

**TESTIMONY
BEFORE THE HOUSE
GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE,
DRUG POLICY AND HUMAN RESOURCES
REGARDING MARYLAND GENERAL HOSPITAL**

BY

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Good morning Chairman Souder, Congressman Cummings, Members of the House Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources, and other distinguished government officials.

Thank you for allowing me to speak with you today. My name is Edmond Notebaert. I am the President and Chief Executive Officer of the University of Maryland Medical System, which is the parent organization of Maryland General Hospital. I have been the President and CEO of University of Maryland Medical System, which I will refer to as "UMMS" since September 1, 2003. Prior to joining UMMS, I served as President and CEO at Children's Hospital of Philadelphia Health System for 13 years. I have more than thirty years of health care management experience in urban hospitals.

In my testimony before this Committee on May 18, 2004, I addressed how the System investigated the issues that Maryland General Hospital recently confronted and developed a comprehensive approach to change not only the laboratory but also the management and quality systems throughout Maryland General Hospital. Specifically, I discussed the changes we have implemented in the Maryland General Hospital laboratory to make it one of the best labs in the country, and to refocus the corporate culture towards quality, transparency and community integration.

Our approach includes hiring Park City Solutions ("PCS"), the leading laboratory consulting and management services provider in the United States and Canada, which continues to provide lab management services to Maryland General Hospital. PCS has been engaged to enhance quality throughout the laboratory, operate the laboratory on a day to day basis, review and revise policies, procedures and processes within the laboratory, perform equipment validation, supervise each section of the laboratory, and train laboratory personnel. PCS will

remain in charge of the day to day operations of the laboratory until it has implemented necessary processes and trained personnel so that they are fully capable of performing all necessary job functions.

Dr. John Braun was also appointed by the Maryland General Hospital Board as the Laboratory Medical Director and Technical Supervisor. Dr. Braun's job duties include oversight of the quality and compliance of the laboratory, and in cooperation with PCS, he is overseeing the development and implementation of corrective action plans.

We also have implemented significant changes in personnel and processes at the laboratory level to ensure that the appropriate quality controls are in place. Those changes include adding and training new staff. For example, in the past, monitoring the quality control systems in the lab was the responsibility of one person who also had a number of other responsibilities. Now we are in the process of recruiting a full time quality control supervisor for the lab. In the interim period, PCS is filling this role. Moreover, all new laboratory personnel are being trained, and annual training will be conducted for all existing personnel. We are confident that these changes serve to increase both the capabilities and job satisfaction of staff members in the lab as well as increasing supervision of staff in the lab. In fact, from March 2004 until June 2004, we reduced the turnover rate of laboratory staff from 35% to 6%.

As an effort to remedy the immediate issues, we voluntarily implemented a patient notification and retesting process to locate, notify and retest every patient and employee who had been tested on the Labotech machines at Maryland General Hospital. We continue to expend considerable effort to locate and contact all patients who were identified as having been tested on the Labotech machine. The vast majority of tests have been reconfirmed. In particular, 99.4 % of HIV test results have been reconfirmed to be consistent with the original tests.

Significantly, these actions are just a beginning. Our comprehensive approach at Maryland General Hospital goes beyond instituting new quality control systems in the laboratory. It also includes fundamentally changing the existing culture and instituting a new management philosophy. In that regard, Maryland General Hospital is currently undergoing a significant transformation in order to refocus its corporate culture on quality, transparency and community integration. We have started by changing the key management personnel at Maryland General Hospital starting with a search for a new CEO who will understand accountability. During Maryland General Hospital's period of transformation, the System has assigned to Maryland General Hospital a new and well respected Medical Director, Dr. Glenn Robbins, who was the senior vice president and Chief Medical Officer at another UMMS hospital. He has begun developing System-wide quality measures and a set of hospital-wide quality indicators. He also works closely with Maryland General Hospital's Board to facilitate a hospital-wide assessment of all quality improvement systems and to implement immediate action to correct any identified deficiencies.

In addition, Maryland General Hospital's Board has changed to reflect the new management philosophy and includes recent additions: Jerry Lymas, a Baltimore community activist and entrepreneur, Ken Harris, a Baltimore City Council member and H. Mebane Turner, ED., the former President of the University of Baltimore. Each of the Board members actively embraces the new direction and spirit of change at Maryland General Hospital. The Board of Maryland General Hospital is also participating in a system-wide assessment of governance which will review present approaches to governance and develop a blueprint for the best governance model for the future. One of the goals of that assessment is to ensure appropriate reporting of information to the Board by Maryland General Hospital's senior management.

Maryland General Hospital also has hired new personnel such as a new Director of Community Outreach, Keith Hobbs. Mr. Hobbs has been initiating meetings with dozens of community organizations, churches, not for profit agencies, government officials, providers and other entities to expand the dialogue with such community organizations and to promote partnering opportunities, including health fairs and screening programs.

The changes at Maryland General Hospital are sweeping and the process is comprehensive. We envision the new management personnel to be aggressive and ambitious in achieving quality outcomes, able to see the potential in the organization and anxious to facilitate that potential, and fully engaged in taking the resources available to make all of our hospitals the best they can be. Ensuring that quality services are provided at Maryland General Hospital is our most important goal and we are focused on making that goal a reality.

Our comprehensive approach is also focusing on employee complaints and the process by which those complaints are raised and addressed. Because this issue was raised by Ms. Theresa Williams in her May 18, 2004 testimony before this Committee, we want to inform this committee of our initiatives and set the record straight regarding this issue. During her testimony, Ms. Williams alleged that the laboratory staff at Maryland General Hospital did not or could not air their complaints out of a fear of retribution by the administration. However, our review of this issue has established that several of the laboratory staff members, including Ms. Williams, brought their complaints to the attention of the Human Resources Department on a number of occasions. Those complaints specifically addressed the managerial style and qualifications of the top two managers of the lab. While the Human Resources Department attempted to resolve the issues Ms. Williams and others presented, it apparently did not adequately resolve those issues to the satisfaction of certain laboratory staff. It is critical to note

that no lab staff member was ever terminated after raising any complaints as implied by Ms. Williams. Our review also indicated that actions or inactions by certain prior management personnel created a bottleneck that slowed the flow of necessary information to top management and the Board regarding the issues in the lab.

As a result, we are in the process of enhancing the various reporting avenues available to staff throughout Maryland General Hospital to ensure that all staff are able to communicate any concerns effectively to the appropriate leadership, especially in an instance where concerns have not been appropriately resolved.

In the event that a staff member is concerned about some actual or perceived problem in the lab, or throughout Maryland General Hospital, that staff member is able to discuss that issue with the appropriate department leadership. If the issue is not resolved to that staff member's satisfaction, or if the issue involves that department's leadership, that staff member is able to directly contact the Maryland General Compliance Officer or the Compliance Manager. Where preservation of anonymity is important, that staff member may contact the Compliance Department by use of a 1-800 Hotline number which has been implemented to address specifically such types of calls. Staff members are made aware of the Compliance Office telephone numbers as well as the Hotline number through flyers, the monthly hospital newsletter, and new employee orientation. The telephone numbers also are included in the MediTech computer information system that staff must access to maintain patient data. The Compliance Office documents and investigates each call. At the conclusion of the investigation, if the Compliance Office determines that the complaint has merit, it will direct the appropriate department director to address, and if necessary, to create and implement a Corrective Action Plan. The Compliance Office will then monitor the progress of the department director's

activities, including the Corrective Action Plan to ensure the issue is resolved. A summary of each call is also presented to the Board's Corporate Compliance Committee, which meets every two months.

In addition, all staff members now have the option of contacting Maryland General Hospital's Department of Quality Improvement and Risk Management by completing a Risk Occurrence Report form to report an issue. These reports may be filled out anonymously if the staff member so chooses. Each report is analyzed, and appropriate corrective measures are assessed and implemented. Further, the Department of Risk Management has recently enhanced its data collection systems to track all reported occurrences as well as the progress of any Corrective Action Plan that is being acted upon. Summary reports of any occurrences are also circulated to each departmental vice president as well as to the Board's Professional Affairs Committee.

Finally, a staff member has the option of contacting me or my staff directly. We have implemented and advertised a new web-based feedback form that allows staff members to directly and confidentially contact me about their concerns. Once I receive any such forms, I will either direct the issue to the Chief Medical Officer to investigate and report back to me, and I will oversee the resolution of the issue, or, I, as a board member, will bring that issue directly to the attention of the Board of Maryland General Hospital for resolution. In addition, management is now empowered and instructed to report to the UMMS's VP for Strategy and Corporate Operations when any other management staff member is unresponsive to staff issues.

Although enhancing the various avenues for a staff member to report a potential issue is vital to improving quality, our comprehensive approach is also directed at enhancing systems

that foster the prevention or the early identification of quality issues about which employees may be concerned. By implementing such measures, we will mitigate and potentially eliminate the need for a reactive employee complaint system by acting in a more proactive manner to identify potential issues before they become problems. To that end, we have implemented several specific changes in mandatory reporting mechanisms at the System level, and at the hospital level. Specifically, at the System level, we have created new reporting systems so that the System's management is made aware of certain issues identified at a facility. For example, we now require that all surveys and reports issued by third parties, including regulators and accrediting agencies, be submitted to the corporate office for our review and also to the Maryland General Hospital Board.

The changes made by the System require all outside reports about Maryland General Hospital to be disseminated to Board members and System executives to better hold hospital management accountable. Our efforts to expand the circulation of such information is continuous and, as we speak, the Maryland General Hospital Board is reviewing how its structure can be enhanced and streamlined so that information about Maryland General Hospital, good or bad, is disseminated to the appropriate Board members and Committees, and any problems are properly detected early and resolved quickly.

At the Hospital level, each department has a compliance workgroup aimed at identifying problem areas based on personnel concerns and 'hot topic' issues as expressed by the Center for Medicare and Medicaid Services, or in the United States Department of Health and Human Services Office of Inspector General's Annual Work Plan. The issues that are identified by each of these workgroups in their periodic meetings are conveyed directly to the Compliance Office because the Maryland General Compliance Manager attends each of those meetings in an effort

to coordinate the work of the various workgroups. Issues that are raised in those workgroups or otherwise discovered are investigated thoroughly by the Compliance Office through its proactive audit function, and reported to the necessary persons at Maryland General Hospital, the Maryland General Board or the System as appropriate.

In addition, we have created new reporting relationships and data elements that must be reported in an effort to create sufficient redundancy so that identified issues are brought to the appropriate person's attention. At the lab level, PCS has conducted a top to bottom audit of the laboratory and fast-tracked the implementation of any necessary changes including new policies and procedures for the lab. The lab is now generating on a daily basis a lab proficiency testing report. Those reports monitor the accuracy of lab instruments. Each day, Dr. John Braun reviews the reports and implements any needed changes to correct an identified deficiency. As I have mentioned, we have also redesigned the supervisory structure in the lab to eliminate any ambiguity and ensure clear accountability. All functions of the Lab, including reporting by the lab technicians are reported to the Lab Director. In turn, the Lab Director reports administrative issues to the Senior Vice President of Administration and medical/technical issues to the Senior Vice President of Medical Affairs. Each of those Senior Vice Presidents, in turn, sits on the Hospital's Health Quality Control Committee, which reports to the Board.

Equally important is initial and ongoing training of the hospital staff in various aspects of their positions and in the general policies and procedures at Maryland General Hospital. For example, in the lab, we are implementing a training system that tests an individual's proficiency in their position through written and practical testing as well as one-on-one observation. Such proficiency training will be conducted for all new employees, at the new employee's six month employment date and annually thereafter. In addition, we are implementing a system of in-

services in the lab to refresh and retrain staff about techniques and other important processes. We are also developing an additional level of monitoring compliance with the reporting systems that will serve to alert leadership whether or not there is a lapse in quality controls.

The transformation of Maryland General Hospital will continue with the development of additional reporting mechanisms. For example, the System is currently developing a system-wide report card that monitors twenty nine different quality indicators. Those quality indicators are tracked for each of the System's hospitals. This permits the System to compare each hospital to other System hospitals as well as to national data. The data obtained by these report cards will be analyzed and used to detect potential areas of weakness for a hospital or the System. As such areas are identified, we will implement plans to resolve those issues.

Finally, we in leadership positions at the System level, and at the Maryland General Hospital level, are working hard to establish a system of transparency, and to convey the message to all that the new corporate culture will not tolerate any lax quality standards or nondisclosure of information. We have implemented, and will continue to implement, significant changes throughout the System to assure that the System, Maryland General Hospital and its lab will be a model in the state and the country and will serve as a true partner in the health and well-being of the community. I assure you that Maryland General Hospital is on the right path to becoming a great hospital whose goal is to provide the highest quality care to the community it serves. I believe that we have responded to the issues identified in an immediate, decisive and appropriate way.

Thank you for allowing me to speak with you today.