



NH Health Care
Quality and Patient Safety Commission

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

June 1, 2025

RSA 151-G: 1 established the New Hampshire Health Care Quality and Patient Safety 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 New Hampshire Health Care Quality and Patient Safety Commission (NHHQPSC) 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 (DHHS), and three 'at large' public members.

Members of the Executive Committee include:

Chair

Hannah Sharp, MS, RN, CNL, CPPS
Patient Safety Officer
Elliot Hospital, Manchester

Vice-Chair

Mallory Hamilton, MSN, RN, CPHQ, CPPS
Senior Director of Quality & Patient Safety
Exeter Hospital, Exeter

At Large

Kelly Hussey
Director, Quality & Risk Management
Cottage Hospital, Woodsville

Sue Majewski, CASC
Chief Operating Officer
Bedford Ambulatory Surgery Center, Bedford

Otelah Perry, MS, MT(ASCP), CPPS, CPHQ, CMQOE (ASQ), LSSBB
Director of Quality Assurance and Safety
Dartmouth Hitchcock Medical Center

Helene Thibodeau, DNP, RN, CCRN, NEA-BC
Chief Operating Officer/ Chief Clinical Officer
Northeast Rehab Hospital Network, Salem

Laura Hagley, DPT, FACHE, LSSBB, CPHQ
Senior Director of Quality,
Valley Regional Hospital

Denise Lord, RN BSN, MS, CPHQ, LSSBB
Vice President of Organizational Performance
Monadnock Community Hospital

Executive Summary

The following principles were utilized as a guide by the Commission in its 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	Promote High Reliability Organizations <ul style="list-style-type: none">•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	Establish ‘Just Cultures’ within Our Organizations <ul style="list-style-type: none">•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	Adopt Evidence-Based Best Practices to Improve Outcomes <ul style="list-style-type: none">•Using scientific studies to select interventions that are proven to improve outcomes and avoid harm.
Ensure	Ensure Quality and Safe Care for All <ul style="list-style-type: none">•Incorporate the voice of the patient in adverse event investigation and root cause analysis, pro-active risk assessment and health care system design. Analyze data to identify variations in care.

Organizational Structure and Activities

The Commission is working under the protection of RSA 151:13a and RSA 329:29a.

Commission membership includes one representative from each of the 26 acute care hospitals, the 4 specialty hospitals, and 15 of the 33 free standing ambulatory surgical centers (ASC); a designee of the Commissioner of the Department of Health and Human Services and three “at large” public members. The average number of attendees at Commission meetings is 30-35 members.

All 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.

The Commission had 3 public members who provided the unique perspective of healthcare consumers in the realm of healthcare delivery and quality improvement. This year, public members offered feedback and observations about meeting topics and discussions, and they helped guide meeting agendas. They were integral to enhance the collaboration and sharing amongst members and they added to the richness and effectiveness of the conversations by ensuring the voice of the patient remained central to improvement efforts.

In its 20th year, the Commission met five times on the following dates:

August 2, 2024	March 7, 2025
October 11, 2024	May 2, 2025
January 10, 2025	

All meetings were in-person with a virtual Zoom option for extenuating circumstances. The Executive Committee met immediately after each meeting to debrief and to set agendas for future meetings with suggested topics that reflected current priorities focused on eliminating harm and improving quality.

Utilizing a combination of Ice Breaker, Round Robin, and Story Telling tactics to elicit feedback and sharing from all members, the following priority areas and topics were discussed: adherence by all members of the healthcare team to the surgical 'time out'; use of cell phones in clinical settings; creating a safe discharge plan for post-operative patients with no social supports; and Governing Board oversight of quality.

Prevention of Harm Topics the Commission Focused on this Year Included:

☑ A3 Thinking to Enable Problem-Solving

The Manager for Operational Excellence at the Elliot Hospital introduced A3 Thinking, a structured problem-solving method developed by Toyota. A3 Thinking utilizes an 8-question storyboard format on a single sheet of paper to guide users through defining problems, planning solutions, implementing actions, analyzing results, and standardizing best practices.

A3 Thinking is closely related to PDSA (Plan-Do-Study-Act) and DMAIC (Define, Measure, Analyze, Improve, Control) methodologies, aligning with their stages of problem-solving and process improvement. The session emphasized that integrating A3 Thinking into a management system requires supporting elements such as data availability, leadership behavior, and a Just Culture. Effective implementation involves daily, weekly, and monthly routines, visual management, and clear escalation protocols. Leadership must foster a continuous improvement mindset and encourage staff, including contracted employees, to engage in problem-solving efforts.





☑ **Preventing Retained Surgical Sponges**

Educators from Stryker Surgical Technologies presented on the ongoing challenge of preventing retained surgical sponges, which are classified as a "never event" by The Joint Commission (TJC) and a significant concern in patient safety. The definitions provided by TJC and the Centers for Medicare & Medicaid Services (CMS) were reviewed, with the problem being identified as a key issue in surgical practice nationwide, affecting approximately 1 in 6,000 procedures. The discussion included real-life testimonials from registered nurses emphasizing the importance of patient safety and proactive measures to prevent such incidents.

Factors leading to retained items include communication breakdowns, environmental issues in the operating room, human error, and incorrect counts. Root causes identified are often related to incorrect counts, with 88% of retained sponge cases resulting from a "false correct" count. Additional contributing factors include gaps in communication, inadequate training, shift changes, poor staffing, and the complexity of multiple or prolonged procedures.

Preventive strategies discussed involve strict adherence to established guidelines, proactive quality improvement systems, team training programs, and effective count and discrepancy reconciliation processes. Engineering controls like RF Tag Technology and SurgiCount+ were highlighted as advanced tools to help prevent retained sponges. AORN (Association of perioperative Registered Nurses) Counting Recommendations were provided.

☑ **Regulatory Deficiencies/Lessons Learned from CMS & Accreditation Surveys**

Hospitals and ASCs regularly undergo rigorous CMS or accrediting agency (i.e., TJC or Det Norske Veritas (DNV)) surveys to ensure compliance with CMS Conditions of Participation and state licensing requirements. Members openly shared survey results and focus areas including informed written consent; physical plant and environment of care requirements; documentation compliance; staff participation in quality and staff interviews during survey; and infection control and hand hygiene standards.

In addition to periodic surveys, regulatory and accrediting agencies require a host of quality measures for hospitals and ASCs that are publicly reported and tied to reimbursement. Members discussed quality measures required for the NH Medicaid Directed Payment Program and new CMS measures related to Age-Friendly care, patient safety, and obstetrical services. Quality documentation and reporting can be time consuming and cumbersome for providers and clinicians and members shared strategies to minimize burden for the health care workforce.



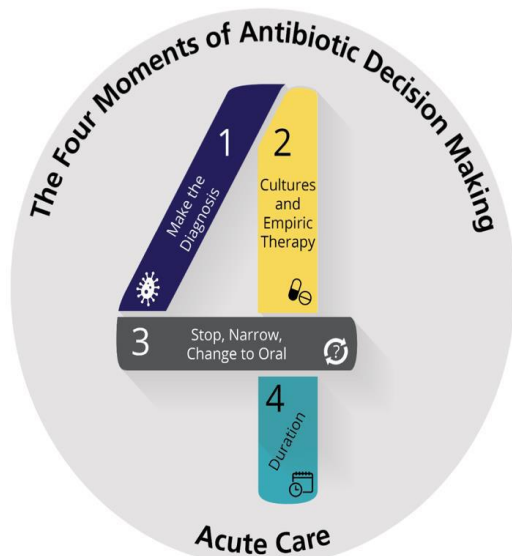
☑ **Public Health Updates and Information Sharing**

Collaboration between healthcare partners and public health is essential for the quality and safety of patient care in NH. For this reason, there is dedicated agenda time at each Commission meeting for the NH State Epidemiologist to provide updates on relevant topics and for members to ask questions and provide feedback. Topics included:

- Measles resurgence in the United States, measles activity in NH, and vaccine recommendations.
- Respiratory virus (influenza, RSV, Covid-19) activity, national and in NH, and Food & Drug Administration and Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices vaccine recommendations.
- Bird Flu (H5N1) transmission and testing in NH and implications for NH poultry and dairy farms.
- NH Reportable Disease requirements are based on the CDC list and agreed upon by state public health jurisdictions. NH requirements are currently under review.
- State Health Improvement Plan was originally developed in 2013 and NH DHHS is working to create a plan with more specific goals and deliverables related to public health.

☑ **Diagnostic Safety & Stewardship: Achievement of Antimicrobial Stewardship and Quality Outcomes**

The Four Moments of Antibiotic Decision Making



A clinical educator from Magnolia Medical Technology's National Clinical Strategy and Relations group explained the interdependency of diagnostic safety, antimicrobial stewardship, and quality outcomes. Tenants for diagnostic safety were discussed and [The Joint Commission's checklist for Ten High-Priority Practices for Diagnostic Excellence](#) was reviewed. Members learned about Center for Disease Control (CDC), National Academy of Medicine, and Agency for Healthcare Research and Quality core elements of hospital diagnostic excellence programs and tools to support diagnostic safety and stewardship with blood culture collection.

☑ **Drug Diversion- Investigation & Lessons Learned**

A member presented information on the events leading up to, and following, the detection of a drug diversion event and the significant impact this had on the staff and the culture of the organization. They shared changes made to their systems, processes, and governance to prevent diversion in the future including prevention, detection, and response and investigation activities. Best practices from the [International Health Facility Diversion Association](#) for developing Diversion Prevention & Response Teams were shared.

A roundtable conversation followed whereby members engaged in question and answers and shared their drug diversion initiatives and challenges. Best practice recommendations were made including establishing a regulatory response team; robust employee orientation program and ongoing annual education; secure storage of patient own medications; and controlled substance purchasing and handling policies.



☑ **Pressure Injury Reduction Project**

Nurse leaders from a NH critical access hospital described their ongoing performance project to eliminate hospital-acquired pressure injuries using the PDSA cycle in the [Institute for Healthcare Improvement Model for Improvement](#). Improvement initiatives included targeted wound education for inpatient and emergency department nursing staff; development of an internal resource repository; monitoring of staff competencies; implementation of a prevalence study tool; enhanced clinical orientation; and education for patients and care givers on pressure injury prevention.

☑ **Delirium Care Initiative & Innovative Treatment Method**

Delirium Nurse Specialist and Process Improvement Specialist from Concord Hospital presented their hospital's journey to an innovative way of identifying delirium early in onset and providing a purposeful set of interventions to increase attentiveness among these patients allowing delirium to clear more quickly. Delirium is a dangerous syndrome that can affect patients of all ages but is particularly significant for older adults and is associated with higher rates of morbidity and mortality, inpatient complications including falls with injury, and is a predictor of long-term cognitive dysfunction.

Attention and Awareness Through Movement technique, followed by Movement To Capacity (AATM/MTC), is a systematic approach utilizing specific types of touch and movement to encourage self-awareness and awareness of surroundings in delirious patients. Concord hospital has published on this novel innovation and its feasibility pilot in the [November 2024 Journal of the American Geriatrics Society](#) and they are in the process of determining how to spread the innovation to other NH hospitals. Members discussed how they can prepare by collecting baseline data to assess their current state in delirium prevention and treatment, and by ensuring assessment tools have the sensitivity and specificity needed for early identification of delirium.

☑ **Adverse Events Review**

NH hospitals and ASCs licensed pursuant to Chapter 151 Residential Care and Health Facility Licensing, [Section 151:38](#), are required to report Serious Reportable Events (SREs) per specifications of the [National Quality Forum](#), as well as the exposure of a patient to a non-aerosolized bloodborne pathogen by a health care worker's intentional, unsafe act, to NH DHHS. Ongoing collaboration with the State of NH Licensing and Regulation Services staff includes quarterly adverse event reports, including a summary of demographic information on falls and pressure injuries, which provides members increased opportunity to validate data, ensure adherence to the adverse events reporting process, and plan for improvement to prevent future events.

The commission continues to acknowledge the relationship between quality and an adequate health care work force, and supports programs and policies to build the health care pipeline and to recruit, retain, and support these essential workers in NH.

HAPI (Hospital Acquired Pressure Injury) Subcommittee

In addition to fulfilling its regular meeting schedule, the Commission established a special subcommittee to address hospital acquired pressure injuries (HAPIs). Pressure injury prevention remains a key concern, with the majority of NH Serious Reportable Events (SREs) in 2024 being pressure injuries. This group, including multiple hospitals, met five times to review data and conduct a common cause analysis of 42 HAPIs reported in 2023 and early 2024.

Key findings included:

- ✚ Variability in how institutions define and report pressure injuries versus skin failure.
- ✚ Patient refusal of preventative measures is a significant contributing factor.

The workgroup identified the need for more consistent reporting standards across hospitals. Adoption of the latest guidance from the [National Pressure Injury Advisory Panel](#) (NPIAP) is being encouraged to ensure data comparability and actionable insights.

Recommended and emerging strategies:

- ✚ Improved patient and caregiver education using accessible language and visual tools
- ✚ Increased frequency and structure of patient skin assessments
- ✚ Tailored nutritional assessments to support skin health
- ✚ Behavioral strategies to address causes of care refusal (e.g., unmanaged pain)
- ✚ Introduction of more comfortable pressure-relief devices (e.g., the "Tortoise" cushion, currently under trial)
- ✚ Utilization of real-time pressure sensing technology to prevent tissue damage

Tool and resources created:

- ✚ A HAPI specific Root Cause Analysis/Corrective Action Plan (RCA/CAP) tool has been developed and submitted to NH DHHS for their feedback. This tool will standardize reporting standards among hospitals and add vigor to the RCA/CAP process in accordance with best practices.

Summary

In its 20th year, the Commission continued its mission to prevent medical harm. The confidential protections provided by law to this body remained essential in promoting learning, collaboration, and problem-solving among members. Commission topics continued to align with other efforts in the state including the work of many divisions within the Department of Health and Human Services, CMS Quality Improvement Organizations, and other professional organizations, to avoid redundancy and maximize efficient use of resources and to complement work.

Looking ahead to Year 21 (starting August 2025), the Commission remains committed to the goal of Zero Harm in healthcare. Promoting high reliability organizations, cultivating 'Just Cultures' in hospitals and ASCs, adopting evidence-based best practices and incorporating the voice of the patient and care giver will remain at the forefront as we also consider reducing variations in care for all. Public documents related to the Commission are available at www.healthynh.org.

For questions, please call: Hannah Sharp, Commission Chair: (603) 663-4171 or Kris Hering, Administrator: (603) 415-4271.

Respectfully submitted,



Kris Hering,
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Healthy Communities
Partnering to improve health for all.