MHA
Maine Hospital Association
Representing community hospitals, healthcare organizations and the patients they serve.

May 29, 2008

Honorable Henry Waxman, Chairman
Committee on Oversight and Government Reform
U.S. House of Representatives
2157 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Waxman:

On behalf of all 39 community hospitals in Maine, we are pleased to respond to your request for information regarding work being in done in our state to reduce health care associated infections and to assure that our patients continue to receive high quality care.

Our membership has a long tradition of providing outstanding care and services to the people of Maine. They have demonstrated this commitment by providing access to appropriate and necessary health care services in communities across the state by:

- efficiently and effectively managing health care resources;
- monitoring quality effectiveness;
- working to continuously improve service delivery and outcomes of care, and;
- responding to health promotion and disease prevention needs of the communities they serve.

Our hospitals have well developed and effective quality management programs. These programs evaluate all aspects of care provided and assist in identifying opportunities for improvement within the organization. Such a system requires the systematic ongoing collection of data and information. The exact nature of the data and information needed is determined by the particular improvement project or projects underway. Hospitals need the flexibility to determine and to change their priority focus for initiatives to improve the quality of care and enhance patient safety, depending upon their individual strengths and weaknesses. Hospitals review their own performance over time and compare their performance with like organizations locally, regionally and nationally through a variety of mechanisms and programs.

There are a number of national studies that demonstrate Maine's commitment to quality improvement and patient safety, as evidenced by their outstanding performance. For example, Maine ranked as third in the nation in two consecutive analyses published in the Journal of the American Medical Association that evaluated the quality of care provided to Medicare beneficiaries.[1] Moreover, Maine's high quality care is provided at a relatively lower cost for Medicare beneficiaries.[2]

[1] Jencks, Stephen F. et al, *Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998-1999 and 2000-2001,* JAMA. 2003; 289:305-312.

[2] Baicker , Katherine and Chandra, Amitabh, *Medicare Spending, the Physician Workforce and Beneficiaries' Quality Of Care,* Health Affairs (April 7, 2004) http://content.healthaffairs.org/cgi/reprint/hlthaff.w4.184v1.pdf.

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Maine also leads the nation in transparency of quality data. Our first hospital-specific report card on selected clinical measures and patient satisfaction preceded all state and federal programs and used data from 2003. Participation was voluntary and 100% of Maine's hospitals chose to participate.

We developed our own public reporting system recognizing that there are significant issues related to the reporting of meaningful and accurate comparative performance data. Desirable measures of quality or outcomes are ones that promote better care, involve diseases that are prevalent and are a major source of morbidity and mortality, and have evidence-based metrics that can be compared to state, regional and national norms. In addition, comparative publicly reporting initiatives must use only data that is:

- valid, relevant, reliable and simple;
- well defined, consistently measured and verifiable;
- easily understood by the public;
- accurate;
- uniform;
- risk or population adjusted when appropriate;
- statistically significant;
- comparable;
- current to the extent possible;
- protective of patient privacy and confidentiality;
- accepted by practitioners as measures of quality; and
- cost-effective.

The data we publicly reported met all of those criteria. However, our member hospitals also recognize that data alone, whether publicly reported or internally tracked, is insufficient and that true progress can only be made when strong leadership drives focused quality improvement and patient safety initiatives.

Attention is the currency of leadership so it is imperative that hospital executives understand the science of quality improvement, appreciate the opportunities for improvement, understand their pivotal roles, and are fluent in the data used to measure progress toward an established goal. The Maine Hospital Association (MHA) supports its members by providing statewide educational programs for hospital trustees and senior leadership teams at least twice a year to augment the individual hospitals' programs for their own trustees and staff. These programs are very well received, well attended and include a focus on quality and patient safety. Illustrative examples of MHA's recent programs include:

- National speakers for the semiannual trustee programs spoke about the role of the hospital board of directors in quality oversight and patient safety.

- The Quality Improvement Organization under contract with the Centers for Medicare and Medicaid Services for northern New England taught trustees how to read and understand the data used in quality and patient safety initiatives.
- A speaker from the Institute of Healthcare Improvement spoke with hospital CEOs about "Ten Powerful Ideas for Patient Care Improvement." One of the key concepts presented was about channeling executive attention to quality improvement projects.
- Dr. Ira Moscovice, renowned leader in rural health care quality, spoke to hospital CEOs about how to implement data driven quality improvement in rural hospitals.
- The national keynote speaker at next month's annual meeting of CEOs and senior executives will speak about "The Path to Safe Reliable Health Care."

It is the values and beliefs of hospital leadership that determine the prevailing culture and our goal is to create a culture of safety where the environment encourages health professionals to share information about patient safety problems and actions that can be taken to make care safer. To assist our membership to meet this goal, we worked with our partners in patient safety to provide all Maine hospitals the opportunity to electronically administer the premier survey tool[3] to all employees annually to evaluate how well each hospital is establishing a culture of safety in their facility. Knowing that data alone is not enough, we rely on the expertise of the Northeast Health Care Quality Foundation, the Quality Improvement Organization under contract with the Centers for Medicare and Medicaid Services for northern New England, for annual sessions of suggested targeted interventions.

Our community hospital leaders bring their commitment to quality improvement and patient safety into the work of the Maine Hospital Association. For example, in 2006, our Board of Directors recommended universal adoption of an aggressive hand hygiene program that included strong leadership support, data tracking with progress reports to the hospital Board, staff education and patient involvement.

Our members are now considering another global long-term strategy to combat health care associated infections: statewide antibiotic stewardship. While the discussions have just begun, we are anxious to improve the responsible use of antibiotics so that we preserve antibiotic effectiveness, help prevent the proliferation of new antibiotic resistant organisms, and reduce health care costs.

Our Board of Directors also promptly endorsed the Institute for Healthcare Improvement's 100,000 Lives Campaign when it began in January 2005 (Our Board also endorsed the Institute's 5 Million Lives Campaign in June 2007). One of the Campaign's interventions is to prevent

[3] The "Culture of Safety" survey tool with a national benchmarking database that was developed by the Agency for Healthcare Research and Quality, the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care.

central line infections by implementing a series of interdependent, scientifically grounded steps. This marked the beginning of our formalized statewide attention to eliminating central line associated infections.

All Maine hospitals submit data on the rates of central line-associated bloodstream infections in their intensive care units using standard definitions provided by the Centers for Disease Control and Prevention for the purpose of the National Healthcare Safety Network (NHSN). The overall mean rate for first three quarters of 2007 was 2.31 per 1,000 central-line catheter days. While this rate is considerably lower than the currently available national NHSN data,[4] we have not reached our goal of zero central line-associated bloodstream infections. Therefore, we continue to provide technical assistance to our hospital infection control staff to increase compliance with the Institute for Healthcare Improvement's (IHI) recommended set of interventions.

We periodically convene all of our member hospital quality directors/infection control staff in a non-competitive setting to collaboratively share their successful strategies. Our partner in quality improvement, the Northeast Health Care Quality Foundation, provides expertise from the regional and national perspective. All hospitals also submit their rates of compliance with the recommended IHI interventions to prevent central line associated blood stream infections which provides statewide tracking and benchmarking capability.

Our quality improvement and patient safety programs with the Northeast Health Care Quality Foundation form the core of our efforts to expedite the translation of patient safety and quality improvement evidence into practice. In addition to working on the prevention of central line associated blood stream infections, our popular programs also provide assistance on such topics as:

- heart attack;
- heart failure;
- adverse drug events and medication safety;
- pressure ulcer prevention;
- community-acquired pneumonia;
- ventilator associated pneumonia;
- Surgical Care Improvement Project (SCIP); and
- methicillin-resistant *Staphylococcus aureus* (MRSA) infection.

In addition to our partnership with the Northeast Health Care Quality Foundation, we also work with national experts on other initiatives. For example, we have worked with a national patient satisfaction survey firm, Avatar, since 2001. Our semiannual quality improvement programs

[4] For all ICUs in the most recent NHSN report, the average of the pooled mean rates was 3.48. See: http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/2006_NHSN_Report.pdf.

with Avatar have helped Maine hospital be a national leader in patient satisfaction. In fact, the Centers for Medicare and Medicaid recently posted new HCAHPS patient experience survey scores and Maine's performance is among the very best.

In 2005, we introduced Maine hospitals to the Toyota quality program methodology known as Lean to provide them with a tool to improve quality/safety while simultaneously decreasing waste/cost and improving staff/patient satisfaction. In the last twelve months we have had three intensive multi-day Lean instruction programs filled beyond capacity. Maine hospitals are applying Lean methodology in quality and patient safety initiatives with the goal of delivering:

- Exactly what the patient needs – defect free;
- One by one, customized to each individual patient;
- On demand, exactly as requested;
- Immediate response to problems or changes;
- No waste; and
- Safe for patients, staff and clinicians: physically, emotionally and professionally.

While our approach to quality improvement in Maine is not identical to the Michigan project, we are very proud of our effective work and the excellent outcomes being achieved in our member hospitals. Taking the most currently available health care associated infection data as an example, the overall state rate of compliance with the Institute for Healthcare Improvement's recommended set of interventions to prevent ventilator associated pneumonia was 94%. As previously noted, our rate of central line associated blood stream infections is well below the national average at 2.31 per 1,000 central-line catheter days. The overall Maine mean compliance rates for each of five SCIP measures exceed national averages, with our state rate ranging from 88% to 96%. The overall Maine mean compliance rates for each of seven pneumonia measures exceed national averages, with our state rate ranging from 85% to 100%.

Thank you for this opportunity to outline some of the outstanding work being done in Maine hospitals to improve patient safety and the overall quality of care. We're honored to be their partners.

Sincerely,

Steven R. Michaud, President

cc: Minority Office of the Committee on Oversight and Government Reform
Majority Office of the Committee on Oversight and Government Reform
Senator Susan M. Collins
Senator Olympia J. Snowe
Representative Thomas H. Allen
Representative Michael H. Michaud