

2012 *highlights*

The Minnesota Hospital Association exists to help its members advance their missions. MHA worked tirelessly throughout the year to ensure that the association's financial and human resources were used effectively and innovatively. Through the support of and partnership with members, MHA helped move health care forward.

Advocating for Minnesota's hospitals

In the 2012 legislative session, MHA advanced regulatory relief initiatives and prevented additional new administrative burdens for hospitals on the following issues:

- Repealed authority given to the Minnesota Department of Health (MDH) to "review and approve" hospital community benefit activity — keeping community benefit decisions with hospitals and their communities.
- Working with the Minnesota Medical Association, successfully obtained a fix to the Provider Peer Grouping law to ensure greater verification of data prior to publication, use of the most timely data available, and to provide a role for stakeholders, including hospital and health system representatives, on an advisory work group.
- Secured passage of e-prescribing of a controlled substance, allowing Minnesota law to conform to the DEA's federal regulation and allowing controlled substance prescriptions to be made via electronic prescription.
- Prevented a hearing on the Minnesota Nurses Association's bill that would set government mandated nurse staffing ratios.
- Successfully removed a provision in the Health & Human Services omnibus bill that would have mandated that hospitals participate in Leapfrog reporting.

MHA also:

- Convened a health care reform task force to develop recommendations on health care payment and delivery reform.

- Pressed CMS to change physician supervision requirements from direct to general for 28 outpatient therapies.
- Arranged personal meetings with legislative caucus leaders to communicate the hospital community's key issues.
- Continued to monitor state task forces and work groups overseeing the implementation of health care reform, and communicated MHA's support for the expansion of Medicaid to 133 percent of the federal poverty level.
- Urged restoration of cuts to the Medical Education and Research Costs program.

Communicating the hospital perspective

- The MHA website was entirely rebuilt with a fresh, visually engaging modern look and a more user-friendly navigation.
- Launched a Facebook page where we share hospital stories and help spread the message about the high quality, safe care delivered in Minnesota's hospitals.
- Increased MHA's presence on Twitter, where we engage members, the media and legislators on the latest in health care news and legislative and policy information.
- MHA is seen as a resource to the media, speaking on behalf of hospitals on important issues such as the June Supreme Court decision on the Affordable Care Act.

Advancing Minnesota's nation-leading patient safety and quality

- Obstetrical adverse events
- Pressure ulcers
- Preventable readmissions
- Surgical site infections
- Venous thromboembolism (VTE)
- Ventilator-associated pneumonia (VAP)

Best overall health care quality

The federal Agency for Healthcare Research & Quality's (AHRQ) ranks Minnesota as having the best overall health care quality in the nation. Minnesota has the fourth highest quality score for hospital care and is first for ambulatory care. AHRQ has been releasing its "State Snapshots" report annually since 2004. Since 2006, Minnesota has ranked in the top three states. This report is considered the gold standard for measuring the health care quality performance of states. In addition, the Centers for Medicare and Medicaid Services shows that Minnesota is among the lowest cost states for hospital care. Adding these factors together, Minnesotans are getting the best health care value of any state in the nation.

Reducing readmissions

Minnesota hospitals are making great strides in reducing avoidable readmissions. According to data from the second quarter of 2012, Minnesota hospitals participating in the RARE (Reducing Avoidable Readmissions Effectively) campaign have prevented 3,128 readmissions since 2011.

Partnership for Patients

104 MHA members are actively participating in the federal Partnership for Patients initiative with the goal to reduce hospital-acquired conditions (HAC) by 40 percent and readmissions by 20 percent by the end of 2013. Of these, 45 hospitals have committed to focus on all 10 CMS-defined hospital-acquired conditions. In addition, 22 Minnesota hospitals are participating in other Partnership for Patients Hospital Engagement Networks. Partnership for Patients has identified 10 areas of focus, many of which align with patient safety initiatives already underway in Minnesota:

- Adverse drug events (ADE)
- Catheter-associated urinary tract infections (CAUTI)
- Central-line-associated bloodstream infections (CLABSI)
- Injuries from falls and immobility

Drug Diversion

The Controlled Substance Diversion Coalition, convened by the Minnesota Department of Health and the Minnesota Hospital Association and made up of hospitals, health care providers, state government and law enforcement, came together in May 2011 to prevent theft of prescription drugs by health care workers, patients, families, and visitors, and to raise awareness about the issue within health care settings. The Coalition developed a road map and tool kit of best practices to help improve health care providers' controlled substance storage and security, procurement, prescribing, preparation and dispensing.

Additional patient safety highlights include:

- MHA received the Minnesota Alliance for Patient Safety's Dissemination/Spread Award for our Call-to-Action framework for our patient safety initiatives.
- Working with the Minnesota Department of Health, MHA increased the number of hospitals with hard-stop policies to eliminate early inductions to 88.
- 87 members and 29 ambulatory surgical centers have signed on to the Time Out Campaign to help eliminate wrong-site, wrong-procedure and wrong-patient events. Prior to the campaign's launch, the average number of days between wrong-site procedures was 11. Since the launch of the campaign, the average number of days between events rose to roughly 16.
- As a result of the focused patient safety efforts by members, patients experience 1,152 fewer pressure ulcers per year, and more than 2,800 fewer falls per year.

Developing a future workforce

- MHA re-launched the employee retention tool kit, providing real life examples from MHA member hospitals and a self-assessment worksheet for six areas of retention: career growth and development; culture and values; cultural and generational diversity; human resources; new employee on-boarding; and workplace design.
- MHA urged restoration of cuts to the Medical Education and Research Costs program.

Providing hospital leaders with the information they need

- MHA convened its first annual Professional Development for Physician Leaders conference, a two-day conference designed to transform physician leadership at all levels and help build the next generation of physicians who will successfully lead health care in Minnesota.
- MHA provided more than 60 one-day workshops and webinars to meet the varying needs of members and keep them up to date on the latest health care related information.
- 260 hospital leaders attended the MHA Annual Meeting, where they heard from forward-thinking speakers and shared best practices on how to move health care forward.

Bending the cost curve

- According to statistics from the Minnesota Department of Health, Minnesota has begun to bend the cost curve. Minnesota's total health care spending grew at a slower rate from 2007 to 2010, hitting its lowest rate of growth in more than 10 years.





Minnesota Hospital Association

MISSION

To enhance the ability of the members to achieve their missions and goals.

VALUES

Commitment to affordable access to quality health care for all Minnesotans.

Trust and integrity.

Leadership through knowledge-based solutions.

Collaborative solutions.

Organizational accountability.

Community of interests.

VISION

To be the state's most influential, trusted and respected leader in health care policy and advocacy, and a valued resource for information and knowledge.