

*Maine Hospital Association*

**Quality Initiatives in Maine Hospitals**

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*In The Public Interest*



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***Grant me strength, time, and opportunity, always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend infinitely to enrich itself daily with new requirements. Today we can discover our errors of yesterday and tomorrow we may obtain a new light on what we think ourselves sure of today.—Physicians' oath of Maimonides***

For as long as there have been ill people, there have been others who have cared for them, treated their ailments, wiped their fevered brows, held their hands, calmed their fears. Even before there were cures, there was care.

Today most ailments can be treated and many can be cured. But, quality care goes beyond giving medicine or performing surgery. Quality care involves the whole patient—the human being, not just the ailment.

Likewise, quality in hospitals isn't only about giving the right treatments. Quality is about treating patients with care, concern and humanity. Quality also is about providing a safe environment for staff, so they are free to focus their attention on their patients.

For example, hospitals evaluate their responses to particular diagnoses to ensure that the best therapy is administered. Patients are asked their opinions of their hospital stay and the care they received. Doctors, nurses and other caregivers read works of literature to help remind themselves of the human aspect of care. Hospitals strive to reduce needle sticks and allergic reactions to latex among their staff by providing specialized equipment.

The member hospitals of the Maine Hospital Association are committed to internal quality improvements. This report briefly outlines some of the quality initiatives in which Maine's hospitals participate. Hospitals are involved in many more programs than the examples offered here. Not every hospital takes part in every available program, but all have comprehensive quality programs. It's in the public interest.

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***The mission of the Maine Hospital Association is to provide leadership through advocacy, information and education to support its members in improving the health of the patients and communities they serve.***





### Culture of Safety Resource

MHA is committed to fostering the creation of an environment in which hospitals can learn from failure. This goal can be achieved only if we avoid blaming individuals and organizations for errors and instead focus on preventing future errors by designing safety into every element of the healthcare delivery system. To that end, MHA has published and distributed to its members a “Guide to Creating and Sustaining a Culture of Safety in Maine Hospitals.” The guide describes characteristics of a culture of safety, including the importance of an organizational statement of safety as an institutional goal, the establishment of a safety program with clearly defined functions, open communications, safety design, employee and physician involvement and accountability.



**“Patient Safety:  
Sharing Strategies & Solutions  
to Reduce Medical Errors”**  
...a series of educational sessions for  
management and clinical staff designed to  
provide practical information on how to improve  
patient safety and reduce medical errors.

### Patient Safety Education

MHA organized a two-day statewide conference in 1999 to lay groundwork for a focused, statewide patient safety initiative in Maine. Featured speakers included Carol Haraden from the Institute for Healthcare Improvement and Charles Inlander from the People’s Medical Society.

That conference was followed by a day-long Patient Safety program featuring such nationally known speakers as John Nance and Joanne Turnbull of the National Patient Safety Foundation. In May, 2002, MHA kicked off a year-long effort to promote improvement in patient safety in Maine hospitals with a conference that included nationally prominent speakers. This series involves meetings of collaborative hospital-based process improvement teams and serves to foster work on projects aimed at reducing medical errors.



### Medication Safety Initiative

Using information gathered from hospitals throughout Maine, the physicians, nurses and pharmacists who make up MHA’s Patient Safety Committee issued a series of process improvement and training recommendations aimed at reducing the risk of medication errors. Hospitals have made changes based on these recommendations to improve medication safety in their facilities.

Through a collaborative effort between MHA and the Institute for Safe Medication Practices (ISMP), hospitals are benefiting from ongoing standardized information on medication safety published through ISMP’s bi-monthly Medication Safety Alert.



### Patient Medication Resources

MHA has developed a brochure that hospitals can use to encourage patients to take a more active role in their care. *Medication Safety: It Begins with You* discusses the importance of knowing the type of medications patients take and why, and highlights the questions patients should ask to reduce medication errors and adverse drug reactions. A card for consumers is provided to help them keep track of medications prescribed.

### Cardiovascular Care Initiative

This Maine Hospital Association effort is aimed at promoting quality improvement by supporting the implementation of best practices in cardiovascular care. A support network for participating hospitals concentrates on data collection and analysis with dialogue regarding process changes that promote compliance with accepted measures of clinical outcomes.

This project focuses on established clinical performance indicators for acute myocardial infarction (AMI) and congestive heart failure (CHF) by measuring such things as the early administration of aspirin for AMI patients and treatment, when appropriate, with angiotensin-related drugs for CHF patients.



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### Maryland Quality Indicator Project

MHA sponsors this clinical outcomes measurement program to provide members with a uniform comparative analysis tool for internal performance assessment. The program includes acute care, psychiatric care, long-term care and home care components. For example, the program allows participants to track the management of labor, the number of unplanned readmissions following surgery, neonatal mortality, use of physical restraints and pressure ulcer prevalence.

MHA hosts user group meetings to advance learning, facilitate discussion of how organizations collect data and to improve care. This project has been underway at MHA since 1992.



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### Promises to Keep/Palliative Care Network

MHA sponsored this first-of-its-kind effort in Maine aimed at improving care of the dying in November, 1999. The initial project brought interdisciplinary teams from hospitals together to focus on improving pain management, the transition from curative to palliative care, advanced care planning, bereavement and other support services. Participating hospitals all demonstrated improvements in their chosen area of focus.

This effort gained national attention. MHA was invited to compete for Robert Wood Johnson Foundation funding to broaden its efforts in end-of-life care. In February, 2001, MHA was awarded a grant to help support its Palliative Care Network, which continues to promote improvements in end-of-life care and the development of organized palliative care models in healthcare facilities.



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### Latex Reduction Project

Hospitals have been active and aggressive in addressing the potential for latex allergies including reducing the use of latex products and providing latex safe environments for personnel and patients with latex sensitivity. Hospitals follow risk reduction guidelines by:

- Identifying and reducing sources of latex in the organization;
- Providing suitable non-latex alternatives for those with sensitivity or allergy to latex;
- When selecting latex gloves, choosing those that have lower protein content or are powder-free;
- Developing latex safe zones in the workplace—areas in which non-latex products are used and latex proteins minimized.