

Summary of Evidence Based Medicine Workgroup Conference Call, April 8, 2010

Workgroup members present: Chip Davis, I-Fong Sun, Mary Mussman, Bev Miller, Barbara Epke, Pat Chaulk, James Chesley, Leslie Simmons

First part of call was dedicated to updates on current projects and second part focused on plans for the future.

Blood Wastage Reduction Project Update

On March 31, the American Red Cross hosted an in-person meeting of the blood bank representatives.

Forty-five hospitals out of the 46 hospitals with a blood bank are participating. Hospitals are reporting their data on plasma and platelet wastage. About 75% of members have consistently submitted data on plasma and platelet wastage. As of March 31st the project has saved an estimated cumulative 220 units of platelets at about \$112,000 and 98 units of plasma at \$5,382. (These numbers are subject to change because 26 of the 45 hospitals have fully reported for March to date.) February was a month with many challenges to blood banks due to back-to-back snow storms, so performance was affected with slightly higher wastage rates than previous months.

After a measurement system analysis, some very small discrepancies in how hospitals were defining some elements of the project were discussed, but did not appear to alter the reporting in a significant way. (Example is whether hospitals were excluding recalled blood products in their reporting.)

Hospitals have started to focus on the sharing of best practices across hospitals, and the Red Cross is still working on implementing a "Craig's List" type format to list aging blood products that might be used by other facilities. In addition, the representatives have used the project listserv to ask about practices in related areas such as transfusion criteria. Barbara Epke mentioned that Sinai Hospital had budgeted less for the blood bank in 2011 in recognition of this project.

Hand Hygiene Update

Forty-one acute care hospitals have joined the collaborative. January data collection inconsistencies resulted in February being designated the first full month of data for the project. Thirty-seven hospitals reported data for the month of February, with hand hygiene performed on exiting patient room compliance rates ranging from 39-90%. This wide range reflects that the project is experiencing some difficulties achieving standardization of methods, including training of observers and transition from known to unknown observers.

It was suggested that the Hand Hygiene Project conduct a measurement system analysis similar to the blood wastage project, and the Patient Safety Center is addressing this. Since the call, a Handstats webinar was held on April 20 to clarify data collection protocols, and an in-person Learning Session is planned for June 15.

Chip mentioned that the WHO will sponsor an International Hand Hygiene Day on May 5, 2010. The group felt that a press release would be appropriate highlighting Maryland's statewide project, and Bev Miller has since reported that MHA will issue a press release.

New Projects for Presentation to Maryland Health Quality and Cost Council on June 11

We considered the list of projects our workgroup had originally proposed in 2008, as well as the list compiled by the Maryland Hospital Association at their recent Quality Committee meeting.

Dr. Chesley said that the reduction in red bag trash initiative really jumped out at him. His experience in a busy endoscopy center is that this project would have a large positive environmental impact and cost savings. Hospitals, ambulatory surgery and endoscopy centers could enter into a collaborative arrangement analogous to the blood wastage project. Workgroup consensus was that Red Bag Trash Reduction would be a good project for the current financial environment, and appropriate in its level of difficulty for hospitals given their current investments in Blood/Hand Hygiene.

We discussed whether a good formula for our workgroup should be to conduct one truly "low-hanging" project and one that is more involved for each round of initiatives. Central Line Associated Blood Stream Infections (CLABSI) check list was raised as a possible "involved" project, since it fits the description of a Healthcare Associated Infection (HAI) project that was the intended continuation of the Hand Hygiene project. Bev Miller was supportive of this idea, with recommendation from the Council and hand-off to the hospitals for implementation. Several workgroup members raised the need to "coordinate" and "harmonize" efforts in this area, where much is going on at all levels. Chip will talk with Peter Pronovost at JHH about the CLABSI checklist, and report at the next call on May 6. Other possible projects include standardized protocol for Deep Vein Thrombosis Prevention, and Maryland Hospital Acquired Conditions (preventable complications)

Discussion at next call on May 6 will include advisability of proposing Red Bag Trash as a project to begin this summer with a questionnaire of the hospitals to establish the baseline of what the hospitals are already doing in this area, and CLABSI checklist adoption with possible fall kick-off.