



NH Health Care Quality
Assurance Commission

**Annual Report of the
New Hampshire Health Care Quality Assurance Commission**

June 1, 2010

HB 514, RSA 157:2, Laws of 2005

RSA 157:2, of the Laws of 2005, established the New Hampshire Health Care Quality Assurance Commission. Its intent is *to enable health care providers to share information about adverse outcomes and prevention strategies in learning environments which foster candor and self-critical analysis while maintaining the confidentiality of the information submitted to the Commission, the proceedings of the Commission, and the results of the Commission's deliberations.*

Members of the Commission include one representative from each acute care hospital and free standing ambulatory surgical center (ASC) and the designee of the Commissioner of the Department of Health and Human Services.

Members of the Executive Committee include:

Chair	Ross Ramey, MD Monadnock Community Hospital, Peterborough
Vice-Chair	Jean Corvinus , Director, Performance Improvement, Frisbie Memorial Hospital, Rochester
Immediate Past Chairs	Stephanie Wolf-Rosenblum, MD, MMM Chief Medical Officer, Southern New Hampshire Medical Center, Nashua Polly Champion , Director of Clinical Improvement, Dartmouth Hitchcock Medical Center, Lebanon
At Large	Sue Majewski , Chief Operating Officer, Bedford Ambulatory Surgery Center, Bedford Anne Diefendorf , Director of Quality Performance, Concord Hospital, Concord Scott Goodwin , Director Performance Improvement, Catholic Medical Center, Manchester

The officers serve two year terms.

During its fifth year, the Commission met five times on the following dates: July 31, 2009, October 23, 2009, January 8, 2010, March 13, 2010, and May 14, 2010.

Executive Summary

The members of the New Hampshire Health Care Quality Assurance Commission adopted the following principles to promote high quality and safe care to all patients seeking services in our organizations:

Promote High Reliability Organizations

Adopt Evidence-Based Best Practices to Improve Outcomes

Establish ‘Just Cultures’ within our Organizations*

These principles informed our priorities for the year and created a framework for our discussions.

All 26 acute care hospitals and 17 ambulatory surgery centers voluntarily participated in the Commission meetings and actively engaged in the initiatives adopted by its members.

Promoting High Reliability Organizations:

- Institutional adoption of the Patient Safety Checklist in all procedure areas
- Collaboration with the State Bureau of Facilities Licensing and one another on the identification and reporting of Adverse Events in order to obtain comparable and meaningful data to inform individual and collective priorities for eliminating harm going forward

Adopt Evidence-Based Best Practices to Improve Outcomes

- Continued efforts to improve hand hygiene compliance using laminated posters, screen savers and the identification and sharing of best practices and strategies
- Adoption of a statewide target compliance rate of 90% for January-June and 95% for July-December

Establish ‘Just Cultures’ within our Organizations

- Establishment of a learning collaborative to gain a deeper understanding of the concept of a ‘Just Culture’ and the benefit it brings throughout an organization
- Exchange of important information regarding facilities’ own stories of medical errors and prevention strategies

Details regarding the establishment and activities of the Commission can be found on www.healthynh.com .

** A ‘just culture’ fosters open communication and recognizes that individuals should not be held accountable for system failings over which they have no control.*

ACTIVITIES OF THE COMMISSION

The Commission met 5 times during Year 5. Attendance was excellent. All new members signed confidentiality agreements and minutes were recorded. There were several committees of the Commission, i.e. High Reliability, Hand Hygiene, which met as needed to propose options for collaboration or recommendations for the statewide adoption of best practices. The group is highly committed to learning from one another through data gathering and the sharing of best practices about how to provide better and safer care to patients.

High Reliability Organizations

A. Patient Safety Checklists

In March 2009, every hospital CEO and ASC Administrator agreed to utilize and post a patient safety checklist in all procedural areas. Use of the checklist involves both changes in processes and changes in the behavior of individual procedural teams at these institutions. To implement the checklist, all sites have to introduce a formal pause in care prior to induction of anesthesia, prior to incision, and just before closure of the incision.

In September, Commission members voluntarily audited their compliance with the use of the safety checklist. Although the results of the audit were very good, opportunities to improve this process were identified. Commission members agreed that the sharing of best practices to promote the meaningful use of this patient safety tool should be a major priority in Year 6.

B. Management and Prevention of Infections

The management and prevention of infections continued to be a priority for the Commission this year although as of January 1, 2009, hospitals no longer submit data to the NH Health Care Quality Assurance Commission. As required by RSA151:33 of the New Hampshire Statute, hospitals are submitting their institution's Central Line Blood Stream Associated Infection (CLBSI) data to the National Health Safety Network (NHSN). They are also submitting Central Line Insertion Practices (CLIP) and specific surgical site infection rates to NHSN as mandated. This information will be shared with the Commission in 2010 in order to inform our priorities for the coming year relative to decreasing preventable infections.

C. Additional Hospital Data Reporting

The hospital Commission members continued to collect and report measures related to the care a patient receives during surgery. These measures developed by the Centers for Medicare and Medicaid Services (CMS) are based in science and validated by an external agency. They represent the percentage of time hospitals have provided the necessary

processes of care which have been proven to reduce the incidence of infection from surgery and decrease the risk of venous thrombosis which can lead to prolonged hospitalization, added complications and potential cardiovascular complications such as pulmonary embolism and stroke.

Results:

Antibiotic received within 1 hour of surgery:

4550 patients received an antibiotic within 1 hour of surgery of the 4665 patients who underwent the specified surgery or, **98%** of patients received an antibiotic within 1 hour of surgery for the specified procedures. This compares to a rate of 76% in Year 1, 85% in Year 2, 93% in Year 3, and 95% in Year 4.

- This statewide rate includes data from all 26 hospitals;
- The national average for this measure is 96% compared to the NH average of 98%.

Antibiotic discontinued within 24 hours after surgery:

4315 patients had their antibiotics discontinued within 24 hours of surgery of the 4505 patients who underwent the specified surgery or, **96%** of patients had their antibiotic discontinued within 24 hours after surgery. This compares to a rate of 74% for Year 1, 83% for Year 2, 91% for Year 3 and 94% for Year 4.

- This statewide rate includes data from all 26 hospitals;
- The national average for this measure is 93% compared to the NH average of 96%.

The meaningful increase in rates of compliance for these two evidence-based processes of care measures shows that hospitals are working hard to standardize the processes which have been proven to decrease infection rates. These measures are clearly defined, the collection of these data has been systematized within hospitals, and the results are validated by an external agency.

Prophylactic Antibiotic Selection:

4701 patients had the appropriate prophylactic antibiotic ordered for their designated surgery of the 4765 patients who underwent one of the specified surgeries or, **99%** of patients undergoing specific surgeries received the appropriate antibiotic before the procedure to prevent infection. This compares to a rate of 98% last year.

- This statewide rate includes data from all 26 hospitals;
- The national average for this measure is 98% compared to the NH average of 99%.

Recommended venous thrombosis prophylaxis (clot prevention) ordered:

1992 patients had the recommended prophylaxis ordered to prevent venous thrombosis following specific surgeries of the 2074 patients who were eligible to receive the prophylaxis or; **96%** of patients undergoing specific surgeries had an

order for the recommended venous thrombosis prophylaxis. This compares to a rate of 94% last year.

- This statewide rate includes data from 26 hospitals;
- The national average for this measure is 93% compared to the NH average of 96%.

Recommended venous thrombosis prophylaxis received:

1962 patients received the recommended venous thrombosis prophylaxis following specific surgeries of the 2067 patients who were undergoing specific surgeries or, **95%** of patients received the recommended venous thrombosis prophylaxis for indicated surgeries. This compares to a rate of 93% last year.

- This statewide rate includes data from 26 hospitals;
- The national average for this measure is 91% compared to the NH average of 95%.

New Hampshire rates are higher for each of these 5 measures of quality and patient safety than the national average and continue to improve over time.

Adopt Evidence-Based Practices to Improve Outcomes

A. Hand Hygiene Compliance

Beginning in April 2008, hospitals and ambulatory surgical centers have voluntarily monitored hand hygiene compliance within their institutions using trained observers. It is well known that one of the primary ways to decrease infections is by using evidence based practices for cleaning hands before and after contact with patients and with their environment. During the 8 month period from April-December 2008, there were over 20,000 opportunities observed where a caregiver or employee who had contact with a patient should have cleaned their hands. Our statewide rate of compliance for that time period was about 83%.

In 2009, our hand hygiene compliance rate for all types of providers increased to 90% statewide. We achieved this high level of performance using a number of strategies. The Foundation for Healthy Communities sent institutions a variety of laminated posters and computer screen savers throughout the year as prompts for employees to clean their hands. The Commission also invited several hospitals and ASCs to share their strategies for encouraging hand hygiene.

Although the improvement has been fairly dramatic, Commission members agreed that we need to continue our aggressive efforts to improve this rate. The Commission voted unanimously to maintain our hand hygiene compliance goal at 100% with our target for January-June 2010 set at 90%. If we achieve this rate, the target for July-December will

be 95%. New Hampshire continues to be the only state in the country to have every hospital and participating ambulatory surgery center committed publicly and at the leadership level to this important process improvement initiative.

It is important to understand that these Hand Hygiene compliance data are not validated by an external organization but rather, voluntarily reported by the individual institutions.

Establish a Just Culture

Over the last decade, David Marx, largely recognized as the “father of Just Culture”, has been working with organizations to improve operational safety and performance by helping them to recognize that individuals should not be held accountable for system failings over which they have no control. Rather, a Just Culture fosters open communication and recognizes that competent professionals make mistakes. In fact, Marx’s work has shown that when an institution has a Just Culture, frontline personnel feel comfortable disclosing errors – even their own – while being held accountable professionally. A Just Culture does not however, tolerate reckless behavior.

Given the intent of the legislation that created the Commission, “to share information about adverse outcomes and prevention strategies in learning environments which foster candor and self-critical analysis...” the members agreed that understanding how to create Just Cultures in their institutions is not only relevant, but essential to reducing harm to patients. Therefore, at all 5 meetings, the Commission members engaged in important dialogue about the concepts of a Just Culture, and where each of them are working to educate staff and adopt the principles. As a way to illustrate the benefits of a Just Culture in improving patient safety, members routinely shared actual stories of adverse events or near misses incorporating the concepts of a Just Culture. This exercise stimulated important questions, meaningful dialogue, and valuable learning.

Summary

Year 5 has been another highly successful year for the New Hampshire Health Care Quality Assurance Commission. The members continued to share best practices and improvement strategies as well as agree to adopt several evidence-based practices that have been proven to improve care and decrease adverse events. All public documents as well as educational materials related to the Commission and its improvement activities can be found as www.healthynh.com.

The members of the Commission will continue to collect central line blood stream infection rates and submit them to the National Health Safety Network as required by NH Statute. The Commission will review those data and continue to identify and share improvement strategies used by high performing hospitals. Although CLBI rates in NH hospitals are stable and lower than the nationally available benchmarks, our goal is to continually work to decrease this rate by identifying and sharing best practices.

Great strides were made across hospitals and ASCs this past year in the frequency with which care providers comply with recommended hand hygiene practices. The members agreed to maintain an aggressive campaign to maintain our gains and improve our rates.

The rates for all 5 measures related to how often hospitals carry out the evidence based recommended processes to prevent surgical infections remain well above the national average on a scale where 100% is best practice.

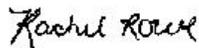
The major accomplishment of the Commission in year 5 was the new focus on promoting the Science of High Reliability at all organizations and the statewide initiative to promote adoption of a surgical safety checklist in all New Hampshire hospitals and ASCs. New Hampshire is the only state in the country to have every hospital and participating ambulatory surgery center committed publicly and at the leadership level to adopting a surgical safety checklist in all procedure areas.

The Commission will begin Year 6 in July 2010 continuing our focus on decreasing preventable harm by promoting high reliability organizations, adopting evidence-based best practices, and working to establish Just Cultures within our institutions.

The Commission voted to adopt this fifth year report of the New Hampshire Health Care Quality Assurance Commission.

For questions, please call: Ross Ramey, MD, Commission Chair: 924-7191 or Rachel Rowe, Administrator 225-0900.

Respectfully submitted,



Rachel Rowe
Administrator, NH Health Care Quality Assurance Commission