

A Note from the Executive Director

The theme, "Managing Quality for Healthy Outcomes," that unified AIHA's Third Annual NIS Partnership Conference is reflected throughout this issue of *CommonHealth*. As the partners continue to make remarkable progress in assessing and resolving health care needs in the New Independent States (NIS) and in Central and Eastern Europe (CEE), we must focus on the outcomes of our work. Quality management provides a framework for that process.

The goal of quality management is to improve quality while maintaining or reducing cost. The process of continuous quality improvement (CQI) helps health care professionals to look at their organization as a system of interconnecting products and services rather than isolated units and departments. "Results are coming in from organizations all across the US. What we see is that CQI works," Patricia Stoltz, PA-C, director of quality improvement for the Henry Ford Health System in Detroit, MI, told conference participants.

Quality management strategies are beginning to have an impact in the NIS as well. The Dubna Diabetes Education Center in Russia, which is featured in the cover story, teaches patients to inject insulin, monitor glucose levels and understand the warning signs of complications. The center uses a disease management approach that empowers patients to take charge of their own care. In doing so, average insulin dose levels have declined and hospitalizations have been cut dramatically. Overall costs associated with care for diabetic patients have dropped by 40 percent. With the help of US partners in LaCrosse, WI, and corporate partner Eli Lilly and Co., which has donated pharmaceuticals and equipment, Dubna's center has realized the quality management goal of raising the level of care in a cost-effective manner.

Outcomes of other CQI efforts are also impressive. The L'viv Oblast Clinical Hospital in Ukraine reduced neonatal mortality from 6.3 to 3 per 100 at-risk babies, and Russia's Murmansk Regional Hospital cut the average length of stay of cardiac patients from 15 to 10 days. Articles in this issue explore an intern program in which Estonian nurses travel to Washington, DC to learn from their American partners and celebrate four new AIHA-sponsored emergency medical service training centers that opened in the NIS and CEE last fall. Though the areas of training obviously vary widely, both programs have the same ultimate goal: managing quality for healthy outcomes.

As we welcome new CEE healthy communities and health management education partners, we are incorporating this same theme of quality management into their work and into the first CEE partner conference this spring. By working together, partners can forge a new relationship between results and resources, one that benefits patients and health care systems alike.

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