

Hospital Evidence-Based Medicine Workgroup
Maryland Health Quality and Cost Council
Conference Call Summary for April 15, 2009

This conference call was the first since the Council Meeting on March 20, 2009. Minutes from that meeting are available at <http://dhmh.state.md.us/mhqcc/meetings.html>

Attendees: Chip Davis, Barbara Epke, Kathi White, Leslie Simmons, Janet Robinson, Bev Miller, Bill Minogue, Pam Barclay, Steve Ports, I-Fong Sun, Nicole Stallings, Orion Courtin and Mary Mussman

The conference call centered on exploring next steps for the initiatives that the Council approved at the March 20 meeting: Hand Hygiene/Hospital Acquired Infections (HH/HAI), Prevention of Blood Wastage, and, as a longer term project, Door to Balloon Time.

Discussion about the HH/HAI project focused on use of the Hopkins hand hygiene model as a starting point with the stakeholders to advise us on specific standards and methods to be used across all hospitals. The primary stakeholder group identified was the already convened group working on HAI at the Maryland Health Care Commission. Sinai and Hopkins HH/HAI project staff will plan on presenting to the group in an upcoming meeting. The group can propose project standards and reporting requirements for hospitals. A second stakeholder group, the Hospital Patient Safety Officers, will be consulted as well.

Prevention of Blood Wastage is a multi-pronged project covering different blood component usage protocols, including red cells that are discarded because of inability to assure temperature maintenance while outside the Blood Bank, sickle cell anemia patient protocols, and platelet discards. A quick turn-around collaborative was thought to be the best method to focus on specific projects needed by hospitals and address them via a “lean sigma” approach supported by the Maryland Patient Safety Center. The blood bank directors in the hospitals would be members of the collaborative. In addition, the Red Cross would be consulted.

Door to balloon (D2B) time is an area where the Maryland benchmark data is available. Hospital Compare Data shows Primary Percutaneous Coronary Intervention received within 90 minutes of hospital arrival by 73% of patients nationally and 67% of patients in Maryland. The top 5 performing states showed 87% of their patients treated within the guideline. We need to project the number of lives that would be affected by different levels of improvement for this indicator. We will communicate with MIEMSS, where a group has been addressing this issue for some time, and determine how we can collaborate with them. Pam Barclay agreed to survey the 13 S-T Elevation Myocardial Infarction (STEMI) coordinators to determine where they are in the process of using 12-lead ECG machines in the field for remote transmission to hospitals. We would like to estimate the cost of bringing all ambulances in the state up to this capability.

The next two conference calls of the workgroup will be Tuesday, May 5, 2009 from 1:00- 2:30 at 410-549-4411, participant number 3055#, and Wednesday, May 20th, from 11-12:30. The next Council meeting is June 10 from 9:30- 12:00 at the UMBC Tech Center.