



Maryland Health Care Commission

Thursday, June 16, 2016

1:00 p.m.



AGENDA

1. **APPROVAL OF MINUTES**
2. UPDATE OF ACTIVITIES
3. ACTION: Certificate of Need: Kaiser Permanente South Baltimore County Medical Center (addition of one operating room) - Docket No. 16-03-2372
4. ACTION: Approval of Rural Health Workgroup Members
5. ACTION: COMAR 10.25.16: Electronic Health Record Incentive – Proposed Permanent Amendments to Regulations
6. PRESENTATION: Telehealth Grants – Round 4 Awards
7. PRESENTATION: Overview of draft changes to COMAR 10.24.01: Certificate of Need Procedural Regulations
8. PRESENTATION: Maryland Patient Safety Center – Strategic Plan
9. Overview of Upcoming Initiatives
10. ADJOURNMENT



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ACTION:

Certificate of Need: Kaiser Permanente South Baltimore
County Medical Center (addition of one operating room) -
Docket No. 16-03-2372

(Agenda Item #3)



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ACTION:

Approval of Rural Health Workgroup Members

(Agenda Item #4)

Rural Health Workgroup and Study

Erin Dorrien

Chief, Government and Public Affairs

June 16, 2016



SB 707 Freestanding Medical Facilities- Certificate of Need, Rates and Definitions

- Requires MHCC to establish regulations for freestanding medical facility conversions.
- Regulations must address public notification process.
- Regulations will be incorporated into the current draft Freestanding Medical Facilities Chapter of the State Health Plan

SB 707 -Rural Health Workgroup

– Members

- General Assembly Members
- Secretary of DHMH
- CEOs of several rural hospitals
- Providers, consumers, local government, business, labor

– Purpose

- Examine special challenges for delivering health care in the five county Mid-Eastern Shore
- Review policy options developed under the study
- Make recommendations to the General Assembly on approaches for effectively meeting health care needs

SB 707- Rural Health Study

- Examine challenges in Health Care delivery in the five county region in the Mid-Eastern Shore
- Examine the economic impact of hospital closure or conversion.
- Identify opportunities created by telehealth and the Maryland all-payer model
- Develop policy options for addressing the health care needs and delivery system in the five county region
- Identify approaches for applying policy options to other rural areas of Maryland

MHCC Staff Developing MOU

- Legislation includes funding for the required study over two years
- MHCC staff has reached out to the University of Maryland School of Public Health and is currently developing an MOU
- UMD SPH plans to collaborate with one of HRSA Rural Health Center

Workgroup

- July Finalize MOU and Meet with Chairs
- August 2016- Rural Health Summit
- Approximately 5 meetings, every two months, between September 2016 and September 2017.
- Three public hearings, as required by legislation, in Fall 2016.
- Final report submitted to the Commission September 2017.



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ACTION:

COMAR 10.25.16: Electronic Health Record Incentive – Proposed
Permanent Amendments to Regulations

(Agenda Item #5)

State-Regulated Payor Electronic Health Records Incentive Program

Proposed Amendments

COMAR 10.25.16

June 16, 2016



The MARYLAND
HEALTH CARE COMMISSION

Background on the Incentive Program

- **Legislative Authority**
 - **Maryland law enacted in 2009 requires the Maryland Health Care Commission (MHCC) to establish electronic health record (EHR) adoption incentives from certain State-regulated payors**
- **Intent**
 - **Law aims to promote adoption and use of an EHR**
 - **When the law was passed, EHR adoption among office-based physicians was 19 percent, compared to a national rate of 22 percent**
- **MHCC convened the Payor EHR Adoption Incentive Program Workgroup (workgroup) to develop recommendations, which framed the regulations**
- **The regulations went into effect on April 21, 2011 and were amended on October 21, 2011, and again on June 9, 2014**

Key Program Elements

- **Eligibility – primary care practices, including nurse practitioner led practices, providing services in family, general, internal medicine, pediatrics, geriatrics, and gynecology**
- **Must adopt a certified EHR and attest to meaningful use(MU) in order to qualify**
- **The six largest private payors required to provide incentives include: Aetna, CareFirst, Cigna, Coventry, Kaiser Permanente, and United Healthcare**
- **A one time incentive payment per payor per practice**
- **Incentive of up to \$15,000 – based on the practice’s panel size, calculated at \$25 per member**
- **The program sunsets at the end of 2016**

EHR Incentive Program Progress

October 2011- February 2016

- **Impact on advancing EHR adoption and MU of health information technology has been moderate**
- **In total, incentive payments have exceeded \$9M**
- **All combined, payors have made 1,665 payments to primary care practices**
- **Average annual growth rate in program participation is about 29 percent**

Challenges to Program Participation

- **Competing priorities have slowed practices that have adopted an EHR to complete the MU attestation requirements**
- **Practices choosing to defer MU attestation until closer to the deadline (March 2017)**
- **Ensuring practices have adequate information about the incentive program**
- **Practices that view the MU incentives and the payor-based incentive as insufficient to becoming meaningful users**

Incentive Program Workgroup

- On April 16th, staff convened the workgroup to discuss
 - The impact of the incentives on advancing MU
 - Opportunities to increase the number of meaningful users by extending the sunset date
 - Strategies to increasing program participation
- Recommendations
 - A one-time extension of the sunset date by two years—through December 2018
 - Expand stakeholder outreach activities

Stakeholder Outreach Activities

- In an effort to increase program awareness, efforts will focus on the following:
 - Practices that have not adopted a certified EHR
 - Practices that have adopted a certified EHR and not attested to MU
 - Practices that had either registered or attested to MU under the federal incentive programs
- Outreach methods include: fax blasts, e-mails, newsletters, and website posts
- Stakeholders participating in the outreach activities will include: The Maryland State Medical Society, MedChi; the Department of Health and Mental Hygiene; the Chesapeake Regional Information System for our Patients; and the Maryland Nurses Association

Requested Commission Action

Staff recommends that the Commission adopt the recommended amendments as proposed permanent regulations

Thank You!



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PRESENTATION:

Telehealth Grants – Round 4 Awards

(Agenda Item #6)

Telehealth Grants

June 16, 2016



The MARYLAND
HEALTH CARE COMMISSION

Authority and Telehealth Grants

Legislative Authority

- Maryland law, established in 2014, authorizes MHCC to directly award grants to non-profit organizations and qualified businesses

Grants

- Round One – coordinate care delivery between a comprehensive care facility and a general acute care hospital using video consultation (completed October 2015)
- Round Two – demonstrate the impact of remote patient monitoring on hospital re-admission in various settings (June 2015 – Nov. 2016)
- Round Three – demonstrate the impact of using telehealth technology to improve the overall health of the population being served and the patient experience (Dec. 2015 – May 2017)

The Value of Telehealth Grants

- **Diverse telehealth use cases provide an opportunity to test the effectiveness of telehealth with various technology, patients, providers, clinical protocols, and settings**
- **Challenges and successes from each round of projects are shared with the next – building on successes**
- **Lessons learned from these projects will inform**
 - **Better practices and industry implementation efforts**
 - **Potential policies to support the advancement of telehealth**
 - **The design of larger telehealth programs and projects across the State**

Round One – Completed Grants

Goal: Demonstrate the impact of using telehealth on coordinating care delivery between a comprehensive care facility and a general acute care hospital			
<i>Name</i>	<i>Use Case</i>	<i>Grant Award</i>	<i>Grantee Match</i>
Atlantic General Hospital (Worcester County)	Video consultations between the Emergency Department (ED) and Berlin Nursing and Rehabilitation Center (BNRC) to reduce ED visits and hospital admissions of patients residing in a long term care facility (LTC).	\$30,000	\$87,922
Dimensions Healthcare System (Prince Georges County)	Laurel Regional Hospital and Prince Georges Hospital use mobile tablets to conduct video consultations with patients residing at two LTCs, Sanctuary of Holy Cross and Patuxent River Health and Rehabilitation Center to reduce unnecessary hospital transfers.	\$30,000	\$42,316
University of Maryland Upper Chesapeake Health (Harford County)	Remote telemedicine examinations and consultations between hospital and a fully equipped exam room and lab located at Lorien, Bel Air facility. Technology provides EKG monitoring, sonogram and multiple cameras.	\$27,888	\$45,633
Total		\$87,888	\$175,871

Round Two Grants: June 2015 – November 2016

Goal: Demonstrate the impact of remote patient monitoring on hospital re-admission in various settings to reduce hospital encounters			
<i>Name</i>	<i>Use Case</i>	<i>Grant Award</i>	<i>Grantee Match</i>
Crisfield Clinic, LLC (Somerset County)	Rural health clinic provides mobile devices for middle school and high school aged patients to assist them in managing chronic conditions including asthma, diabetes, childhood obesity, and behavioral health issues.	\$20,000	\$93,983
Lorien Health Systems (Baltimore & Harford Counties)	Skilled nursing facility and residential service agency use devices installed in patients' home to monitor chronic conditions including uncontrolled diabetes, congestive heart failure, and hypertension and providing clinical support to improve care and avoid hospital admissions.	\$30,000	\$63,600
Union Hospital of Cecil County (Cecil County)	Hospital provides chronic care patients with mobile tablets and peripheral devices to capture blood pressure, pulse, and weight, and provide patient education to facilitate patient monitoring.	\$30,000	\$60,000
Total		\$80,000	\$217,583

Round Three Grants: Dec 2015 – May 2017

Goal: Demonstrate the impact of using telehealth technology to improve the overall health of the population being served and the patient experience

<i>Name</i>	<i>Use Case</i>	<i>Grant Award</i>	<i>Grantee Match</i>
Associated Black Charities (Dorchester & Caroline Counties)	Community association that assists minority and rural communities with navigating the health care system will utilize mobile tablets to facilitate primary care and behavioral health video consultations with a licensed nurse care coordinator from Choptank Community Health System.	\$30,000	\$90,000
Gerald Family Care, LLC (Prince George's County)	Patient Centered Medical Home practice will implement telehealth video consultations and image sharing services between patients at three family practice locations, and Dimensions Health System specialists providing orthopedics, gastroenterology, neurology, and behavioral health services.	\$30,000	\$66,726
Union Hospital of Cecil County (Cecil County)	Builds upon the original grant providing chronic care patients with mobile tablets and peripheral devices to capture blood pressure, pulse, weight and glucose levels to facilitate patient monitoring, which will support data sharing with primary care and Emergency Department providers.	\$30,000	\$60,000
Total		\$90,000	\$216,726

Telehealth Grants – Round Four

- **Goal: Demonstrate the use of telehealth technology to support value-based care delivery in primary care to expand patient access to health services tailored to the needs of different communities and populations**
- **Use telehealth in conjunction with care coordination to improve population health**
- **Use an electronic health record and services of the Chesapeake Regional Information System for our Patients (CRISP)**
- **Identify clinical protocols to assess the impact of telehealth on care delivery**
- **Provide a 2:1 financial match contribution to grant funds**
- **Projects will be implemented over an 18-month period**

Gilchrist Greater Living Practice

Comprehensive geriatric primary care practice (PCP) providing care to patients in the office, nursing home, assisted living facility, and hospital

- Project: PCP will monitor home-bound seniors utilizing 24/7 telehealth monitoring devices including two-way video consults between patients and providers and use peripheral devices to capture blood pressure, pulse, weight, and provide on-demand patient education and social resources**
- Goal: Increase access to care for geriatric patients by providing remote services, prioritizing patients who need immediate care, and reducing the need for emergency department visits and hospital admissions**
- Funding: \$56,000 in grant funds and \$112,000 in matching funds**

MedPeds

Primary care practice with eight providers that focus on internal medicine, family practice, and pediatrics

- **Project: Demonstrate the impact on care delivery using mobile devices to provide 24/7 telehealth services, and in users accessing their electronic health record, and in scheduling office appointments**
- **Goal: Increase patient access to primary care services and to support patient engagement in their own health care while improving health outcomes**
- **Funding: \$61,154 in grant funds and \$122,309 in matching funds**

Next Steps

- **June 2016: Launch telehealth projects**
- **September 2016: Go-live with the telehealth technology**
- **April 2017: Report on implementation progress**
- **December 2017: Report on progress and preliminary outcomes**
- **March 2018: Release findings from the assessment**

Thank You!



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PRESENTATION:

Overview of draft changes to COMAR 10.24.01: Certificate of Need
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(Agenda Item #7)



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PRESENTATION:

Maryland Patient Safety Center – Strategic Plan

(Agenda Item #8)

Maryland Patient Safety Center FY 2016 Update and FY 2017 Program Plan

Robert H. Imhoff III
President & CEO
Maryland Patient Safety Center

June 2016



Maryland Patient Safety Center Board of Directors

- **James R. Rost, MD**, Medical Director, NICU and Medical Director of Patient Safety, Shady Grove Adventist Hospital
- **Gerald Abrams**, Director
Abrams, Foster, Nole & Williams, PA
- **Carmela Coyle**, President & CEO
Maryland Hospital Association
- **Joseph DeMattos, Jr., MA**, President
Health Facilities Association of Maryland
- **Deborah Dokken**
Patient / Family Advocate
- **Barbara Epke**, Vice President
LifeBridge Health, Inc. & Sinai Hospital of Baltimore
- **E. Robert Feroli, Jr., PharmD, FASHP, FMSO**
Johns Hopkins Hospital, Department of Pharmacy
- **Eugene Friedman**, Former Corporate Counsel
1st Mariner Bank
- **Paul Fronstin, Ph.D.**, Director, Center for Research and Health Benefits Innovation, Employee Benefit Research Institute;
Commissioner, Maryland Health Care Commission
- **Warren Green**, Former President & CEO
LifeBridge Health
- **David Horrocks**, President, CRISP
- **Andrea Hyatt**, President, Maryland Ambulatory Surgery Association
- **Robert Imhoff**, President & CEO
Maryland Patient Safety Center
- **Joanna Kaufman**, Former Program/Information Specialist, Institute for Patient- and Family-Centered Care
- **Lawrence Linder, MD, FACEP, FAAEM**
President and CEO
University of Maryland Community Medical Group
- **David Mayer, MD**
Corporate Vice President of Quality and Safety
MedStar Health
- **Sherry Perkins, PhD, RN**, COO and CNO
Dimensions Health
- **Steve Ports**, Principal Deputy Director
Health Services Cost Review Commission
- **Sheree Sample-Hughes**, Delegate, Maryland General Assembly, District 37 A
- **Susan Sheridan**, Patient / Family Advocate
- **Barbara Tachovsky**, Former President, Main Line Hospitals, Paoli, PA.
- **Kathleen White, PhD, RN, NEA-BC, FAAN**,
Associate Professor
Department of Acute and Chronic Care
The Johns Hopkins University
School of Nursing



Strategic Priorities

Vision - *Who we are*

A center of patient safety innovation, convening providers of care to accelerate our understanding of, and implement evidence-based solutions for, preventing avoidable harm

Mission – *Why we exist*
Making healthcare in Maryland the safest in the nation

Goals - *What will we accomplish*

- Eliminate preventable harm for every patient, with every touch, every time
- Develop a shared culture of safety among patient care providers
- Be a model for safety innovation in other states

Strategic Areas of Focus - *What we will do*

Prevent Harm and Demonstrate the Value of Safety

Spread Excellence

Lead Innovation in New Areas of Safety Improvement

Strategic Partners

- **Courtemanche & Associates** - An interdisciplinary healthcare firm that serves healthcare organizations to improve care through compliance with regulatory and accreditation requirements
- **Quantros** - National vendor of adverse event reporting services
- **VHQC** – Maryland QIO
- **Vermont Oxford Network** - Voluntary collaboration of healthcare professionals working together as an interdisciplinary community to change the landscape of neonatal care.
- **American College of Obstetrics and Gynecologists** - national organization promoting maternal and infant health
- **Health Facilities Association of Maryland** - A leader and advocate for Maryland's long-term care provider community
- **Institute for Safe Medication Practices** – The leading national organization educating others about safe medication practices
- **Maryland Healthcare Education Institute** – The educational affiliate of the Maryland Hospital Association
- **Maryland Hospital Association** - The advocate for Maryland's hospitals, health systems, communities, and patients before legislative and regulatory bodies
- **LifeSpan Network** - The largest senior care provider association in the Mid-Atlantic, representing more than 300 senior care provider organizations in Maryland and the District of Columbia
- **Maryland Ambulatory Surgical Association** - The state membership association that represents ambulatory surgery centers (ASCs) and provides advocacy and resources to assist ASCs in delivering high quality, cost-effective ambulatory surgery to the patients they serve
- **Johns Hopkins School of Medicine / The Armstrong Institute for Patient Safety and Quality** – The patient safety center within Johns Hopkins Medicine

FY16 Highlights

- Began marketing of Caring for the Caregiver with strong interest from hospitals in Maryland, NY, SC, and CA.
- Member hospitals totaled 43
- Mid-Atlantic PSO members include 26 facilities
- Commenced First Time Cesarean-Section initiative
- Commenced Neonatal Abstinence Syndrome initiative
- Recruited 16 hospitals, 5 LTC and 5 ASC's for Clean Collaborative initiative. Recruitment continues.
- Sepsis Collaborative improvements to date show Cohort I has decreased sepsis mortality in by 11.0% and Cohort II by 11.1%
- Partnered with VHQC in a LTC Sepsis collaborative (32 MD LTCs)
- Safe from Falls- LTC collaborative completed and decreased falls with injury in participating long term care facilities by 30.56%

FY17 Initiatives: Safety Initiatives

- **Perinatal/Neonatal Quality Collaborative**
 - Reduce rate primary C-sections in nulliparous, singleton, term vertex, (NTSV) (readmissions, LOS)
 - Standardizing care and treatment of neonatal abstinence syndrome (readmissions, LOS, transfers to higher levels of care)
- **Stopping Sepsis (LTC)**
 - Partnering with VHQC to reduce mortality in the post acute setting (readmissions, LOS)
- **Improving Sepsis Survival (acute care)**
 - Reduce mortality due to sepsis through early identification and rapid treatment (LOS, mortality)
- **Clean Collaborative**
 - Reduce incidence of HAI's through improved practices related to surface contamination (PPC's, LOS, HAI)
- **Errors in Diagnosis**
 - Convene study group to analyze IOM September 2015 recommendations for adoption and development of statewide initiative (LOS, readmissions, utilization)
- **Patient Family Centered Care Bundle**
 - Convene study group to institute relevant patient family centered care related activities (readmissions, patient satisfaction)
- **Medication Reconciliation**
 - Convene study group to develop applicable initiative(s) (readmissions, LOS)

FY17 Initiatives: Education Programs

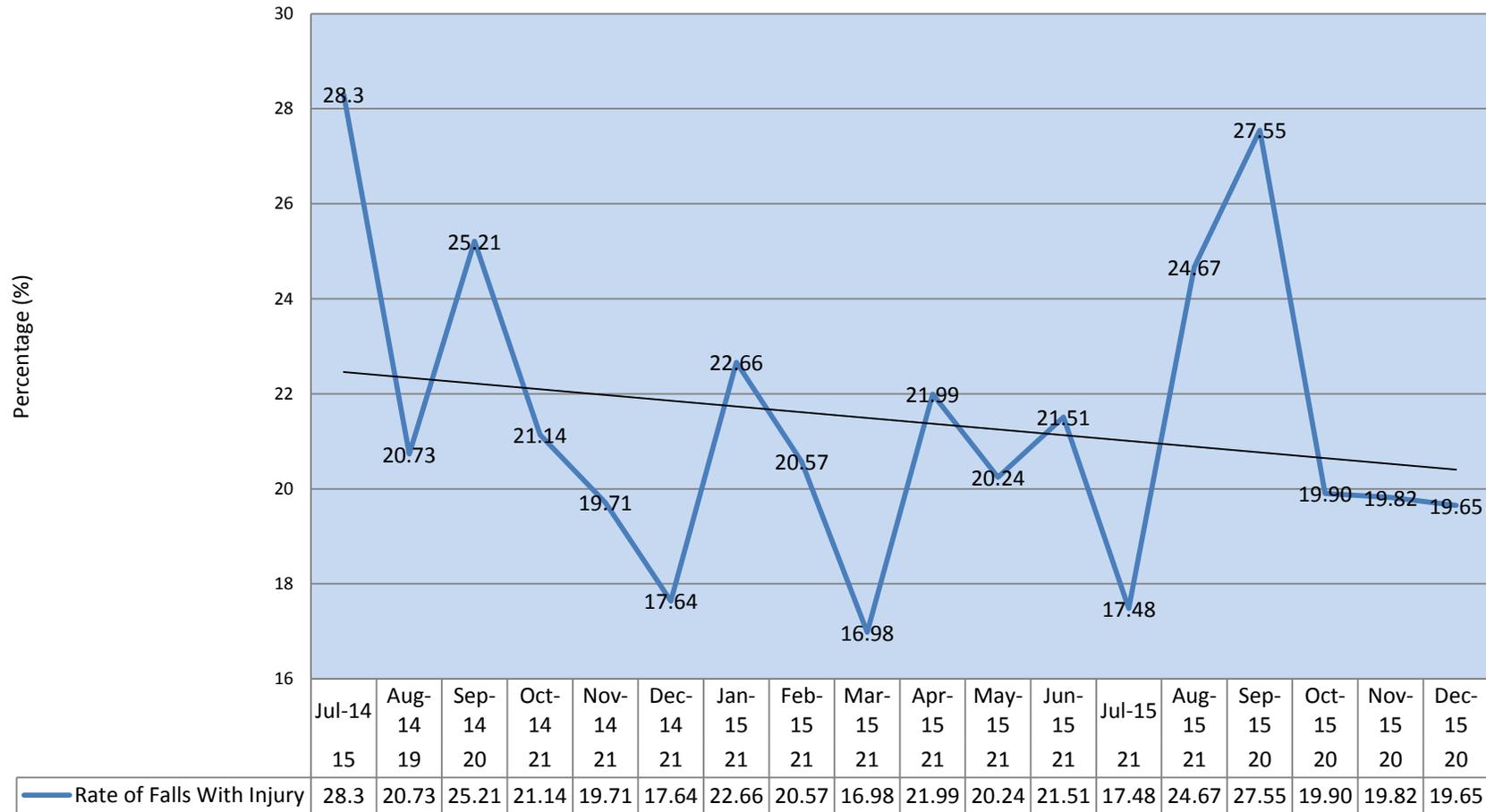
- Educational programming according to needs of members & marketplace.
- Objectives:
 - Educate providers regarding pertinent patient safety/medication safety related issues
 - Expand participant reach of the Center
 - Increase participation levels
 - Increase revenue generation
 - Establish Center as recognized educational resource

FY17 Initiatives: Conferences

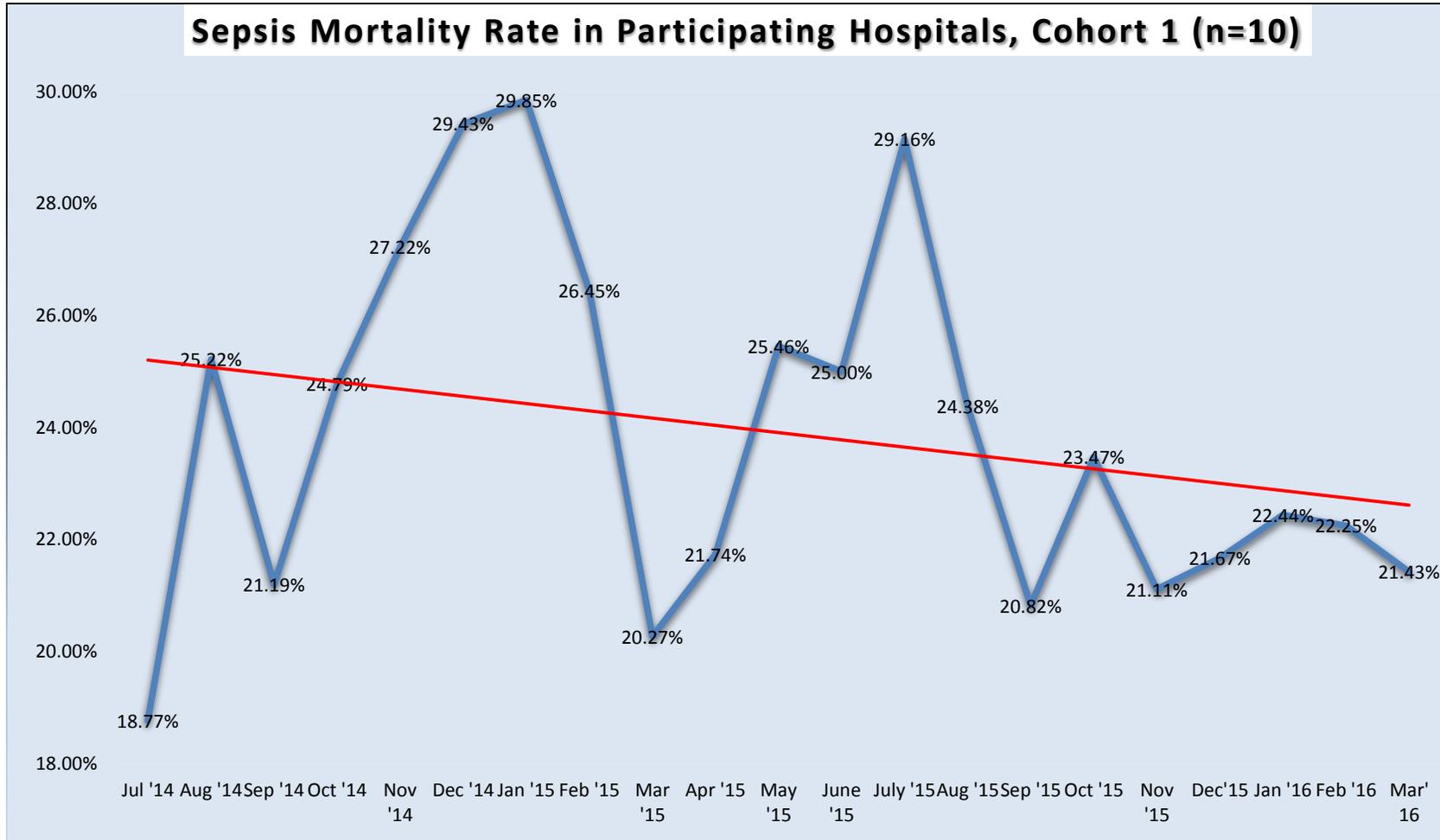
- The Annual Maryland Patient Safety Center Conference is the Center's signature event; providing awareness, education and the exchange of best practice solutions to a broad-based audience that goes well beyond the Center's usual participants. The annual Medication Safety Conference has become a premier event for the Center concentrating on the prevention of medication errors with an emphasis on processes and technology.
- Objectives:
 - Educate providers regarding pertinent patient safety / medication safety related issues
 - Expand participant reach of the Center
 - Increase participation levels
 - Increase revenue generation
 - Establish Center as recognized educational resource

SAFE from FALLS – Long Term Care

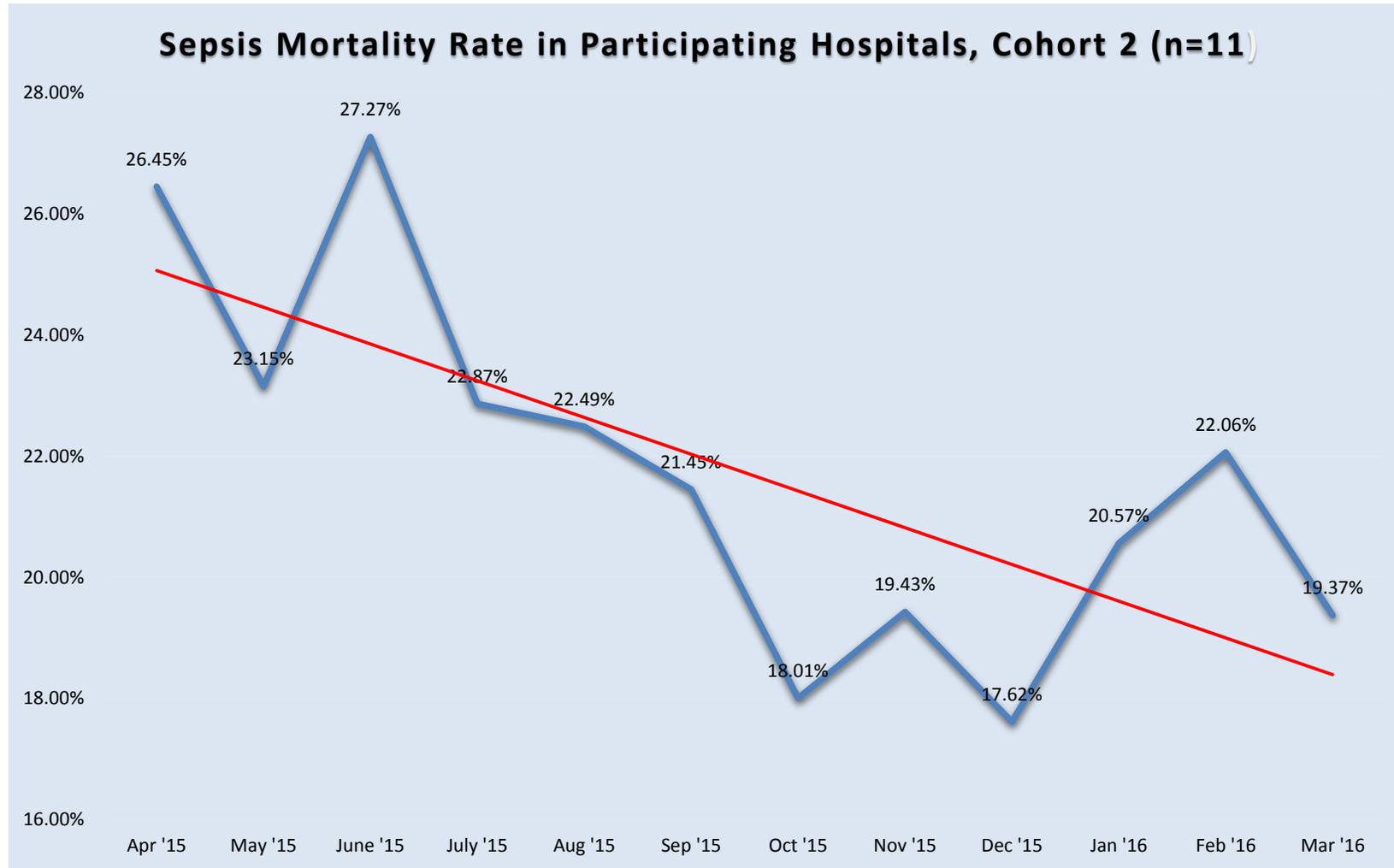
**Rate of Falls with Injury in Participating Facilities
July 2014 to December 2015**



Improving Sepsis Survival

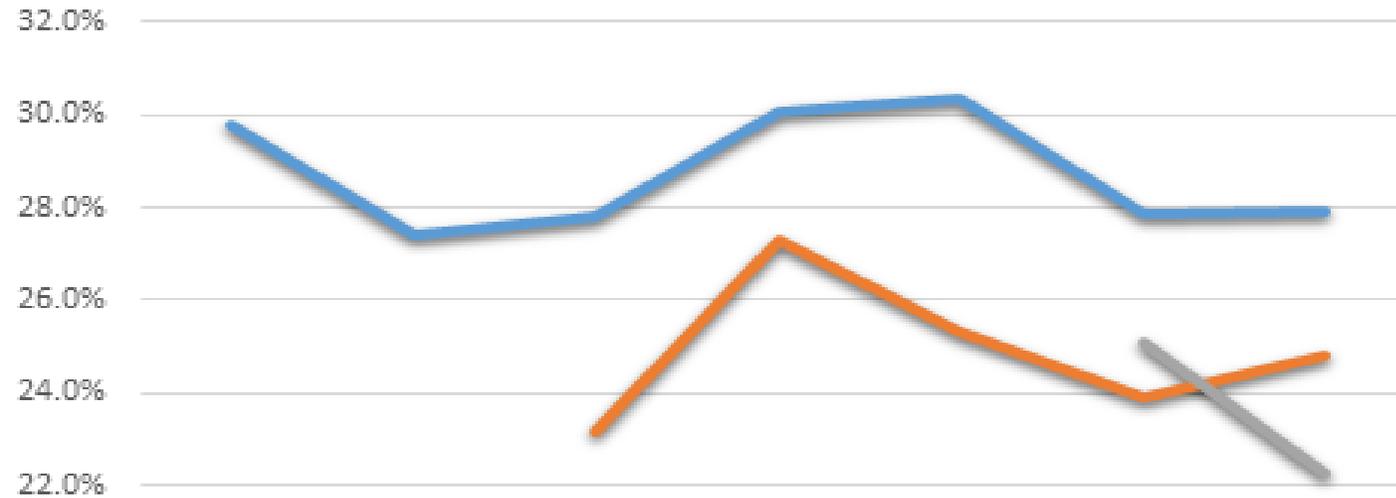


Improving Sepsis Survival



Improving Sepsis Mortality

Sepsis Mortality Rate



	Quarter 1 CY 2014	Quarter 2 CY 2014	Quarter 3 CY 2014	Quarter 4 CY 2014	Quarter 1 CY 2015	Quarter 2 CY 2015	Quarter 3 CY 2015
State	29.8%	27.4%	27.8%	30.1%	30.4%	27.9%	27.9%
Cohort I			23.2%	27.3%	25.3%	23.9%	24.8%
Cohort II						25.1%	22.3%

— State — Cohort I — Cohort II

MPSC Members FY 2016

- Adventist Health Care, including:
 - Adventist Behavioral Health
 - Shady Grove Medical Center
 - Washington Adventist Hospital
- Adventist Rehabilitation Hospital
- Anne Arundel Medical Center
- Atlantic General Hospital
- Bon Secours Baltimore Health System
- Calvert Memorial Hospital
- Carroll Hospital Center
- Doctors Community Hospital
- Fort Washington Medical Center
- Frederick Regional Health System
- Garrett County Memorial Hospital
- Greater Baltimore Medical Center
- Holy Cross Hospital
- Johns Hopkins Howard County General Hospital
- Johns Hopkins Suburban Hospital
- Kennedy Krieger Institute
- Laurel Regional Hospital (Dimensions Health)
- Levindale Hebrew Geriatric Center & Hospital
- McCready Health
- MedStar Franklin Square Medical Center
- MedStar Good Samaritan Hospital
- MedStar Southern Maryland Hospital Center
- MedStar St. Mary's Hospital
- MedStar Union Memorial Hospital
- Mercy Medical Center
- Northwest Hospital
- Prince George's Hospital Center (Dimensions Health)
- Sheppard Pratt Health System
- Sinai Hospital of Baltimore
- Union Hospital of Cecil County
- UMD Baltimore Washington Medical Center
- UMD Charles Regional Medical Center
- UMD Medical Center
- UMD Medical Center Midtown Campus
- UMD Rehabilitation & Orthopaedic Institute
- UMD Shore Medical Center Dorchester
- UMD Shore Medical Center Easton
- UMD Shore Medical Center Chestertown
- UMD St. Joseph Medical Center
- UMD Upper Chesapeake Health
- Western Maryland Health System

Mid Atlantic PSO Members FY 2016

- Anne Arundel Medical Center
- Atlantic General Hospital
- Bon Secours Hospital
- Calvert Memorial Hospital
- Carroll Hospital Center
- Doctors Community Hospital
- Frostburg Nursing and Rehabilitation Center
- Ft. Washington Medical Center
- Garrett County Memorial Hospital
- Greater Baltimore Medical Center
- Kennedy Krieger Institute
- Levindale Hebrew Geriatric Center
- MedStar St. Mary's Hospital
- MedStar Union Memorial Hospital
- Mercy Medical Center
- Meritus Medical Center
- Mt. Washington Pediatric Hospital
- Northwest Hospital
- SagePoint Senior Living Services
- Sheppard Pratt Health System
- Sinai Hospital
- UMD Harford Memorial Hospital
- UMD Shore Health at Chestertown
- UMD Upper Chesapeake Medical Center
- UMD Rehabilitation and Orthopaedic Institute
- Washington Adventist Hospital
- Western Maryland Health System

Strategic Direction

- Improve culture of patient safety
- Expand provider involvement
- Maintain patient / family centered care focus
- Supporting provider efforts with regard to Waiver requirements and initiatives
- Continued coordination with statewide healthcare priorities:
 - HSCRC
 - OHQC
 - MHCC
 - DHMH



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Overview of Upcoming Initiatives

(Agenda Item #9)



ENJOY THE REST OF
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