NH Health Care
Quality and Safety Commission

Annual Report of the
New Hampshire Health Care Quality and Safety Commission

September 1, 2020

RSA 151-G: 1 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 hospital and free standing ambulatory surgical center (ASC), a designee of the Commissioner of the Department of Health and Human Services and three "at large" public members.

Members of the Executive Committee include:

Chair	**Natalie Gosselin,** MS, RN, CPHQ, CSSGB Executive Director, Quality & Performance Improvement Catholic Medical Center, Manchester
Vice-Chair	**Lori Underwood,** OTR, MBA, CPHQ VP, Ambulatory Services New London Hospital, New London
Past Chairs	**Lori Key**, RN, MBA Associate Chief Quality Officer - Quality Assurance & Safety Dartmouth Hitchcock Medical Center, Lebanon
	***Marge Kerns,** RPh VP, Clinical Services LRGHealthcare, Laconia
	***Jean Corvinus**, RN, BSN, MS, CPHQ, CPPS Director, Quality & Performance Improvement Frisbie Memorial Hospital, Rochester
At Large	**Jennifer Costain**, MS, CPHQ, CPPS Senior Director, Quality and Patient Safety Exeter Health Resources
	Melissa Howard, MHA, BS, RN, CPHQ Director of Quality, Infection Prevention and Service Excellence Speare Memorial Hospital, Plymouth
	Sue Majewski Chief Operating Officer Bedford Ambulatory Surgery Center, Bedford
	Christopher Tkal VP, Operations, Quality & Patient Safety Cheshire Medical Center/Dartmouth-Hitchcock, Keene

*Resigned from Commission effective October 2019 due to job changes.

Executive Summary

The following principles were utilized as a guide by the Commission in our efforts to promote high quality and safe care to all patients seeking services in our organizations. Agenda planning incorporated these principles, including timely topics that support those principles.

Guiding Principles:

- ☑ Promote High Reliability Organizations
  Improving systems and standardizing processes to yield best outcomes, and to detect and manage unexpected events before they escalate into situations resulting in harm to patients or employees.

- ☑ Establish 'Just Cultures' within our Organizations
  Creating cultures of safety where staff and providers involved in an error are treated fairly in the investigation process and we clearly understand contributing factors that involve differentiating system and human failures from reckless behavior.

- ☑ Adopt Evidence-Based Best Practices to Improve Outcomes
  Using scientific studies to select interventions that are proven to improve outcomes and avoid harm.

- ☑ Patient Experience
  Creating a forum for patients to have open conversations about their experiences and needs and wants as invaluable information in the design and improvement of care and service delivery.

Organizational Structure and Activities

The Commission is working under the protection of RSA 151:13a and RSA 329.29A.
A significant change occurred this year with the passage of Senate Bill 26. This bill was signed by Governor Sununu on July 12, 2019. We are now known as the NH Health Care Quality and Safety Commission and added four new members representing New Hampshire Hospital, Hampstead, Northeast Rehab and Encompass Rehab. We welcomed them at the October meeting, after all new members were named and received an orientation. The bill also made the Commission a permanent entity. We cannot underestimate the importance of the Commission becoming permanent which underscores the value the Commission brings by creating a cohesive approach to quality and safety across the state. The high level of engagement, collaboration, learning and support that members offer to one another both during and between meetings is invaluable. The depth of resources made available to all through the sharing of ideas, strategies, experiences and insights is remarkable.

All other new members received an orientation and signed confidentiality agreements to allow for free exchange of sensitive information among members. All meetings were coordinated, and minutes recorded, by an administrative representative of the Foundation for Healthy Communities.

Through our public members, we continue to develop more meaningful ways to encourage patients to partner with their clinicians to ensure optimal health benefits. Their presence also improves our effectiveness in the messaging of what we are trying to accomplish, as they add tremendous insight and value by bringing the voice of the public to our discussions.
During the past year Sara Meade served as the public representative. We are currently seeking to fill vacancies of our other two public members who resigned this year due to other commitments

During its fifteenth year, the Commission met four times on the following dates:
2019: August 2 and October 11; 2020: January 10, and March 6
Our May 3rd meeting was canceled due to the COVID-19 Pandemic and meeting restrictions.
The Executive Committee met immediately after each meeting to debrief meeting content and to set agendas for future meetings with suggested topics that reflected current priorities focused on eliminating harm and improving quality.

This year we introduced a standing agenda item known as Ice Breakers, to start the meetings which allowed members to offer input on a variety of topics. They included:

- What committees do patients and / or family members serve on / participate in at your organization?
- What is the most compelling story in your PI / quality journey?
- How do you entice / incentivize providers to be engaged in quality improvement efforts?

Prevention of Harm topics the Commission focused on this year included:

☑ Shared learning, resources and best practices from the **National Partnership for Patients** initiative with ongoing communication about educational offerings focused on harm prevention topics.

☑ Continued encouragement of the adoption of a **'Just Culture'** in our organizations with ongoing education using practical examples of its application through presentations by members and educational approaches used by all to reinforce the principles of a culture of safety, with particular emphasis on reporting adverse events and near misses, and how feedback is provided to staff and how reports are analyzed for severity.

☑ Each member completed an assessment of their organization using a tool focused on three dimensions of **High Reliability**: Leadership, Safety Culture and Process Improvement with a review of the results by domain and category. Recognizing that attaining and sustaining the attributes of highly reliable organizations (i.e. organizations

that operate within high risk environments such as aviation, nuclear energy, and healthcare but can manage in way that avoids harm from intrinsic risks) takes many years to achieve. Periodically completing the High Reliability assessment enabled organizations to identify areas of opportunity for additional focused organizational development and provided insight into core strengths. Members who achieved greatest strengths shared examples of their approaches. This survey was based on an article that was distributed to all: HRO: High-Reliability Health Care: Getting There from Here, by Mark R. Chassin and Jerod M. Loeb of The Joint Commission.

☑ A meeting included an introduction to Kristi Holtz, the new Bureau Chief for the Medicare Certification Unit and Survey Team, with two surveyors in attendance. They offered an update about **survey activity**, areas of focus, how the department receives complaints and process followed to address grievances. An outline of the complaint process in the State Operations Manual, as well as a new surveyor training website was made available to all.

☑ An in-depth discussion about current practices in the **prevention of hospital acquired pressure injuries**, the leading number of Adverse Events in the State of NH, per the 2018 Adverse Event Report. Factors which may be contributing to an increase in these reported events may be a focus on strengthening the culture of reporting, more accurately capturing events thru actual clinical documentation, and greater expertise in wound care nursing. Resources were shared as well as activities in NH hospitals in response to these events, such as creation of wound care champions broadened to include other disciplines, a two person head to toe assessment at every handoff, recognition of device related injuries with modification of product use, and attention to need for repositioning in bed and mobility programs.

☑ Increased awareness of emerging threats in the area of **health care associated infections and outbreaks** through regular updates by Dr. Ben Chan, our State Epidemiologist and Commission member. These included the emerging Hepatitis A outbreak with importance of vaccination to reduce spread, prevention, testing, and treatment of Tick Born disease, management of hospital acquired C. Difficile, and need for continued attention to antibiotic stewardship with discussions about best practices to address immediate threats and reduce risks.

☑ An early warning in January of a CDC Health Alert Network raising concerns about a cluster of viral pneumonia, called Wuhan Upper Respiratory Syndrome (WURS) originating in animals in Wuhan, China. In March we received a State of NH **COVID-19** Infectious Disease Update which included early guidance about testing while trying to understand what was happening in the communities regarding spread. There was acknowledgement of the challenge to stay abreast of rapidly changing guidance from CDC, and that NH DHHS was striving to be flexible and adaptive with CDC guidelines that were most reasonable to apply at the local level.

☑ A presentation from the Director of the **Behavioral Health Learning Collaborative**, a program designed to address the management and treatment of patients experiencing mental health crises in the emergency department (ED) setting. The Collaborative brings together frontline ED and Community Mental Health Center professionals, alongside other interested stakeholders, to work in partnership on clinical improvement initiatives for these patients. The goal of the Behavioral Health Clinical Learning Collaborative is to develop a well-integrated service system that provides the most suitable care for patients experiencing a psychiatric emergency. Objectives were reviewed and highlights of current work including standardizing the approach for suicide risk assessment reviewing clinical tools; addressing issue of stigma; integrating plans of care; etc. The Collaborative is very interested in workplace safety, so we wanted to ensure our efforts were aligned.

☑ Engagement of Commission members in the development of a **Clinician Peer Support** program via a survey to assess interest in this program, importance of Leadership support and finding champions which will be critical to successful implementation. Discussion of next steps included need to determine organizational support for this program, prior to training peer supporters. An initial meeting in November provided information and tools to build a program within participating organizations that will support a Peer Support Program.

☑ Developing an understanding of best practices for patients with a **Substance Use Disorder** through a presentation from Directors of a Recovery Program and Substance Use Services. This included a focus on reducing stigma, the number one barrier to someone seeking treatment for SUD and why language matters since the language we use can be very stigmatizing. Understanding there are multiple pathways of recovery and that people can recover was emphasized but expectations also need to be more realistic as there are many underlying issues that need to be addressed. They reviewed self-management and recovery techniques and described the work of their coalitions that focus on prevention and intervention.

☑ Identifying Barriers, Challenges, & Solutions to Reporting **Workplace Safety** Events was a topic at multiple meetings. A summary of activity in NH that described efforts related to Workplace Safety from 2016 to current was distributed. This included all the discussions and presentations at the Commission, conferences / workshops, data and measurement. This work was presented to the NHHA Board to emphasize the importance of topic and need for senior leadership support. Members identified need for more widespread de-escalation training. Debriefing and emotional support are also critical post event.

☑ An overview of the **Granite State Health Care Coalition** (GSHCC) was provided by the Program Director, and its role in emergency preparedness, serving as a multiagency, coordinating groups that support and integrate with ESF-8 activities in the context of incident command system responsibilities. This included overall Healthcare Preparedness

Activities for COVID-19 in early March, just as the pandemic was unfolding in NH. The list of deliverables that they are accountable for was reviewed. the,

- ☑ **Engaging patients and / or family members** to serve on or participate on committees or projects at your organization was a topic of great interest. According to the Director of Patient Family Engagement at FHC we are underutilizing the expertise of patients and families. She provided an overview of the evolution of PFE, including patients as partners, offering examples of direct care engagement direct care engagement. A variety of ways that organizations have used as engagement strategies was shared and a handout called "A 'How to' for Adding Patient & Family Advisors to Hospital Committees and Special Projects" was provided. Members were shown an online PFE curriculum that is accessible to all, that is interactive and has modules for staff as well as patients and families.

- ☑ Celebrating **Patient Safety, PI and Quality Success** - Members shared their success stories to celebrate National Patient Safety Awareness Week (March 8th – 14th, 2020). New Hampshire hospitals and ASCs have done some innovating and amazing work, so it is was great to hear their stories. Our public member reflected on all that she heard and commented on the depth and breadth of work represented. She also reinforced the importance of including the patient experience in all that we do.

- ☑ Ongoing collaboration with the State of NH Licensing and Regulation Services staff to share feedback about the process of reporting **Adverse Events**, optimize shared learning from events, distribution of reported events for validation purposes and ensuring adherence to a flowchart of reporting / feedback loops to the department.

An Important Note:

The COVID -19 Pandemic has had significant impacts on the work of the Commission and overall quality initiatives due to the need for focused attention on prioritization of preparation of potential patient surge and ensuring the safety of all staff and patients. We were not able to hold our May meeting due to Stay at Home Orders. The publication of the NH Adverse Event Report for 2019 and the State of NH Healthcare-Associated Infections 2019 Hospital & ASC Reports 2019 Health were not available at the time of this report writing, which are usually referenced and reflected upon.

Summary

Year 15 continued to bring NH hospitals and ASCs together to focus on the prevention of medical harm and continuous learning. Our topics have aligned with other efforts in the state including the work of many divisions within the Department of Health & Human Services, the NE Quality Innovation Network, Partnership for Patients and other professional organizations, to complement work and avoid redundancy. We are especially appreciative of our members who so willingly share their experiences, programs and methods for promoting the best patient safety practices.

The Commission began Year 16 in August 2020 with a continued focus on decreasing preventable harm by promoting high reliability organizations, adopting evidence-based best practices and continuing work to establish 'Just Cultures' within each institution. All public documents related to the Commission can be found at www.healthynh.org.

For questions, please call:
Lori Underwood, Commission Chair: 526-5055 or Anne Diefendorf, Administrator: 415-4271.

Respectfully submitted,

Anne Diefendorf

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NH Health Care Quality and Safety Commission

Foundation *for*
Healthy Communities