Welcome!

It’s a new era of health care in Maryland. Health care reform and the state’s new Medicare waiver are helping us focus on providing the right care, at the right time, in the right place. This new framework is structured around reducing costs; enhancing quality and patient experience; and improving health. Incentives now recognize value, not volume, and to succeed, hospitals must coordinate with others, functioning across health care settings and organizational boundaries.

One immediate challenge, and one by which we will be closely measured, is to reduce infections and other hospital-acquired conditions by 30 percent in five years. To reach this goal will require a nearly 7 percent reduction per year. In addition, we need to move Maryland’s readmission rate from among the highest in the nation to the national average by 2018.

The Maryland Hospital Association (MHA) is hosting today’s event in partnership with Delmarva Foundation for Medical Care (DFMC). This is the first statewide meeting to address the specific quality and performance requirements of Maryland’s new Medicare waiver. Together, we will:

• Discuss quality targets under the new waiver, and what it will take for individual hospitals to be successful
• Highlight and develop strategies, including structural and cultural changes needed to transition the hospital care delivery system from a focus on volume to a focus on value
• Demonstrate methods to increase efficiency by analyzing and improving workflow, decrease the likelihood of errors, and improve patient outcomes and overall population health
• Share best practices in reducing complications and discuss the evolving field of human factors engineering and its importance and applicability to the work we are doing

On behalf of the MHA and DFMC and your colleagues across the state, thank you for your commitment to reducing infections and other hospital-acquired conditions, and welcome to this historic new era of care!

Carmela Coyle  
President & CEO  
Maryland Hospital Association

Mary Kay Kohut  
President  
Delmarva Foundation for Medical Care, Inc.
Agenda

8:00 a.m.  Check-in and continental breakfast

9:00 a.m.  Welcome and introductions

Preventing Healthcare-Associated Infections: Translating Strategy to Action
Marjory Cannon, MD, Medical Officer, Quality Improvement Group, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services

A Whole New Ballgame: Quality and Performance Under Maryland’s New Waiver
Carmela Coyle, President & CEO, Maryland Hospital Association

10:50 a.m.  Break

11:00 a.m.  Ignite! sessions

The Role of Physician and Senior Leadership in Improving Population Health
Steve Berkowitz, MD, President, SMB Health Consulting

12:15 p.m.  Networking lunch

1:15 p.m.  Ignite! sessions

Applying Human Factors to Healthcare Systems Safety
A. Zach Hettinger, MD, MS, Medical Director, National Center for Human Factors in Healthcare, MedStar Institute for Innovation

Ignite! sessions

Next steps

Awards

3:30 p.m.  Adjourn
Marjory Cannon
Dr. Cannon is a board-certified family medicine physician and a Medical Officer at the Centers for Medicare & Medicaid Services (CMS), coordinating initiatives around the prevention and reduction of healthcare-associated infections (HAIs) and serving as clinical advisor for quality improvement initiatives within the Quality Improvement Group at CMS. Dr. Cannon is former chair of the prevention of HAIs in End Stage Renal Disease Facilities section of the Health and Human Services (HHS) National Action Plan to Prevent HAIs: Roadmap to Elimination, and now serves as lead coordinator for the HHS HAI Agency Priority Goal, a combined interagency effort focused on measurably reducing central line-associated bloodstream infections and catheter-associated urinary tract infections in our nation’s hospitals.

Carmela Coyle
Carmela Coyle is the President and CEO of the Maryland Hospital Association (MHA), a position she has held since July 2008. MHA is the advocate for Maryland’s hospitals, health systems, and the communities and patients they serve. Carmela also serves on the boards of the Maryland Patient Safety Center, the Maryland Healthcare Education Institute, and PRIME, MHA’s shared services organization. Carmela came to MHA after 20 years with the American Hospital Association (AHA), where, as a member of AHA’s executive management team, she led the development of policy positions, managed AHA’s team responsible for analysis of legislation and regulation, policy issues, data collection, and trend analysis, and served as a national media spokesperson. Before joining AHA, Carmela spent six years as an analyst for the Congressional Budget Office in Washington, DC.

Steve Berkowitz
Dr. Berkowitz is Founder and President of SMB Health Consulting, specializing in helping physicians and hospitals improve clinical outcomes and performance. Previously, he was Chief Medical Officer for St. David’s Healthcare, as well as the Chief Medical Officer for the Central and West Texas Division of HCA Healthcare. Dr. Berkowitz sits on the Board of the Society of Cardiovascular Patient Care, the Texas Association of Health Care Quality, and the Texas Institute of Health Care Quality and Efficiency. He has been on the Board of the Texas Hospital Association and the Texas Health Care Information Council. Recently, Governor Perry of Texas named Dr. Berkowitz as the Chairman of the Board of Texas Institute of Health Care Quality and Efficiency.

A. Zach Hettinger
Dr. Hettinger is an Assistant Professor of Emergency Medicine at Georgetown University School of Medicine and the Medical Director of the National Center for Human Factors in Healthcare, part of the MedStar Institute for Innovation. Dr. Hettinger is primary investigator on two foundation grants applying human factors principles to root cause analysis solutions. In addition he has worked as a sub-contractor on projects through the Office of the National Coordinator (ONC) and Veterans Affairs (VA) regarding the safe design of health information technology, and has received funding from the National Institutes of Health, ONC, VA, the Agency for Healthcare Research and Quality, and several foundations to pursue applied research.
Preventing Healthcare—Associated Infections: Translating Strategy to Action

Marjory Cannon

The following well-established strategies have been tested and proven effective, and include actions taken during patient care in the clinic and at the bedside; actions taken by executives, managers and administrators; and broad-based system changes that involve focused and concerted efforts by all.

- Reducing inappropriate and unnecessary device use
- Improving adherence to hand hygiene and the use of barrier precautions
- Implementing and improving antimicrobial stewardship
- Engaging leadership support at the highest levels of the organization
- Implementing a culture of safety
- Enhancing financial incentives and regulatory oversight
- Implementing system-based approaches and evidence-based guidelines
- Achieving better use of technology
- Improving public reporting of credible data
- Enhancing traditional and nontraditional partnerships

A Whole New Ballgame: Quality and Performance
Under Maryland’s New Waiver

Carmela Coyle

Maryland’s hospitals must meet the following targets collectively by the end of 2018:

- Cap annual all-payor hospital spending per capita at 3.58 percent
- $330 million in Medicare savings
- Growth in Maryland spending per capita cannot exceed nation by more than 1 percentage point
- Reduce infections and other “hospital-acquired conditions” by 30 percent
- Bring Maryland readmission rates to the national average

Benefits of meeting the waiver targets:

- Continue our unique hospital rate-setting system
- More equitable care for low-income and uninsured people
- Should lead to slower growth in insurance premiums
- Lead nation in reforming health care
- Statewide focus on quality and safety

Elements for success:

- Data-driven: Understand your data and how to transform insights into action
- Engagement: Truly engage patients and families and look beyond the four walls of the hospital to build community partnerships
- Collaboration: Outside the hospital and within the hospital field
**Ignite! Presentations Key Points**

**Meritus Medical Center—Reducing skilled nursing home readmissions**
Collaborated with local skilled nursing facilities (SNF) in LEAN process improvement methodologies to standardize handoff and transition communication and processes, reducing readmissions from SNFs by 29.4 percent.

**Bon Secours Baltimore Health System—Reaching out to our identified high-risk population**
Reduced readmissions through collaboration among the Peer Recovery Coaches in the Emergency Department, Ambulatory Care Clinics, Health Enterprise Zone, The Coordinating Center’s Get Well Program, and the hospital’s in-house Care Transition Team.

**MedStar St. Mary’s Hospital—Addressing disparities in health care delivery to reduce readmissions**
Investing in population health by addressing health care disparities. The goal is to improve community health outcomes through preventative, integrated, culturally competent care while addressing social determinants of health as evidenced by reduced unnecessary visits to the emergency department and reduced readmissions.

**The Role of Physician and Senior Leadership in Improving Population Health**
Steve Berkowitz

To provide superior quality, better patient experience, and reduce costs in the new environment, hospitals and physicians have to work together to provide the ultimate goal: a healthy community. The overall transition to population health in Maryland is imperative. Key strategies for success include:

1. **Embracing data transparency**: make informed decisions about service delivery and productivity
   - What metrics are collected?
   - Who looks at trends and how frequently?
   - Do the metrics provide insight into processes and practices?

2. **Implementing evidence-based practices**: decrease variance in clinical practice and increase efficiency
   - Where are the gaps in daily practice versus evidence-based practices?
   - How are deviations from policies and procedures managed and documented?

3. **Reducing costs enterprise-wide**
   - Are the goals and incentives of clinical providers and administrative leaders aligned?
   - What changes will maximize effective utilization of staff expertise and lead to improved efficiencies in processes?

4. **Identifying opportunities for improvement and collaboration**
   - How can we improve mechanisms for tracking potential readmissions and complications?
   - How can we improve collaboration and accelerate learning, both internally across departments and disciplines, and externally from other hospitals and care settings?
Ignite! Presentations Key Points

University of Maryland Medical Center—Turning the dial on VTE Core Measures using Lean visual tools, teamwork and leadership engagement
Using a multidisciplinary approach and Lean methodology, obtained buy-in from all departments to adopt uniform venous thromboembolism (VTE) prophylaxis order set and core measure benchmarks and strategies.

MedStar Franklin Square Medical Center—Reduction in hospital-acquired C. Difficile infections
Lean Six Sigma team with strong participation from frontline staff developed and implemented solutions to reduce C. Diff infections, including: Mistake-proofing improper hand hygiene procedures; strengthening visitor education; implementing room cleaning audits; and adopting emerging germicidal UV technology to reduce the “bio-burden” of existing pathogens in the hospital.

University of Maryland Charles Regional Medical Center—Improving sepsis outcomes through coordinated early recognition, assessment, and treatment
Successfully implemented an initiative working on early identification, goal-directed therapy, coordination of care, and Code Sepsis, resulting in substantial and sustained increase in sepsis survival.
Applying Human Factors to Health Care Systems Safety
A. Zach Hettinger

Types of Errors

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<thead>
<tr>
<th>Knowledge-Based</th>
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<tr>
<td>Improvisation in unfamiliar environments</td>
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<td>No routines or rules available to help handle</td>
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<table>
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<tr>
<th>Rule-Based</th>
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<tr>
<td>Protocolized behavior</td>
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<td>Process, Procedure</td>
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<table>
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<tr>
<th>Skill-Based</th>
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<tr>
<td>Automated Routines</td>
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<tr>
<td>Require little conscious attention</td>
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Categorize each of the following errors as Skill-Based, Rule-Based or Knowledge-Based:

**Case 1**: A new physician is admitting a patient from the emergency department, and places the patient with chest pain on a non-telemetry unit. While waiting to move to the correct floor, the patient has an arrhythmia that is not initially detected and the patient has a poor outcome.

**Case 2**: While performing triage on a patient with “stomach pain” in the emergency department a nurse uses the standing abdominal pain order sets to request labs and urine tests. An hour later the patient is seen by the physician who immediately orders an EKG which shows a STEMI (heart attack) and the patient is rushed to the cardiac catheterization lab.

**Case 3**: A nurse receives an order for clindamycin 300mg by mouth, obtains the medication from the automated medication system and administers it to the patient after performing the safety checks. Thirty minutes after receiving the medication the patient has an anaphylactic reaction requiring a stay in the ICU. It was later determined that the patient was given penicillin to which they have a known allergy, and that the medications were stocked in the system incorrectly.
Just Culture: The Three Behaviors

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<tr>
<th>Normal Error</th>
<th>At-Risk Behavior</th>
<th>Reckless Behavior</th>
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<tbody>
<tr>
<td><em>Inadvertent action: slip, lapse, mistake</em></td>
<td><em>A choice: risk not recognized or believed justified</em></td>
<td><em>Conscious disregard of unreasonable risk</em></td>
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<tr>
<td>Manage through changes in:</td>
<td>Manage through:</td>
<td>Manage through:</td>
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<tr>
<td>• Processes</td>
<td>• Removing incentives for At-Risk Behaviors</td>
<td>• Remedial action</td>
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<td>• Procedures</td>
<td>• Creating incentives for healthy behaviors</td>
<td>• Punitive action</td>
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<tr>
<td>• Recurrent training</td>
<td>• Increasing situational awareness</td>
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<td>• Design</td>
<td>• Re-examining environment</td>
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<td>• Environment</td>
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Support | Coach | Sanction

See also, Just Culture: Balancing Safety and Accountability, Sidney Dekker (2008)

Categorize each of the following behaviors and indicate the rationale for your decision:

**Case 1:** In an effort to perform all of the patient care duties and documentation, a patient care tech uses barcodes taped to a desk instead of the patient’s wrist bands to improve efficiency.

**Case 2:** A medical staff member is known by other members to be disrespectful; when asked about some medical decisions that lead to hazardous situations and patient harm he states “I don't care” and “I’ve always done it this way.”

**Case 3:** After opening the chart to write an order for antibiotics for a patient with low blood pressure and sepsis (blood infection), a physician is approached by a nurse and asked for pain medications for a different patient. The physician writes the order for Dilaudid 1mg IV for the patient with sepsis that results in a further lowering of their blood pressure and requires additional IV fluids and monitoring.
Categorize each of the following Root Cause Analysis solutions and consider their likely effectiveness and long-term sustainability:

**Case 1:** After an adverse event all staff members are given an in-service on the Patient Controlled Analgesia (PCA) pump (medical device) that has been involved in multiple medication overdoses.

**Case 2:** After multiple observation sessions where medical staff members are observed not washing their hands, the team decides to add alcohol-based hand sanitizers outside each patient room.

**Case 3:** A physician is fired after performing a procedure on the wrong side of the patient.
**Ignite! Presentations Key Points**

**Johns Hopkins Armstrong Institute—Engaging senior leaders at the frontlines**
Developed two Executive Rounding Tools—one for patient and family rounding and another for employee rounding—that increased senior leader engagement at the frontline, providing support and structure to address safety culture and connect with staff.

**Garrett County Memorial Hospital—Game-winning strategies**
Senior leaders and physicians engaged in making the facility a high reliability organization in relationship to readmissions, hospital acquired conditions (HAC), patient flow, and patient safety. Senior leaders and physicians, with input from several other staff and consultants, review HAC cases, identify issues that need to be addressed, and follow-up with education of medical staff.

**Johns Hopkins Bayview Medical Center—The PEACCE initiative**
PEACCE: Providers for Engagement, Advocacy, Coordination of Care, and Education. Small groups meet twice a month and larger group meets every eight weeks to maintain collaboration and communication among colleagues. Ideas generated at meetings have been implemented and significant improvement has been seen in nurse and physician relationships and patient care.

**University of Maryland Upper Chesapeake Health—Patient and family centered care: organizational engagement**
Developed action plans, strategies and outcomes to provide patient- and family-centered care, through engagement of all team members. More than 95 percent of departments have developed and implemented plans focused on improving the patient and family experience.

**Next Steps: Improving Quality and Performance under Maryland’s New Waiver**

Incentives under the new Medicare waiver recognize value, not volume, and to succeed, hospitals must coordinate with others outside the hospital’s four walls, functioning across health care settings and across organizational boundaries. Considerations for your organization:

- How are we educating staff about the new Medicare waiver and implications for our hospital?
- How can we improve the efficiency and effectiveness of our teams?
- With whom do we need to collaborate to drive improvement toward the waiver targets?
- How can we increase data transparency to monitor progress and inform strategies?
- How can we include staff at all levels and disciplines in identification of improvement opportunities and designing solutions?
- How can we engage patients and families as active partners in care and decision-making?
- How will we know when we’ve made the right changes?

Specific action steps I can take to help improve quality and performance:

1. 
2. 
3. 
Resources

The National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination, including measures, targets, and progress updates, is available at www.health.gov/hai/prevent_hai.asp.

Learn more about Maryland’s Medicare waiver and the stakeholder engagement process from the Health Services Cost Review Commission website, available at www.hscre.maryland.gov/hscrc-stakeholders.cfm.

The Jefferson School of Population Health produces a variety of publications around population health, including Population Health Matters newsletters, available at www.jefferson.edu/population_health.html.

The Department of Community and Family Medicine of Duke University Medical Center offers free, interactive learning modules on quality improvement, anatomy of errors, and mistake proofing care. Available at http://patientsafetyed.duhs.duke.edu/.

The Agency for Healthcare Research and Quality (AHRQ) boasts an array of resources, including:

- a guide to patient and family engagement in quality and safety, a resource to help hospitals work as partners with patients and families to improve quality and safety. Available at www.ahrq.gov
- access to the powerful, evidence-based teamwork system designed for health care professionals—TeamSTEPPS—available at http://teamstepps.ahrq.gov/
- the Health Care Innovations Exchange, created to speed the implementation of new and better ways of delivering health care. Search, learn, and network the Exchange at www.innovations.ahrq.gov

The Institute for Healthcare Improvement provides a step-by-step model for improvement with access to tools and improvement stories. Available at www.IHI.org.

The Public Health Foundation maintains a performance management toolkit and quality improvement resources at www.phf.org.

The American Society for Quality’s Knowledge Center links to tools, publications and webcasts and videos on Lean, Six Sigma, creating a quality-focused business culture, and many other topics. Available at www.asq.org.