A vibrant assortment of fresh fruits including oranges, grapefruit slices, green apples, and a banana. The fruits are piled together, creating a colorful and healthy-looking background.

Evidence-Based Medicine Group (the “fruit group”)

December 18, 2009

Maryland Health Quality & 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(a). 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:

1(b). Hospital-Acquired Infections (HAIs)

Checklist

CR-BSI SSI MRSA

Intervention: Checklist(s), Surveillance, Education, Public Reporting?

Ease of Implementation:

Catheter-Related Blood Stream Infection

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

Approach: NHSN definitions / methodology for ICUs (except NICU)

Surgical Site Infection

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

Approach: NHSN definitions / methodology for specific procedures (Colon surgery, Hysterectomy, Laminectomy, Hip/Knee, CABG)

Methicillin-Resistant Staphylococcus Aureus (MRSA)

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

Approach: Active Surveillance Testing (AST) by nasal culture w/in 48 hrs of admission for all ICUs (except NICU)

Health Care Worker (HCW) Influenza Vaccination

Impact: Literature shows 50% reduction in all-cause mortality among patients treated by HCWs compliant with Influenza vaccination

Approach: Compliance tracking for acute care facility HCWs

3. 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 4,700 units of blood, which corresponds to a savings of \$900,000 for the hospital.

Cost: Purchase of coolers and temperature readers

Ease of Implementation:

TIME TO
IMPACT

1-3 MONTHS

3-6 MONTHS

6-9 MONTHS

9-12 MONTHS

KEY
 Time Resources (TR) [Icons: 1-5 stars]
 Evidence [Icons: 1-5 stars]
 Impact [Icons: 1-5 stars]
 Political [Icons: 1-5 stars]

1. Infection Prevention
ISA, Hand Hygiene / Antibiotic Stewardship Programs
 Intervention: ISA, Hand Hygiene Program, Antibiotic Stewardship Program
 Impact: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Evidence: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Approach: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Ease of Implementation: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]

2. Door-to-Balloon Time (D2B)
 Intervention: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Impact: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Evidence: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Approach: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Ease of Implementation: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]

3. Blood Wastage
 Intervention: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Impact: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Evidence: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Approach: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]
 Ease of Implementation: [5 stars] [5 stars] [5 stars] [5 stars] [5 stars]

TIME TO IMPACT: 1-3 MONTHS 3-6 MONTHS

3. Blood Wastage

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

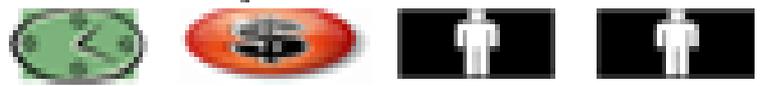
Impact:



Within first two years of project, JHH resulted in a savings of over 4,700 units of blood, which corresponds to a savings of \$900,000 for the hospital.

Cost: Purchase of coolers and temperature readers

Ease of Implementation:



Participation



Maryland Health Quality and Cost Council
Reducing Blood Wastage Initiative

Hospital Participation Summary – as of 12/8/09

	07/22 Meeting	09/22 Call	Baseline Data	Pledge Rec'd	Database Training	Website reg	10/09 Data
American Red Cross	X	X	NA	NA	X	NA	NA
Anne Arundel Med Ctr			X	X	X	X	X
Balt/Wash Med Ctr		X	X	X	X	X	X
Blood Bank of Delmarva		X	NA	NA	X	NA	NA
Bon Secours			X	X	X	X	X
Braddock Hospital (WMHS)		X	X (Mem)	X	X	X	X
Calvert Memorial Hospital		X	X	X	X	X	X
Carroll Hospital			X	X	X	X	X
Chester River Hospital			X	X	X	X	X
Civista Med Ctr			X	X	X	X	X
Doctors Community Hospital			X	X			
Dorchester General Hospital		X	X	X	X	X	X
Fort Washington Med Ctr			X	X	X	X	X
Franklin Square Hospital		X	X (part)	X		X	
Frederick Memorial Hospital		X	X	X		X	X
Garrett County Memorial		X	X	X		X	X
Good Samaritan Hospital		X	X	X	X	X	X
Greater Baltimore Med Ctr	X		X	X	X	X	X
Harbor Hospital		X	X	X	X	X	X
Harford Memorial Hospital			X	X		X	X
Holy Cross Hospital		X	X		X	X	X

45 out of 45 blood banks
= 100% participation rate!!

Howard County General Hospital									
Johns Hopkins Bayview									
Johns Hopkins Hospital									
Kernan Hospital					X	X	X	X	X
Laurel Regional Hospital	X								X
Maryland General Hospital					X	X			X
Memorial Hospital of Easton					X	X			X
Mercy Medical Center					X	X			X
Montgomery General Hospital					X	X	X		X
National Institutes of Health					X		X		X
Northwest Hospital	X	X			X	X	X	X	X
Peninsula Regional Med Ctr					X	X			X
Prince George's Hospital	X								X
Shady Grove Adventist					X	X	X		X
Sinai Hospital of Baltimore	X	X			X	X	X	X	X
Southern Maryland Hospital					X	X	X	X	X
St. Agnes Hospital	X	X			X	X	X	X	X
St. Joseph Med Ctr					X	X			
St. Mary's Hospital									
Suburban Hospital	X				X	X	X		X
Union Hospital					X	X			X
Union Memorial Hospital	X	X			X	X			X
University of MD Med Ctr	X	X			X	X	X		X
Upper Chesapeake Med Ctr					X	X	X		X
VA Maryland Health Care	X				X	X			X
Washington Adventist Hospital					X	X	X		X

- Participation Pledge
- Baseline Data
- Conference calls attendance
- Website registration

Blood Wastage Collaborative Website

BLOOD WASTAGE COLLABORATIVE

Home | Terms of Use | Contact Us

Logout

Project Documentation

Monthly Collection

View Reports

Submit Best Practices

Search Best Practices

Manage Users

Overview

In 2008 Governor O'Malley created the Maryland Health Quality and Cost Council (MHQCC) through an executive order to focus priorities for improving health care in Maryland. Under the guidance of the Council, The Maryland Statewide Reduction of Blood Wastage Collaborative was formed in June 2009. The aim of the Blood Wastage Collaborative is to bring together Maryland hospitals and blood centers to improve practices in the provider setting, thereby reducing wastage of blood products.

Milestones/Events

Spring 2009: Blood Wastage Work Group (BWWG) was established.
Jul 22, 2009: meeting with a selected group of blood bank leaders; sign-off of the project charters
Sep 22, 2009: state-wide kick-off event
Oct 16, 2009: submission of baseline data; submission of the Pledge of Participation
Nov 2, 2009: 12pm - 1pm database training

Blood Wastage Collaborative for the State of Maryland 2009 - All rights reserved.
Created and Supported by The Center for Innovation in Quality Patient Care.

- Tools for the following:
- Collect monthly metrics
 - Provide monthly reports comparing to state performance
 - Share best practices

Project Charter

Reducing Discarded Platelet Units	Champion: Barb Epke/Bill Minogue/Chip Davis
Revised: 12/11/2009	Project Leader: Page Gambill/Donna Marquess

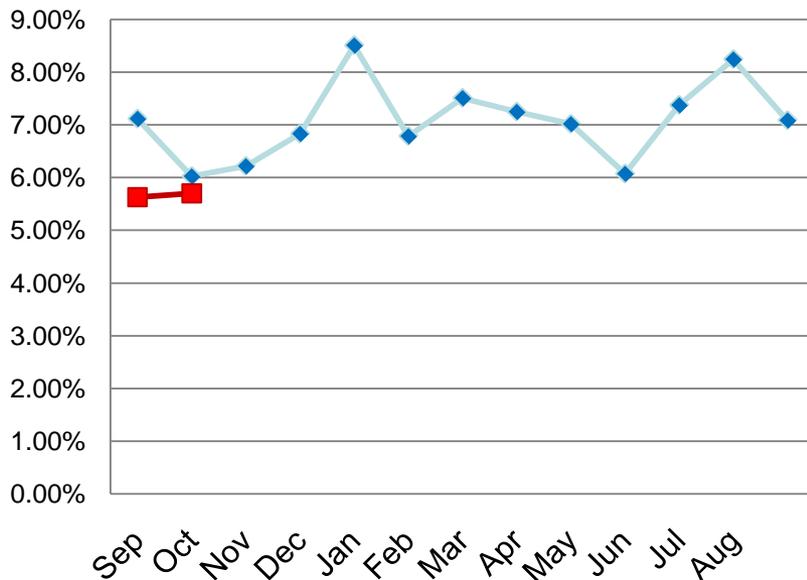
Problem Statement	Project Goal
A significant number of apheresis platelet units are prepared per physician request and then not transfused. There is a short shelf life and the units are often discarded. The result is fewer units available for patients which compromises patient safety. There is also a financial impact due to the high product cost.	Reduce platelet wastage by a minimum of _____% by July 2010 across the participating hospitals in Maryland
Measurement Methodology	Scope
Unit = one unit of apheresis platelets (6 EU) % Waste = $\frac{\# \text{ platelet units wasted}}{\text{Total \# of platelet units purchased}}$ (Do not include partial units as wasted.)	<ul style="list-style-type: none"> 44 Blood Banks in Maryland Blood suppliers
Participating Organizations	Benefits
<ul style="list-style-type: none"> 44 Blood Banks out of 45 in Maryland 2 Blood suppliers 	<ul style="list-style-type: none"> Increased blood inventory available for patient care Cost credit for transferring out short dated platelets Reduction in costs to acquire additional platelet products

Phase	Date Comp	Milestones
Define Measure Analyze Improve Control	07/22/09	<ul style="list-style-type: none"> Pre work completed - prior to 07/22/09 Sign off on project charters - 07/22/09 Conference call follow-up – 8/21/09 Kickoff – 9/22/09 Collect baseline data and launch interventions – 10/15/09 Create Collaborative Website -11/02/09

State Blood Wastage Results

Platelets

**% Wasted for State
Baseline Year vs. Current Year**



**Baseline Year
Average % Wasted
= 7.09%**

◆ Baseline Year
■ Current Year

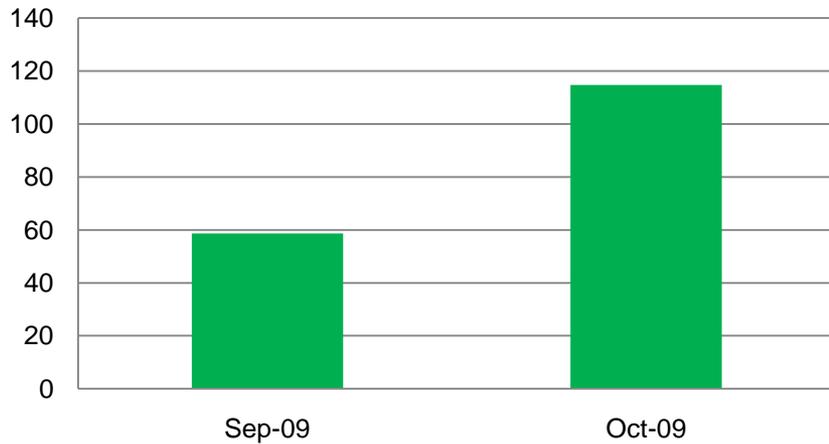
Baseline Year

Month-Year	9 - 2008	10 - 2008	11 - 2008	12 - 2008	1 - 2009	2 - 2009	3 - 2009	4 - 2009	5 - 2009	6 - 2009	7 - 2009	8 - 2009	9 - 2009	10 - 2009
Total Units Wasted	294	251	236	293	364	271	329	292	300	265	326	338	227	231
Total Units Collected/ Purchased	4132	4167	3796	4290	4279	3994	4382	4029	4276	4364	4421	4101	4032	4051
% Wasted	7	6	6	7	9	7	8	7	7	6	7	8	6	6

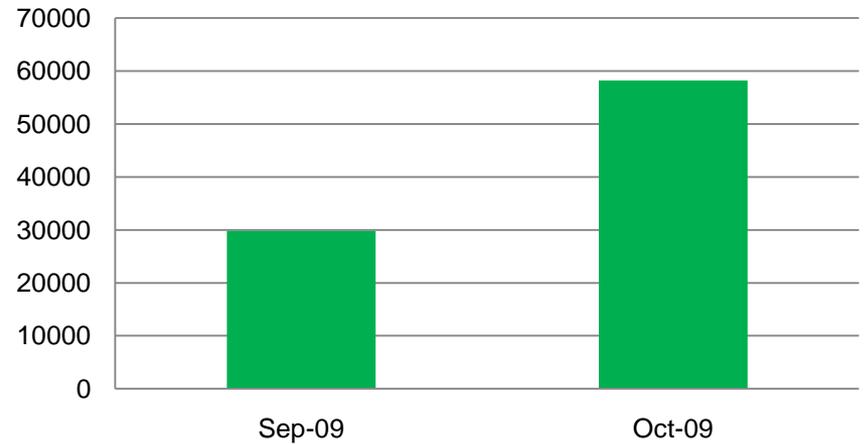
State Blood Wastage Results

Platelets

**Cumulative Units Saved for State
Sep 09--Current**



**Cumulative \$s Saved for State
Sep 09--Current**

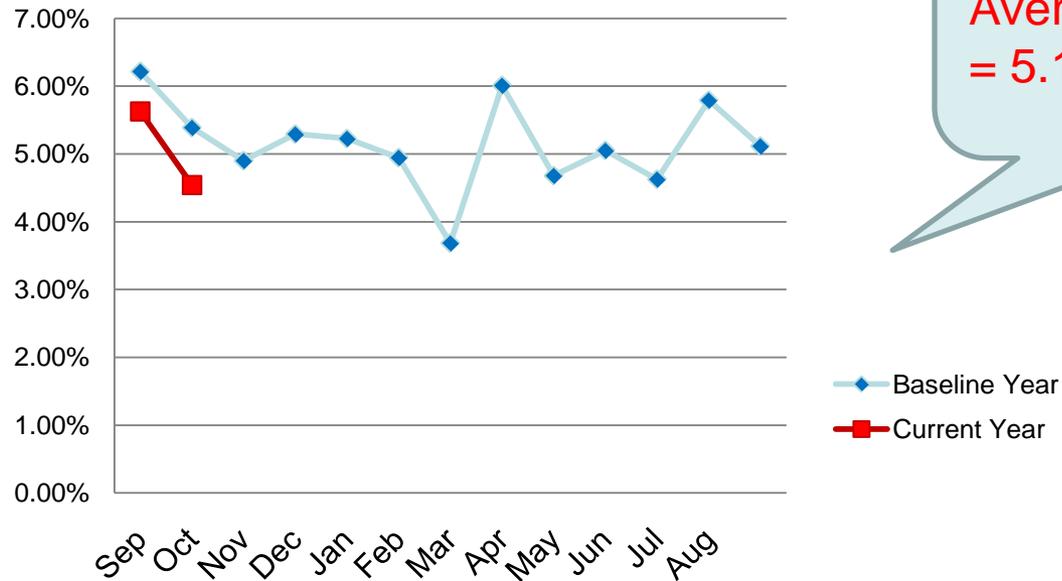


	Sep-09	Oct-09
Predicted units wasted	286	287
Actual units wasted	227	231
Cumulative units saved	59	115
Cumulative \$s saved	\$29,938	\$58,355

State Blood Wastage Results

Plasma

**% Wasted for State
Baseline Year vs. Current Year**



**Baseline Year
Average % Wasted
= 5.12%**

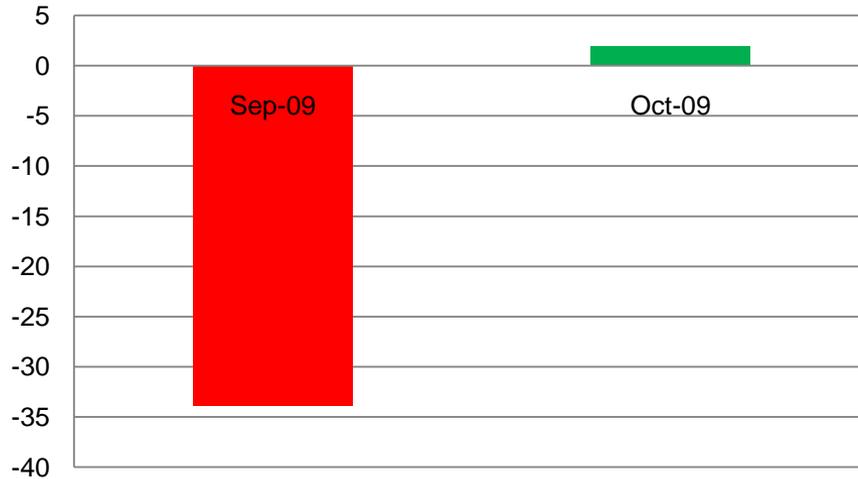
Baseline Year

Month-Year	9 - 2008	10 - 2008	11 - 2008	12 - 2008	1 - 2009	2 - 2009	3 - 2009	4 - 2009	5 - 2009	6 - 2009	7 - 2009	8 - 2009	9 - 2009	10 - 2009
Total Units Wasted	392	313	307	358	375	319	285	415	380	346	316	355	373	283
Total Units Thawed	6306	5808	6265	6764	7174	6450	7733	6905	8120	6849	6831	6130	6629	6232
% Wasted	6	5	5	5	5	5	4	6	5	5	5	6	6	5

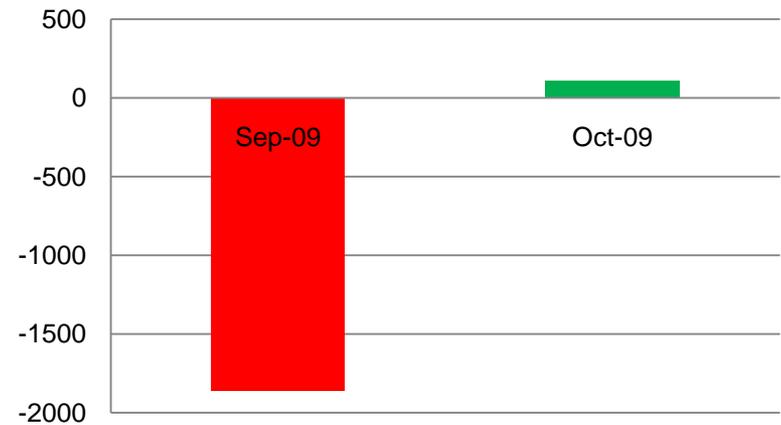
State Blood Wastage Results

Plasma

**Cumulative Units Saved for State
Sep 09--Current**



**Cumulative \$s Saved for State
Sep 09--Current**



	Sep-09	Oct-09
Predicted units wasted	339	319
Actual units wasted	373	283
Cumulative units saved	-34	2
Cumulative \$s saved	(\$1,866)	\$110

Total Units Saved for State: 2 Months

- Platelets = 115 units
- Plasma = 2 units
- Allo Red = -19 units
- Auto Red = -39 units

Total Units Saved
= 59 units



Total \$s Saved for State: 2 Months

- Platelets = \$58,355
- Plasma = \$110
- Allo Red = (\$4,557)
- Auto Red = (\$13,800)

Total \$s Saved
= \$40,108



Next Steps for Blood Wastage Collaborative

- BWWG will
 - make quarterly reports on the state aggregate blood wastage data to MHQCC
 - coordinate quarterly follow-up calls with all participants to discuss best practices and data submitted
 - schedule an in-person conference in Spring 2010
- Website enhancement: “Craig’s List” for short dated products
 - allows blood banks to post short dated inventory and to access to see what is available during emergent situation

***BWWG recognizes the importance of regulatory/liability issues, and is in the process of investigating these issues.

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

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KEY

Time:

Resources (FTE):

Expense:

Impact:

Political:

1(a). 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:

1(b). Hospital-Acquired Infections (HAIs)

Checklist

CR-BSI SSI MRSA

Intervention: Checklist(s), Surveillance, Education, Public Reporting?

Ease of Implementation:

Catheter-Related Blood Stream Infection

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

Approach: NHSN definitions / methodology for ICUs (except NICU)

Surgical Site Infection

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

Approach: NHSN definitions / methodology for specific procedures (Colon surgery, Hysterectomy, Laminectomy, Hip/Knee, CABG)

Methicillin-Resistant Staphylococcus Aureus (MRSA)

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

Approach: Active Surveillance Testing (AST) by nasal culture w/in 48 hrs of admission for all ICUs (except NICU)

Health Care Worker (HCW) Influenza Vaccination

Impact: Literature shows 50% reduction in all-cause mortality among patients treated by HCWs compliant with Influenza vaccination

Approach: Compliance tracking for acute care facility HCWs

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Cost: Purchase of coolers and temperature readers

Ease of Implementation:

TIME TO
IMPACT

1-3 MONTHS

3-6 MONTHS

6-9 MONTHS

9-12 MONTHS

KEY

Time to Impact (TTI): 1-3 Months, 3-6 Months, 6-9 Months

Cost: \$ (Green), \$ (Red)

Impact: 1-5 Stars

Approach: 1-5 Stars

1. Infection Prevention

1(a) Hand Hygiene / Medical Prevention Program

1(b) Hospital-Acquired Infections

2. Door-to-Balloon Time (D2B)

3. Blood Wastage

1(a). 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: ★★★★★

1(b). Hospital-Acquired Infections (HAIs)

Checklist

CR-BSI SSI MRSA

Intervention: Checklist(s), Surveillance, Education, Public Reporting?

Ease of Implementation: ★★★★★

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Approach: Compliance tracking for acute care facility HCWs

TIME TO IMPACT: 1-3 MONTHS, 3-6 MONTHS, 6-9 MONTHS

Recaps and Updates

- Statewide Hospital Hand Hygiene Campaign adopted by Council on June 10, 2009
- Letter from Secretary Colmers requesting recommendations from the MHCC HAI Advisory Committee on Statewide Hospital Hand Hygiene Initiative
- Creation of Governance Structure
 - Steering Committee
 - Expert Panel
 - Work Group
- Launch of the Maryland Hospital Hand Hygiene Collaborative
 - Kick-off meeting - Nov. 3, 2009
 - Program resources developed and disseminated - Nov 2009
 - Webinar series
 - 1) Standardized observer training - Nov 18, 2009
 - 2) Data submission and web reporting - Dec 2, 2009
 - Regular communication with and among hospital participants

Program Builds on Existing Strengths and Structures

- Department of Health and Mental Hygiene
Governing body
- Maryland Patient Safety Center & Maryland Hospital Association
Experience with Hospitals
- Delmarva Foundation
Logistical Coordination of Statewide Collaboratives
- MHCC HAI Advisory Committee
Expert Panel
- Johns Hopkins Medicine
Program and Implementation Experience



Maryland Hospital Hand Hygiene Collaborative Kick-Off Meeting - Nov. 3, 2009



Save the Date

Launch of:
Maryland Hospital Hand Hygiene Collaborative

November 3, 2009

The Gathering Place
6120 Daylong Lane
Clarksville, MD
21029

Registration
Begins
at 8:00am
Meeting Ends
at 4:00pm

For additional information please
contact Erin Carrillo 410-872-9699 or
carriloe@dfnc.org

Two circular inset images showing hands being washed with soap and water. The top image shows hands being lathered with white soap foam. The bottom image shows hands being rinsed under a stream of water from a faucet.

Participation:
200+ attendees from over 40 acute
care and specialty care hospitals

Press Coverage

Participation as of 12/10:
44 out of 47 acute hospitals
= 94% participation !



Program Will Monitor Md. Doctors' Hand-Washing

Hand-washing by Md. doctors, nurses to be monitored in program at hospitals around state

By BRIAN WITTE

The Associated Press

CLARKSVILLE, Md.

Be sure to wash up, Maryland doctors and nurses. You're being watched.

State officials said Tuesday they're creating teams of staff members at hospitals around the state to secretly monitor their colleagues' hand-washing habits as part of a first-of-its-kind program. The monitors will contribute to a systemwide report on hand-washing, using \$100,000 in federal stimulus money.

Lt. Gov. Anthony Brown said individuals who are lax on scrubbing up won't be penalized. Rather, the idea is to gather information about which hospital staffs need to do a better job and raise awareness about the importance of keeping hands clean while dealing with patients.

"This certainly is not an effort to do a gotcha," Brown said. "We're better off with providers actually using proper hand hygiene than calling out those that don't, so a big component of this in every hospital will be the continual education and awareness."

Teams will be formed at 45 of the state's 47 hospitals to monitor their colleagues after they leave a patient.



Kick-Off Meeting Agenda



Maryland Hospital Hand Hygiene Collaborative Agenda
Kick-Off Meeting
 Date: November 3, 2009
 The Gathering Place, Clarksville MD

8:00 am – 9:00 am	Registration & Continental Breakfast
	<p>Welcome William Minogue, MD, FACP Executive Director and President Maryland Patient Safety Center</p> <p>Public Health Perspective Secretary John Colmers Department of Health and Mental Hygiene</p> <p>Collaborating for Patient Safety Carmela Coyte President and CEO, Maryland Hospital Association</p> <p>Moving Maryland Forward Lt. Governor Anthony Brown</p>
10:00 am	Break
	<p>Components of a Comprehensive Hand Hygiene Program Pam Barclay Director, Center for Hospital Services, Maryland Health Care Commission</p> <p>Report & Recommendations from HAI Advisory Committee and the Hand Hygiene Infection Prevention Subcommittee</p> <p>Collaborative Overview Wendy Gary, MHA Vice President, Healthcare Quality and Patient Safety, Delmarva Foundation for Medical Care</p> <p>Measurement Approach Introduction Jeanne DeCosmo, BSN, MBA Director, Workforce Activities</p>

	<p>Hand Hygiene Measurement and Feedback System Standardized Training for "Unknown" Observers Hanan Aboumatar, MD, MPH Assistant Professor, Johns Hopkins University School of Medicine Associate for Education and Research, Center for Innovation in Quality Patient Care</p> <p>Polly Ristaino, MS, CIC Associate Director, Hospital Epidemiology and Infection Control Johns Hopkins Hospital</p>
12:45 pm	Lunch
	<p>Collaborative Change Package Jeanne DeCosmo</p> <p>Success Stories St. Joseph Hospital Good Samaritan Hospital</p> <p>FAQ with the Expert Panel</p>
3:00 pm	Next Steps

Collaborative Website

http://www.marylandpatientsafety.org/html/collaboratives/hand_hygiene

MARYLAND
Patient Safety
CENTER

Making Maryland Healthcare
the Safest in the Nation

Maryland
Hospital Association

cf

Contact Us

Home > Collaboratives & Learning Networks > Hand Hygiene Collaborative Overview

Maryland Hospital Hand Hygiene Collaborative

Maryland Hospital Hand Hygiene Collaborative Overview



The Maryland Hospital Hand Hygiene Collaborative campaign is an important statewide initiative to enhance the prevention of healthcare-associated infections (HAI) in Maryland hospitals. The goal of the Maryland Hospital Hand Hygiene Collaborative is to strengthen and compliment the work already being done to improve Hand Hygiene.

The Maryland Hospital Hand Hygiene Collaborative was officially launched by Lt. Governor Anthony Brown and Secretary John Colmers of the Department of Health and Mental Hygiene on November 3, 2009.

Support for the Collaborative is provided, in part, through a cooperative funding agreement to support surveillance and prevention of healthcare-associated infections that was received by the Maryland Department of Health and Mental Hygiene from the Centers for Disease Control and Prevention under the American Recovery and Reinvestment Act (ARRA). This initiative is one of several recommendations of the Maryland Health Quality and Cost Council (MHQCC) and is being lead by the Maryland Patient Safety Center

Governor Martin O'Malley created the Maryland Health Quality and Cost Council to focus on priorities for improving health care across the state. Chaired by Lieutenant Governor Anthony G. Brown, the Council brings together health care leaders and other interested parties in Maryland to collaborate on ways to improve quality and contain costs across the public and private sectors. The Evidence-Based Medicine Workgroup and the Council have selected hand hygiene as a key initiative, with a goal of increasing hand hygiene compliance among hospital professionals to reduce healthcare-associated infections.

Resources

- [Hand Hygiene Toolkit \[zip - 7MB\]](#)
- [Standardized Training for Hand Hygiene Observers](#)
- [Data Submission and Web Reporting](#)
- [Collaborative Fact Sheet \[pdf\]](#)
- [Frequently Asked Questions \[pdf\]](#)
- [November 3, 2009 Kickoff Materials](#)

Cisco
webex

- [Unknown Observer Training WebEx – November 18, 2009 \(59:43\)](#)

Resources

-Toolkit

-link to observer training
-link to data submission
and web reporting

-FAQs

-Webinar recordings

Webinar 1: Standardized Observer Training

Participation:
97 attendees

Hand Hygiene Observer Training



Outline

- ▼ Training for Hand Hygiene Observers
 - Training Plan
 - Valid and Reliable Data
 - Five Rules for Hand Hygiene Observation
 - Observation Form
 - A Closer Look
- ▼ Recording Hand Hygiene Observations
 - Recording One Observation
 - Demonstration
 - Recording Two Observations
 - Demonstration
 - Practice Videos
 - Acknowledgments
 - Congratulations!

Observation 2

Video Orientation

This video clip takes place in a multi-patient room in the Perianesthesia Critical Care Unit (PACU). Each patient area is separated from others by a curtain enclosure. In this video clip the healthcare worker (a nurse) ends a patient care activity and turns heading towards the hallway.

Click the green Play button on the video controls to watch the video.



DISPENSER

The curtain separates patient area from hallway.

Click the small right arrow below when the video is finished.

▶ ◀ ▶

TRANSCRIPT

Webinar 2: Data Submission and Web Reporting

handstats.org

Participation:
77 attendees

The screenshot shows the website's navigation menu with links for Home, Request Access, Forgot Password, About, and Contact. The main header features the title "Hand Hygiene Online" and the "GERMS" logo, which includes a hand with yellow dots and the slogan "Their future is in your hands™".

Sign in to Hand Hygiene Online

User ID: (email) [Request Access](#)

Password: [I forgot my password](#)

Welcome to Hand Hygiene Online

Medical experts, CDC and WHO agree that Hand Hygiene is the single most important step to prevent infection and transmission of problem pathogens in healthcare settings. In fact, when healthcare providers improve their hand hygiene, healthcare associated infections (HAIs), MRSA, VRE and C. difficile transmissions, and respiratory and diarrheal diseases are significantly reduced.

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Two Forms of Data Submission

mobile device vs. desktop PC

Hand Hygiene Online Mobile
 Bayview Medical Center Observation

Select Unit being Observed:
 -- Select --

Role of Observed Person:
 -- Select --

Hand Hygiene Measures:
 -- Select --

Observed Behavior:
 -- Select --

Additional Comments:
 [Text Area]

Submit Observation

My Observations History

Log Out

Home

©2009 All Rights Reserved.
 Johns Hopkins Health Systems



Home Change Password **Observation Form**
 About Contact Log Out **Full screen**
 Mobile version Mobile Version

Hand Hygiene Online  Their future is in your hands™

Other Observation Entry

[Edit and/or View Previously Entered Data](#) What has already been entered?

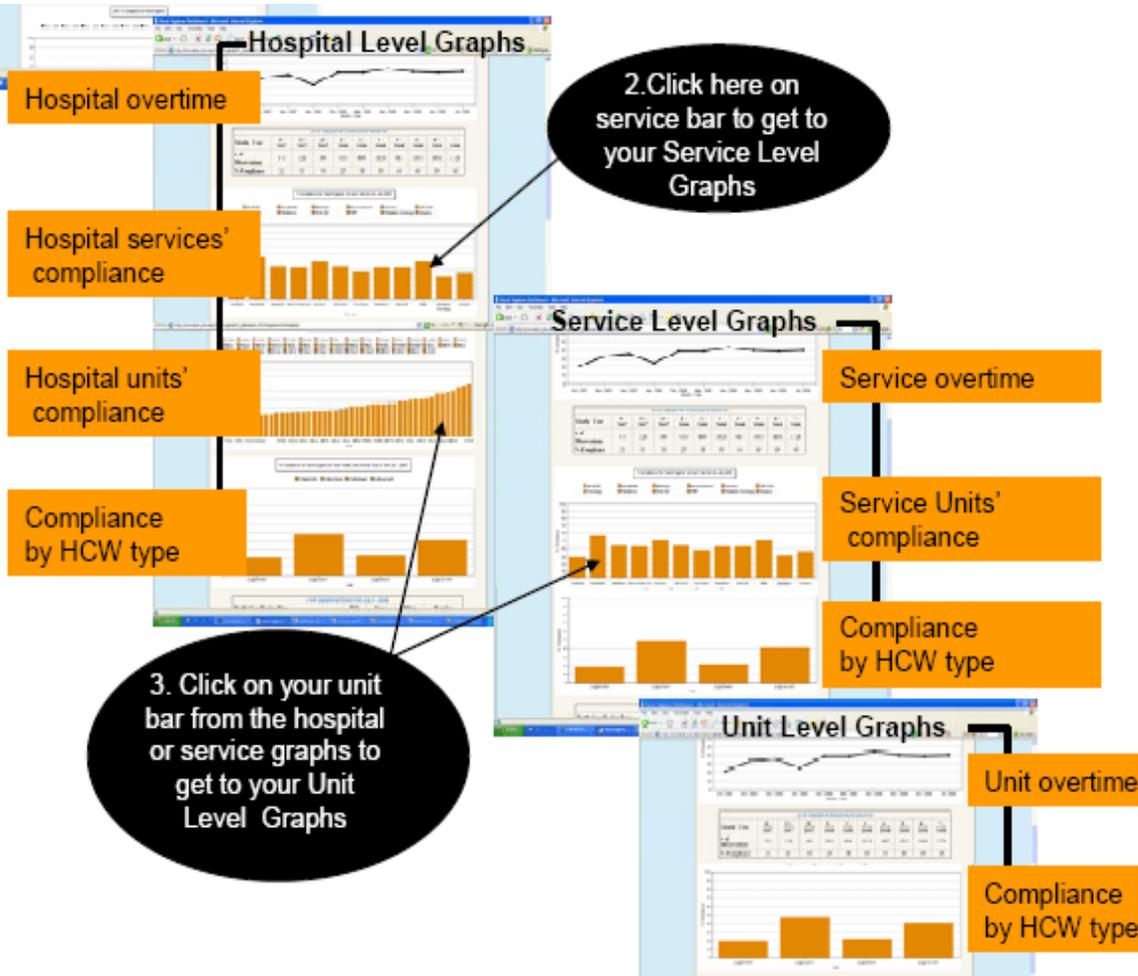
Previous 3 observations:

Date/Time	User	Department-Unit	Role-Discipline	Measures	Behavior	Comments
01-Dec-09 04:27 PM	mamick@hu.edu	Med - Unit 2	Nurse - Any	Entry	Blocked view / unsure	test
24-Nov-09 09:06 AM	tracyc.lab@gmail.com	Med - Unit 2	Nurse - Nurse Practitioners	Exit	Blocked view / unsure	
13-Nov-09 02:20 PM	tchang@hshp.edu	Med - Unit 4	Nurse - Registered Nurse - RN	Exit	Hand wash with Soap & Water	

Enter new observations here:

Unit	Role	Measures	Behavior	Comments
-- Select --	-- Select --	-- Select --	-- Select --	
-- Select --	-- Select --	-- Select --	-- Select --	
-- Select --	-- Select --	-- Select --	-- Select --	

Feedback Reports for Individual Hospitals



Hospital Level Graphs

Service Level Graphs

Unit Level Graphs

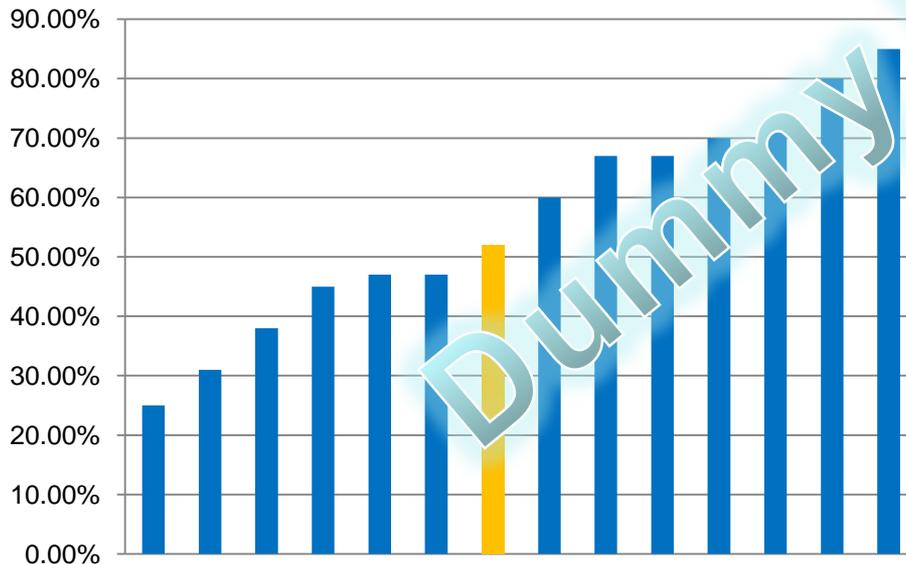
→ Performance over time

→ Benchmarking against other services/units

→ Compliance by Health Care Worker type

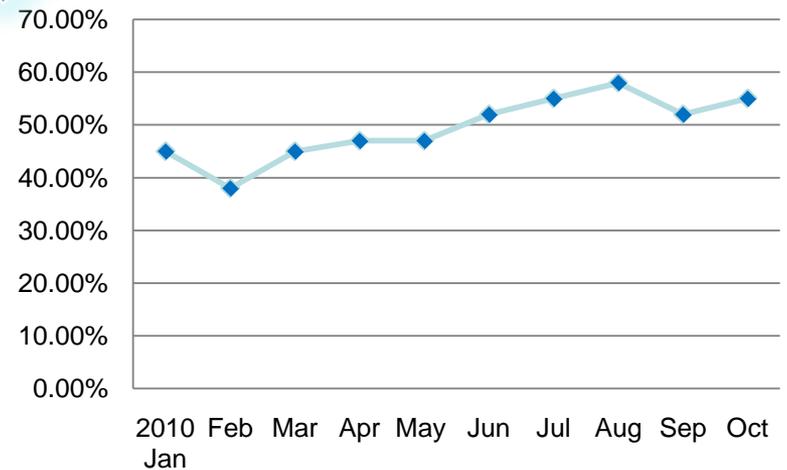
Feedback Reports for MHQCC

Hand Hygiene Compliance across the State



State Average

State Hand Hygiene Compliance (Jan '10--current)





Timeline

- Monthly data submission—starting from Jan 2010
- Continued Engagement with Hospitals
 - Quarterly “Learning Sessions”
 - Monthly Sharing Calls
 - In-Person Conference in Spring 2010

MARYLAND HEALTH QUALITY & COST ROADMAP

June 10, 2009

Fall 2009

Winter 2009

Spring 2010

Summer 2010

Support to move forward from State Council?

Maryland Health Quality & Cost Scorecard

1. Hand Hygiene (HH) and Hospital Acquired Infections (HAIs)



2. Blood Wastage



KEY

Program Development



Baseline / Implementation



Education / PR



Results: Q1



Q2



Q3



Potential “Fruit*” Seeds

- Red Bag Trash
- Expand Hand Hygiene beyond Acute Care Hospitals
- Checklist
 - BSI
 - SSI
 - VAP
- Safety Dashboard
- Explore Projects in Collaboration with Payors

** Short term, quick wins*



Discussion