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-H 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:**

### 1(b). Hospital-Acquired Infections (HAIs)
- **Intervention:** Checklist(s), Surveillance, Education, Public Reporting?
- **Ease of Implementation:**

#### 3(a). Blood Wastage
- **Intervention:** Application of Lean Sigma Methodology to improve usage and storage of blood products
- **Impact:** Within first two years of project, J-H resulted in a savings of over 4,700 units of blood, which corresponds to a savings of $500,000 for the hospital.
- **Cost:** Reductions of costs and temperature monitors
- **Ease of Implementation:**

#### 3(b). Catheter-Related Blood Stream Infection
- **Impact:** $31,564 additional cost per case; +10-24 days additional LOS; +10-35% attributable mortality
- **Approach:** NHN definitions / methodology for ICU (except NICU)

#### 3(c). Surgical Site Infection
- **Impact:** $32K additional cost per case; +7-20 days additional LOS; +5% attributable mortality
- **Approach:** NHN definitions / methodology for specific procedures (Colon surgery, Hysterectomy, Laparatomy, Hip/Knee, CABG)

#### 3(d). 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 ICU (except NICU)

#### 3(e). 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

---

**Time to Impact**

| 1-3 Months | 3-6 Months | 6-9 Months | 9-12 Months |
Maryland Department of Health and Mental Hygiene
Maryland Health Quality and Cost Council
201 W. Preston Street • Baltimore, Maryland 21201
Lt. Governor Anthony G. Brown, Chair • Secretary John M. Colman, Vice-Chair • Nicole Schalings, Director

September 18, 2009

Dear Hospital CEO:

Governor O’Malley created the Maryland Health Quality and Cost Council to focus on priorities for improving health care across the state. Chaired by Lieutenant Governor Anthony G. Brown, the Council brings together health care leaders to collaborate on ways to improve quality and contain costs across the public and private sectors. We are writing to encourage your participation in the two initiatives approved by the Council at its June 10 public meeting relating to hand hygiene and blood wastage.

As we all know, an essential element in any healthcare-associated infections (HAI) prevention program is hand hygiene. Most Maryland hospitals already have some type of hand hygiene program in place. The Maryland Health Quality and Cost Council, at its June meeting, recommended Maryland hospitals undertake a coordinated statewide hand hygiene campaign.

The Centers for Disease Control and Prevention (CDC) and the World Health Organization have shown that adherence to common-sense hand hygiene protocols can dramatically lower hospital infection rates. To maximize our effectiveness, the Council, which has numerous hospital representative members, has concluded that it is necessary to introduce some standardization throughout the state.

We strongly urge your organization to participate in this statewide hand hygiene initiative, which will offer hospitals two or three different hand hygiene tools and require the collection and reporting of standard compliance measurement data. The Maryland Patient Safety Center, in collaboration with the MHA, Delmarva, and the HAI Advisory Committee established by the Maryland Health Care Commission, will guide this effort. More details about the different programs and measurement criteria will be released shortly. A kickoff is planned for October. Given the threat of a widespread outbreak of H1N1 influenza this fall, it is important for Maryland hospitals to coordinate efforts to curb HAI, including influenza.

The Council also is leading a second initiative to reduce hospital blood wastage. The goal is to ensure there are ample supplies of this precious commodity while curbing expenses associated with wasted blood products. A collaborative of Senior Blood Bank Leaders from Maryland’s acute care hospitals will be convened, starting with a kickoff webinar/conference call scheduled for Tuesday, September 22, from 10:00 a.m. until noon. Please plan to have your organization’s Blood Bank leader participate. Details regarding this event soon will be sent to that individual.

Maryland hospitals have made a long way in advancing patient safety, but there is much more to be done. We look forward to coordinating work in these two critical areas to further our state’s progress.

Sincerely,

John M. Colman, M.P.H.
Secretary, DHMH
Vice Chair, Maryland Health Quality and Cost Council

Carmela Coyle
President & CEO
Maryland Hospital Association

John M. Colman, M.P.H.
Secretary, DHMH
Vice Chair, Maryland Health Quality and Cost Council

Carmela Coyle
President & CEO
Maryland Hospital Association
1(a). Hand Hygiene

Intervention: JHH 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)

Intervention: Checklist(s), Surveillance, Education, Public Reporting?
Ease of Implementation:

Catheter-Related Blood Stream Infection
Impact:
- $35-56K additional cost per case
- 10-24 days additional LOS; ±15-35% attributable mortality
Approach: NHSN definitions / methodology for ICUs (except NICU)

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 48 hrs 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
Hand Hygiene Initiative

- Evidence-Based Medicine Work Group Recommendation calling for implementation of Statewide Hospital Hand Hygiene Campaign adopted at June 10, 2009 Council meeting

- Letter from Secretary Colmers requesting advice and recommendations from the HAI Advisory Committee on Statewide Hospital Hand Hygiene Initiative
  - Guiding Principles
  - Methodology
  - Data Collection
# Healthcare-Associated Infections (HAI) Advisory Committee

- **Hand Hygiene and Infection Prevention Subcommittee** established to guide development of recommendations

- **Survey of Maryland Hospital Hand Hygiene Monitoring** conducted to collect information on program characteristics and measurement strategies

- **Subcommittee Report and Recommendations adopted at the July 2009 HAI Advisory Committee meeting**

*Hand Hygiene and Infection Prevention Subcommittee members*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Collins, M.D., MBA, MS</td>
<td>Medical Director, Healthcare Informatics</td>
<td>CareFirst BlueCross BlueShield</td>
</tr>
<tr>
<td><em>Jacqueline Daley, HBSc, MLT, CIC, CSPDS</em></td>
<td>Director, Infection Prevention and Control</td>
<td>Sinai Hospital of Baltimore</td>
</tr>
<tr>
<td>Maria E. Eckart, RN, BSN, CIC</td>
<td>Regional Education Coordinator, Infection Control Consultant</td>
<td>Towson Regional Office</td>
</tr>
<tr>
<td><em>Lynne V. Karanfil, RN, MA, CIC</em></td>
<td>Corporate Coordinator, Infection Control</td>
<td>MedStar Health-Performance Improvement</td>
</tr>
<tr>
<td><em>Michael Anne Preas, RN, BSN, CIC</em></td>
<td>Interim Director, Infection Prevention and Control</td>
<td>Shady Grove Adventist Hospital</td>
</tr>
<tr>
<td>Elizabeth P. (Libby) Fuss, RN, MS, CIC</td>
<td>Infection Control/Associate Health Manager</td>
<td>Carroll Hospital Center</td>
</tr>
<tr>
<td>Andrea Hyatt</td>
<td>President, Maryland Association of Ambulatory Surgery Centers</td>
<td>c/o Dulaney Eye Institute</td>
</tr>
<tr>
<td><em>Sara E. Cosgrove, M.D., M.S.</em></td>
<td>Director, Department of Antibiotic Management</td>
<td>Johns Hopkins Medical Institutions and University</td>
</tr>
<tr>
<td>Eli Perencevich, M.D., M.S.</td>
<td>Associate Hospital Epidemiologist</td>
<td>Division of Infectious Diseases University of Maryland Medical System</td>
</tr>
<tr>
<td>Anthony Harris, M.D., M.P.H.</td>
<td>Associate Professor of Epidemiology and Preventive Medicine</td>
<td>University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Brenda Roup, Ph.D, RN, CIC</td>
<td>Nurse Consultant, Infection Control</td>
<td>Department of Health and Mental Hygiene Community Health Administration</td>
</tr>
<tr>
<td>Jack Schwartz, Esq.</td>
<td>Visiting Professor</td>
<td>University of Maryland School of Law</td>
</tr>
<tr>
<td><em>William Minogue, M.D.</em></td>
<td>Executive Director</td>
<td>Maryland Patient Safety Center</td>
</tr>
<tr>
<td>Carol B. Payne</td>
<td>Consumer Representative</td>
<td>Baltimore Office, HUD</td>
</tr>
</tbody>
</table>

*Sara E. Cosgrove, M.D., M.S.* and *Jacqueline Daley, HBSc, MLT, CIC, CSPDS* are also members of the Hand Hygiene and Infection Prevention Subcommittee.
Recommendations

Principles to Guide the Development of a Hospital Hand Hygiene Campaign in Maryland

• A statewide Hand Hygiene Campaign should be of value to participating hospitals in promoting infection prevention and control; be part of a larger public health initiative to promote and spread community awareness about the benefits of hand hygiene; and, inform State health policy efforts designed to improve quality and reduce the burden of illness.

• A statewide Hand Hygiene Campaign should complement and strengthen the on-going work of all Maryland hospitals to promote adherence to hand hygiene guidelines. All Maryland hospitals should participate in the statewide hand hygiene campaign.

• A statewide Hand Hygiene Campaign should adopt a uniform approach for measuring and reporting hand hygiene compliance that can be rapidly implemented, and provide performance measure benchmarks to participating hospitals that can drive improvement.

• The development of a statewide Hand Hygiene Campaign should include: support for training; provisions for enhancing the infrastructure required to report and analyze hand hygiene data; and, an evaluation of the impact of the campaign and recommendations for sustaining an on-going program, including an assessment of the role of public reporting in promoting and maintaining adherence to hand hygiene guidelines.

Public Education

Recommendation 1. In conjunction with the statewide hospital Hand Hygiene Campaign, the Maryland Council on Health Quality and Cost, and the Commission’s Healthcare-Associated Infections Advisory Committee should develop a public awareness campaign to emphasize the importance of hand hygiene in preventing HAIs, including influenza.
Recommendations

Measurement of Hand Hygiene Compliance

**Recommendation 2.** The Healthcare-Associated Infections Advisory Committee recommends that hospital hand hygiene programs be supervised by Infection Preventionists.

**Recommendation 3.** The Healthcare-Associated Infections Advisory Committee recommends that hospital programs measuring adherence to hand hygiene protocols be required to use trained non-Infection Preventionist staff to conduct observations.

**Recommendation 4.** The Healthcare-Associated Infections Advisory Committee recommends that hospital programs measuring adherence to hand hygiene protocols be required to use trained observers to perform data collection. A formal, statewide program should be developed to train observers to ensure the collection of consistent and reliable data on hand hygiene adherence.

**Recommendation 5.** The Healthcare-Associated Infections Advisory Committee recommends that hospital programs be required initially, at a minimum, to collect data on adherence to hand hygiene protocols: after touching a patient or touching a patient’s surroundings; by major discipline of health care worker, including nurses, physicians, environmental services, food services, and ancillary support staff who enter patient environments; and, for inpatient and intensive care units and the emergency department. There should be a minimum of 30 observations per month for each unit.
Recommendations

Data Collection and Implementation

Recommendation 6. The Healthcare-Associated Infections Advisory Committee and its Hand Hygiene and Prevention Subcommittee should work with the Maryland Patient Safety Center (MPSC) to implement a statewide Hand Hygiene Campaign. The MPSC: should identify a limited number (e.g., 2-3) of existing tools that could be used to support a statewide hand hygiene campaign; develop a common approach to calculate adherence rates that provides comparable data across hospitals; define the minimum number of inpatient units to be reported by each hospital; and, develop a training program to support the collection of valid hand hygiene compliance data.
Program Builds on Existing Strengths and Structures

- **Maryland Patient Safety Center**
  - Experience with Hospitals

- **Delmarva Foundation**
  - Logistical Coordination of Statewide Collaboratives

- **HAI Advisory Committee**
  - Subject Matter Experts

- **Johns Hopkins Medicine**
  - Program and Implementation Experience

- **Others?**
Timeline

• Kickoff of Campaign – November 3, 4, 5
• Training for Tools – Month of November
• Baseline Data – December (monthly submission)
• Continued Engagement with Hospitals
  – Quarterly “Learning Sessions”
  – Monthly Sharing Calls
Maryland Patient Safety Center

- Web Portal
- Letter of Commitment
- Change Package
  - Sample Policies
  - Campaign Approach
Hand Hygiene Campaign

You can count on us to take 5 steps... to help WIPE out hospital infections.

Wash/clean hands
Identify and isolate early
Precaution taking (use gowns, masks and gloves)
Environment kept clean
Share the commitment, raise your hand.
Choice of Measurement Tools

Standard Reporting Metric Required of all Hospitals = HH Compliance Upon Exit of Patient Care Environment

Hospitals will have the option of using one of 3 tools that include the minimum data collection elements:

- NHSN
- MPSC/Maryland HH Data Set
- JHM WIPES
Video Orientation

This video clip takes place in a multi-patient room in the Peri-anesthesia Critical Care Unit (PACU). Each patient area is separated from others by a curtain enclosure. In this video clip, the healthcare worker (a nurse) ends a patient care activity and turns heading towards the hallway.

Click the green Play button on the video controls to watch the video.

Click the small right arrow below when the video is finished.
Standard Measurement

Standard Reporting Metric Required of all Hospitals = HH Compliance Upon Exit of Patient Care Environment
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**Ease of Implementation:**

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

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

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-H resulted in a savings of over 4,700 units of blood, which corresponds to a savings of $200,000 for the hospital.
**Cost:** Purchase of coolers and temperature monitors
**Ease of Implementation:**

Catheter-Related Blood Stream Infection

**Impact:** $30K-60K additional cost per case; >30 days additional LOS; 1-3% attributable mortality

Surgical Site Infection

**Impact:** $30K additional cost per case; >30 days additional LOS; 0-5% attributable mortality

*Approach:* NHQN definitions / methodology for specific procedures
- Colon surgery
- Hysterectomy
- Laminectomy
- Hip/Knee
- CAGB

Methicillin-Resistant Staphylococcus Aureus (MRSA)

**Impact:** $30K additional cost per case; >30 days additional LOS; 0-5% attributable mortality

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

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**Time to Impact**

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<tr>
<th></th>
<th>1-3 Months</th>
<th>3-6 Months</th>
<th>6-9 Months</th>
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<tbody>
<tr>
<td><strong>Time</strong></td>
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<tr>
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</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:**
- ✅
- ✅
- ✅
Maryland Blood Wastage Work Group ("BWWG")

- **Co-Chairs:** Page Gambill and Donna Marquess
- **Members:** Joan Boyd
  - Tracy Chang
  - Richard Hill
  - Janice Hunt
  - William Minogue
  - Mary Mussman
  - Lisa Shifflett
- **Facilitator:** I-Fong Sun
**Project Charter**

<table>
<thead>
<tr>
<th>Reducing Discarded Plasma Units</th>
<th>Champion: Barb Epke/Bill Minogue/Chip Davis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised: 08/26/2009</td>
<td>Project Leader: Page Gambill/Donna Marquess</td>
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</table>

### Problem Statement

A significant number of frozen plasma units are thawed per physician request and then not transfused. After thawing there is a short shelf life and the units are often discarded. The result is fewer units available for patients which compromises patient safety. There is also a financial impact due to the product cost and processing fees.

### Measurement Methodology

- **Unit** = one unit of plasma
- \[ \% \text{ Waste} = \frac{\# \text{ plasma units wasted}}{\text{Total } \# \text{ of plasma units thawed}} \]

(Do not include partial units as wasted.)

### Participating Organizations

- 47 Hospitals in Maryland
- Blood suppliers

### Project Goal

Reduce plasma wastage by a minimum of _____% by July 2010 across the 47 participating hospitals in Maryland.

### Scope

- 47 Hospitals in Maryland
- Blood suppliers

### Benefits

- Increased blood inventory available for patient care
- Reduction in cost to acquire additional plasma products
- Shorter turn around time for product when appropriate ABO group of Thawed Plasma is already available

### Phase | Date Comp | Milestones
--- | --- | ---
Define | 07/22/09 | • Pre work completed - prior to 07/22
Measure | 07/22/09 | • Sign off on project charters - 07/22
Analyze | 07/22/09 | • Conference call follow-up - Mid August
Improve | 07/22/09 | • Kickoff - Mid-September
Control | 07/22/09 | • Collect baseline data and launch interventions - Mid-October
# Project Charter

## Reducing Discarded Platelet Units

**Champion:** Barb Epke/Bill Minogue/Chip Davis  
**Revised:** 08/26/2009  
**Project Leader:** Page Gambill/Donna Marquess

### Problem Statement
A significant number of apheresis platelet units are prepared per physician request and then not transfused. There is a short shelf life and the units are often discarded. The result is fewer units available for patients which compromises patient safety. There is also a financial impact due to the high product cost.

### Measurement Methodology
- **Unit:** one unit of apheresis platelets (6 EU)
- \[ \text{% Waste} = \frac{\text{# platelet units wasted}}{\text{Total # of platelet units purchased}} \]
- (Do not include partial units as wasted.)

### Participating Organizations
- 47 Hospitals in Maryland
- Blood suppliers

### Project Goal
Reduce platelet wastage by a minimum of ____% by July 2010 across the 47 participating hospitals in Maryland

### Scope
- 47 Hospitals in Maryland
- Blood suppliers

### Benefits
- Increased blood inventory available for patient care
- Cost credit for transferring out short dated platelets
- Reduction in costs to acquire additional platelet products

### Phase | Date Comp | Milestones
--- | --- | ---
Define Measure Analyze Improve Control | 07/22/09 | • Pre work completed - prior to 07/22  
• Sign off on project charters - 07/22  
• Conference call follow-up - Mid August  
• Kickoff - Mid-September  
• Collect baseline data and launch interventions - Mid-October
# Baseline Blood Utilization Template

## Hospital: [ ]

**Enter in Blue shade only!**

<table>
<thead>
<tr>
<th>Month</th>
<th>Plasma</th>
<th>Platelets</th>
<th>Allo Red Cells</th>
<th>Auto/Dir Red Cells</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>ASP (Cost per Unit) $54.91</td>
<td>Cost per Unit $507.44</td>
<td>Cost per Unit $239.85</td>
<td>Cost per Unit $253.85</td>
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<tr>
<td>September-08</td>
<td># Units Thawed</td>
<td># Units Collected/Purchased</td>
<td># Units Wasted</td>
<td># Units Collected/Purchased</td>
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<tr>
<td>October-08</td>
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<td>November-08</td>
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<td>September-09</td>
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<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

**% Wasted**
- Plasma: 0.0%
- Platelets: 0.0%
- Allo Red Cells: 0.0%
- Auto/Dir Red Cells: 0.0%

**$ Wasted**
- Plasma: $0.00
- Platelets: $0.00
- Allo Red Cells: $0.00
- Auto/Dir Red Cells: $0.00

**ASP** = Average Selling Price for product in Maryland. For consistency of data, *please do NOT* modify to actual price paid by your institution.

**UNIT of platelets** = 6 EU apheresis unit

**WASTED** = discarded and not transfused for any reason, includes units for which you receive credit. Do NOT include partial units.
# Best Practices to Reduce Discards – Summary by Category

<table>
<thead>
<tr>
<th></th>
<th>Collection/Purchasing</th>
<th>Preparation/Distribution</th>
<th>Storage</th>
<th>Transportation</th>
<th>Regulatory/Compliance</th>
</tr>
</thead>
</table>
| **Plasma**             |                       | 1. Thaw product in increments  
2. Transfer within systems | 1. Move to 5 day plasma |               |                     |
| **Platelets**          | 1. Senior staff only order products for inventory | 1. Call Red Cross to help transfer short dated products  
2. Implement group to review all platelet orders | 1. Re-label shelves to increase visibility of short dated products |               |                     |
| **Red Cells**          | 1. Special committee formed to assess auto unit collections  
2. Discontinued collection of auto red cells |                       |         | 1. Issue in ice packed coolers to OR, etc. |                     |
| **All Products**       | 1. Review all par levels  
2. Adjust number of standing orders received each week  
3. Request Ad Hoc reports from Blood Supplier  
4. Review Ad Hoc product orders for trends  
5. Forward wastage reports to Finance | 1. Review signed consent and product orders prior to dispense  
2. Review transfusion criteria prior to dispense  
3. Post short date list and assign technologist to re-crossmatching when needed to move products  
4. Develop service specific protocols (OB/Gyn, Cardiac, etc.) and audit those protocols | 1. Implement courier service to transfer products within hospital system | 1. Monitor utilization by physician and service  
2. Publicly post utilization data on intranet, etc.  
3. Revitalize the Transfusion Practices Committee  
4. Incident reports on wastage to Risk Management and Nurse Managers  
5. Letters to physicians who overuse products |                     |
Maryland Reduction of Blood Wastage Work Group (“BWWG”) and [insert hospital name]

Blood Wastage Collaborative Memorandum of Understanding

This memorandum confirms the intent to participate in the Maryland Statewide Reduction of Blood Wastage Collaborative

[insert hospital name], the Collaborative participant, will:

- Designate the hospital’s Blood Bank Leader as the primary point of contact for the Collaborative
- Designate an alternate team point of contact
- Agree to the Project Charters
- Commit to submit one year of baseline blood wastage data (Sep 2008—Aug 2009) and monthly blood wastage data using the Data Metric Template by the 15th of the following month.
- Actively participate in collaborative activities and share information and ideas with other collaborative participants
- By signing below, provider consents that their identity, as a participant in the Blood Wastage Collaborative, may be released to other participating hospitals and for promotion of the progress made by the collaborative participants. Data that is submitted in support of this program will be de-identified.
- By signing below, participant agrees not to release Blood Wastage Collaborative aggregated data without expressed permission

The Maryland Reduction of Blood Wastage Work Group, the Collaborative sponsor, will:

- Plan, implement and support the Blood Wastage Collaborative by providing expert faculty, learning materials and meeting facilities
- Support participants by providing teleconferences and communication
- Disseminate information to collaborative participants about best practices in blood utilization
- Provide communication venues for shared learning including a collaborative website
- Provide summary information on the status of the Collaborative’s progress to the Maryland Health Quality and Cost Council
- Be available to teams for technical assistance and support as needed

[insert hospital name] is pleased to join the Maryland Reduction of Blood Wastage Collaborative. We agree with the expectations as described above.

<table>
<thead>
<tr>
<th>Hospital Executive or Officer Signature</th>
<th>Date</th>
<th>Co-Chair of BWWG Signature</th>
<th>Date</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Blood Bank Leader Signature</th>
<th>Date</th>
<th>Co-Chair of BWWG Signature</th>
<th>Date</th>
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Next Steps

• Sign and return the Pledge of Participation by 10/16/09
• Submit baseline data by 10/16/09
• Attend the Database Training conference call on 11/03/09 1-2PM
• Submit second month data by 11/15/09
  – Continue to submit monthly data by the 15th of the following month
• BWWG will
  – 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
1. Hand Hygiene (HH) and Hospital Acquired Infections (HAIs)

2. Blood Wastage

KEY

Program Development
Education / PR
Baseline / Implementation
Results: Q1 Q2 Q3
MARYLAND HEALTH QUALITY & COST SCORECARD

Hand Hygiene & Hospital Acquired Infections

- Hand Hygiene Compliance
  - Monthly Compliance
  - 75% Interim Goal Line

- CL-BSI Rate - ICUs

- SSI Rate by Procedure
  - CABG
  - Colon Surgery
  - Laminectomy
  - Hip/Knee Replacement
  - Hysterectomy

- MRSA Active Surveillance Testing

- Health Care Worker Influenza Vaccination

Blood Wastage

- 3.2% reduction in blood wastage across state
- Projected savings in P lives and $X

- 1.7% increase in MH Rates per Q for 2 straight quarters
- Potential savings in lives and dollars ranging from P1 Lives and $X1 to P2 Lives and $X2

- 1021 fewer BSIs from FY10 Q2 compared to baseline (example)
- 29% Reduction (example)
- Projected $31.51 million in avoided costs, with an expected reduced mortality of 204 lives.

- 1321 fewer SSI’s from FY10 Q1 compared to baseline
  - 15% Reduction
  - Projected savings in P lives and $X

- 1653 more AST performed compared to baseline
  - 22% Improvement

- 40% increase in HCWs vaccinated results in a projected reduction in X
  - Projected savings in $X

- 7231 units of blood saved from FY10 Q1 compared to baseline
  - 40% Wastage Reduction
  - Projected savings in $X

Note: ALL data shown are “Dummy” numbers  ★★ = Example of Calculation of Savings
Discussion