

Maryland Health Quality and Cost Council – Time to Impact for Proposed Recommendations

Goal: Implement Evidence-Based Practices and Quality Improvement Initiatives with known cost-savings results State-Wide.

KEY

Time

Resources (FTE)

Expense

Impact

Political

1. Hand Hygiene

Intervention: JHH WIPES campaign

Impact: Increase in Hand Hygiene Compliance by 300% (outcomes for avoided HAIs still under evaluation).

Cost: Literature demonstrates that operating costs = 1% of cost savings due to avoided HAIs

Ease of Implementation:

2. Hospital-Acquired Infections (HAIs)

Intervention: Checklist

Ease of Implementation: Behavioral Change

CR-BSI **SSI** **VAP** **MRSA**

Catheter-Related Blood Stream Infection

Impact: \$35-56K additional cost per case; +10-24 days additional LOS; +15-35% attributable mortality

Surgical Site Infection

Impact: \$34K additional cost per case; +7-20 days additional LOS; +9% attributable mortality

Ventilator-Associated Pneumonia

Impact: \$52K additional cost per case; +8-14 days additional LOS; +20-30% attributable mortality

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Impact: \$32K additional cost per case; +days additional LOS; +% attributable mortality

3. Door-to-Balloon Time (D2B)

Intervention: Providing prior notification of arrival of STEMI patient to activate provider PCI response protocols

Impact: Increase % of STEMI patients receiving treatment within 90 minutes of arrival; Nationwide it is known that fewer than half of STEMI patients receive primary PCI within guidelines

Cost: Transmitters, 12-Lead ECG, Receiver at provider site

Ease of Implementation:

4. Stroke Network (Telemedicine)

Intervention: Operationalizing a program already developed to allow rural hospitals the ability to receive feedback from specialists in urban hospitals (e.g., Johns Hopkins Hospital and UMMC) through a hub-and-spoke telemedicine network

Impact: Improved access and equity of care; Reduce mortality and morbidity from stroke

Cost: Three different models to operationalize (models vary based on technology and scale): \$400K –\$ 1.2M

Ease of Implementation:

5. Blood Wastage

Intervention: Application of Lean Sigma Methodology to improve usage and storage of blood products

Impact: Within first two years of project, JHH resulted in a savings of over 3,700 units of blood, which corresponds to a savings of \$714,000 for the hospital.

Cost: Purchase of coolers and temperature readers

Ease of Implementation:

6. Application of Lean Sigma

7. HIPAA Standard Transaction Sets

Intervention: Implementation of HIPAA standard Transaction Sets

Impact: Reduction in Denials, Increase response time, Increase in clean claims, Reduction in human touch points, Reduction in time for each step, Increased accuracy

Cost: System development and clearinghouse charges

Ease of Implementation:

Clinical Quality

Efficiency

TIME TO IMPACT

1-3 MONTHS

3-6 MONTHS

6-9 MONTHS

9-12 MONTHS

12+ MONTHS