PRHI Executive Summary

OCTOBER/NOVEMBER
2002

Inside this issue:

Salute to a champion

On September 6, St. Francis Medical Center in Lawrenceville discharged its last patient, closing a 137-year-long chapter in Pittsburgh's healthcare history. The facility will be transformed into the new home of Children's Hospital of UPMC. We salute St. Francis, whose many employees had become important partners in PRHI.

Among the many selfless physician leaders aiding PRHI, Jon Schulhoff, MD, Chair of St. Francis' Department of Surgery, distinguished himself through his service on the Clinical Advisory Committee. Dr. Schulhoff took the PRHI model to heart, linking process to outcome and helping to establish a blame-free environment where improvement could take root. We look forward to the contributions of Dr. Schulhoff and other St. Francis partners as they move forward in new and different roles.

Two partner institutions publicly disclose patient safety concerns

Two defining moments for health care in the Pittsburgh region have occurred within the past few months. On October 21, Allegheny General Hospital chose a course of full, open and public disclosure of a patient safety problem involving an increase in pseudomonas transmission tied to bronchoscopes. Several months ago, UPMC Presbyterian Hospital chose to publicly disclose an incident of Creutzfeld-Jacob Disease. In both cases, the institutions notified all patients who might possibly have been exposed, despite the small risk of transmission.

"Patient safety and well-being are the absolute highest priorities of this hospital, and we are taking every step possible to determine the precise cause of this increase in pseudomonas infection and make certain that it does not occur again. To that end, all bronchoscopes at the hospital have been taken out of service, new bronchoscopes have been purchased and an alternative sterilization process has been implemented," said Dr. Richard Shannon, Chairman of AGH Department of Medicine and PRHI colleague. At the press conference, Dr. Shannon acknowledged PRHI's role in encouraging increased reporting of patient safety problems throughout the region.

PRHI applauds the AGH and Presbyterian leadership and staff who, guided by the desire to do the right thing for patients and caregivers, disclosed problems publicly so that they don't have to happen to other patients. Furthermore, through these disclosures, AGH and Presbyterian now extend the knowledge gained during their investigations and interventions to hospitals throughout the region and the country.

PRHI recently benefited from the remarks of Jim Conway, COO of the Dana-Farber Cancer Institute, who informed PRHI about the positive power of disclosure as the anchor of patient safety transformation. Conway's slides may be viewed at *www.prhi.org*. Partners wishing more information about the AGH infection issue, contact Virginia Banks, AGH Director of Infectious Diseases at 412-359-6316 or Rick Shannon at 412-359-3022.

People Do Matter

West Penn/PRHI Learning Line recognized

Sheran Sullivan, WP Director, Surgical Services (L) and Richard Chesnos, WP Director of Finance display the *2002 People Do Matter Award*, given for the West Penn/PRHI Learning Line in the Ambulatory Surgery Center. The award, encouraging effective practices in human resources, is sponsored by area business organizations.

Patient Safety

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Making the most of the tools

The Full MedMARx

In last month's Special Edition of the *PRHI Executive Summary* (available at *www.prhi.org*), hypothetical essays envisioned the future of the initiative. One vision was of unbridled success (*Is Health Care's Elixir in Pittsburgh?*, page 5). The question remains, "Can we get there from here?"

Over the past six months, PRHI Field Managers have begun working in all 39 partner hospitals in an effort to accelerate the region's progress toward the goal: ZERO hospital-acquired infections and medication errors. Initially, their work has focused on making intensive use of NNIS* and MedMARx**, to establish common definitions and a region-wide database. In the process, they have learned that both systems provide valuable tools for region-wide problem solving as well. "It's not added-on work," says Pharmacist Robert Weber. "This reporting is already required. Having hospitals report this way makes the most of what they're already

> It's not added work: reporting this way makes the most of the work hospitals are already required to do.
>
> —Pharmacist Robert Weber, PRHI Med Admin Advisory Cmte

Collaboration jump-starts the effort

Through PRHI's vigorous committees, the region's hospitals have come together to create common definitions for medication errors. They are collaborating on regional problem solving for central line insertion, MRSA colonization prevention, fentanyl patch prescribing and safe abbreviation use. The collaboration is revolutionary and the problem solving will be invaluable. But alone, it will not be enough.

Translating numbers into people

Most hospital executives and trustees are accustomed to reviewing medication errors aggregated over time, such as percent of errors per doses dispensed, or errors per patient day. Looking at data from this distance puts reviewers at a big disadvantage. Here's why: in the table below, ***left***, the number of errors per units dispensed looks infinitesimal.

Yet if we translate these blips in the radar to "Number of Patients Affected," a new picture emerges on the table below, ***right***.

Errors: reporting = learning

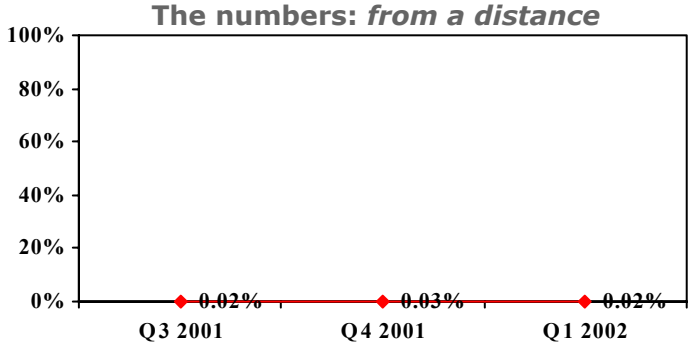
When errors are buried, the opportunity to learn from them is lost. Learning and improvement can only take place when employees feel professionally safe, and when top hospital management creates a blame-free, non-punitive environment along with the expectation that every error will be reported.

Introducing MedMARx in its full capability into such an environment could prove to be a quantum leap toward the goal of zero medication errors. Complete, real-time MedMARx reporting can not only point to errors, but to why each one occurred. It is not uncommon for 70% of a caregiver's time to be spent gathering information and materials they need to do their work, or removing obstacles to complying with established procedures. Daily use of the full MedMARx system will bring these important problems to the surface, where they can be remedied.

This kind of learning leads to action that prevents recurrence—not just at one hospital, but potentially region-wide. (NNIS is also evolving real-time capabilities. Until then, nosocomial infection related errors can also be captured in the MedMARx system.)

Medication Errors Per Units Dispensed (28 PRHI hospitals, partial data)

The numbers: *from a distance*



The numbers: *up close*

4,360 reported medication errors affecting

Thousands of patients

and

Hundreds of caregivers

*NNIS=National Nosocomial Infection Surveillance System, a product of the Centers for Disease Control and Prevention
**MedMARx=medication error reporting system, a product of U.S. Pharmacopoeia

The Full MedMARx, continued

To turn MedMARx into the most powerful, real-time learning tool in the patient safety arsenal, a hospital would deploy it as a web-based, hospital-wide system, ensuring that every day:

- Incidents are reported by those who discover them
- Investigation and action are done by those responsible
- Leadership reviews incidents to break barriers and allocate resources
- All directors review to be alerted to potential vulnerabilities in their departments

PRHI field staff are delivering this message to hospital leaders and stand ready to help those ready to accelerate their patient safety learning.

For further information on how PRHI can help member hospitals make the most of the MedMARx system's capabilities, contact Annette Mich, PRHI Field Director, at 412-594-2570 or *mich@jhf.org*.

PRHI Medication Administration Advisory Committee
Dr. JoAnn Narduzzi, Robert Weber, Co-chairing

Regional Problem Solving

Celebrate the extraordinary collaboration that has led to the development of a regional effort to solve shared problems in medication error and hospital-acquired infection! PRHI Working Groups have established these target areas:

Medication Errors
- Medication Use Process
  - ✓ Fentanyl Patch Prescribing
  - ✓ Preventing Unsafe Abbreviations

Infection
- Central Line Associated Bloodstream Infections
- Methycillin-resistant Staphylococcus aureus (MRSA)
  - ✓ Bloodstream
  - ✓ Ventilator associated pneumonia
  - ✓ Surgical wound site

Now comes the hard part: putting the "fixes" into practice. Key medical and hospital pharmacy leaders will be exchanging ideas on implementation with colleagues from institutions throughout the region.

Interested? Please join us from 6:30 to 9 pm at one of these Monday meetings:

November 4	Jefferson Regional Medical Center
November 11	Biomedical Towers, Oakland
November 18	Sewickley Valley Hospital
November 25	Biomedical Towers, Oakland

Hospital & Healthsystem Association of Pennsylvania

Clarification

The Hospital & Healthsystem Association of Pennsylvania (HAP) has clarified an item appearing in last month's *PRHI Executive Summary* regarding the safety of error reporting under the state's new Act 13.

According to Sr. Medical Advisor, John Combes, MD, and Sr. Vice President, James Redmond, recent case law *had* diminished some reporting protections. In response, "the legislature provided new additional confidentiality protections to events reported under the act...any documents, material or information solely prepared for the purpose of compliance with the new Patient Safety Authority are confidential and shall not be discoverable or admissible as evidence in any civil or administrative action or proceeding."

Dr. Combes and Mr. Redmond assure PRHI partners that healthcare workers are at no greater risk of litigation in reporting quality and patient safety information than they were before passage of Act 13. "In fact, the reporting of serious events and incidents under the act, have additional protections not available under the current Peer Review Act."

PRHI supports reporting and disclosure, and regrets any implication that the terms of the Act weaken reporting protections. We do observe, however, that the uncertainty of many partner hospitals about provisions of the Act leads them to adopt conservative approaches to reporting.

We thank HAP for this important clarification.

Clinical Initiatives

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Pittsburgh to be Perfect Treatment Zone for depression and diabetes

Recent data from the Pennsylvania Health Care Cost Containment Council confirmed what healthcare professionals have long suspected: Southwestern Pennsylvania is confronting twin epidemics in diabetes and depression. The Pittsburgh Regional Healthcare Initiative (PRHI) is out to prove that *we can do better* at preventing unnecessary hospitalizations for the two most prevalent chronic diseases we face.

From Worst to First: Creating the Perfect Treatment Zone

PRHI intends to move Southwestern Pennsylvania from worst to first, transforming it into a *Perfect Treatment Zone* for two devastating and common chronic diseases—diabetes and depression

Says Geoff Webster, PRHI Assistant Director, "Serious complications—especially in diabetes—are almost always preventable. That's where we're going to concentrate our efforts."

BAYER

GIANT EAGLE

HIGHMARK BLUECROSS BLUESHIELD

KIRKPATRICK & LOCKHART

LATROBE AREA HOSPITLA

MELLON BNAK

MERCY HEALTH SYSTEM

NOVA CHEMICAL

PPG INDUSTRIES

US STEEL

UPMC HEALTH SYSTEM

WEST PENN ALLEGHENY HEALTH SYSTEM

AMA and AHRQ Fund Efforts

Pittsburgh is one of three sites that will be working with the American Medical Association, Physician Consortium for Performance Improvement on a project to improve the quality of physician care for diabetes and depression. The "Partnerships for Quality" project is funded by a grant from the Agency for Healthcare Research and Quality (AHRQ). After the initial $100,000 award for a one-year planning phase, up to $1.2 million could become available for continued implementation in years two through four. PRHI will coordinate the Consortium's *Core Physician Performance Measurement Set* tool designed to assist a primary care physicians' care of patients with depression or diabetes.

How it will work

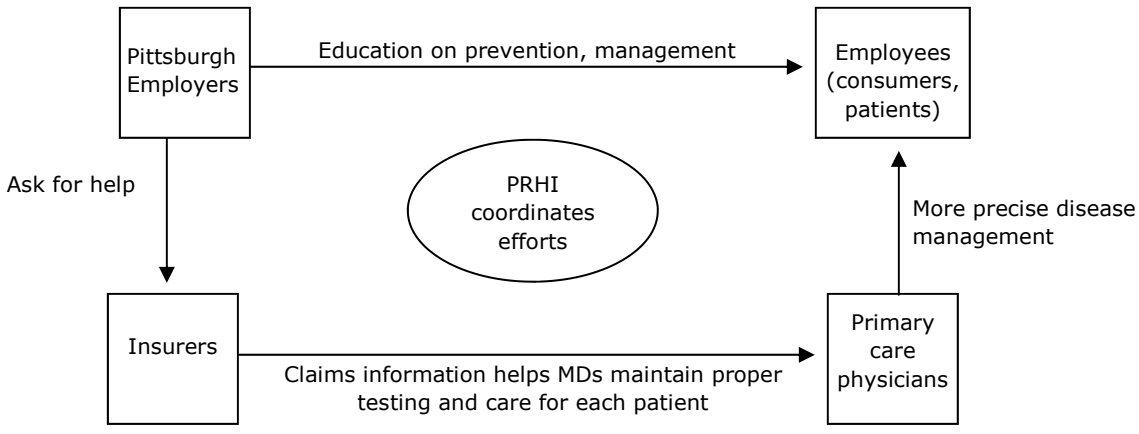
A unique feature of the PRHI model is the involvement of 12 local businesses whose 100,000 employees and family member will participate in workplace-based depression and diabetes awareness and early identification programs (see chart, below).

Health plans, pharmacy management companies and clinical laboratories will participate by sending physicians the patient clinical information that resides in their large databases.

Once primary care physicians have patient-specific information on testing, follow-up appointments, lab values and prescriptions, they can use that information to better manage their patients with these chronic illnesses.

How it will work

Creating the Perfect Treatment Zone for Depression and Diabetes



Background: Diabetes and Depression in Southwestern PA*

Diabetes

Improperly managed diabetes is a leading cause of blindness, limb amputation, cardiovascular disease and kidney failure. Nationwide, deaths from diabetes have risen 58% since 1979. Locally, Beaver, Butler, Fayette, Washington and Westmoreland Counties all report higher rates of complications and death from diabetes than the state average. Diabetes hits particularly hard in Southwestern Pennsylvania's African American community, where the rate of limb amputations runs twice that of whites.

Patients with diabetes receive routine care—eye and foot exams, kidney monitoring, lipid screening and control—between 9% and 57% of the time. In other words, despite the best efforts of our medical professionals, only about half of known diabetics receive appropriate treatment. Not surprisingly, our region has seen a shocking 75% increase in hospitalizations due to diabetic complications in the last 5 years at a cost of *$1.27 billion* in hospital charges. (PPG Industries alone estimates that it could save between $16-30 million per year in lost time, productivity and medical costs if its workers received adequate diabetes prevention and treatment.) The suffering is made all the more unacceptable, because diabetic complications leading to hospitalization are *almost always preventable.*

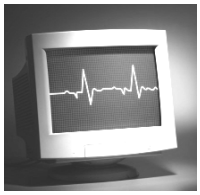
Depression

Although it is treatable, depression is the leading cause of disability, affecting 17.6 million Americans at a staggering cost of $44 billion per year. Depression often accompanies, and contributes to, a host of other serious diseases such as cardiovascular disease, asthma, Parkinson's disease, AIDS, drug and alcohol addiction and suicide. Barriers to the diagnosis and treatment of depression continue to arise. Fewer health plans cover behavioral health. Time constraints on physicians preclude adequate screening. The mechanism for referral to mental health practitioners is disrupted or unclear.

As with diabetes, improperly managed depression can result in acute episodes requiring hospitalization. These vulnerable patients require continuing outpatient care following hospitalization to prevent recurrence and readmission. Yet in Southwestern Pennsylvania, rates of follow-up treatment within 7 days of discharge vary dramatically: from 74.5% to a mere 6.58% of patients. Not surprisingly, nearly 13% of depressed patients in our region must be re-hospitalized within 30 days of discharge.

More on PRHI's Diabetes and Depression Reports on *www.prhi.org/clinical

PRHI Cardiac Registry Progress Report



The PRHI Cardiac Registry is a regional effort by 13 cardiac surgery units in Southwestern Pennsylvania to collect and share data to promote the best patient outcomes in the country for coronary artery bypass graft (CABG) surgery.

This table shows the progress of Pittsburgh's regional units in preparing for the launch of PRHI's Cardiac Registry.

Cardiac Facility	Cardiac Forum Participant	IRB* approval	Agree-ment signed	Data submit-ted
Allegheny General Hospital	✓		✓	
Butler Area Hospital				
Dubois Regional Medical Center	✓	✓	✓	
Jefferson Hospital	✓			
Mercy Hospital of Pittsburgh	✓		✓	
St. Clair Hospital	✓		✓	
The Medical Center of Beaver	✓	✓	✓	✓
UPMC Passavant	✓			
UPMC Presbyterian	✓		✓	
UPMC Shadyside	✓		✓	✓
Washington Hospital	✓	✓	✓	
Western Pennsylvania Hospital	✓	✓		
Westmoreland Regional Hospital				

Perfecting Patient Care

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National Learning Network

Introducing NCIN

It's a logical outcropping of our shared learning model. PRHI is proud to announce the first meeting of its latest outreach effort, the National Clinical Improvement Network, or NCIN (pronounced *Ensign*) occurred September 17-18th, 2002.

ROCHESTER HEALTH COMMISSION, NY

SUTTER HEALTH SYSTEM, SACRAMENTO, CA

LUTHER MIDELFORT, MAYO HEALTH SYSTEM, EAU CLAIRE, WI

ATLANTIC HEALTH SYSTEM, NJ

INTERMOUNTAIN HEALTHCARE, SALT LAKE CITY, UT

INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT, BLOOMINGTON, MN

THE REINERTSEN GROUP, ALTA, WY

JCAHO, OAKBROOK TERRACE, IL

NORTHERN NEW ENGLAND CARDIOVASCULAR STUDY GROUP, MANCHESTER, NH

Across the country, organizations and individuals are building knowledge about how to improve healthcare delivery systems in a complex environment. PRHI shares such learning regionally. Yet few links exist for broader knowledge-sharing. PRHI has drawn from the well of others' experiences so a theme of the session was "We are a reflection of you—how do we look in your eyes?"

NCIN is designed to connect people focusing on point of care improvements in an authentic way through site visits. The group is intentually informal and small to allow the exchange of ideas in a safe environment. {see principles insert}

Eventually, NCIN may develop a quality partnership with a Federal Working Group, so some Federal policymakers might have a place to come and learn about problem-solving at the point of care.

Someone from the systems listed in the sidebar to the left attended the NCIN kickoff.

The group learned together and went to two learning lines to understand the work of the healthcare professionals and how the Perfecting Patient Care System might improve the system. Discussion centered around the leadership and strategy issues, real-time problem solving and the framework of understanding work in terms of activities, connections, pathways and improvement.

The next NCIN meeting is planned for the Spring of 2003 and will be hosted by the Dartmouth-Hitchcock Medical Center. The group will focus on Dartmouth's Spine and Breast Centers, the Northern New England Cardiovascular Study Group and Shared Decision Making. The next session will encourage each group to share challenges they are facing so problem-solving together can occur.

PRINCIPLES

- ✓ All participants value improving quality *at the point of care by the people doing the work with a systems approach*;
- ✓ All participants are willing to openly share their learnings such as *'what works'* or *'what does not work.* Participants will learn, adapt, innovate and share in an expanding ripple effect of learning circles to create partnerships;
- ✓ The sharing will be in real-time, *in the course of work*, experiences (meetings, forums, point-of-care exposure, "a day in the life..."), during site visits at the participating organizations;
- ✓ The environment will be collaborative and supportive to mutual goals with *openness and respect* to harmoniously combine cooperation and competition in an "iron sharpens iron" fashion;
- ✓ The form our interaction takes is expected to evolve based on the simple infrastructure required to support each other's work but is expected to remain consistently informal and authentic. Therefore, any structure is purely to facilitate dialogue, deliberation, and coordination among equals who continuously self-organize, self-select and self-govern. This is a pay-your-own-way enterprise with no membership fees, dues, or consultant fees.]

Patient Safety Progress Report—2nd Quarter 2002

Second quarter 2002 data reporting on Central Line Bloodstream Infection (BSI); Methycillin-resistant Staphylococcus aureus (MRSA); and medication error reports through the MedMARx system.

	PRHI Partner	BSI	MRSA	Med-MARx
☼	**Aliquippa Community Hospital**			
☼	**Butler Memorial Hospital***			
	Children's Institute	n/a	✓	
☼	**Greene County Memorial Hospital**			
	Heritage Valley Health System, Inc. *			
	Sewickley Valley Hospital	✓	✓	✓
	Medical Center Beaver	✓	✓	✓
	Jefferson Regional Medical Center	✓	✓	✓
	Latrobe Area Hospital*	✓	✓	
	Lifecare Hospitals of Pittsburgh, Inc.	n/a	✓	✓
	Monongahela Valley Hospital, Inc.	✓	✓	✓
☼	**Ohio Valley General Hospital**			
	Pittsburgh Mercy Health System			
	Mercy Hospital / Pittsburgh	✓	✓	✓
	Mercy Providence Hospital	✓		✓
	St. Clair Memorial Hospital*	✓	✓	
	Uniontown Hospital*	✓	✓	✓

PRHI Partner	BSI	MRSA	Med-MARx
UPMC Health System			
UPMC Bedford Memorial	✓	✓	
UPMC Braddock	✓	✓	✓
Children's Hospital of Pittsburgh	✓	✓	✓
UPMC Horizon	✓		✓
UPMC Lee Regional	✓		
Magee Women's Hospital of UPMC H/S	✓	✓	✓
UPMC McKeesport	✓	✓	
UPMC Northwest Medical Center, Franklin			
UPMC Passavant	✓	✓	
UPMC Presbyterian	✓	✓	✓
UPMC Rehabilitation	n/a	n/a	
UPMC Shadyside	✓	✓	✓
UPMC South Side	✓	✓	✓
UPMC St. Margaret	✓	✓	✓
UPMC Western Psychiatric Institute	n/a	n/a	✓
☼ **Washington Hospital**		✓	
Westmoreland Health System			
Frick Hospital	✓	✓	✓
Westmoreland Hospital	✓	✓	✓
West Penn Allegheny Health System			
Allegheny General Hospital	✓	✓	✓
Allegheny Valley Hospital	✓		
Canonsburg Hospital	✓	✓	
Forbes Regional Hospital	✓	✓	✓
Suburban General Hospital	✓	✓	✓
Western Pennsylvania Hospital	✓	✓	✓

Key

☼ *awaiting CDC code to begin reporting*

* *Collaborating with national VHA Patient Safety Initiatives*

✓ *Fulfilled*

✓ *In progress*

Calendar, November 2002

Monday, November 4 thru Thursday, November 7 PPC University, Centre City Tower 9th floor	7:30 am—5 pm
Monday, November 4 PRHI Co-chairs Depression subcommittee (location TBA)	noon—1:30 pm 4—6 pm
Monday, November 11 Patient Safety Field Meeting	6—8 pm
Tuesday, November 12 Perfecting Patient Care (TPS) Information Session	6—9 pm
Wednesday, November 13 Hospital Learning Line visit Location TBA	8am – noon
Thursday, November 21 Funders' Meeting Clinical Advisory Committee, (location TBA)	3:30—5 pm 6—8 pm

All meetings at JHF Offices, Centre City Tower, 650 Smithfield unless otherwise noted. For further information contact Helen Adamasko at 412-594-2581

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PRHI Executive Summary is also posted monthly at **www.prhi.org**
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ON THE WEB AT
WWW.PRHI.ORG

***Uniting hospitals, practitioners, business and community leaders in Southwestern Pennsylvania to lead the world in perfecting patient care.**

Founded by the Jewish Healthcare Foundation of Pittsburgh