

# **Evidence-Based Medicine Group**

**September 24, 2010**

# 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)

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 to Impact (TTI) 1-3 Months 3-6 Months  
 Evidence 1-3 Months 3-6 Months  
 Impact 1-3 Months 3-6 Months  
 Political 1-3 Months 3-6 Months

**1. Infection Prevention**  
**10A. Hand Hygiene / Antibiotic Stewardship Program**  
 Intervention: 100% antibiotic stewardship program  
 Impact: 100% antibiotic stewardship program  
 Evidence: 100% antibiotic stewardship program  
 Approach: 100% antibiotic stewardship program  
 Political: 100% antibiotic stewardship program

**10B. Hospital-Acquired Infection (HAI) Interventions**  
 Intervention: Checklists, Surveillance, Education, Public Reporting  
 Impact: 100% antibiotic stewardship program  
 Evidence: 100% antibiotic stewardship program  
 Approach: 100% antibiotic stewardship program  
 Political: 100% antibiotic stewardship program

**2. Door-to-Balloon Time (DTB)**  
 Intervention: 100% DTB program  
 Impact: 100% DTB program  
 Evidence: 100% DTB program  
 Approach: 100% DTB program  
 Political: 100% DTB program

**3. Blood Wastage**  
 Intervention: 100% blood wastage program  
 Impact: 100% blood wastage program  
 Evidence: 100% blood wastage program  
 Approach: 100% blood wastage program  
 Political: 100% blood wastage program

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

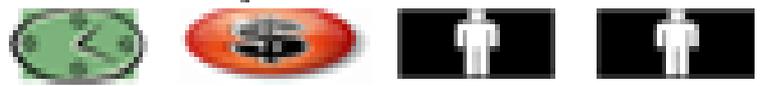
**Impact:**



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:**



# Maryland Blood Wastage Collaborative

## Work Group Members

- Co-Chairs: Page Gambill, American Red Cross  
Donna Marquess, LifeBridge Health
- Members: Joan Boyd, JHH  
Janice Hunt, UMM  
Mary Mussman, DHMH  
Lisa Shifflett, JHH
- Facilitator: I-Fong Sun, JHM



# Hospital Groupings Report

Project Documents

Update Profile

Monthly Collection

View Reports

View State Reports

View Hospital Groupings

Submit Best Practices

Search Best Practices

Manage Users

Admin Page

## Hospital Grouping

Make Your Selections Below

Select Blood Product:

Select Reporting Term:

Select Hospital Size:

Select Hospital Type:

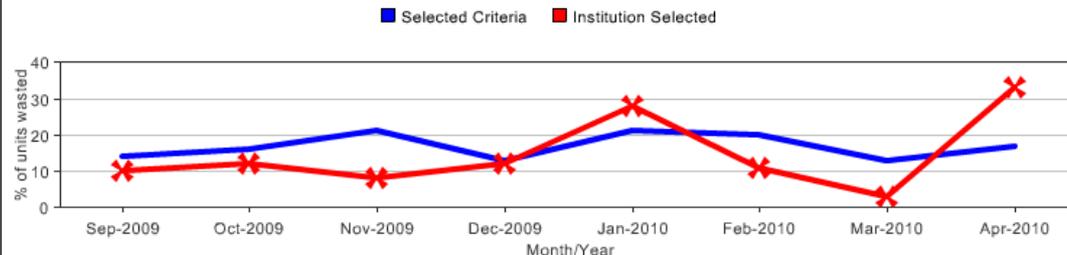
Select Hospital Special Services:

Select Trauma Level:

Select Region:

Query

Institution vs Selected Criteria -- Sep - 09 to Apr - 10



### Selected Criteria Results

Month - Year	9 - 2009	10 - 2009	11 - 2009	12 - 2009	1 - 2010	2 - 2010	3 - 2010	4 - 2010	5 - 2010
<b>Total Units Wasted</b>	415	342	390	486	386	386	400	284	222
<b>Total Units Thawed</b>	7195	7386	7362	8094	6987	7145	7094	6029	7060
<b>% Wasted</b>	6	5	5	6	6	5	6	5	3

Selected Criteria: Product = Plasma , Hospital Size = All, Hospital Type = All, Hospital Special Services = All, Trauma Level = All, Region = All.

# Inventory Visibility System (aka "Craig's List")

## Hospital Inventory Visibility System

Expiration Date: date or n/a [reset](#)  
 Product Type: pick list or all [reset](#)  
 Blood Type: pick list or all [reset](#)  
 CMVN: pick list or all [reset](#)  
 IRR: pick list or all [reset](#)  
 Claimed: pick list or all [reset](#)

### Features:

- Post expiring inventory
- Claim posted inventory
- Acknowledge requested transfer

About this tab: The table below is a "view" for browsing Inventory

Product Type	Product Code	Blood Type	Attribute	Quantity (units)	DN (WB)	Expiration	Location	Requested by	Action
Apheresis	12710	1-O positive	CMVN	Platelets Pheresis Lkred (Single or Pt 1)	1111111	7/28/2010	Hospital A		<a href="#">claim</a>
Apheresis	12750	1-O positive	CMVN	Platelets Pheresis Leukoreduced Part 2	1111111	7/28/2010	Hospital A	Hospital C	<a href="#">claimed</a>
Apheresis	12780	1-O positive	CMVN	Platelets Pheresis Leukoreduced Part 3	1111111	7/28/2010	Hospital A		<a href="#">claim</a>
Apheresis	12810	1-O positive	IRR	Platelets Pheresis Lkred/Irr (Single/Pt 1)	2222222	7/29/2010	Hospital A		<a href="#">claim</a>
Apheresis	12850	1-O positive	IRR	Platelets Pheresis Leukored/Irr Part 2	2222222	7/29/2010	Hospital A	Hospital B	<a href="#">on-hold</a>
Apheresis	12880	1-O positive	IRR	Platelets Pheresis Leukored/Irr Part 3	2222222	7/29/2010	Hospital A		<a href="#">claim</a>
Apheresis	12810	1-O positive	CMVN & IRR	Platelets Pheresis Lkrd/Irr (Single/Pt 1)	3333333	7/30/2010	Hospital A	Hospital B	<a href="#">on-hold</a>
Apheresis	12850	1-O positive	CMVN & IRR	Platelets Pheresis Leukored/Irr Part 2	3333333	7/30/2010	Hospital A	Hospital B	<a href="#">on-hold</a>
Apheresis	12880	1-O positive	CMVN & IRR	Platelets Pheresis Leukored/Irr Part 3	3333333	7/30/2010	Hospital A	Hospital B	<a href="#">on-hold</a>
Apheresis	12710	2-A positive	CMVN	Platelets Pheresis Lkred (Single or Pt 1)	4444444	7/30/2010	Hospital C	Hospital B	<a href="#">claimed</a>
Apheresis	12750	2-A positive	CMVN	Platelets Pheresis Leukoreduced Part 2	4444444	7/30/2010	Hospital C	Hospital B	<a href="#">claimed</a>
Apheresis	12780	2-A positive	CMVN	Platelets Pheresis Leukoreduced Part 3	4444444	7/30/2010	Hospital C	Hospital B	<a href="#">claimed</a>
Apheresis	12810	2-A positive	IRR	Platelets Pheresis Lkred (Single or Pt 1)	5555555	7/29/2010	Hospital A		<a href="#">claim</a>
Apheresis	12850	2-A positive	IRR	Platelets Pheresis Leukored/Irr Part 2	5555555	7/29/2010	Hospital A	Hospital C	<a href="#">claimed</a>
Apheresis	12880	2-A positive	IRR	Platelets Pheresis Leukored/Irr Part 3	5555555	7/29/2010	Hospital A		<a href="#">claim</a>
Apheresis	12810	2-A positive	CMVN & IRR	Platelets Pheresis Lkrd/Irr (Single/Pt 1)	6666666	8/2/2010	Hospital A	Hospital C	<a href="#">claimed</a>
Apheresis	12850	2-A positive	CMVN & IRR	Platelets Pheresis Leukored/Irr Part 2	6666666	8/2/2010	Hospital A	Hospital C	<a href="#">claimed</a>
Apheresis	12880	2-A positive	CMVN & IRR	Platelets Pheresis Leukored/Irr Part 3	6666666	8/2/2010	Hospital A	Hospital C	<a href="#">claimed</a>

# 1<sup>st</sup> Anniversary

## September 22, 2010



- Through the end of the CY2010:
  - Retain Goal
    - Reduce the blood wastage RATE for plasma and platelets by 1%
  - Members will continue to submit wastage rates
- October 26, 2010 (next Collaborative meeting)
  - Review current focus (i.e., plasma and platelets) and goal to determine whether to change, expand, retain Collaborative focus

# Total Savings for State: 10 Months

(as of September 6, 2010)

- Platelets = **377 units**
- Plasma = **215 units**
- Allo Red = **106 units**
- Auto/Dir Red = **-123 units**

Total Units Saved  
= **592 units**

- Plasma = **215 units**
- Platelets = **377 units**
- Allo Red = **\$25,424**
- Auto/Dir Red = **(\$43,523)**

Total \$s Saved  
= **\$203,109**

•40\* out of 45 hospitals have submitted June data  
= 89% participation rate

\*as of 9/16/2010

\*Note: The Collaborative's focus has been on platelets and plasma based on the project charters. Thus, Allo Red and Auto/Dir Red Cells have been excluded in the calculations.

# Spreading the Word

## Poster for AABB October 2010 Conference

### A Statewide Effort to Reduce Blood Wastage in Maryland

D Marquess, SHB, Baltimore, MD; E Harden, JHM, Baltimore, MD; I Sun, JHM, Baltimore, MD; P Gambill, ARC, Baltimore, MD; T Chang, JHM, Baltimore, MD.

#### Background

One Baltimore hospital with over 500 beds, has successfully applied Lean Sigma tools and methodology to reduce the Blood Cells wastage throughout the hospital. To date, the project has resulted in savings of over \$200,000 of Red Blood Cells, which amounts to over \$1.2M worth of cost savings. Around the same time, the Governor of Maryland, Martin O'Malley, issued an executive order to create the Maryland Health Quality and Cost Council (MHQCC) to focus priorities for improving health care in Maryland. Given the success of the other hospital's journey with blood wastage, the Maryland Health Quality and Cost Council supported the creation of the Maryland Blood Wastage Reduction Collaborative with the ultimate goal of ensuring ample supplies of the precious commodity while cutting expenses associated with wasted blood products.

Under the guidance of the Council (J. Governor Anthony D. Sinner, Chair; Secretary John M. Colaneri, Vice-Chair; Nicole Battaglia, Director), the Blood Wastage Work Group (BWWG) collaborative was formed. It is co-chaired by representation from both the hospital, as well as the blood supplier side. Through this cross-regional network to benchmark an institution's wastage rates, to share best practices, or to communicate when a facility has a short-stocked unit that could be transferred to another facility that could use it. Developing a regional community, specifically the Maryland Blood Wastage Collaborative, would enable these potentially simple tools and exchanges to ultimately reduce blood wastage throughout the state of Maryland.

In order to identify the blood components that would be the focus of this work group, an initial survey was conducted among 20 Maryland hospitals. The survey response rate was 50% among those hospitals, and the results revealed the three blood products being discarded at the highest rates were plasma, platelets, and autologous red cells.

Estimate the percentage of blood waste at your institution that can be accounted for by each of the reasons listed below.

Reason	0%	10%	20%	30%	40%	50%
Expired	0%	10%	20%	30%	40%	50%
Used for other purposes	0%	10%	20%	30%	40%	50%
Other	0%	10%	20%	30%	40%	50%

#### Gaining Commitment with the Pledge of Participation

The Hospital Pledge of Participation, signed by the Hospital Executive and the Blood Bank Leader of each organization, served to formally align their intent to actively participate in this collaborative. It also stated the specific commitments of both the hospital participant and the Collaborative work group.



#### Conducting a Measurement System Analysis

A Measurement System Analysis (MSA) was conducted to ensure consistency in the measurement tool among the participating facilities. Members were stratified by bed size and then randomly selected to reflect a representative sample to participate in the MSA. The MSA identified one data entry with high variability among the participants; the denominator for total monthly plasma units. The collaborative members determined that operationally, these definitions would amount to minimal variability among participants and thus, rather than revisiting the definition, it was modified to be standardized.

Measurement System Analysis (MSA) Results

Participant	MSA Score	MSA Status
Participant 1	100%	Pass
Participant 2	95%	Pass
Participant 3	90%	Pass
Participant 4	85%	Pass
Participant 5	80%	Pass
Participant 6	75%	Pass
Participant 7	70%	Pass
Participant 8	65%	Pass
Participant 9	60%	Pass
Participant 10	55%	Pass
Participant 11	50%	Pass
Participant 12	45%	Pass
Participant 13	40%	Pass
Participant 14	35%	Pass
Participant 15	30%	Pass
Participant 16	25%	Pass
Participant 17	20%	Pass
Participant 18	15%	Pass
Participant 19	10%	Pass
Participant 20	5%	Pass

#### Developing the Project Charters

Based on those survey results, a smaller group was formed to develop the project charters that would become the primary focus of the BWWG. Project charters were created for both plasma and platelets with a goal to reduce wastage of each product across the state by 1% by July 1, 2010. The initial focus did not include autologous red cells as the group determined that initiative would be outside of the control of a hospital blood bank.

Project Charter

Project Name	Project Manager	Project Sponsor	Project Start Date	Project End Date	Project Description	Project Objectives	Project Risks	Project Resources
Plasma Wastage Reduction	Nicole Battaglia	John M. Colaneri	07/01/2010	07/01/2010	Reduce plasma wastage across the state by 1% by July 1, 2010.	1% reduction in plasma wastage	None	Collaborative members, data entry system
Platelet Wastage Reduction	Nicole Battaglia	John M. Colaneri	07/01/2010	07/01/2010	Reduce platelet wastage across the state by 1% by July 1, 2010.	1% reduction in platelet wastage	None	Collaborative members, data entry system

#### Building the Collaborative Website

The Collaborative created a website to serve the following functions:

- Submit monthly data entries for blood wastage
- Show monthly feedback reports
- Serve as a communication mechanism for best practices and project updates

Data Entry Capability

View Reports: Institution vs. State

#### Monitoring Monthly Participation

Wastage data is entered into the database by the 15th of each month. Hospital participation is continuously monitored for both data entry and participation in periodic conference calls. The participation rate remains high at 85% in June 2010.

Participation Monitoring

Month	Data Entry Rate	Participation Rate
Jan 2010	85%	85%
Feb 2010	85%	85%
Mar 2010	85%	85%
Apr 2010	85%	85%
May 2010	85%	85%
Jun 2010	85%	85%

#### Next Steps - Creating the Inventory Visibility System

The collaborative decided that it would be helpful to have increased visibility of short-stocked products available at the hospital location, specifically Apheresis. Due to the short shelf life, as a result, the American Red Cross is working on a website enhancement to allow customers to "buy" these products. All current documentation of practice would continue to be required; however, we expect this to expedite the communication process. It allows the blood center and participating hospitals to work in the most efficient manner to make blood available, especially in emergent situations.



#### Collecting Baseline Data

A template was developed by the core group in order to collect baseline data on each of the four included blood products. The template was completed by each Maryland hospital using their data collected over the previous 12 months.

Baseline Blood Utilization Template

Product	Quantity	Wastage	Wastage %
Plasma	1000	100	10%
Platelets	500	50	10%
Autologous Red Cells	200	20	10%
Other	100	10	10%

#### Creating Customized Reports

Report options continue to expand as new monthly data is available in the database. Along with the initial "institution vs. state" reports, hospital users can now select customized hospital "groups" to compare their institution's wastage rate among other hospitals according to bed size, hospital location, specialized services, etc. Best practices are also submitted through the website and user's can search among them according to a specific type of blood product.

View Reports: Benchmarking

Search Best Practices

#### Conclusion

A statewide initiative in a successful means to reduce blood wastage and overall health care costs. When all hospitals participate and contribute accurate data, a state aggregate can be calculated and a benchmark developed. The Maryland Statewide Reduction of Blood Wastage Collaborative has demonstrated that large numbers of blood products and dollars can be saved when data is collected, analyzed and shared back to the participants, and when best practices are shared and implemented across the State.

**KEY**

Time to Impact (TTI)

Quality

Impact

Political

**1. Infection Prevention**

**1(a). Hand Hygiene / Medical Prevention Program**

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)**

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

**2. Door-to-Balloon Time (D2B)**

Intervention:   
 Impact: \$15-20K additional cost per case; 10-15% additional LOS; 10-15% additional mortality  
 Approach: NHERI definitions / methodology for D2B

**3. Blood Wastage**

Intervention:   
 Impact: \$100K additional cost per case; 10-15% additional LOS; 10-15% additional mortality  
 Approach: NHERI definitions / methodology for blood wastage

**TIME TO IMPACT** 1-3 MONTHS 3-6 MONTHS 6-9 MONTHS 9-12 MONTHS

### 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**

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**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

# Support to Hand Hygiene Teams: June – August 2010

- June 10 – CEO email blast - Pre-Learning Session and Save the Date for CEO Call
- June 15 – Learning Session Two
- June 16 – CEO email blast – Hand Hygiene update and CEO Call Reminder
- June 22 – CEO Call Reminder & Call-In information
- June 28 – CEO Report of Team Progress in Advance of CEO Call
- June 29 – CEO Conference Call
- June 29 to July 16 – Individualized Follow-Up with Executives
- July 23 – Steering Committee Face to Face Meeting
- July 28 – Process Measure Webinar
- July 29 – CEO Confirmation of Requirements letter mailed
- August 4 and September 2 – Steering Committee Meetings
- August 10 – Updated Frequently Asked Questions Document
- August 20 – Due Date for CEO Confirmation of Requirements Form

**Intensive Technical Assistance Calls to Teams: June - August**

# Maryland Hospital Hand Hygiene Learning Session Two Agenda

June 15, 2010

**10:00 - 10:15 Welcome and Introductions:**

Introduced by Inga Adams-Pizarro  
Secretary John Colmers

**10:15 - 11:15 National Speaker Panel:**

Collette Hendler- Abington Memorial Hospital,  
Philadelphia PA

Lorri Gibbons and Margie Bolen-South  
Carolina Hospital Association

**11:15 - 12:00 Team Sharing:**

- Karen Mackie- Greater Baltimore Medical Center
- Irene Chakravarthy- Bon Secours Hospital
- Linda Nelson- Western Maryland Health System

**12:00 - 12:30 Lunch/Storyboards**

**12:30 - 12:40 Data Update**

I-Fong Sun, Johns Hopkins University

**12:45 - 1:45 Discussion with Hand Hygiene Planning Committee**

Panel Facilitated by Steve Schenkel  
“Moving Forward through Lessons Learned”

**1:45 - 2:45 Group Work Session**

Facilitated by Erin Carrillo and Jeanne DeCosmo  
Overcoming Common Barriers to Successful  
Implementation

**2:45 - 3:00 Timeline Review and Next Steps**

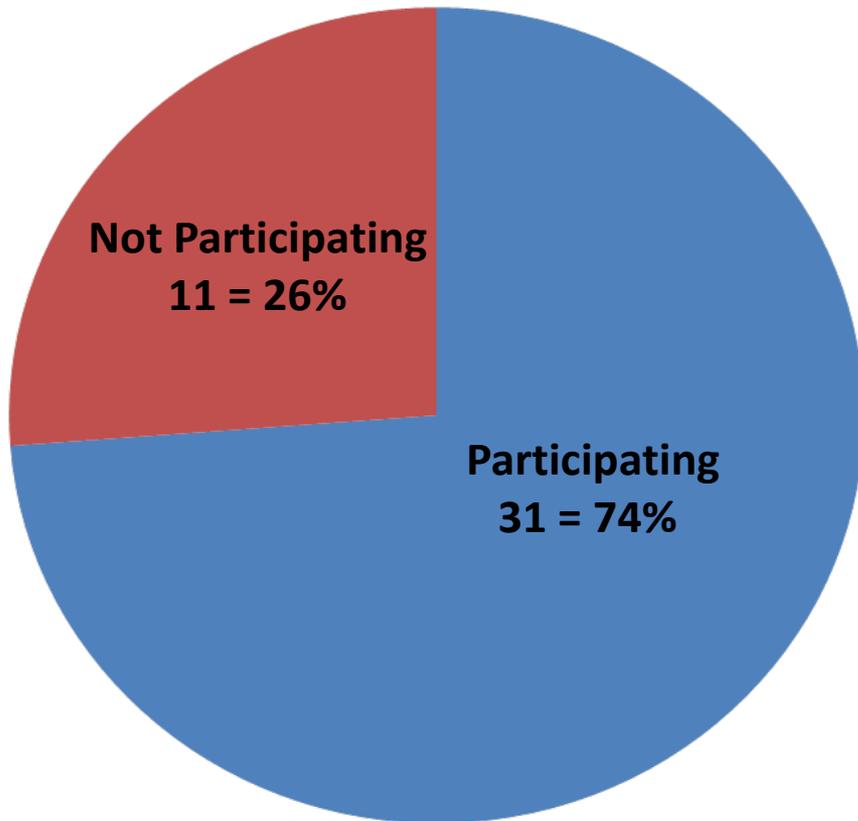
Wendy Gary

# Hospital Participation Matrix

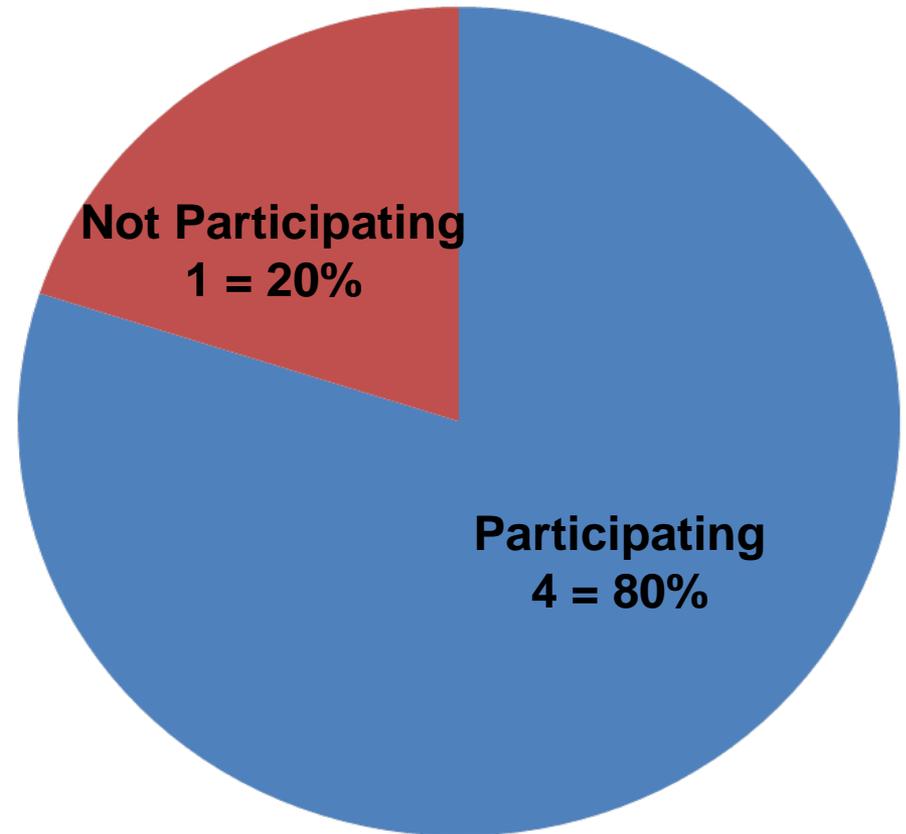
Status of the Hospital as of September 1, 2010	HandStats	Process Measures	Technical Assistance	Learning Sessions	Monthly Calls & Webinars	Listserve	Website & Tools
<b>Full compliance:</b> Standard training Unknown observers All units involved 30 observations/unit/month Process measures	√	√	√	√	√	√	√
<b>Non-compliant:</b> Not using unknown observers		√		√	√	√	√

# Maryland Hospital Hand Hygiene Collaborative Participation Status as of September 1, 2010

**Acute Care (N = 42)\*\***



**Specialty (N = 5)**



\*\*N = number of hospitals previously committed to program. Overall, 67% of Maryland acute care general hospitals are participating in the Collaborative.

**Number of Participating Units as of September 1, 2010  
(Med-Surgical, Pediatrics, & ICU)**

**Acute Care: 353**

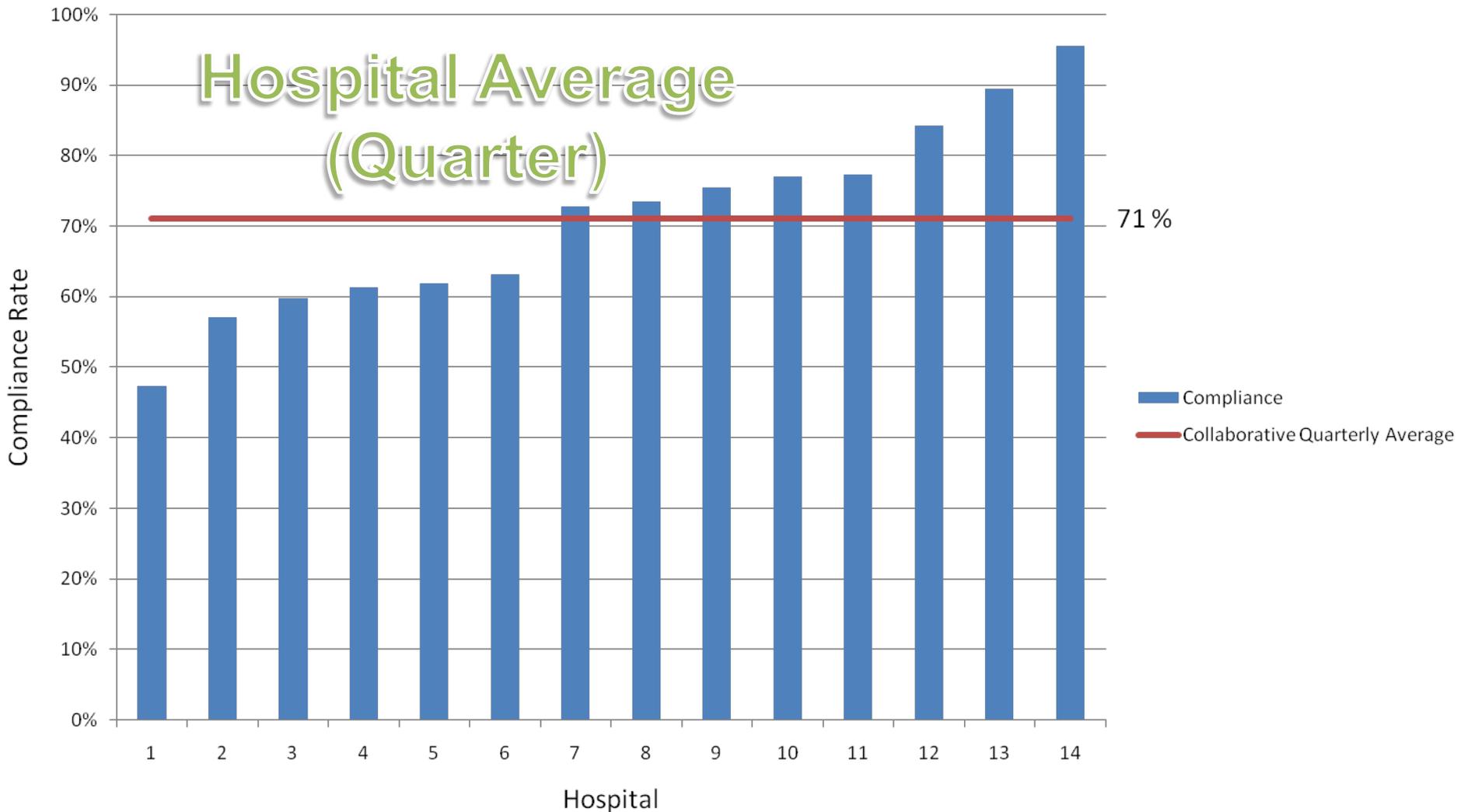
**Specialty: 20**

**Total # of Units = 373**

**6842 (77%) Maryland med/surg  
beds impacted out of all 46 acute  
care hospitals in the state**

# Average HH Compliance on "Exit" Measure, by hospital, May-July 2010

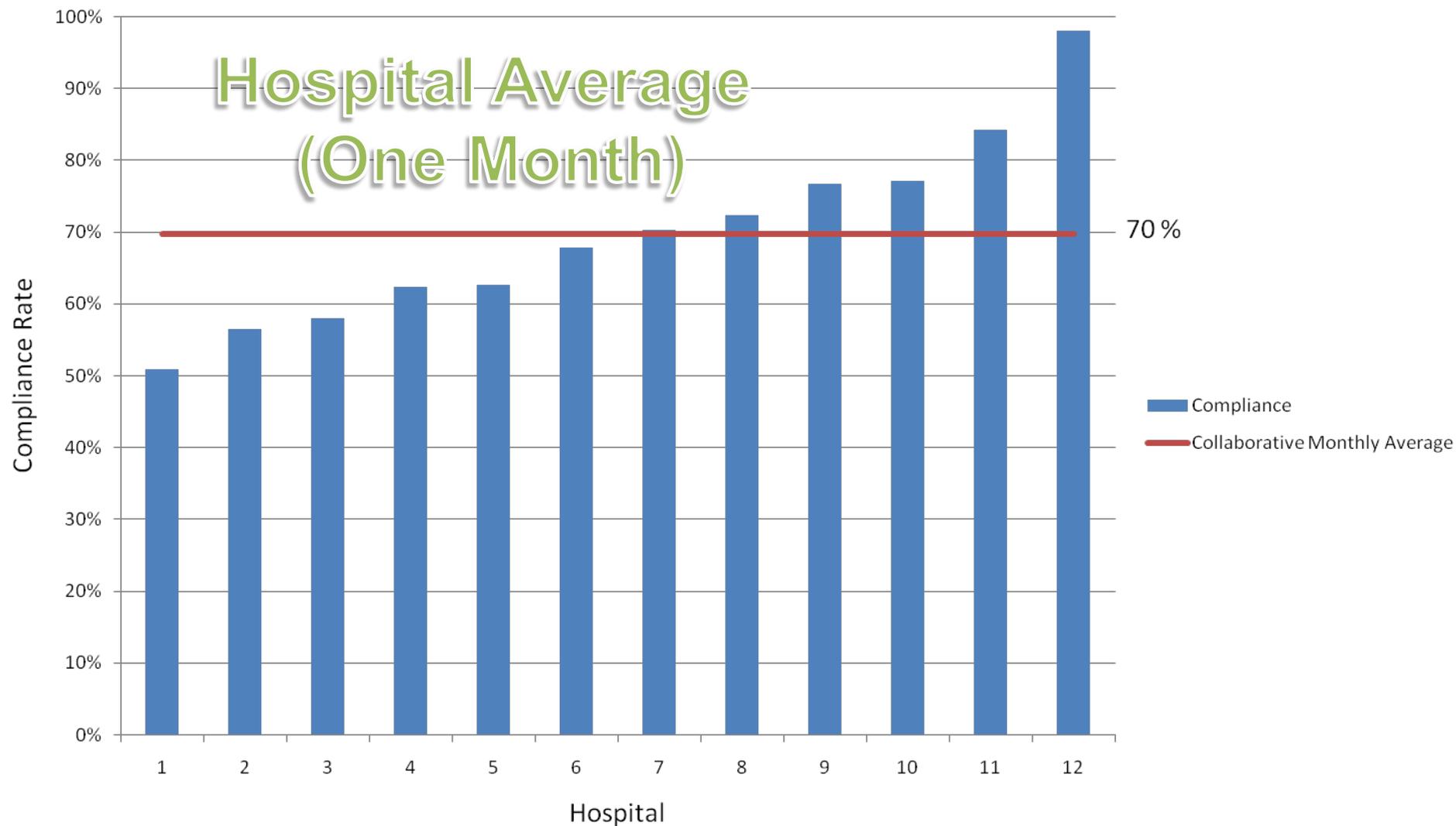
N = 14



\*\*Includes only acute care hospitals using unknown observers since collaborative inception and have high participation ( $\geq 80\%$ ) as of May 2010\*\*

# Average HH Compliance on "Exit" Measure, by hospital, July 2010

N = 12



\*\*Includes only acute care hospitals using unknown observers since collaborative inception and have high participation ( $\geq 80\%$ ) as of July 2010\*\*

# Approaches Enabling Implementation of Measurement Strategy

- ➦ Leadership engagement, organizational priority
- ➦ Find value in new process, measurement strategy
- ➦ Wide range of observer types
- ➦ High volume of observers
- ➦ Engagement and organized deployment of observers
- ➦ Functioning hand hygiene team

# Barriers to Participation

- 🛑 Identifying and training unknown observers
- 🛑 Lack of leadership engagement
- 🛑 Change in CEO leadership
- 🛑 Conflicting priorities: capital building projects
- 🛑 Change in hand hygiene team leadership
- 🛑 Current hand hygiene improvement process in place

# Future Activities of the Hand Hygiene Collaborative

- Monthly Hand Hygiene Team Calls/Webinars
- Monthly Planning Committee Calls
- Monthly Steering Committee Calls
- Monthly Technical Assistance Calls to Participating Teams
- Monthly Submission of Compliance Data by the 10<sup>th</sup>
- Targeted site visits; struggling teams or for recognition
- Quarterly Submission of Process Measures
  - 15th of September, December, March and June
- CEO and Executive Sponsor Report Card
- Learning Session Three (Face-to-Face Event)
- Validation of standard methodology
- Consider adding hospitals as they are ready

# Maryland Red Bag Waste ("RBW") Collaborative



# Disposal Cost per Pound

**Red Bag Waste = 24.4¢**

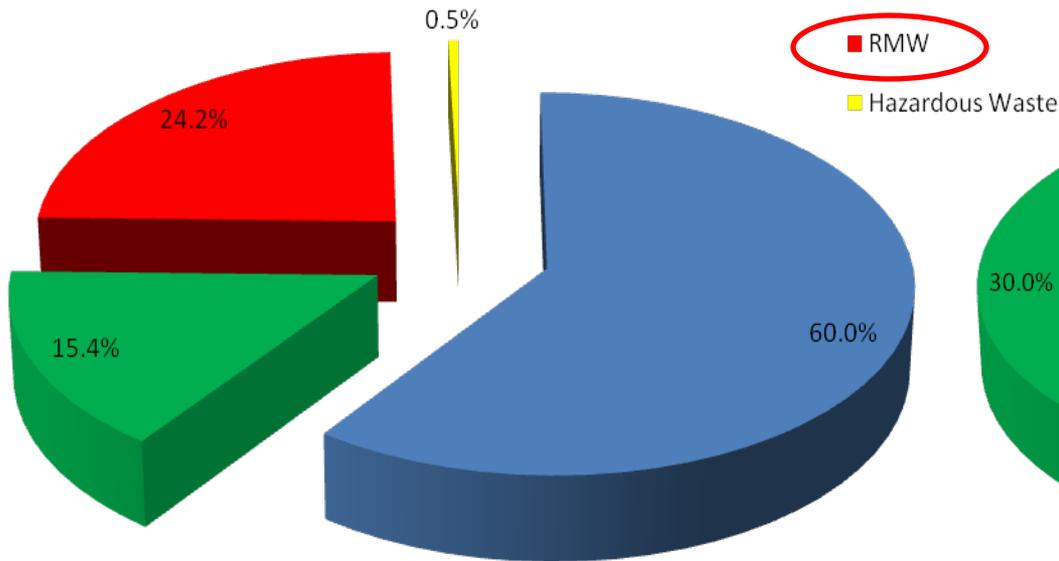


**Clear Bag Waste < 5.0¢**

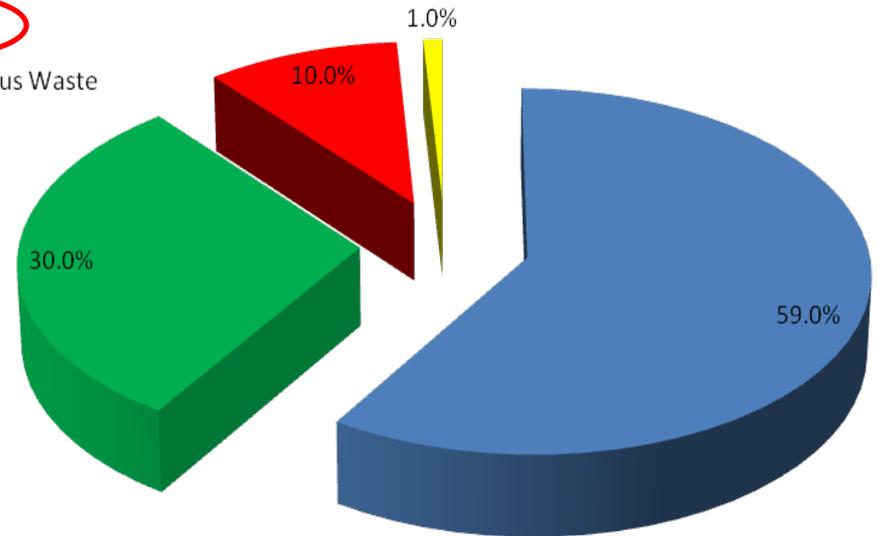


# Current vs. Optimal Waste Management

Current Waste %

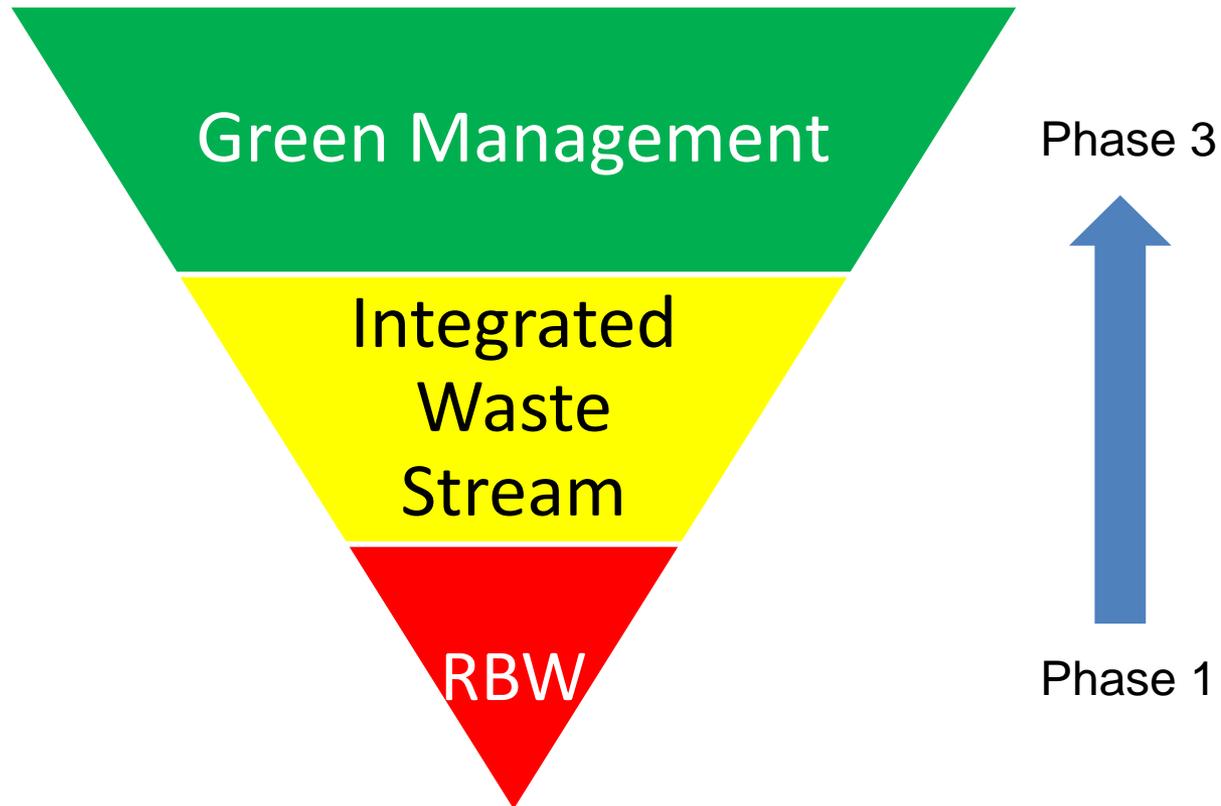


Optimal Waste %

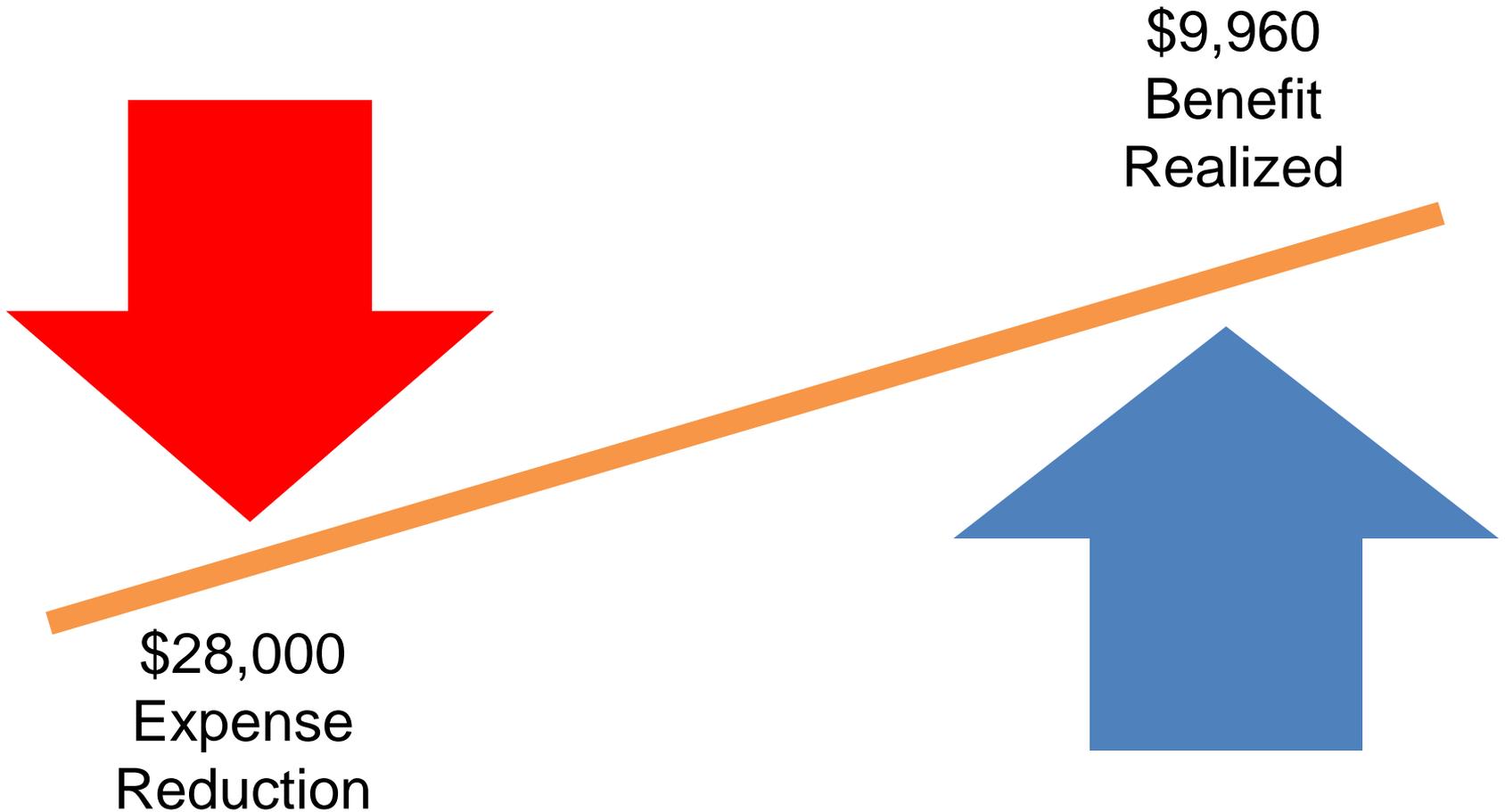


# Initial Approach

- Preliminary meeting to propose initiative: August 30, 2010
  - Representatives present from H2E, DHMH, MDE, JHM
- Lead with RBW as “low hanging fruit” to capture early \$\$ wins
  - (\*\*may adjust based on findings from initial survey\*\*)



# Johns Hopkins Outpatient Center 2010 RBW \$\$ Savings



# Maryland Red Bag Waste Collaborative

## Work Group Members

- Co-Chairs
  - Joan Plisko, *H2E*
  - Amanda Llewellyn, *JHM*
- Members:
  - TBD, *MHA – ad hoc*
  - Laura Brannen, *AHA – ad hoc*
  - I-Fong Sun, Sean Nelson, Zahi Jurdi, *JHM*
  - Denise Choiniere, *UMMC*
  - Michael Forthman, Barb Colleran *GBMC*
  - TBD, *Union Hospital of Cecil County*
  - Mary Mussman, Nicole Stallings, Cliff Mitchell, *DHMH*
  - Russ Moy, Dave Long, *DHMH, State Chronic Hospitals*
  - Ed Hamburg, *MDE*



# Next Steps

- First workgroup meeting on: TBD
  - Recurring meetings moving forward
- Initial Survey to determine lifecycle stage of participants
  - Eco-Checklist
- Create Roadmap
- Will model off of the Maryland Blood Wastage Collaborative:
  - Website
  - Participation agreements
  - Project charters
  - Defining metrics
  - Sharing best practices

# MD Blood Wastage Collaborative Website



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## 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

Feb 1, 2010, 12 pm-1 pm: Collaborative follow-up call

March 4, 2010: completion of uploading baseline data from all of 45 participating hospitals

March 31, 2010, 9:30-10:30 am: first Collaborative in-person meeting

We encourage in-person meeting at the American Red Cross,  
4700 Mount Hope Drive, Baltimore, MD 21215

But conference call option is also available: 1-866-745-2960; Pass Code: 5635858#

June 29, 2010, 11 am - 12 pm: Maryland Blood Wastage Collaborative Conference Call 1-866-745-2960; Pass Code: 5635858#