The consensus vision statement of the Josiah Macy Jr. Foundation (2015) seeks to inspire a shared vision for the future of health professions education, where intelligent use of educational and information technologies supports the linkage between education and delivery systems to create a Continuously Learning Health System. In that system, teachers, learners, and clinical data inform continuous improvement processes, enable lifelong learning, and promote innovation to improve the health of the public (Josiah Macy Jr. Foundation, 2015). The Macy Foundation’s report recommends that technology be leveraged to bridge the gap between educational and clinical missions, where teaching and learning are embedded within a health care delivery system that continuously improves (Josiah Macy Jr. Foundation, 2015).

As I reflected on the Macy Foundation’s recommendation, I recognized how U.S. children’s hospitals have been transforming health care through a national quality improvement (QI) network that helps to bridge this gap. What began in 2009 as a statewide collaborative of academic- and nonacademic-affiliated children’s hospitals spread across the nation in 2012 as the Children’s Hospitals’ Solutions for Patient Safety (SPS) network. The first U.S. network of its kind, the SPS formed with a vision to make children’s hospitals the safest place in the nation for children’s health care by eliminating serious safety events—a goal they described as both broad in scope and bold in ambition (SPS, 2016a). The network uses the Institute for Healthcare Improvement’s (2015) triple aim initiative, which is a framework familiar to health care educators in academic and clinical settings, including the Institute for Healthcare Improvement president’s philosophy of “all teach, all learn,” which is a philosophy that now permeates the QI work of more than 80 children’s hospitals across the United States as they continuously enhance care in the SPS network.

Through face-to-face meetings, live and recorded webinar sessions, and the use of collaborative sharing software to promote networking, SPS network leaders have taught interprofessional team members at member hospitals about QI science and high reliability concepts to drive change in practice for enhanced patient safety and to reduce health care costs. To guide the work, the SPS network is moving each hospital-acquired condition through a series of phases that allow hospitals to learn from peers (“all teach, all learn”), while implementing evidence-based pediatric care bundles and formalizing pediatric prevention standards made available to all hospitals who care for children (SPS, 2016a). Network hospitals avoid competition on patient safety through a fundamental belief that by sharing successes and failures transparently and learning from one another, children’s hospitals can achieve their goals more effectively and efficiently than working alone. The SPS network has realized significant results, including achievement of a 60% reduction in surgical-site infections in designated cardiac, neurosurgery, and orthopedic procedures and a 40% reduction in overall adverse drug events in Ohio’s children’s hospitals. Since 2012, the national network saved an estimated $79 million and prevented serious harm for 3,699 children, with a consistent upward trend in harm prevented every month (SPS, 2016b). Nembhard’s (2012) study on the use of interorganizational learning activities indicated that organization participation in collaboratives enhances participant performance improvement and that the relationship is moderated by the use of inter- and intraorganizational learning activities. For collaborative sponsors, those findings imply that activities

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that facilitate interorganizational and intraorganizational learning are a worthwhile investment.

As a member hospital, Akron Children’s Hospital benefits from the continual learning. For example, the Hospital merged initial work on preventing catheter-associated urinary tract infections (CAUTIs) with the Ohio SPS network and then the national SPS network. The Hospital’s clinical teams participate in learning sessions and share resources with peers throughout the nation through the collaborative software site, e-mail, and webinar presentations. Learning is facilitated throughout various sites and settings with face-to-face sessions, modules on a learning management system, simulations, and in situ observation of practice with real-time coaching. Through active engagement in the learning process, nurses and providers have gained a breadth and depth of knowledge that they apply in practice. Process measure and outcome data is shared with the SPS network, and, in return, there is an additional pediatric benchmark for comparison of performance accessible on a network collaborative sharing site. The results of practice changes, as a result of collaborative learning, by point-of-care clinicians have been impressive. Most importantly, knowledge has been applied to practice, with a reduction in CAUTI rates. The Hospital’s regional burn center, although starting as the unit with the highest CAUTI rate 4 years ago, has been CAUTI free for more than a year.

How can your organization take on a similar challenge? Numerous regional, state, and national quality collaboratives offer similar opportunities to share knowledge with the use of technology. Formal and informal academic partnerships can be developed to enhance evidence-based practice for quality care. Technology bridges geographic distances and can bridge the academic-to-practice gap to create continuously learning health systems.

Despite this evidence-based approach, as I report this I “knock on wood” to avoid tempting fate. I also ask you to consider how your organization can implement the Macy Foundation report’s recommendation IV for transformational continuous learning.

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