

Department of Health Policy and Management

March 9, 2022

The Honorable Shane E. Pendergrass
Room 241
House Office Building
Annapolis, MD 21401

House Bill 915 - Support

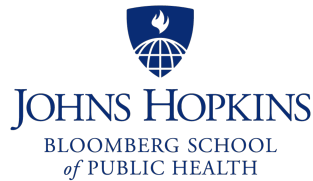
Dear Chairman Pendergrass:

I'm Albert Wu, a practicing internist and professor of health policy and management in the Johns Hopkins Bloomberg School of Public Health. I would like to express strong support for **House Bill 915: Maryland Health Care Commission - Patient Safety Center - Designation and Fund**. I urge your favorable consideration.

I'd like to tell you about a case. A teenage patient admitted for a routine surgical procedure had a sudden, unexpected complication, and died. The entire team was devastated, from senior physicians to trainees and nurses. The team paged RISE - Resilience in Stressful Events. The on-call RISE responder called back within minutes, and met with the team. Although the incident could not have been prevented, they felt guilty and personally responsible. One said, "the last thing I told her was that it would be OK." But after 45 minutes of peer support they told the responder "thank you, I feel different, and little better."

We started the RISE Program at Johns Hopkins in 2011 to provide this kind of immediate, confidential support to any staff member facing a distressing work-related situation. RISE is a trained, multidisciplinary team of hospital workers who are available 24/7 to respond to calls. A cost-benefit analysis showed that every time a nurse calls RISE and receives support, they are less likely to take time off or to quit, and the hospital saves \$22,000.

Hospital workers are constitutionally reluctant to ask for help, and before the pandemic, we got about 10 calls a month, usually for adverse patient outcomes. However, since March 2020, when distress became the norm, it has sometimes been 10 calls a day. RISE has supported over 6000 workers, and has been embraced by top leaders and our Command Center, who understood that supporting staff was mission-critical for the institution. During the first wave of COVID-19, we experienced no increase in staff call-outs and no staff shortages.



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Together with the Maryland Patient Safety Center, since 2015 we have been able to train 23 hospitals and 1 provider group in Maryland, 12 more in the MidAtlantic region, and a total of 90 hospitals nationally and internationally.

Our collaboration with MPSC has been the most productive of my 30-year career in patient safety. Together we are delivering the premier program to support the well-being and resilience of health care workers. Partnering with MPSC has been crucial to spreading our success. We urge your favorable consideration of HB 915, which will increase the capacity of MPSC to continue, and expand, the life-saving service they provide to people in Maryland.

Sincerely,

A handwritten signature in black ink, appearing to read "Albert W. Wu". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Albert W. Wu, MD, MPH
Professor and Director
Center for Health Services and Outcomes Research
Johns Hopkins Bloomberg School of Public Health
Co-Director, Johns Hopkins RISE (Resilience in Stressful Events)