



Maryland Association for Healthcare Quality

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Presidents Message

Robyn Barringer RN MS CPHQ

We are three months into a new year and off to a good start. The leadership baton has passed to the new Board of Directors (Board), and we are settling in to accomplish the business of MAHQ.

At the February Board meeting, the Board identified a number of goals and activities that we would like to accomplish in 2007:

- recruit and develop an education chairperson
- develop educational programs
- conduct a survey of MAHQ members to identify the needs of the members and determine ways that the Board can meet those needs
- launch a certification review program
- strengthen the legislative awareness of our members through the newsletter
- increase MAHQ membership by 10%

The Board has already started working towards these goals.

- The survey is being finalized and you can expect to receive it within the next week or two. Please take a few minutes to respond and return the survey; it will help us serve you better.
- Our legislative chairperson, Camille Dobson, is keeping tabs on the Legislature and the bills being proposed and discussed. She will be reporting in the newsletter on the most important bills and referencing others.
- We are preparing for the first educational program on April 13, 2007, "Writing a New Chapter in Healthcare" on pay-for-performance and personal publishing.

This year is off to a good start and should prove to be very exciting. Please join the Board in making it a successful year.

Finally, I would like to take this opportunity to recognize and thank a retiring Board member – Katie Berry. After almost 20 years of service, Katie stepped down from the Board in January to pursue other interests. Katie has held a number of positions on the Board including Treasurer and, most recently, education chairperson. Despite a number of barriers, Katie persevered and was able to obtain a non-profit status designation for MAHQ; she has negotiated with speakers, explored educational opportunities, identified and contracted with various sites for educational programs, and provided advice. The Board members appreciate Katie's dedication, knowledge and advice (she has helped a number of Board Presidents). We thank Katie and wish her the best as she pursues her travels and other interests.



Good Communication: A Key to Preventing Errors

Submitted By
Robin Craycraft, RN, BSN, CPHQ
Quality Review Coordinator
Good Samaritan Hospital of Maryland, Inc.

One of the reasons you probably chose nursing as a career is because you care about people and you want to make a difference in their lives. Despite best intentions, you probably have made errors while taking care of patients. Take a moment to reflect on that error. Did miscommunication play a part? Perhaps you did not receive all of the details about a patient you were assigned to or you did not get a chance to clarify an aspect of care with the person who was handing off the patient's care to you.

According to the Joint Commission, miscommunication is involved in 80% of hospital related errors resulting in delays in treatment, wrong treatment, increased length of stay, physical harm, and even death. The Institute for Healthcare Improvement (IHI) estimates that nearly **15 million** instances of medical harm occur in the US each year – **a rate of over 40,000 per day!** This is the reason for the 2006 Joint Commission National Patient Safety Goal related to hand-off communication. The goal states, “Implement a standardized approach to hand-off communications, including an opportunity to ask and respond to questions.”

In response to the Joint Commission standard, the GSH Nursing Professional Practice Council developed a written procedure titled *Procedure for Communication of Unit-to-Unit or Shift-to-Shift Report*. The intent of this procedure is to ensure patient safety at a vulnerable point in the patient's care – the hand-off. A standardized reporting tool called the Report Guide was developed based on feedback from bedside nurses and is to be used when providing a report at the time a patient is transferred to another unit and at the time of shift change. The Report Guide includes up to date information regarding the patient's care, treatments, condition, and any recent and anticipated changes. The guide will ensure that the nurse reporting off does not inadvertently leave out any details that may be important to the receiving nurse. Report to the receiving nurse may be recorded or given verbally or in writing, and the report must include the elements provided in the report guide. In addition, an opportunity to ask and respond to questions is required.

The Professional Practice Council also recently developed a second tool for patients leaving the unit to go to a test, procedure, or appointment. The tool is to be completed at the time of admission and updated prior to the patient leaving the unit. It includes important aspects about the patient that the receiving department needs to know including code status, isolation status, oxygen needs, and any special precautions. The use of this tool is also required by the Joint Commission and will help to decrease errors related to miscommunication.

These tools provide an opportunity to improve the care of the patients we serve by improving communication. Let's do our part in decreasing the instances of medical harm by embracing this safety goal. Together we can make a difference in improving our piece of the healthcare world.

Good Communication:
A Key to Preventing Errors
Continued:

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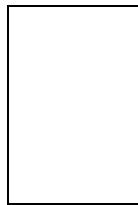
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The Maryland Patient Safety Center

<http://www.marylandpatientsafety.org>

The Maryland Patient Safety Center was created by the Maryland Health Care Commission (MHCC) in 2004 to develop and implement strategies to improve the safety of patient care in Maryland. To run the Center, MHCC selected LogicQual Research Institute and the Delmarva Foundation, two organizations that have been leaders in patient safety and quality initiatives.

LogicQual Research Institute is a subsidiary of the [Maryland Hospital Association \(MHA\)](#), which represents Maryland hospitals and health systems through leadership, education, information, communication, and collective action in the public interest. The Maryland Hospital Association is involved in numerous quality and safety programs, including its Quality Indicator Project®, used by over 1,000 hospitals worldwide to measure performance; the MEDSAFE initiative, a statewide program designed to reduce medication errors; and the extensive educational offerings sponsored by its [Maryland Healthcare Education Institute \(MHEI\)](#).

[Delmarva Foundation](#), a national not-for-profit quality improvement organization, has been working with hospitals, physicians, home health agencies and nursing homes in Maryland for more than 30 years. As Maryland's Medicare Quality Improvement Organization (QIO), Delmarva works to ensure that health care providers offer Medicare recipients the highest caliber of care. Delmarva also is responsible for the implementation and ongoing improvements to the statewide Maryland Health Care Commission's [Hospital Performance Evaluation Guide](#).

The Center's Director is William Minogue, MD, former Senior Vice President for Medical Affairs at Suburban Hospital. Dr. Minogue can be contacted at wminogue@marylandpatientsafety.org.

The Maryland Patient Safety Center continued:

The Maryland Patient Safety Center brings together health care providers to study the causes of unsafe practices and put practical improvements in place to prevent errors. Designated in 2004 by the Maryland Healthcare Commission, the Center's vision is to make Maryland hospitals and nursing homes the safest in the nation.

A Voluntary, Statewide Approach

The Maryland Patient Safety Center is part of a unique approach to patient safety developed by the Maryland Health Care Commission (MHCC) in response to legislation passed by the Maryland General Assembly in 2001. The approach combines limited mandatory reporting of serious adverse events to the state health department with voluntary systems improvement activities coordinated by a statewide patient safety center. To carry out its charge to improve safety in Maryland, the Center focuses on the following activities:

- **Collaboration and Education**

The Center facilitates collaboration across providers so they can learn from each other and prevent errors before they are made. The Center sponsors [educational conferences and seminars](#) that provide training in processes such as Root Cause Analysis (RCA) and Failure Mode and Effects Analysis (FMEA) as well as share best practices from Maryland, providers across the nation and worldwide. The Center's culture collaborative workshops [\[link\]](#) bring together Maryland providers and national experts to focus on safety culture and specific process improvements, with the goal of implementing measurable and sustained improvement.

- **Voluntary Confidential Reporting Update, October 2006**

As of October 2006, there are three Maryland Hospitals committed to using the Maryland Patient Safety Center's online event reporting tool that was designed and developed to allow facilities to electronically report their adverse events and near misses in real time and at the patient care level. Three more hospitals are committed to the tool's implementation by January 2007. The other 26 hospitals agreeing to participate in the event reporting data collection pilot are using alternative reporting systems, but have agreed to send data for inclusion in the preliminary analysis to be completed by late-January to mid-February 2007. In addition to the findings being incorporated into future educational offerings, the Center will also provide feedback to individual reporting hospitals, and it is anticipated that the findings will be used to potentially identify trends and patterns across all participants, including best practices.

- **Research**

The Center will lead applied research to find and implement safer processes and practices. Research findings will be disseminated through educational sessions and other forms of communication

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Legislative Update

Submitted By
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The issue of expanding health care coverage to uninsured Marylanders is at the forefront of this year's General Assembly session. However, as of this writing, the Senate and House are taking very different paths toward this goal. Another issue that is garnering legislative attention is the fiscal insolvency of Prince George's Hospital Center. Finally, there is the usual panoply of health care provider licensure and certification bills.

The Senate has passed the **Maryland Health Care Access Act (SB 149)**, a bill proposed by Governor O'Malley. Under the measure, awaiting action in the House of Delegates, insurers would be required to keep dependents on a parent's policy until the age of 25, and are also authorized to offer discounts on employer policies which include wellness benefits. The bill also establishes the Maryland Health Care Quality Coordinating Council would be created, composed of hospitals, insurers and other health care providers, and would serve as a facilitator for health care quality initiatives, including health IT, as well as an appraiser of leading edge medical technology. The bill also directs the HSCRC to develop a hospital P4P program. Finally, the bill requires the Health Care Commission and the MIA to study a more expansive insurance coverage initiative. There is no new funding source attached to this bill.

Meanwhile, the House of Delegates has passed and sent to the Senate for consideration HB 754 (**The Children and Working Families Health Care Act of 2007**). This bill expands Medicaid coverage to parents and childless adults up to 116% of the FPL, and permits families of all income levels to get insurance through the Maryland Children's Health Insurance Program. Those families over 400% of the FPL must pay the full benefit cost. The bill also creates a Health Insurance Premium Subsidy Program to help families purchase private insurance. These activities are funded by a 100% increase in the tobacco tax, as well as a surcharge on moderate to high-income uninsured individuals. These combined funding sources are expected to be approximately \$250 million in the first year.

These policy divergences will need to be resolved before session adjourns on April 9th, or no insurance expansion will take place this year.

HB 510 (**Prince George's County Hospital Authority**) establishes a State authority to assume the liabilities of Dimensions Health Care Corporation as well as acquire the property of Prince George's Hospital System from Prince George's County. It also requires the county to impose a supplemental property tax sufficient to resolve the liabilities of Dimensions. The authority would operate the facilities until title and control can be transferred to another entity.

Legislative Update
continued

HB 315/SB 118 (**State Board of Nursing – Licensing, Certification and Reinstatement Requirements**), pending in the Senate and House health committees, limits the authority for an unlicensed individual to perform nursing acts to those instances when the individual is under the supervision of an RN or LPN. Previously, such an individual could have been supervised by a doctor or dentist as well.

HB 236 (**Health Occupations – Nursing – Dispensing Methadone**), also pending before the Senate Education, Health and Environmental Affairs Committee, would allow an RN or LPN to dispense methadone once regulations are promulgated.

HB 1270/SB 987 (**Maryland HIV/AIDS Reporting Act**) will require physicians and hospitals to report the names of individuals who are HIV positive to their local health department within 48 hours of making the diagnosis. This notification will enable the State to maintain its Ryan White funding, which is now based on actual name-based cases of HIV. The House bill is pending before the Senate Finance Committee, while the Senate bill is pending before the House Health and Government Operations Committee.

HB 1137/SB 879 (**Hospitals – Safe Patient Lifting**) would require hospitals to establish a safe patient lifting committee and a policy to minimize employee injuries associated with patient lifting. The House bill is pending before the Senate Education, Health and Environmental Affairs Committee, while the Senate bill is pending before the House Health and Government Operations Committee.

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