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Keeping Patients Safe

Maryland's hospitals are committed to making health care in our state the safest and of the highest quality. It's a commitment to improve doctor-patient relationships, coordinate among hospitals and other providers, and address patients' unique circumstances so that they can live healthier lives. Central to this commitment is the goal of keeping patients safe while they are in the hospital, a goal that is achieved in many different ways in each of Maryland's hospitals.

BY THE NUMBERS

2013 to 2016 in MD Hospitals

48%
REDUCTION IN THE # OF COMPLICATIONS ACQUIRED
this represents a drop of more than 13,400 infections

2011 to 2016 in MD Hospitals

49%
REDUCTION IN THE NUMBER OF FALLS
resulting in serious injury

2015 to 2016

300
FEWER C. DIFFICILE INFECTIONS
(a common health care infection)
this is a more than 16 percent decline

2016

90%
OR GREATER
Monthly hand hygiene compliance rate (proper hand hygiene helps reduce infections)

2015 to 2016

21%
REDUCTION IN THE NUMBER OF OCCURRENCES OF OBSTETRICAL HEMORRHAGE

2015 to 2016

39%
REDUCTION IN MONTHLY SURGICAL SITE INFECTIONS

A closer look: Johns Hopkins Bayview Medical Center

Rane Snyder, a nurse in the adult burn unit at Johns Hopkins Bayview Medical Center, shows Richard Bennett, hospital president, how to prepare to change the dressing for a wound–a process that can take as long as 40 minutes. The recent demonstration celebrated a significant patient safety milestone at the burn center: three years without a central line-associated bloodstream infection (CLABSI). Such an accomplishment is particularly difficult to achieve with burn patients, according to patient care manager Kelly Krout. "Preventing a CLABSI is difficult enough, but preventing a CLABSI in a patient who has no skin–the body's largest defense mechanism–is almost impossible," she notes. Krout credits the unit's success to a five-year quality improvement project and improved communication among burn team members.

The burn center has been involved in a quality improvement project related to CLABSIs since 2011. The plan includes daily reviews of the need for patients to have central lines, introduction of an antimicrobial-coated catheter, full barrier precautions for central line insertions and scheduled line changes, among other interventions. Physicians implemented an early excision and autografting of the neck and clavicle to help ensure intact skin for placement of a catheter.

In 2014, the burn center achieved its goal of reaching and sustaining a zero CLABSI rate, which it has now maintained for three years.

"Perhaps the most underrated intervention has been the improved communication among all members of the team," says Krout. "No member of the team is afraid to speak up and say that a central line needs to be changed."

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Community Health at the Forefront

Maryland's hospitals are practicing an innovative, far-reaching model of health care delivery that is keeping people healthier, improving the care experience for those who are sick, and reducing the overall cost of providing care. The goal of "population health" is simple: keep people as healthy as possible to minimize the need for expensive interventions like emergency department visits, hospitalizations, and diagnostic procedures. Achieving that goal, however, is challenging. Maryland's hospitals each serve vastly different populations, with vastly different medical and other needs. And hospitals cannot be successful on their own— keeping people healthy will take deep commitments from other stakeholders, like primary care physicians, nursing homes and assisted living centers, patients' families, and patients themselves. The benefits of population health are clear: physicians have better information to strengthen their clinical decisions; hospitals and other care providers make greater investments in, and take greater responsibility for, their patients' well-being, rather than focusing on just their illnesses; and patients more fully understand how they can take control of their health.

A closer look: Sinai Hospital

Sinai Hospital in Baltimore has added specialized care coordinators who are embedded in the emergency department and make home visits to patients who need frequent hospital care. These coordinators help connect patients with mental health and substance abuse programs, housing assistance, and transportation programs. By addressing these basic needs, Sinai has reduced unnecessary emergency room visits by 66 percent and inpatient admissions by 68 percent. The program, which began as a partnership between Sinai and the nonprofit HealthCare Access Maryland, and was funded by a grant through the Maryland Community Health Resources Commission has been so successful that LifeBridge Health replicated the program at its Northwest Hospital. Both the emergency department care managers and the HCAM care coordinators are helping medical staff provide the right level of care; connecting patients with the right resources to address primary and chronic needs; and building the infrastructure to help the community support itself. This is what population health is all about: helping communities get well and stay well.

BY THE NUMBERS

Fall 2016 to Spring 2017
238%
INCREASE IN THE # OF HIGH-RISK MEDICARE PATIENTS
whose health information is shared among providers to help prevent readmissions

100%
COMMITMENT BY MARYLAND'S HOSPITALS
to the national Equity of Care campaign, designed to reduce and eliminate health disparities across racial, ethnic and socioeconomic groups

2013 to 2016 in MD Hospitals
11,000
FEWER READMISSIONS
an 11 percent rate reduction

Since 2011 in MD Hospitals
4-YEAR STREAK OUTPACING THE NATION
in Medicare readmissions reduction, a 14 percent reduction

2013 to 2015
40,500
FEWER HOSPITAL ADMISSIONS
a 6.1 percent reduction