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Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Request for Expressions of Interest and Request for Public Comments: Designation of Maryland's Patient Safety Center

January 13, 2020

Dear Ms. Lee,

Thank you for the opportunity to be considered for re-designation as the State patient safety center for an additional five years, beginning April 30, 2020. For over fifteen years Maryland Patient Safety Center, Inc. (MPSC) has maintained a leadership role in the State in the continuous pursuit to eliminate harm and promote patient safety within the health care community. During this time, MPSC has raised awareness among health care professionals in bringing forward safety strategies that have transformed safety culture.

Our collaborative approach began with the utilization of Maryland health care outcome data. We have identified areas requiring improvement and have addressed topics that have led to training in root cause analysis, failure mode and effects analysis, human factors engineering, and evidence-based care strategies to improve clinical outcomes.

Our future plans include our goal to work closely with MHCC, as well as with HSCRC, MDH and OHCQ, to align with Maryland health care priorities. Our plan is to evaluate the strategic direction at least annually, to convene a team with MHCC to routinely discuss progress, and to utilize MHCC representation on our MPSC Board. We also plan to identify project partners to extend resources for key initiatives.

This letter serves as our expression of interest to continue to serve as Maryland's designated patient safety center and addresses the points raised in the Commission's request for expressions of interest document. We also elaborate on our ability to continue and expand on our efforts.

www.MarylandPatientSafety.org

Leadership of MPSC

Since the departure of previous President Robert Imhoff, who, during his tenure, achieved a higher level of MPSC membership, an annual conference highly valued with 1500 attendees, and the development of revenue generating programs, we have sought a new President who will use clinical expertise and experience to further the direction and effectiveness of patient safety. We are very excited about our recently named president, Dr. Blair Eig, who very recently served as Chief Medical Officer at Holy Cross Hospital and was very active in Maryland health care policy issues. Dr. Eig is committed to proceeding aggressively with the future plans as outlined in this letter. Dr. Eig will begin his presidency in the spring of 2020.

Response to Six Program Objectives:

1. Assure that a majority of Maryland hospitals will actively participate each year in at least one major patient safety initiative;

During the last five years, MPSC has served every Maryland hospital including its specialty hospitals (psychiatric hospitals, children's hospitals, rehabilitation hospitals) as follows:

- Sixty-eight percent (31 of 46) of the Maryland hospitals have taken advantage of the collaboratives offered over the last five years
- One hundred percent of Maryland's 32 birthing hospitals participated in collaboratives devoted to maternal and infant care
- Selected staff from one hundred percent of Maryland hospitals have completed MPSC educational offerings such as Root Cause Analysis, TeamSTEPPS®, human factors engineering, to name a few, with attendance at these offerings averaging 500 per year.
- Attendance and participation in initiatives from ambulatory surgery centers and long-term care facilities is growing, although more challenging to attain

Maryland hospitals have not only supported the array of collaboratives and education but have expressed that MPSC has reciprocally recognized the interests of hospitals in planning future initiatives, as you will see from the letters of support included in this submission's appendix. While the timing of the RFI posting limited the responsiveness of health care entities somewhat, you will see that there is consistency in the support from hospitals and non-hospital care delivery sites alike.

Future Plans:

MPSC will continue to emphasize placing the patient and family first and centrally as we identify future directions. We plan to use a structured process with MHCC, hospitals and health care entities for choosing priority topics, evaluating our direction on a routine basis at least annually.

Currently, MPSC chooses collaborative topics based on Maryland health care outcome data, health care entity requests and priorities, as well as the literature. Our plan is to seek partners in delivering those projects whenever possible to extend resources. For instance, we are partnering with MedStar Health to provide Patient and Family Advocacy for Quality and Safety (PFAQS®). Other safety initiatives planned for the coming year include Implicit Bias Training to address health care disparities with HRSA grant support, support for the Maryland diabetes action plan through a gestational diabetes initiative, as

well as a statewide medical error disclosure program. In addition, we plan to continue to pursue a safe infant sleep collaborative and an OB Care of Women with Opioid Use Disorder collaborative.

2. Develop initiatives that align with and support the priorities of the Maryland Total Cost of Care Model, as well as the priorities of the Maryland Department of Health (e.g., elimination of health disparities, implementation of the Diabetes Action Plan);

MPSC has an over thirteen-year history of convening and facilitating successful, results-driven quality improvement and patient safety initiatives. In the last five years MPSC completed five quality improvement collaboratives as follows, clearly demonstrating our success and experience:

- **Neonatal Abstinence Syndrome (NAS) Collaborative**
 - ❖ **Goals:**
 - Decrease length of stay (LOS) of infants with NAS by 10%
 - Decrease transfers of infants with NAS out of the birth hospital by 10%
 - ❖ 31/32 birthing hospitals plus Mt. Washington Pediatric Hospital participated
 - ❖ **Outcomes:**
 - Overall LOS for infants with NAS remained flat, but NICU length of stay for infants with NAS **decreased by 3 days resulting in a cost savings of \$1.8 million**
 - **Transfers out of the birth hospital decreased by 56%** from 12.5% to 6.6% during the 2-year collaborative period
 - ❖ **Sustaining Impact:** a standard protocol in each facility, education of staff on NAS, trauma-informed care and social stigma as it relates to mothers with opioid use disorder.

- **Reducing Primary C-Sections Safely**
 - ❖ **Goal:** Decrease first time, low risk pregnancy C-sections by 10% (Nulliparous, term, singleton, vertex- NTSV)
 - ❖ 31/32 birthing hospitals participated
 - ❖ **Outcomes:**
 - Maryland was the first AIM (Alliance for Innovation in Maternal Health) state to implement this bundle
 - **Decreased NTSV C-sections by 5.1%**
 - **Decreased NTSV C-sections following induction by 6.8%**
 - **Avoided over 470 C-Sections** in Maryland during the two-year collaborative period
 - **Cost avoidance of \$898,701** during the two-year collaborative period
 - ❖ **Sustaining Impact:** Since the end of the collaborative in June 2018, the first-time C-section rate has continued to decrease. In the last 4 quarters (Q3 2018 to Q2 2019) there has been a **further decrease of 3.6%** compared to the immediate preceding 4 quarters (Q3 2017 to Q2 2018).

- **Improving Sepsis Survival Collaborative:**
 - ❖ **Goal:** to reduce sepsis mortality in participating facilities
 - ❖ **Outcomes:** Cohort I (10 hospitals) **reduced sepsis mortality by 12.55%** (HSCRC) and Cohort II (11 hospitals) **reduced sepsis mortality by 26%** (HSCRC); Over 500 lives saved
 - ❖ **Sustaining impact:** One year post collaborative the participants continued to impact mortality rates as follows:

- Cohort I: Overall sepsis mortality rate decreased by 20% vs. 4% for the state
- Cohort II: Overall sepsis mortality rate decreased by 28% vs. 18% for the state

- **Safe from Falls in LTC:**
 - ❖ **Goal:** to reduce falls with injury in participating long term care facilities by 10%
 - ❖ 21 long term care facilities participated
 - ❖ **Outcomes:** Exceeded the goal. **Decreased percentage of falls with injury in LTC facilities by 30%** (28.3% to 19.65%). The percentage of falls with injury = (number of falls with injury/number of falls) X 100
 - ❖ **Sustaining impact:** facilities did not submit sustainability data

- **Clean Collaborative:**
 - ❖ **Goal:** to reduce surface contamination in healthcare facilities, to decrease facility acquired infections
 - ❖ **Outcomes:**
 - Phase I: contributed to efforts resulting in a **19% reduction in C-Difficile cases** (compared to 9% in non-participating hospitals) during the collaborative (NHSN SIRS data)
 - Phase II: contributed to efforts resulting in a **45% reduction in C-Difficile cases** (compared to 44% in non-participating hospitals) during the collaborative (NHSN SIRS data)
 - ❖ **Sustaining Impact:** One-year post Phase I participants further reduced C-Diff rates by 46% since the end of the collaborative (2017 Q1 to 2019 Q1)

MPSC has developed the following initiatives that will support some of the State priorities:

- **DEVELOPED: Safe Infant Sleep Collaborative**
 - ❖ **Goal:** Reduce infant mortality due to sleep related deaths
 - ❖ Kicked off in March 2019; 31/32 birthing hospitals plus Mt. Washington Pediatric Hospital enrolled
 - ❖ Target: hospitals, prenatal practices, pediatric practices
 - ❖ Activities suspended August 1, 2019- seeking funding

- **DEVELOPED: OB Care of Women with Opioid Use Disorder**
 - ❖ **Goal:** Increase rate of delivering women with OUD in treatment at time of delivery
 - ❖ Kicked off in February 2019; 29/32 birthing hospitals enrolled
 - ❖ Target: hospital and prenatal practices
 - ❖ Activities suspended August 1, 2019- seeking funding

Future Plans:

In addition, continuing with the priorities above, moving forward we will make greater efforts to emphasize initiatives and education that support Maryland's Total Cost of Care (TCOC) Model. We will make the TCOC model a primary factor in identifying those initiatives and potential educational programs. We will also ensure that the TCOC model will be a major factor as we focus on such areas as

diabetes, implicit bias, error disclosure, health care disparities, treatment delays, and more. However, some topics, such as safe infant sleep and maternal opioid use, are priorities and must continue. Likewise, behavioral health is an area continuing to challenge Maryland health care delivery systems and cuts across all ages in importance.

3. Facilitate collaboration among and have experience collaborating with a broad range of health care providers in diverse health care settings such as nursing homes, ambulatory surgery centers, hospitals, and others;

As stated above, attendance and participation in initiatives from ambulatory surgery centers and long-term care facilities is growing, although more challenging to attain. Nonetheless:

- 21 long term care (LTC) facilities participated in the Safe from Falls LTC collaborative
- 3 LTCs and 7 ambulatory surgery centers participated in the Clean Collaborative
- Over 70 staff from a large urban LTC participated in a series of Patient Safety Education sessions provided by MPSC at their facility
- MPSC facilitated a sepsis education session in partnership with the state QIO (Health Quality Innovators – HQI) on two conferences and one webinar bringing together participants of the MPSC sepsis collaborative and participants of the HQI LTC sepsis collaborative.
- Have offered “free” webinars and in-person training events for long term care providers on patient safety topics such as root cause analysis and implementing a Quality Assurance and Performance Improvement (QAPI) program
- One-hundred percent of Maryland hospitals have attended an Annual MPSC Patient Safety Conference with attendance at 1500 in April 2019
- The number of facilities submitting adverse events to our centralized federally protected system has increased from 1 in 2014 to 13 in 2019 with over 65,000 events reported

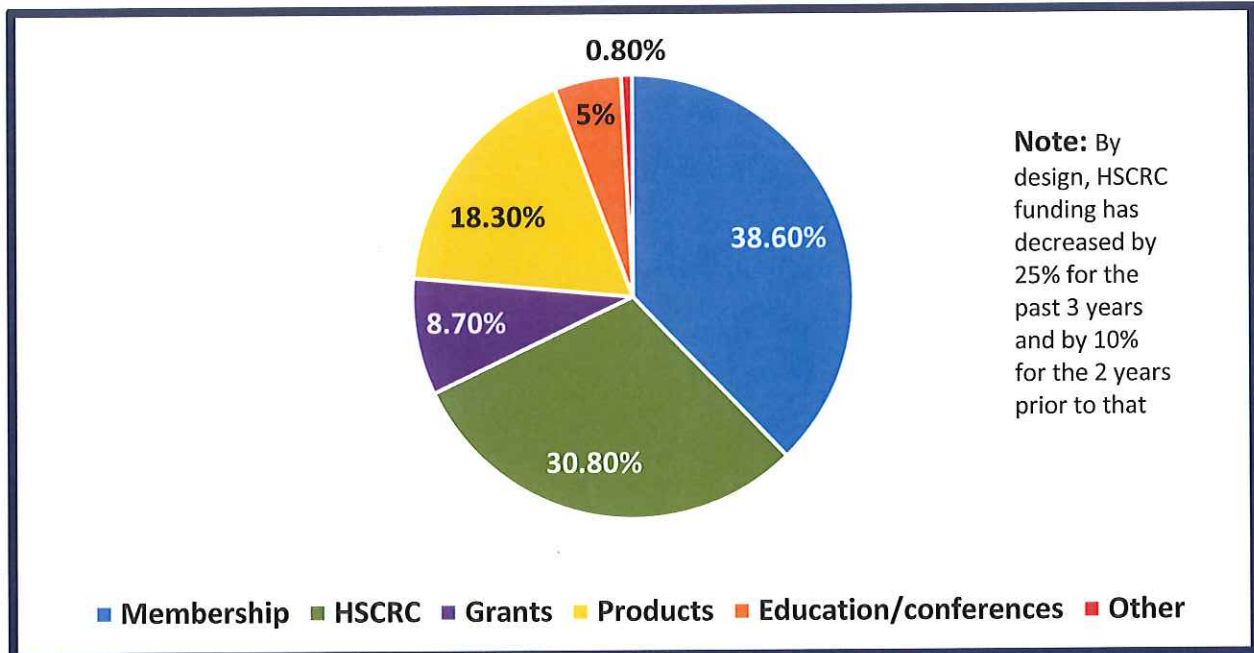
Future Plans:

MPSC will continue to build on strategies to serve and engage non-hospital entities.

- MPSC has met with two Federally Qualified Health Centers (FQHCs) and we plan to meet with all if there is interest, to offer involvement in education, training, and collaboratives as they are relevant. We plan to guest at their FQHC professional association meetings.
- Certain collaboratives by nature include non-hospitals, such as the Clean Collaborative, which is relevant to surgical centers, nursing homes and other treatment sites, and we will be evaluating the interest in a new phase of this project.
- Routine presentations at professional associations will expose more diverse groups to the offerings of MPSC, and we plan a systematic visitation of non-hospital potential users across the state.
- We have found that bordering states such as Delaware, northern Virginia, West Virginia, have expressed interest in the work of MPSC, and to expand our base of resources, we plan to tap these sources to be able to offer more services to non-hospitals.
- Safe infant sleep and OB Care of women with opioid use disorder are relevant to community pediatric and OB practices.
- We will also continue to work with MHCC, HSCRC, MDH and OHCQ to determine other care delivery needs.

4. Identify funding sources to sustain a viable statewide patient safety center over the next five-year period, acknowledging that there is no future guaranteed funding for Maryland’s designated Patient Safety Center;

As noted below, MPSC membership is the largest source of its revenue. Product sales for programs such as Caring for the Caregiver and Patient Safety Certification program continue to rise, and grant funding is expected to grow as MPSC partners with other entities interested in and committed to patient safety and improving care for Maryland patients (ie. CRISP, MDH, Armstrong Institute for Quality and Patient Safety, MedStar Institute of Quality and Patient Safety, third party insurers).



Future Plans:

MPSC continues to seek partners in the critical project areas that require resources. Maryland health care entities are a rich source of expertise, experience and in some cases, funding. Areas ripe for partnerships include: Patient and family advisory councils, transparency/disclosure models, improvements in diagnosis, safe infant sleep and OB Care of Women with Opioid Use Disorder.

We have recently signed an agreement with MedStar Health to jointly deliver the Patient and Family Advisory for Quality and Safety (PFAQS®) program, which is a great example of offering more resources by coupling with a provider of a key product. This partnership is all the more advantageous as it is in line with our patient and family at the center of care priority.

It is vital for MPSC to work with the key stakeholders to ensure that the programs provide value and therefore investment. State leaders from MHCC, HSCRC, MDH and OHCQ will play a key role in ensuring that we are providing value into the future. We will evaluate resources to match priorities on an annual basis, first with MHCC, and with HSCRC, MDH and OHCQ.

5. Protect the confidentiality and security of protected health information;

Data and Network Security. The MPSC contracted vendor for submission of adverse event data provides adequate physical and data network security to protect the integrity of the data and the service. Using industry standard techniques such as firewalls, user name and password authentication, encryption, virus-detection software, physical plant security, and written personnel policies and procedures, the vendor makes commercially reasonable efforts to insure unauthorized parties do not access stored confidential information, alter content, or prevent access by Client and Client's End Users. The vendor maintains and follows adequate written plans, policies and procedures dealing with back-up, network and system redundancy and disaster. There have been no breaches to date, and MPSC will ensure that the vendor maintains up to date policies and upgrades to maximize protection.

Work through our federally listed Mid-Atlantic Patient Safety Organization provides federal protections to the members if they choose to submit adverse events through our secure network. Members of the Mid-Atlantic PSO receive consultation and access to twice yearly MPSC hosted Safe Tables where patient safety topics, solutions and lessons learned are discussed and shared in a confidential environment. There have been no confidentiality breaches to date. This activity alone increased membership into the Mid-Atlantic PSO by over six-fold. MPSC has also hosted a "PSO Bootcamp" for those hospitals that are members of the Mid-Atlantic PSO and presented our work on Safe Tables at the AHRQ Annual PSO conference in 2017.

Future Plans:

Consult with our state partners on data security, and data protection measures they employ.

6. Achieve success in: (a) assisting health care providers to improve the quality of health care services; and, (b) evaluating the quality of health care provided;

- (a) MPSC convenes a Patient Safety Officer Forum four times per year. This forum is open to all individuals interested in patient safety from organizations across the health care continuum. The meetings are attended by patient safety officers, quality improvement staff, risk managers and others.

MPSC manages a large list serv for regular exchange of information between health care providers to improve the quality and safety of health care services.

MPSC regularly serves as a mentor to organizations in other states such as Virginia, West Virginia and New Jersey on structure and recruitment of collaboratives, the District of Columbia and Pennsylvania on the structure of our perinatal quality collaborative, and at conferences and on webinars.

The work of MPSC has also been recognized through three publications in national journals in the past five years and nationally at conferences and webinars.

MPSC partnerships with other organizations committed to improving quality and patient safety benefit all of Maryland health care. For this reason, our strong partnerships with The Armstrong Institute of Quality and Patient Safety, our State QIO, QIarant, and the regional health information exchange CRISP will continue to grow and strengthen.

- (b) Section 2 above shows some of the achievements in improved outcomes for patients in Maryland, and improved processes for Maryland providers. The work of the collaboratives, our educational offerings and conferences and other initiatives are regularly evaluated following each event. Measurable outcomes of the quality improvement work are clear indicators of the success of those collaboratives. Interdisciplinary focus groups and advisory groups are utilized on a regular basis to ascertain priorities and issues that would provide the most support to improving quality and patient safety for those delivering care.

Future Plans:

With input of interdisciplinary focus groups, we plan to work with health care entities to develop a self-evaluation tool to determine their success in implementing safety initiatives. We plan to explore how to re-model our Patient Safety Certification program to provide the rich education modules to a larger number of health care organizations at a lower cost. Further, through strengthening our communication with State entities on a regular, formalized schedule we intend to increase our alignment with those State entities -- MHCC, HSCRC, MDH, OHCQ -- to develop a coordinated strategy to utilize resources most effectively to improve healthcare in Maryland.

In Summary:

We at MPSC appreciate the opportunity to be considered for re-designation as the State patient safety organization for the next five-year period. MPSC has achieved a reputation among Maryland health care organizations for being a collaborative, resourceful body using Maryland data and interest to elevate key issues related to patient safety education, action and improvement projects. Please refer to the appendix of letters of support which reinforce the value expressed by Maryland health care organizations, patients and families.

While the greatest proportion of our formal membership are hospitals, participants in our collaboratives and educational programs cross many more health care entities, from post-acute care to ambulatory surgery and community practice. Federally Qualified Health Centers are becoming involved, and staff of large, private physician practices are increasingly engaged. Allied and ancillary caregivers, as well as behavioral health professionals participate in our annual Patient Safety and Medication Safety conferences, and attendees at these events are increasingly from surrounding states. Recently patient advocates and patient representatives have begun attending our conferences due to the relevance of the content to their work. Additionally, our Caring for the Caregiver program, an example of a partnership with the Armstrong Institute, has national and international interest and participation. A contract with MedStar Health has just been executed to provide the Patient and Family Advocacy for Quality and Safety® (PFAQS) program to health care organizations, furthering our commitment to assist those organizations to involve patients and families in care.


In summary, MPSC plans going forward will include:

1. Routine strategic planning with MHCC and monthly to quarterly meetings with key State officials at MHCC, HSCRC and MDH to review issues and progress
2. Periodic written progress reports to MHCC on a quarterly basis, with the opportunity to address questions at scheduled MHCC meetings
3. Appointment of a joint MPSC/MHCC work group to accomplish strategic planning and progress review
4. Membership on the MPSC board by an MHCC representative (which has already been discussed)

5. Alignment of health care priorities with not only MHCC, but also HSCRC, MDH and OHCQ (which has already been discussed, and a meeting will be convened following the RFI process)
6. Strategic partners will be identified to implement projects and extend resources
7. MPSC will redouble our efforts to engage more non-hospital facilities, consumers, and other stakeholders by requesting an audience with their boards, leadership, and relevant conferences to stress the value and importance of MPSC to their organizations and day to day activities.

Our ability to continue as the designated patient safety organization for Maryland will allow us to continue our plans with even greater fervor to align our direction and choices with MHCC/HSCRC/MDH/OHCQ. State re-designation will allow us to utilize our contacts, facilitation skills, and accumulated expertise to continue improving care in Maryland by reaching out to more providers and impacting more patients into the future. Prior to announcing the RFI, we began that exercise and have developed a priority list of safety issues on which we will seek consensus among those State agencies. Respectfully, our users expect us to continue with the energy and enthusiasm which has identified MPSC to date.

Sincerely,


Barbara Epke
Interim President and CEO
Maryland Patient Safety Center

Appendix

MPSC Letters of Support