Evidence-Based Medicine Group (the “fruit group”)

March 1, 2010
Maryland Health Quality & Cost Council – Time to Impact for Proposed Recommendations

**Goal:** Implement Evidence-Based Practices and Quality Improvement Initiatives with known cost-savings results State-Wide.

### 1(a). Hand Hygiene

**Intervention:** JH-H Wipes campaign

**Impact:**
- Increase in Hand Hygiene Compliance by 30%
- (outcomes for avoided HAIs still under evaluation)

**Cost:** Literature demonstrates that operating costs = 1% of cost savings due to avoided HAIs

**Ease of Implementation:***

### 1(b). Hospital-Acquired Infections (HAIs)

**Checklist**

- **CRBSI**
- **SE**
- **MRSA**

**Intervention:** Checklist(s), Surveillance, Education, Public Reporting?

**Ease of Implementation:***

**Catheter-Related Blood Stream Infection**

- **Impact:** $15-50 additional cost per case
- +10-24 days additional LOS; +15-35% attributable mortality

**Approach:** NHAN definitions / methodology for ICU (except NICU)

**Surgical Site Infection**

- **Impact:** $38K additional cost per case; +7-20 days additional LOS; +5% attributable mortality

**Approach:** NHAN definitions / methodology for specific procedures (Colon surgery, Hysterectomy, Laminectomy, Hip/Knee, CABG)

**Methicillin-Resistant Staphylococcus Aureus (MRSA)**

**Impact:** $32K additional cost per case; + additional LOS; + attributable mortality

**Approach:** Active Surveillance Testing (AST) by nasal culture w/in 48 hrs of admission for all ICUs (except NICU)

**Health Care Worker (HCW) Influenza Vaccination**

**Impact:**
- Literature shows 30% reduction in all-cause mortality among patients treated by HCWs compliant with Influenza vaccination

**Approach:** Compliance tracking for acute care facility HCWs

### 3. Blood Wasteage

**Intervention:** Application of Lean Sigma Methodology to improve usage and storage of blood products

**Impact:**
- Within first two years of project, JH-H resulted in savings of over 4,000 units of blood, which corresponds to a savings of $900,000 for the hospital.

**Cost:** Purchase of coolers and temperature readers

**Ease of Implementation:**

---

**Time to Impact**

1-3 Months | 3-6 Months | 6-9 Months | 9-12 Months
1(a). Hand Hygiene

**Intervention:** JHH WIPES campaign

**Impact:** Increase in Hand Hygiene Compliance by 300% (outcomes for avoided HAIs still under evaluation).

**Cost:** Literature demonstrates that operating costs = 1% of cost savings due to avoided HAIs

**Ease of Implementation:**
- 3 stars
- 4 stars
- 5 stars

1(b). Hospital-Acquired Infections (HAIs)

- **Checklist**
- **CF-BSI**
- **SSI**
- **MRSA**

**Intervention:** Checklist(s), Surveillance, Education, Public Reporting?

**Ease of Implementation:**
- 2 stars
- 3 stars
- 4 stars
- 5 stars

**Catheter-Related Blood Stream Infection**

- **Impact:**
  - $335-565 additional cost per case
  - +10-24 days additional LOS; +15-35% attributable mortality

- **Approach:** NHSN definitions / methodology for ICUs (except NICUs)

**Surgical Site Infection**

- **Impact:**
  - $34K additional cost per case; +7-20 days additional LOS; +9% attributable mortality

- **Approach:** NHSN definitions / methodology for specific procedures (Colon surgery, Hysterectomy, Laminectomy, Hip/Knee, CABG)

  **Methicillin-Resistant Staphylococcus Aureus (MRSA)**

  **Impact:**
  - $32K additional cost per case; + additional LOS; + attributable mortality

  **Approach:** Active Surveillance Testing (AST) by nasal culture w/in 48hrs of admission for all ICUs (except NICU)

**Health Care Worker (HCW) Influenza Vaccination**

- **Impact:** Literature shows 50% reduction in all-cause mortality among patients treated by HCWs compliant with Influenza vaccination

- **Approach:** Compliance tracking for acute care facility HCWs
You can count on me to take 5 steps...

Anthony G. Brown
Lt. Governor
Maryland

to help WIPE out hospital infections.

You can count on me to take 5 steps...

John M. Colmers
Secretary
DHMH

to help WIPE out hospital infections.
Collaborative Activities

**PROCESS**
- Kick-off Meeting
- Webinars
- Observer Training
- HandStats Access
- HandStats Customization
- Learning Session One

**DATA REPORTING**
- HandStats Hand Hygiene Compliance
- Process Measures (begins March 5TH)

**ACUTE CARE HOSPITALS**
- 95% of hospitals are participating in the collaborative
- 75% of hospitals reported January hand hygiene compliance data
Maryland Hospital Hand Hygiene Collaborative Learning Session 1 – February 17, 2010

Participation: 37 organizations in attendance
Sharing Best Practices

Soap $3
Paper Towels $0.01 each
Purell Dispenser $10

Less than 30 Seconds to Save a Life.....Priceless!

Hand Hygiene

Washington Adventist Hospital
Data Submission
mobile device vs. desktop PC
HH Compliance Feedback Reports for Individual Hospitals

Hospital Performance

Performance Overtime

Hygiene Compliance (Jan '10--current)
HH Compliance Feedback Reports for Individual Hospitals

Performance by Employee Role

Performance by Unit
HH Compliance Feedback Reports for MHQCC

Hand Hygiene Compliance across the State

State Hand Hygiene Compliance (Jan '10--current)

State Average

Dummy Data
Process Measures

• Leadership Engagement & Support Aids
• Monitoring Performance & Feedback System
• Educational Resources & Communication Campaign
• Environmental Optimization

Maryland Hospital Hand Hygiene Collaborative

**PROCESS MEASURES AUDIT QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Name (optional):</th>
<th>Unit:</th>
</tr>
</thead>
</table>

Please respond to the following questions by circling either yes or no.

1. Does the hospital policy for hand hygiene comply with the WHO guidelines?  YES  NO
2. Does the hospital policy for hand hygiene comply with the CDC guidelines?  YES  NO
3. Does the CEO/Executive Team publicly endorse the statewide hand hygiene collaborative?  YES  NO
4. Is there an Executive Sponsor responsible for oversight of the hand hygiene team efforts?  YES  NO
5. Is a multidisciplinary team utilized to implement the hand hygiene program?  YES  NO
6. Is an Infection Preventionist the designated coordinator of the multidisciplinary hand hygiene team?  YES  NO
7. Name of the hand hygiene multidisciplinary team:  [Blank]  YES  NO

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Process Measures Feedback Report for Individual Hospitals

Process Measure Scores by Category January 2010

1. Leadership Engagement and Support Aides
   - Max Possible
   - Facility
   - Acute Care Average

2. Monitoring Performance and Feedback System
   - Max Possible
   - Facility
   - Acute Care Average

3. Educational Resources and Communications Campaign
   - Max Possible
   - Facility
   - Acute Care Average

4. Environmental Optimization
   - Max Possible
   - Facility
   - Acute Care Average
# Tentative Schedule

<table>
<thead>
<tr>
<th>MONTH</th>
<th>HANDSTATS (DUE 10&lt;sup&gt;TH&lt;/sup&gt;)</th>
<th>PROCESS MEASURES</th>
<th>LEARNING SESSION</th>
<th>WEBINAR CONFERENCE CALL</th>
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<td>FEBRUARY</td>
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<td>WEBINAR - 17&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>15&lt;sup&gt;TH&lt;/sup&gt;</td>
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<td>DECEMBER</td>
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<tr>
<td>FEBRUARY</td>
<td>X</td>
<td></td>
<td>CONGRESS</td>
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</table>
Evaluation Study

• **Purpose:** To advance the science of Hand Hygiene and HAIs

• **Led by Council/MHCC/DHMH**
  – JHU will conduct in consultation with HAI Advisory Committee’s Infection Prevention Subcommittee

• **Methodology**
  – Hand Hygiene Compliance Rates linked to HAI(s)
    • Initial focus on CL-BSIs in ICUs

<table>
<thead>
<tr>
<th>March 2010</th>
<th>June 2010</th>
<th>Sep 2010</th>
<th>Feb 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define Methodology</td>
<td>Compile Outcome Data</td>
<td>Analyze Data</td>
<td>Publish Results</td>
</tr>
</tbody>
</table>
Maryland Health Quality & Cost Council – Time to Impact for Proposed Recommendations

**Goal:** Implement Evidence-Based Practices and Quality Improvement Initiatives with known cost-savings results State-Wide.

### 1(a). Hand Hygiene

**Intervention:** J-I-H Wipes campaign

**Impact:** Increase in Hand Hygiene Compliance by 300% (outcomes for avoided HAI's still under evaluation).

**Cost:** Literature demonstrates that operating costs + 1% of cost savings due to avoided HAI's

**Ease of Implementation:**

### 1(b). Hospital-Acquired Infections (HAIs)

**Intervention:** Checklist(s), Surveillance, Education, Public Reporting

**Ease of Implementation:**

#### Catheter-Related Blood Stream Infection

**Impact:**
- $15-50K additional cost per case
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**Approach:** NHSN definitions / methodology for ICU (except NICU)

#### Surgical Site Infection

**Impact:**
- $50K additional cost per case; +7-20 days additional LOS; +5% attributable mortality

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#### Methicillin-Resistant Staphylococcus Aureus (MRSA)

**Impact:**

#### Health Care Worker (HCW) Influenza Vaccination

**Impact:**
- Literature shows 30% reduction in all-cause mortality among patients treated by HCW's compliant with influenza vaccination

**Approach:** Compliance tracking for acute care facility HCW's

### 3. Blood Wastage

**Intervention:** Application of Lean Sigma Methodology to improve usage and storage of blood products

**Impact:** Within first two years of project, J-I-H resulted in a savings of over 4,200 units of blood, which corresponds to a savings of $900,000 for the hospital.

**Cost:** Purchase of coolers and temperature readers

**Ease of Implementation:**

### Time to Impact

<table>
<thead>
<tr>
<th>1-3 Months</th>
<th>3-6 Months</th>
<th>6-9 Months</th>
<th>9-12 Months</th>
</tr>
</thead>
</table>
3. Blood Wastage

**Intervention:** Application of Lean Sigma Methodology to improve usage and storage of blood products

**Impact:**

Within first two years of project, JHH resulted in a savings of over 4,700 units of blood, which corresponds to a savings of $900,000 for the hospital.

**Cost:** Purchase of coolers and temperature readers

**Ease of Implementation:**
### Participation

- Participation Pledge
- Baseline Data
- Conference calls/Meeting attendance
- Website registration
- Monthly data submission (Oct, Nov, Dec, and Jan)

#### Hospital Participation Summary – as of 02/24/2010

<table>
<thead>
<tr>
<th>Hospital</th>
<th>07/22 Most</th>
<th>09/22 Call</th>
<th>Baseline Data</th>
<th>Pledge Rec’d</th>
<th>Database Tracking</th>
<th>Website reg</th>
<th>10/09 Data</th>
<th>11/09 Data</th>
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<th>02/01 Call</th>
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<td>Dorchester General Hospital</td>
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<td>Franklin Square Hospital</td>
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<td>Holy Cross Hospital</td>
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<td>X</td>
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</tr>
</tbody>
</table>

42 out of 45 hospitals have submitted data = 93% participation rate
State Blood Wastage Results

Platelets

% Wasted for State Baseline Year vs. Current Year

Baseline Year Average % Wasted = 7.09%

Results for State

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units Wasted</td>
<td>255</td>
<td>264</td>
<td>322</td>
<td>269</td>
</tr>
<tr>
<td>Total Units Collected/Purchased</td>
<td>4297</td>
<td>4544</td>
<td>3998</td>
<td>4068</td>
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<tr>
<td>% Wasted</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>7</td>
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</tbody>
</table>
State Blood Wastage Results
Platelets

Platelets Cumulative Units Saved for State
Sep 09—Dec 09

Platelets Cumulative $s Saved for State
Sep 09—Dec 09

<table>
<thead>
<tr>
<th>Month</th>
<th>Sep-09</th>
<th>Oct-09</th>
<th>Nov-09</th>
<th>Dec-09</th>
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<tbody>
<tr>
<td>Predicted Units Wasted</td>
<td>327</td>
<td>344</td>
<td>302</td>
<td>302</td>
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<tr>
<td>Cumulative Units Saved</td>
<td>72</td>
<td>159</td>
<td>154</td>
<td>206</td>
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<tr>
<td>Cumulative Money Saved</td>
<td>$36,535.68</td>
<td>$80,682.96</td>
<td>$78,145.76</td>
<td>$104,532.64</td>
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</table>
State Blood Wastage Results

Plasma

% Wasted for State
Baseline Year vs. Current Year

Baseline Year Average % Wasted = 5.12%

<table>
<thead>
<tr>
<th>Results for State</th>
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</thead>
<tbody>
<tr>
<td>Total Units Wasted</td>
</tr>
<tr>
<td>Total Units Thawed</td>
</tr>
<tr>
<td>% Wasted</td>
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</table>
State Blood Wastage Results

**Plasma**

### Plasma Cumulative Units Saved for State
**Sep 09—Dec 09**

<table>
<thead>
<tr>
<th>Month</th>
<th>Sep-09</th>
<th>Oct-09</th>
<th>Nov-09</th>
<th>Dec-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units Saved</td>
<td>373</td>
<td>372</td>
<td>355</td>
<td>376</td>
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<tr>
<td>Cumulative Units Saved</td>
<td>-22</td>
<td>39</td>
<td>64</td>
<td>71</td>
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<tr>
<td>Cumulative Money Saved</td>
<td>($1,208.02)</td>
<td>$2,141.49</td>
<td>$3,514.24</td>
<td>$3,898.61</td>
</tr>
</tbody>
</table>

### Plasma Cumulative $s Saved for State
**Sep 09—Dec 09**

<table>
<thead>
<tr>
<th>Month</th>
<th>Sep-09</th>
<th>Oct-09</th>
<th>Nov-09</th>
<th>Dec-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Saved</td>
<td>-40</td>
<td>-20</td>
<td>20</td>
<td>40</td>
</tr>
</tbody>
</table>

Cumulative Units/Money Saved

- **Month - Year**: Sep-09, Oct-09, Nov-09, Dec-09
- **Predicted Units Wasted**: 373, 372, 355, 376
- **Cumulative Units Saved**: -22, 39, 64, 71
- **Cumulative Money Saved**: ($1,208.02), $2,141.49, $3,514.24, $3,898.61
Total Units Saved for State: 4 Months

- Platelets = 206 units
- Plasma = 71 units
- Allo Red = -76 units
- Auto/Dir Red = -78 units

Total Units Saved
= 277 units

*Note: The Collaborative’s focus has been on platelets and plasma based on the project charters. Thus, Allo Red and Auto/Dir Red Cells have been excluded in the calculations.
Total $s Saved for State: 4 Months

- Platelets = $104,533
- Plasma = $3,899
- Allo Red = ($18,229)
- Auto/Dir Red = ($27,600)

Total $s Saved
= $108,432

*Note: The Collaborative’s focus has been on platelets and plasma based on the project charters. Thus, Allo Red and Auto/Dir Red Cells have been excluded in the calculations.*
Projected Results

• Goal – By July 1, 2010, reduce blood wastage for platelets and plasma by 1%
• Projected Results (Sep 09 – Jun 10)
  – Platelets
    470 Units = $238,317
  – Plasma
    495 Units = $27,164
Maryland Hospitals Reduce Blood Waste

One hundred percent of eligible hospitals are participating in an effort to reduce blood wastage in the state as part of the Maryland Reduction of Blood Wastage Work Group. In four months, the state initiative has saved 198 units of platelets and 44 units of plasma, which results in $103,000 in savings. The Work Group was formed in June 2009 under the guidance of the Maryland Health Quality and Cost Council. The aim of the Blood Wastage Collaborative is to bring together Maryland hospitals and blood centers to improve practices in the provider setting, thereby reducing wastage of blood products and increasing the inventory available for patient care. More information is available at the Collaborative Web site.

Contact: Bill Minogue
Next Steps for Blood Wastage Collaborative

• BWWG will
  – conduct a measurement system analysis (MSA) to ensure consistent data collection among collaborative participants
  – develop benchmark capability for reports
  – make quarterly reports on the state aggregate blood wastage data to MHQCC
  – coordinate quarterly follow-up calls with all participants to discuss best practices and data submitted
  – schedule an in-person conference in March 2010

• Website enhancement: “Craig’s List” for short dated products
  – allows blood banks to post short dated inventory and to access to see what is available during emergent situation

***BWWG recognizes the importance of regulatory/liability issues, and is in the process of investigating these issues.
Future “fruit*” seed = Healthcare Associated Infections (Part 1B)

- Definition of PPR: a readmission that is clinically-related to the initial hospital admission that may have resulted from a deficiency in the process of care and treatment or lack of post discharge follow-up
- Goal: to create a statewide focused HAI prevention initiative to support hospital's efforts around reducing PPRs by recommending evidence-based tools
- Build on Hand Hygiene existing efforts to address HAIs
  - Potential HAIs to focus on:
    - CAUTIs, CLBSIs, SSIs, VAP, MRSA, C-diff
- Partner/Support existing efforts throughout the state (e.g., MHCC, HSCRC, MPSC, MHA, DHMH)

*Short term, quick wins*
Cost of PPRs for Maryland

In Maryland, based on analysis of CY2007 readmission data using the PPR methodology, estimated associated hospital charges*:

- For readmission in 15 days, there were $430.4 million (5.3% of total hospital charges)
- For readmissions in 30 days, there were $656.9 million (8.0% of total hospital charges)

• If only 5% of the estimated associated charges for readmissions within 15 days was saved, Maryland could conservatively save $21.5M dollars.

*This figure does not include physician charges associated with the readmissions.
Questions?