Hattie Rees Hanley, MPP
Director and Co-Founder, Right Care Initiative, UC Berkeley School of Public Health, Center for Healthcare Organizational and Innovation Research

Ms. Hanley co-founded the Right Care Initiative in 2007 with the Deans of the University of California, Berkeley and UCLA’s Schools of Public Health, clinical experts, and State of California leadership to improve patient outcomes in high yield areas for preventing disability and death, where the science is clear, but the uptake is uneven. The Right Care Initiative is a public-private, charitably-funded collaborative effort that has thus far worked in the areas of prevention and better management of Hospital Acquired Infections (HAI), heart attacks, strokes, diabetes and heart failure. Ms. Hanley has directed the initiative since its inception, in close collaboration with leading experts in the field. The hallmark of her public policy career is bridging across the disparate arenas of business, government, health care delivery, science and academia. Ms. Hanley received her Master’s degree in Public Policy from Harvard University’s John F. Kennedy School of Government, after studying health economics and pre-medical coursework at UC Davis. Since that time, she has applied her background in science and public policy in the areas of clinical quality improvement, public health preparedness and improving laws to protect patients. She was instrumental in the negotiations and passage of the set of California laws known as the Patient Bill of Rights, which includes the right to a Second Medical Opinion and Independent Medical Review. The Right Care Initiative is a program within the UC Berkeley School of Public Health’s Center for Health Organizational and Innovation Research (CHOIR). Ms. Hanley has been invited by the Centers of Disease Control and Prevention to be a founding member of the National Hypertension Roundtable.
Clinical Quality Improvement Leadership Collaborative

Adhere 80% in good control, or "A or "B" (90% Parental) MDS levels for Cardiologic Disease and Diabetes, whichever is worse.

- Adherence to BP control (systolic or diastolic blood pressure) at goal
- Medical review of drug therapy
- Patient education and support
- Appropriate lab testing
- Lifestyle changes
- Medication adherence
- Patient satisfaction

Objectives:
- To decrease hospitalizations and readmissions for cardiovascular disease and diabetes among the elderly
- To improve patient outcomes and reduce healthcare costs
- To increase patient and provider satisfaction and adherence to treatment plans

Methodology:
- Data collection and analysis
- Intervention implementation
- Outcome evaluation

Results:
- Significant decreases in hospitalizations and readmissions
- Improved patient outcomes
- Increased patient and provider satisfaction

Conclusion:
- The Clinical Quality Improvement Leadership Collaborative is an effective approach to improving healthcare outcomes for patients with cardiovascular disease and diabetes.

References:

Contact:
Mary Johnson, RN, BSN, Chief Clinical Officer, Collaborative Management Solutions, Inc.

Intensive Cardiac Care Unit

Introduction:...

Inpatient Care Model:...

Outcomes:...

Conclusion:...

References:...

Contact:...