

Transcript Details

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The Risk of HAC Score Prioritization in Vascular Access Care

Announcer:

You're listening to *Vascular Viewpoints* on ReachMD, sponsored by Beckton Dickinson, advancing the world of health.

On this episode, we'll hear April Taylor, Senior Director of Improvement and Project Management at the Children's Hospital of Philadelphia, discuss the risk of HAC Score Prioritization in Vascular Access Care.

Ms. Taylor:

I'm really speaking as a healthcare administrator. And our top priority isn't always we'll be keeping patients safe. And you know, when you talk with any healthcare professional, there's pretty much no one that's not going to share in that commitment to do no harm, as our overarching goal. But you know, despite our best intentions, the care that we provide sometimes isn't as safe as it could be. And so, this idea of HAC scores and have some forms of measurement that really push folks to develop standardized protocols and data transparency should with a big emphasis on the word 'should,' hope to identify areas where systems-based improvement can improve care and outcomes. And so that's where again these HAC scores really come into play, because they should help do that. They should help to improve standardization and reduce variations in care. But with that being said, there can sometimes be that tension; that tension between, provider autonomy. And not even just provider autonomy, again our providers really are the experts. And they may know something that is new or novel or on the cusp that we don't know yet as administrators, that we should be pursuing, and so there may be tension between the standardized protocol that potentially it's outdated, with some new knowledge that our providers have. There may also be tension between patient and family preference, and these standardized protocols. And so I think what's really important is recognizing that, having that discussion – really having that culture within an organization where there is that openness and transparency and bringing all the stakeholders to the table to identify how do we really use HAC scores for improvement, and not just, standardizing for the sake of standardizing. You really need balance in your measurement approach to ensure that we're really factoring in, the effectiveness of care. And that's really where our clinicians come in, because they know the care that is most likely going to be effective. They were really bringing in patient-centeredness and, what the patient and family wants to tell us, because sometimes the decisions that we're making inpatient, then translate into outpatient care that that patient and family needs to maintain. And we need to think about what their line access may look like once they go home. And whether or not that's going to be something that's going to be sustainable for them, as they move into a home care program or wherever they might go. So again, really to close here, I think we need to make sure that some of these national policy programs that we have aren't working, in a way that we're not truly able to fully deliver the high-value and high-quality care that we want to deliver, because that's really what our clinicians want to do, and that's really what our patients are asking for.

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