatory care settings.

## Application Process

The required application cover page and terms and conditions can be downloaded from our website at [bcbsm.com/foundation](http://bcbsm.com/foundation). This material can be accessed via a link to our RFP program. If you are unable to download it and would like a copy mailed to you, please call 313.225.8706 or send an e-mail to [foundation@bcbsm.com](mailto:foundation@bcbsm.com).

A complete application must include the original (unbound) and 4 copies of the items listed below, in the order outlined. Please do not bind or staple the original.

- One page project summary.
- Completed Coversheet and Signed Terms and Conditions (note, this can be downloaded from the web, see above for instructions).
- Detailed Budget, including details of other sources of funding, either existing or contemplated (note, a sample budget can be downloaded from the web, see above for instructions).
- Body of Proposal (up to 20 double-spaced pages).
- Nature of the research question or demonstration project.
- Description of research or evaluation methodology.
- Assessment of barriers which may impede widespread implementation of this intervention and how barriers might be overcome (if applicable).
- Discussion of the applied significance and possible implementation of the results; including a description of the anticipated results and its impact on improving patient safety.

- A statement signed by the appropriate board that all applicable requirements of the applicant's institution regarding research involving human subjects have been met. (Note: if this is not available at time of submission, we need a statement that it will be submitted prior to the start of the project, if funded.)
- Curricula vitae of the principal investigators and other key personnel, including all consultants.

## Eligibility

The BCBSM Foundation seeks proposals from Michigan-based physicians and doctoral-level (e.g., PhD, DrPH) researchers based at universities, academic medical settings, community health organizations and health systems.

## Program Funds

The BCBSM Foundation has dedicated \$500,000 to this initiative and plans to award one or more multi-year grant(s) to conduct research on improving patient safety in ambulatory care settings in Michigan. Funds will be available for salary support, supplies and office operations, as well as limited staff travel expenses and consultant fees for Michigan-based researchers working on this initiative. Grants under this program do not pay for the costs of equipment (e.g., personal computers), hardware, software or on-going operating expenses.

It is the policy of the BCBSM Foundation to fund research conducted by non-profit organizations. The BCBSM Foundation does not provide support to for-profit organizations or individuals associated with organizations not located in Michigan. Please note, in addition to the overall quality of the project, the feasibility and appropriateness of the budget is a factor in funding decisions.

## Inquiries

Interested parties are encouraged to contact the BCBSM Foundation with questions. Please contact Nora Maloy, DrPH, senior program officer, by e-mail at [nmaloy@bcbsm.com](mailto:nmaloy@bcbsm.com).

Proposals must be received by **Tuesday, September 9, 2008**. No hand deliveries will be accepted. Proposals should be mailed to BCBSM Foundation offices:

Patient Safety in Ambulatory Care  
BCBSM Foundation  
600 Lafayette East, X520  
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