

PRHI Executive Summary

June 2002

Leadership Obligation Group

CEOs discuss ways to accelerate PRHI progress

The Leadership Obligation Group, a group of area CEOs, met June 10 to review patient safety and clinical data, noting some encouraging trends.

Patient Safety

PRHI data from the most recent quarter show the good news: increased reporting of medication errors and actual reductions in hospital-acquired infections. These reports will be captured in PRHI's system for regional learning.

"It's not really natural for competitors to share knowledge," said Mellon Financial CEO and PRHI Co-Chair, Martin McGuinn. "From the employer and community perspective, however, what we are really sharing is the goal of improving people's health and reducing costs."

Reporting errors is "not really natural" for hospital employees, either. Breaking through that reluctance—creating an environment of professional safety that emanates from the top—was a major theme of the meeting.

"The culture of reporting becomes the air that you breathe and the key to learning," said Joe Stewart, CEO of Butler Memorial Hospital. "I have walked the halls shaking hands, reassuring employees that it's safe to report errors."

Clinical Measures

The group reviewed the encouraging news from the Pennsylvania Health Care Cost Containment Council (PHC4) report, citing Southwestern Pennsylvania as having the lowest post-cardiac bypass mortality rate in the state. (See Cardiac Registry, page 5). The group heard by phone from Dr. William of the Northern New England Cardiac Study Group (NNE). Dr. Nugent described how NNE's Cardiac Registry accelerated their learning. PRHI is starting its own Cardiac Registry, measuring 93 processes of care and how they affect patient outcomes.

"It doesn't seem to make sense that Shadyside would be cooperating with Allegheny General on anything," said cardiac surgeon, George Magovern. "But [PRHI Medical Advisor] Dr. [Jon] Lloyd persuaded us that it is in the interest of patients—that patients will do better—when we pool our resources like they've done at NNE. We are looking at problems through the lens of process improvement, not as a report card." ☞

Patient safety/AHRQ work

Safety results encouraging

First-quarter reports are in on medication errors and hospital-acquired infections, and the news is generally good.

"Although we need to be cautious about overstating our progress, the general trends are certainly in the right direction," said Ed Harrison, PRHI Patient Safety Director. "Medication error reporting is up, and the number of infections is down."

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PRHI DATA IN A NUTSHELL*

- Mortality following cardiac bypass surgery in SWPA **2.0%**
(down from 2.3% in prior report)
 - 40 fewer people died than expected
 - Pittsburgh rate lowest in the state
 - SWPA *only* region to show improvement
- PRHI Cardiac Registry could further reduce mortality
See page 5
- 90% more medication errors reported than prior quarter;
 - PRHI pushes for more dramatic increases in reporting
- Fewer patients get central-line bloodstream infections
See page 3
- Six major local employers sign up to make Pittsburgh a Diabetes and Depression Free Zone
See page 4

**View the PowerPoint presentation given at the Leadership Obligation Group Meeting at www.prhi.org*

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Federal Patient Safety and Quality Improvement Act Introduced

Leading members of the House and Senate introduced landmark legislation on June 5 to improve the safety and quality of American health care. *The Patient Safety and Quality Improvement Act*, sponsored by Senators Frist, Jeffords, Breaux, and Gregg, enjoys the full support of the Bush Administration. The bill would provide broader federal legal protection for the reporting, analysis and discussion of medical errors.

“PRHI was pleased to have been consulted for our ‘real world’ perspective as the legislation was being prepared,” said PRHI Director, Ken Segel. “Providing a ‘safe zone’ for those people and institutions working hard to bring errors into the open and share their knowledge widely is essential to making patient care safer. This bill will help the people who are trying to do the right thing.” ✍

Statement from U.S. Treasury Secretary Paul O’Neill on the Patient Safety and Quality Act

At least 100,000 Americans every year die because of medical errors and mistakes, despite the best efforts of the good doctors, nurses and hospitals in this country. . . I spent considerable time working to reform the health care delivery system in Pittsburgh, where I saw firsthand that it is possible to make systematic and far-reaching improvements in health care quality and safety. Every American deserves this kind of high-quality, error free health care.

We know from other high risk industries, such as aviation, that a fundamental requirement for improvement is that it must be safe to learn from errors. Punishment, ridicule and legal exposure drive error reporting underground so corrective action does not occur. Properly constructed health care quality and safety initiatives should be protected from liability. They are not now.

Along with Secretary [of Health and Human Services, Tommy] Thompson, our leader on national health care policy, I applaud the sponsors of the Patient Safety Improvement Act for tearing down the barriers to quality improvement so that we can move toward the goal of error-free health care for every American.

Also of interest . . .

PRHI has been the subject of several articles in the lay and professional media. Here is a list of articles released over the past few months. Copies are available through the PRHI office.

We can’t reward what we can’t perform: the primacy of learning how to change systems

Karen Wolk Feinstein, PhD
Health Affairs, February 13, 2002

Pittsburgh hospitals collaborating on low-tech ways to reduce patient infection

Christopher Snowbeck
Pittsburgh Post-Gazette,
February 26, 2002

Local hospitals seeking Rx to reduce medical errors

Luis Fabregas
Pittsburgh Tribune-Review,
March 16, 2002

The Right Medicine—On Time Every Time

Michael H. Culig, MD
Physician’s Newsletter, UPMC Shadyside,
March-April 2002

Infection Control: Pittsburgh coalition wages a regional war on deadly hospital-acquired infections

Christopher J. Gearon
Hospitals & Health Networks, (AHA)
May 2002

Death rate following heart bypass surgery declines in state

Christopher Snowbeck
Pittsburgh Post-Gazette
May 8, 2002

More than a Job: Pittsburgh hospitals engage in work redesign

Mary Ann Costello
American Hospital Association News
May 13, 2002
www.ahanews.com/asp/news.asp?l-17240

A region addresses patient safety

K. Wolk Feinstein, N. Grunden, E. Harrison
American Journal of Infection Control
June 2002
(*Am J Infect Control* 2002;30:248-51)

Local group has say in federal patient safety bill

Lynne Glover
Pittsburgh Business Times
June 5, 2002

Medical errors bill reflects lessons learned here

Christopher Snowbeck
Pittsburgh Post-Gazette
June 6, 2002

Think lean: Toyota’s manufacturing principles can help hospitals cut waste, streamline operations

Health Care Advisory Board *Cost and Finance Watch*, June 13, 2002



Patient Safety

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PRHI partners are working collaboratively to eliminate two major patient safety concerns: healthcare-acquired infections and medication errors.

Safety results encouraging

continued from page 1

The first quarter 2002 reports for medication error and hospital-acquired infection are in. Our goal of a regional learning network is becoming a reality. PRHI hopes to accelerate progress through the work of its five Field Managers.

Medication error

- 15 hospitals reporting; 35 have signed MedMARx™ contracts and will report next quarter.
- **Voluntary medication error reports are up 90.8% over last quarter, including some serious errors.**
- Hospitals are already learning from shared information.

Hospital-acquired infection

WE ARE GIVING FEWER PATIENTS CLABS
(Central line associated bloodstream infections)

	# CLABS	Rate per 1000 central line days	
2nd Quarter 2001	151	4.3	
3rd Quarter 2001	121	4.2	
4th Quarter 2001	105	3.7	
1st Quarter 2002	94	3.3	(preliminary results)

- Regional reporting for baseline rates of methicillin-resistant *Staphylococcus aureus* (MRSA) began in April 2001. (MRSA accounts for 30-50% of all hospital-acquired staph infections in the country.)
- The VA Pittsburgh Health System Learning Line enters its fourth month with no new MRSA infections. (See April 2002 *PRHI Executive Summary*.)

Accelerating the pace of change

PRHI/AHRQ Patient Safety Field Managers look forward to partnering with member organizations as they begin to fully develop and use these reporting tools. When effectively deployed, these reporting systems can transform the way problems are solved and services delivered by:

1. Capturing a significant number of incidents.
2. Establishing feedback mechanisms to connect leadership with those who are “doing the work.”
3. Reporting incidents and associated analysis within 24 hours.
4. Linking processes of care to patient outcomes.
5. Using shared learning to consider “real” problems, not aggregate results.

Once the basic reporting capability is established, we will shift our joint focus toward:

1. Developing and implementing a program to dramatically increase error reporting.
2. Using MedMARx™ for “real-time” reporting. Review the description, root cause analysis and actions taken as often as feasible. Our target is within 24 hours.
3. Defining detailed feedback mechanisms within your organization.
4. Fully utilizing PRHI’s region-wide shared learning capacity and your PRHI Field Manager. ☞

Clinical Initiatives


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PRHI's partnership among clinicians, businesses, hospitals and insurers aims to achieve perfect patient care in six pilot areas* by constructing outcome data that caregivers trust; and supporting collaborative efforts to improve care based on those data.

PRHI Employee Partnership

Pittsburgh to be "Diabetes and Depression Free Zone"



DEPRESSION IN SWPA

13% rate of re-hospitalization. Why?

FAILURE OF CARE

Low rates of follow-up care

25-63% not seen within 7 days
33-41% not seen within 30 days
61-90% did not receive three follow-up visits (Rx monitoring)

Diabetes and depression are the two chronic illnesses whose sufferers can usually be successfully treated as outpatients. Hospitalization often reflects a failure of care for these problems, especially in the case of diabetes. Increasing rates of these chronic diseases, especially of diabetes, reflects a failure of prevention.


Complications from these diseases are devastating for patients, and cost employers millions in medical costs and lost productivity. Employers also provide a unique opportunity to provide health outreach and intervention to large groups of people—their employees.

Six major local employers have agreed to help PRHI design ways to improve interventions for their employees who have diabetes or depression, beginning in Fall 2002. Note that two of these employers are health systems. These employers include:

- PPG
- USX
- BAYER
- MERCY HEALTH SYSTEM
- WEST PENN ALLEGHENY HEALTH SYSTEM
- GIANT EAGLE

DIABETES IN SWPA

75% increase in hospitalizations in 5 years. Why?



FAILURE OF CARE

Screening test	Inadequate in known diabetics
No A1c testing	9-18% of the time
A1c poorly controlled	29-38%
No eye exam	33-49%
No lipid screening	15-24%
Lipids poorly controlled	43-54%
No kidney monitoring	38-57%

PRHI has approached these employers' major insurers, who have agreed to help coordinate care. They will make information available to primary care physicians (PCPs) on patients' testing and control status.

Insurer information shows that a few key PCPs cover a large proportion of the patient population. For example, just 51 PCPs see over half of the target work force—about 13,000 people.

In addition to coordinating care to ensure that tests are performed and follow-up occurs, these workplace interventions will help educate consumers as well. In addition to learning how to avoid or ameliorate these conditions, consumers will learn to become active partners in their care.


Much is required to make the employer-centered model work. If your organization would like to participate, either as an employer site or as a member of the PRHI Buying Healthcare Value committee, please contact Geoff Webster. *J*

THE PRICE OF FAILURE

Human cost: **INCALCULABLE**

Employer cost: PPG Industries conservatively estimates it could recover

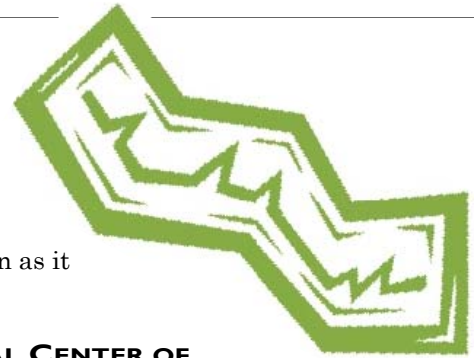
\$16 - 30 MILLION/ YEAR IN MEDICAL COSTS / LOST PRODUCTIVITY



if diabetic workers were adequately treated.

Clinical Initiatives

Cardiac Registry picks up steam and signatures



The Cardiac Advisory Committee has held two cardiac forums since October, consulting with physicians at the Northern New England Cardiovascular Study Group (NNE). NNE reduced mortality from cardiac bypass surgery by 24% within 18 months to 1.9%--the lowest in the United States. They have sustained this improvement for several years. How? By tracking, through a Cardiac Registry, how four specific processes of care affect patient outcomes. Those four measures are:

1. *Encourage use of preoperative aspirin*
2. *Maintain adequate control of heart rate (beta blockers)*
3. *Use the internal mammary artery graft as harvest site*
4. *Avoid excessive dilution of the blood during surgery*

Under the guidance of PRHI Medical Advisor, Dr. Jon Lloyd, and Clinical Director, Dr. Dennis Schilling, the 14 cardiac units in our region are beginning to sign on to the PRHI Cardiac Registry. Three hospitals signed the

agreement as soon as it was offered:

- **MEDICAL CENTER OF BEAVER**
- **UPMC SHADYSIDE**
- **UPMC PRESBYTERIAN**

In Pittsburgh, baseline mortality is already quite low--at 2.0%. Adopting the Cardiac Registry and pledging to learn and improve from it, Pittsburgh is poised to surpass NNE, producing the lowest mortality rates in the country for cardiac bypass surgery. Speeding patients to optimal health is what it's all about.

PRHI hopes to build momentum with all the cardiac groups in the region, producing a registry that will accelerate learning and improvement. ✂

Perfecting Patient Care

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The *Perfecting Patient Care System* supports the testing and implementation of a system-based approach to healthcare management, drawn from the Toyota Production System (TPS) and Alcoa Business System.

Recently, Vickie Pisowicz (PRHI) and Debra Thompson (UPMC) had the opportunity to attend Toyota's Advanced and Basic Kaizen Leader Workshops, taught by the Toyota Supplier Support Center.

Each workshop kicks off with an in-depth discussion on the philosophy that drives the Toyota Production System (TPS.)

Toyota describes the TPS as an integrated system of technical, managerial and philosophical components, all centered around human development. Toyota's philosophy is based on four ideas:

1. *Customer First*
 - No defect shall be passed to the customer,
 - The price is determined by the customer, and
 - Meet customer's exact order immediately.
2. *People are the Most Valuable Resource*. They:
 - Want to make valuable contributions to the world,
 - Have limitless capability.

3. *Kaizen*, the continuous pursuit to close the gap between current and ideal state.
4. *Shop Floor Focus*
 - Shop floor is where key value-added activities take place.
 - Shop floor is constantly changing. One must be on the shop floor to understand the current status.
 - Input from people on the shop floor is extremely valuable.

If you are interested in learning more about how these principles are being applied in our local hospitals, please come to a public information session and a "go-and-see" session. In addition, four-day Perfecting Patient Care universities are scheduled for August, September, and October. ✂

Register on our website, www.prhi.org,
or contact Helen Adamasko at
412-594-2581



PRHI Partner Spotlight

Buying Healthcare Value Committee

Ashley, Marcy
Vice President, Employee Services
Dravo Corporation

Axelson, Alan
President and Medical Director
Intercare Psychiatric

Bell, Kristen
Mercy Hospital of Pittsburgh

Carney, James
The Benefits Department

Colombi, Alberto
Corporate Medical Director
PPG Industries, Inc.

Dietrich, William
Chairman
Dietrich Industries, Inc.

Dudjak, Dolores
Vice President, Human Resources
Federated Investors, Inc.

Duzak, Thomas
Executive Director
Steelworkers Health and Welfare Fund

Flanagan, Jack
Executive Vice President, Retail
Operations
Giant Eagle, Inc.

Frisch, Donna
H.J. Heinz Company

Goebler, Thomas
Pennsylvania Builders Association
Benefits Trust

Graham, William
Assistant Director of Personnel for
Employee Compensation
City of Pittsburgh

Gruden, Mary Ann
Employee Health
West Penn Hospital

Hellmann, Jane
Manager, Special Projects
Kirkpatrick & Lockhart LLP

Hogel, Maureen
Senior Vice President
Duquesne Light Company

Holder, Diane
President and Chief Executive Officer
UPMC Western Psychiatric Institute

Logan, Daniel
Director, Benefits
PPG Industries, Inc.

Longest, Beaufort
Director, Health Policy Institute
Graduate School of Public Health

Molenaar, Donald
Vice President, Corporate Medical
Services
Bayer Corporation

Murray, Bernard
Assistant to the President
Pittsburgh Federation of Teachers
Local 400 AFT

Ohler, Kevin
Employee Compensation Area
City of Pittsburgh

Peaslee, Greg
Senior Vice President, Human
Resources
UPMC Health System

Perego, Robert
First Vice President, Employee
Benefits
Mellon Financial Corporation

Petrilli, Robert
Chief Operating Officer
WQED Pittsburgh

Prezzia, Charles
General Manager, Health Services &
Medical Director
US Steel LLC

Riefner, Debra
Vice President & Regional Manager
National City Bank of PA

Shannon, Cliff
President
SMC Business Councils

Sirio, Carl
Associate Professor
University of Pittsburgh School of
Medicine

Smerczak, Rick
Manager of Benefits
Carnegie Mellon University

Smith, David
Director, Compensation and Benefits
Equitable Resources

Stefanko, Marylou
President
Pennsylvania Education Association

Taylor, Karen
Director of Human Resources
SPEC Group Holdings, Inc.

Volavka, Marc
Executive Director
Pennsylvania Health Care Cost
Containment Council

Waetzman, Ron
Vice President, Human Resources
West Penn Allegheny Health System

Weimert, Shelly
Corporate EAP Coordinator
US Steel Corporation

Whipple, Christine
Executive Director
Pittsburgh Business Group on Health

Wolf, Ken
VP, Customer Operations
Precision Therapeutics

Wynkoop, Randy
United States Steel Corporation

Zylstra, Steve
Executive Director
Pittsburgh Technology Council

Progress Report



PRHI Partner	Bloodstream Infect'n Data		MRSA*	MedMARx	
	4th qtr 2001	1st qtr 2002	1st qtr 2002	System in use?	1st qtr 2002
Aliquippa Community Hospital	NEW PARTICIPANT				
Butler Memorial Hospital*					
Children's Hospital of Pittsburgh					
Children's Institute	NEW PARTICIPANT				
Greene County Memorial Hospital	NEW PARTICIPANT				
HealthSouth Rehab. Hospitals	n/a	n/a	n/a		
Heritage Valley Health System, Inc.*					
Sewickley Valley Hospital					
Medical Center—Beaver					
Latrobe Area Hospital*					
Lifecare Hospitals of Pittsburgh, Inc.	n/a	n/a	n/a		
Monongahela Valley Hospital, Inc.					
Ohio Valley General Hospital					
Pittsburgh Mercy Health System					
Jefferson Regional Medical Center					
St. Clair Memorial Hospital*					
St. Francis Health System					
Uniontown Hospital					
UPMC Health System					
Bedford Memorial					
Braddock					
Franklin	NEW PARTICIPANT				
Horizon					

PRHI Partner	Bloodstream Infect'n Data		MRSA*	MedMARx	
	4th qtr 2001	1st qtr 2002	1st qtr 2002	System in use?	1st qtr 2002
UPMC, continued					
Lee Regional					
Magee Womens Hospital					
McKeesport					
Passavant					
Presbyterian					
Rehabilitation Hospital	n/a	n/a	n/a		
Shadyside					
South Side					
St. Margaret					
Western Psychiatric Institute	n/a	n/a	n/a		
Washington Hospital	NEW PARTICIPANT				
West Penn Allegheny Health System					
Allegheny General Hospital					
Allegheny Valley Hospital					
Canonsburg General Hospital					
Forbes Regional					
Suburban General					
West Penn Hospital					
Westmoreland Health System					
Frick Hospital					
Westmoreland Regional Hospital					

* Collaborating w/ national VHA Patient Safety Initiatives



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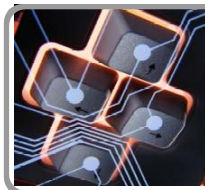
PRHI EXECUTIVE SUMMARY IS ALSO POSTED
 MONTHLY AT WWW.PRHI.ORG
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**all meetings at JHF offices unless otherwise noted
**Call Helen Adamasko at 412-594-2581*

Monday, July 1	Co-Chairs Lunch	noon – 1 p
Tuesday, July 2	Depression Working Group	4-6 pm
Tuesday, July 9	Infection Control Advisory Committee	8-10 am
Tuesday, July 18	Medication Administration Advisory Committee	3-4:30 pm
Thursday, July 18	Buying Healthcare Values	2:30-4 pm
Monday, July 22	Clinical Advisory Committee (Location to be announced)	6-8:30 pm
Monday, July 22	University for ShadySide Hospital (Days 1 & 2)**	7:30 a – 5 p
Tuesday, July 23	University for ShadySide Hospital (Days 3 & 4)**	7 am – 5 p
Monday, July 29	University for ShadySide Hospital	7:30 a – 5 p
Tuesday, July 30	University for ShadySide Hospital	7:30 a – 5 p

CONTACT INFORMATION

Calendar at a glance, July 2002*
 Tony Kelly, Administrative Coordinator
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The PowerPoint presentation used for the
 Leadership Obligation Group meeting
 is available at our website:
www.prhi.org

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WWW.PRHI.ORG

The Pittsburgh Regional Healthcare Initiative*, 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