

## **Hospital Evidence Based Medicine Workgroup (Low Hanging Fruit Group)**

2/17/09 - Second Conference Call Notes

*Participants:* Chip Davis, Chair, Kathi White, Jill Berger, Barbara Epke, Bill Minogue, Pam Barclay, Janet Robinson, Susan Milner, Wendy Kronmiller, Bev Miller, Dianne Feeney, Howard Carolan, IFong Sun, Steve Ports, Gwen Winston, Orion Courtin, and Mary Mussman.

The Workgroup reviewed the list of initiatives from the previous call (see proposed recommendations document). In the area of clinical quality improvement, hand hygiene and hospital-acquired infection checklists generated a lot of interest from workgroup members. Some background discussion with MIEMSS about the door to balloon project shows it to still be of interest but potentially slower to implement. Stroke network telemedicine still looks promising, as do the efficiency improvement initiatives to prevent blood wastage or similar applications of the lean sigma methodology. The HIPPA standard transaction sets were identified as a potential longer term project.

There was discussion about whether the Maryland rate setting system could further promote the Workgroup's projects through cost incentives. Workgroup members felt that might be a good approach to some projects, but that it was probably not "low-hanging" to try to link payment with outcomes for the projects in the short term.

The group discussed where different types of data could be found, with the realization that many different agencies may have data the group seeks, such as MHCC, MIEMSS, MPSC and others.

Implementation method for projects in general was raised—should the projects be voluntarily adopted, strongly encouraged, or mandated? Examples from other countries were discussed and the idea of a "soft mandate" was raised, along with linking to NHSN system.

Workgroup members raised the importance of being clear on which players in healthcare would benefit from our projects: patients, payers, or providers. The rate setting system is complex, and benefit may accrue to all three players indirectly. The checklists specifically have been implemented in many hospitals, but data to show how well they are working has not been collected across facilities. The Patient Safety Center and MHCC were raised as possible sources of such data.

The group talked about its interest in showing results in a relatively short time frame for some projects, realizing that others were longer term. Dr. Davis asked for other ideas for quality or efficiency projects from members. The Patient Safety Center has received 90 "solutions" from hospitals that may provide some ideas.

Members are doing further investigation into various topics raised today. Projects still being considered as proposals for the March 20 meeting are: Hand Hygiene linked with Hospital-Acquired Infection Checklists, Door to Balloon Time, Telemedicine for Stroke Network, Prevention of Blood Wastage, and Development of a HIPPA Standard Transaction Set. Other projects can still be considered as they come to the group's attention

Next phone call is scheduled for Friday, March 13, from 1:30-3:00 pm.