

>>> Marlene Miller <mmille21@jhmi.edu> 3/23/2011 4:43 PM >>>

A colleague forwarded me the one pager for the Maryland Healthcare Quality and Cost Council Evidence-Based Medicine Workgroup Future Initiative Solicitation. I am a bit unclear on exact process here but I would like to suggest that Maryland focus on reducing central line blood stream infections for children in PICUs and NICUs. The State is doing some work on adult patients but as a national leader of 2 large pediatric-focused central line infections efforts (one involving over 70 PICUs across the US and one involving 30 pediatric hematology/oncology units across the US), we have evidence that main drivers for reducing pediatric central line infections is different than what works for adults (attached is one reference). We have now been working with our PICUs for over 4 years and the estimated savings based on pediatric data are as follows: >2,400 central line infections prevented, almost 300 pediatric deaths avoided, and a cost savings (primarily to insurers) of >\$85 million. All this being said, the only PICU in Maryland that is involved in this national effort is at my institution (Johns Hopkins), the only pediatric hematology/oncology unit involved in this national effort is also at my institution, and Maryland as a state (unlike California, Ohio, and other states) has done nothing for preventing central line infections in NICU patients despite the fact of vast number of NICUs in the state. I would propose with support from your council/workgroup that Maryland develop and lead a pediatric central line infection reduction effort for all its PICUs, Hematology/Oncology units, and NICUs with state-wide learning sessions/conference calls and data sharing. Since I run several such efforts at the national level, I am fairly confident we could run something in state for around \$300,000 per year with expected cost and lives savings far eclipsing that. What else do you need to get this idea before your workgroup for consideration?

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