

QUALITY MATTERS

2016 REPORT ON HOW MARYLAND'S HOSPITALS ARE IMPROVING CARE



Maryland Hospital Association



LETTER TO OUR MEMBERS

“Quality is not an act; it is a habit.”

– Aristotle

At the core of every hospital are two things: healing and hope.

These values are woven into the mission of care of every Maryland hospital, and hospitals would not be successful if they did not maintain an enduring commitment to ensure the safety and well-being of their patients.

Our dedication to safety takes many forms, from reducing the number of unnecessary hospitalizations to driving down the number of infections acquired during a hospital stay.

Here are a few highlights from fiscal year 2016:

- **Hospitals committed to mitigating Maryland’s opioid crisis** by adopting strict emergency department guidelines for the prescription of opioids, developing specialized discharge processes for patients with substance use disorders, and performing intensive screenings for new patients to identify potential substance use disorders
- **One-hundred percent of Maryland’s hospitals have committed to the national Equity of Care campaign**, to reduce and eliminate health disparities across racial, ethnic and socioeconomic groups
- **Thirty Maryland hospitals joined a U.S. Department of Health and Human Services’ Hospital Improvement Innovation Network**, to sustain and accelerate momentum to reduce harm
- Over the past three years, hospitals have **reduced preventable infections and complications by more than 43 percent**
- Hospitals **reduced Medicare readmissions rates faster than the rest of the nation** and are now lower than the national rate

All these accomplishments improve the lives of Marylanders and strengthen our state as a whole. And in the future, hospitals will seek to expand on this success. A special agreement with the federal government means that beginning in 2019, hospitals will work even more closely with community partners and other health care providers to meet people’s needs before they require admission to a hospital. In Maryland, if hospital beds are full, we’re not doing our jobs.

Health care is deeply important to every Marylander. That is why continued improvement in the delivery of that care will forever be deeply important to every Maryland hospital.

Your Maryland Hospital Association Team

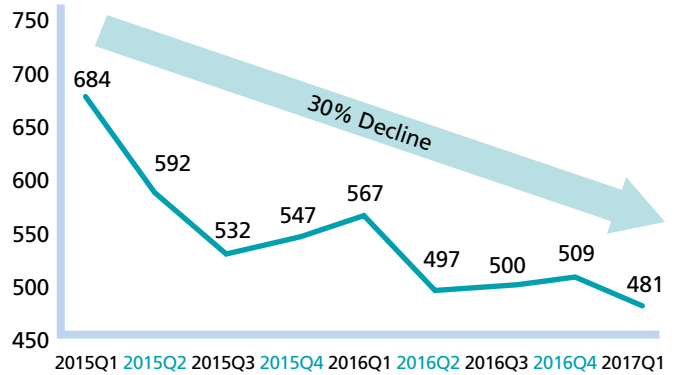
SAFETY AT THE FOREFRONT

“‘Safety First’ is ‘Safety Always.’”

– Charles M. Hayes, famed railroad executive and innovator

As Maryland’s hospitals continue to transform from volume-driven care to value-driven care, ensuring the safety of patients remains paramount. Hospitals employ a variety of strategies to keep patient safe and provide the highest-quality care. For patients, this means better outcomes following a hospital stay, and healthier lives in the long-term.

C. difficile Infections by Quarter



Reduced the number of C. difficile infections – a potentially deadly infection of the GI tract – **by 30 percent**

Maryland’s hospitals...

Reduced the rate of delivery by Cesarean section for first-time mothers by **7 percent**

Reduced the rate of bed sores by **more than 30 percent**

A Closer Look: Holy Cross Hospital Stamping Out Sepsis

Holy Cross Hospital in 2009 focused on early and rapid identification and treatment to reduce sepsis and the consequences of severe sepsis and septic shock.

Most patients with sepsis – 94 percent – showed signs of infection at the time of admission, leading to a focus on the emergency department.

“We designated a registered nurse as sepsis coordinator to ensure guideline and timeline adherence, created an electronic medical record alert for possible sepsis, initiated an alert protocol in the emergency department, and created performance incentives for emergency physicians and intensivists,” said Yancy Phillips, MD, chief quality officer, Holy Cross Health. “We also conducted an educational campaign for staff using hospital data and case studies.”

A multidisciplinary Sepsis Steering Committee monitors performance at Holy Cross Hospital and Holy Cross Germantown Hospital, and participates in the Maryland Patient Safety Center and Maryland Hospital Association’s sepsis initiative.

In 2017, antibiotics were started within one hour of suspected sepsis in 43 percent of cases and within three hours in 92 percent of cases. Intravenous fluids were started within the first hour for 74 percent of patients and within three hours in 98 percent of patients.

The result: Overall survival for severe sepsis is better at Holy Cross than national benchmarks.



CARING FOR COMMUNITIES

76,000 care alert/plans created to share information among providers and prevent unnecessary readmissions

100% of Maryland's hospitals have committed to the national Equity of Care campaign, to reduce health disparities

Hospital readmissions are **down 5%**

"...in public health, you can impact more than one person at a time. The whole society is your patient."

— Dr. Tom Frieden, former director of the U.S. Centers for Disease Control and Prevention

For the past four years, Maryland's hospitals have flipped the script on health care. Instead of focusing on increasing volumes, hospitals are focused on making sure that each patient receives the right care, at the right time, in the right setting. This also means engaging whole communities to

keep people healthy and reduce the chances that they will need to visit a hospital. Hospitals are partnering with other health care providers and community resources like never before to provide whole-person care that tailors treatment and services to the needs of every individual.

A Closer Look: LifeBridge Health

The imperative to reduce avoidable hospital utilization in Maryland prompted LifeBridge Health to extend its reach beyond the hospital bed – all the way to local church pews. As the pilot health system for the Maryland Faith Health Network, LifeBridge Health created a system to connect inpatients with their faith communities. Knowing that informal caregiver networks are vital to recovery and to reducing readmissions, LifeBridge Health worked closely

with Maryland Health Care for All to activate this network. The partnership's work included changes to hospital electronic health records, and Maryland's health information exchange to integrate hospital care with community-based organizations, patients, and education offerings in faith communities. Faith leaders from 67 churches, synagogues and mosques love their new sense of connectedness, and, two years into the pilot program, more than 1,800 congregants have joined the network.

PATIENT PARTNERS

97% of acute care hospitals **offer an online portal** to help patients access their medical records

More than 90% of acute care hospitals have, or expect to have within a year, **patient advisory councils** to provide a voice for patients and families

94% of acute care hospitals perform **shift reports** that include patients and families to ensure the safe handoff of patients

Maryland's unique health care system puts patients and their families at the forefront of every care decision. They are empowered to make informed decisions about the best direction for health care, so that nurses, doctors and other

caregivers can help them improve their health and well-being over the course of their lives. This is person-centered care at its finest.

"To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."

— Dr. William Osler, one of the four founding professors of Johns Hopkins Hospital

ADDRESSING THE OPIOID EPIDEMIC

"We need to treat this crisis the exact same way we would treat any other state emergency...This is about taking an all-hands-on-deck approach so that together we can save the lives of thousands of Marylanders."

— Gov. Larry Hogan

Mental health and substance use disorders know no barriers, and they represent perhaps our greatest health challenge as a state and as a nation. Hospitals are just one part of the effort to combat this crisis and have taken significant steps

in the past several years to reduce the spread of opioid addiction, mitigate its impact on individuals and families, and ensure that these patients receive the care they need.

100%

of Maryland's acute care hospitals
utilize opioid
prescribing guidelines

100%

of Maryland's acute care hospitals
use specialized discharge
protocols for patients treated for an
overdose or having a substance use
disorder

100%

of Maryland's acute care hospitals
either prescribe or dispense
naloxone to patients
treated for an overdose

A Closer Look: Bon Secours Hospital

Five years before the opioid crisis was national news, Bon Secours Hospital was one of the first hospitals in Baltimore to use peer recovery coaches. The coaches are former substance or alcohol abusers who have honest and often tough conversations with patients battling addiction. The conversations begin right in the emergency department. The coaches are trained to use a comprehensive and coordinated approach called SBIRT (Screening, Brief Intervention, Referral and Treatment).

Cynthia Turner has been drug-free for 15 years. She is now a board-certified Peer Recovery Specialist at Bon Secours. For patients who are resistant to help, Cynthia tells them, "This is the face of recovery. I am here to reach back and help you. You can change your life; the first step is coming to

the hospital for help." Bon Secours' program has a long reach; for example, a recent SBIRT patient report reveals in a one-month period that nearly 1,600 patients struggling with a substance use disorder came to the emergency department for help. Of those, 251 (16 percent) were struggling with opioid misuse. As the number of opioid overdoses increases, Bon Secours is adding an additional staff member to the emergency department to help with overdose outreach.



WORKING TOGETHER TO PROVIDE SAFE, HIGH-QUALITY CARE

“We have the opportunity to build a future where hospitals are as much associated with health as they are with sickness, more closely aligned in the minds of our patients with the joy of living than the fear of dying.”

– AHA President and CEO Rick Pollack

Maryland’s hospitals rely on several organizations to improve the quality of care delivered to patients and communities.



Maryland
Hospital Association

Maryland Hospital Association

The Maryland Hospital Association is the advocate for Maryland’s hospitals, health systems, communities, and patients before legislative and regulatory bodies. The association helps hospitals and health systems serve their communities by providing leadership, advocacy, education, and innovative programs and services.



Maryland Patient Safety Center

The Maryland Patient Safety Center helps hospitals prevent avoidable harm by developing a culture of safety and innovation. Maryland’s hospitals work with the center on the following initiatives:

- Neonatal Abstinence Syndrome
- Reducing First-time C-sections
- Clean Collaborative
- Improving Sepsis Survival



Health Quality Innovators

HQI helps Maryland’s hospitals improve care by providing tools, training and technical assistance. HQI works with hospitals on a variety of clinical practices and data analyses:

- Facilitating Hospital Improvement Innovation Networks
- Quality reporting initiative
- Diabetes education initiative
- Care transitions project



Maryland Hospital Association

6820 Deerpath Road; Elkridge, MD 21075-6234

410.379.6200 | www.mhaonline.org

For more on how Maryland’s hospitals are working to improve quality,
visit www.qualitymattersmaryland.org.