



Foundation for Health Care Quality

The Foundation for Health Care Quality has served our health care ecosystem as a neutral convenor, a source of innovation, and a change agent since our founding in 1988. We believe that collaboration takes down silos, generates new ideas, and improves care.

VISION

Quality health care grounded in evidence, centered on people.

MISSION

Catalyzing health care quality improvement through public and private collaboration.

Our organization originally formed to develop a more accurate way to measure patient risk adjustment. From those early conversations with local health care leaders, we worked with key organizational partners to slowly grow infrastructure, holding discussion forums and conferences, to identify how to measure and improve clinical care quality. By including competitive organizations and health care sectors who do not traditionally partner with one another, we were able to build an environment of trust that continues today.

Our work has centered on quantifying clinical quality and patient profiles, improving information exchange within health care, and driving improvement in care processes and outcomes. Funding has come from State Government (e.g., the Department of Health, the Health Care Authority) and Federal Government (e.g., Agency for Healthcare Research and Quality, the Department of Defense) individual hospitals, health carriers, associations, collaboratives, private foundations (e.g., Skyline, Ballmer Group), and other key partners.

One of our earliest programs in 1990, the Statistical Obstetrics Review Quality System, used risk adjusted quality indicators to merge birth certificate data; Comprehensive Hospital Abstract Reporting System data; and infant death records. This was one of the first studies in the country to link clinical data to patient outcomes and establish quality measures based on that information. This same model was then applied through the Back Pain Outcomes Assessment Team to develop patient and provider engagement models, patient decision support, and standards for measuring back conditions.

The success of using chart-abstracted, clinical data to examine and target specific areas of variation led to the creation of our Care Outcomes Assessment Programs, starting with cardiac procedures in 1994. Cardiac COAP is clinician-led and uses near to real time data to drive measurement and improvement for open heart surgery and less invasive cardiac procedures. The program established a culture built on transparency, trust, peer learning, and the belief that clinicians are most effective when they work together to identify and improve variation in care. Cardiac COAP has had a profound impact by significantly lowering blood transfusions during and after surgery (43% to 24%), increasing early removal of a patient's artificial breathing tube (42% to 71%), reducing door to balloon times after an acute heart attack, and many other successes.

“Our open process and the broad array of participants from a range of hospitals gave us credibility. Physician leadership was essential. We asked questions people wanted answers to.”

Rick Goss, MD, COAP Founder

Building on the success of Cardiac COAP, Washington State Government and surgical community leaders recognized an opportunity to apply the same physician-led, data-driven quality improvement model to other surgical procedures to improve outcomes for high-risk, high-cost, and highly variable procedures like bariatric surgery. Surgical COAP began in 2004, has had significant impacts on multiple surgical processes and outcomes, and developed the surgical checklist tool that became a catalyst for cultural change across hospitals. Recognizing that spine surgery involved unique clinical expertise and a distinct physician community, Spine COAP became a separate program in 2012.



“We want[ed] to build real grass roots energy to engage doctors in the state. Our Surgical Checklist is now in every hospital in Washington State. We have also moved from just reporting on outcomes to changing behaviors by using benchmarks appropriate to the best practice...The Foundation’s real gift to the community is offering a venue where you can take ideas and turn them into action.” - David Flum, MD

Obstetrical COAP built on these strong foundations with a focus on labor and delivery services in 2010. The program uses benchmarked clinical data and targeted educational efforts and has led to an increase in collection of cord gases from (33% to 60%); a three-fold increase in the rate of timely treatment of acute severe high blood pressure at one large hospital, and improvements in breastfeeding rates across one large system, among other successes. Obstetrical COAP includes both hospital births and community births, a unique and impactful model. In 2023, the Foundation launched the Community Birth Data Registry, created by midwives for midwives. This registry has experienced substantial geographic expansion, with midwives and community birth practices in eleven states.

Health data exchange has been a key strategy for the Foundation beginning in 1993 with the Community Health Information Management Systems Initiative focused on sharing information between and among organizations. This work morphed into the Health Care Quality Measurement Advisory Service in 1995, which assisted state and local health care coalitions, purchasing groups and health information organizations measure quality for value-based purchasing, and in 1996 into the the Community Health Information Technology Alliance, a collaborative model bridging the gap between the pre-Internet era, focused on building a shared network to replace proprietary private networks, and the Internet era which brought a focus on security, data standards, and policies. From 2004-2007, the Foundation was home to the Outbreak Detection Information Network, that used emerging syndromic surveillance science to capture data from health encounters to predict disease outbreaks ahead of clinically verified laboratory results. The Foundation is currently working with the Department of Health and the state health information exchange to build a multidisciplinary governed clinical data resource.

Driving improvements in clinical care has been a key part of the work listed above and a specific focus of individual programs and initiatives, not all of which are discussed here. Early programs in the 1990s focused on an integrated strategic and quality improvement plan in public and private laboratories for public surveillance and in collaborative education on diabetes care. Current programs include:

- The Washington Patient Safety Coalition formed in 2002 with a request from the Washington State Governor’s office and is comprised of member hospitals, health carriers, professional organizations, medical groups and others. The Coalition facilitates targeted patient safety initiatives like the Speak Up! award that recognizes good catches to prevent errors and holds an annual patient safety conference.
- The Bree Collaborative is a public/private group founded by state Legislation that develops, implements, and evaluates evidence-based clinical, payment, and policy guidelines for health care services that are highly variable, are high cost but have poor outcomes, or have a patient safety or equity issue (e.g., opioid prescribing, behavioral health). These guidelines have been integrated into state contracting, the commercial sector, and widely throughout the state.
- The Smooth Transitions™ Quality Improvement Program, which moved from the Department of Health to the Foundation in 2008, improves communication and enhances collaboration between community midwives, hospital-based providers, and EMS to achieve better outcomes for birthing people and babies and increase patient satisfaction with care. The program is being adopted outside of Washington and continues to grow.
- The Administrative Simplification program was developed by the Washington Healthcare Forum and moved to the Foundation in 2025. The program makes it easier for health plans and providers to do business together by finding consensus solutions to shared operational problems.

“...the Foundation’s value is that every time there is a new initiative or program [we] offer a venue where people who don’t normally trust each other actually want to work together...diverse groups—given the right environment—can work together on important goals.”