

# PRHI Executive Summary

March 2002

## Leadership Obligation Group

### Coalition CEOs discuss patient safety



“Imagine what a coup PRHI accomplished a few years back in getting Jeff Romoff (CEO, UPMC), Charlie O’Brien (CEO, West Penn Allegheny) and yours truly to [sign] a letter to all hospital CEOs in the region asking them to

commit their organizations to the complete elimination of medication errors and nosocomial infections in hospitals. True, we did not sit down together and toast each other’s continued success. But we united in adopting patient safety as a shared priority.” said Anthony Lombardi, President and CEO of Monongahela Valley Hospital, during his kickoff speech at the meeting of PRHI’s Leadership Obligation Group March 5.

The Leadership Obligation Group is open to all hospital CEOs and key trustees who signed the PRHI Charter.

The meeting was led by Co-Chairs James Rohr, Chairman, President & CEO of PNC Financial; and Martin McGuinn, Chairman and CEO of Mellon Financial. CEOs from local corporations, hospitals and health insurers came together to:

- ◆ Celebrate a long-sought PRHI goal: being the first region in the country where hospitals share information across competitive lines for the sole purpose of improving patient safety.
- ◆ Challenge CEOs to drive change, not merely bless it.

This gathering of CEOs of PRHI partner organizations was the first since the first round of region wide data on medication errors (with MedMARx system) and hospital-acquired infections (with the NNIS system). The data are shared in such a way that protects individual hospitals from identification, yet allows all hospitals to share the data.

The CEOs looked at samples of the data. They confronted (1) what *they* must do to bring errors to zero; and (2) the issue that while data-sharing to date is significant, hospitals may not yet be recording the most serious medical errors.

Greg Zoller, President and Chief Operating Officer of the Mercy Health System, focused

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## House Subcommittee on Health

### Feinstein gives invited testimony on Capitol Hill

Thursday, March 7, Karen Wolk Feinstein, PhD, as Chair of the Pittsburgh Regional Healthcare Initiative, testified before the House Ways and Means Subcommittee on Health on the topic of patient safety and medical errors. The subcommittee oversees the federal Medicare and Medicaid Programs and is considering a variety of legislative proposals related to error reporting and the funding of error prevention technologies.

Dr. Feinstein was invited to speak about PRHI’s unique regional coalition; its determination to learn from errors instead of punishing them; and how the federal government can better support local error-reduction efforts. For a transcript and webcast of Dr. Feinstein’s comments, go to: [www.prhi.org](http://www.prhi.org)

## International Visitors

### British officials visit PRHI

On March 11, PRHI leaders hosted a site visit by distinguished representatives from Great Britain. John Russell from the British Embassy in Washington and Professor Dick Stockford from the UK Department of Health are evaluating U.S. approaches to systems change that could assist British health reform efforts. They were accompanied by American colleagues Clara Hartung from the PA Department of Health, Melissa Hopkins from the

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# 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.

## On the Learning Line at the West Penn Ambulatory Surgery Center

If you had a chance to establish a Perfecting Patient Care Learning Line in your hospital, where would you put it?

The Perfecting Patient Care system is all about fixing problems in the course of work and tracking problems to their root cause. So the idea is to put a Learning Line in an area of the hospital where lots of departments and functions intersect. Tracking problems into various areas of the hospital offers the best opportunity to share learning.

The Ambulatory Surgery Center at West Penn Hospital is one such hospital “nerve center,” where staff interact closely with patients, the lab and the operating rooms, and where functions include everything from scheduling to registration to printing. When Dr. Tony DiGioia recently began his orthopedic surgery work at West Penn Hospital, he saw the ASC staff working very hard, and believed that a Learning Line could help ease their work loads and—most important—create a more patient-centered environment.

Right away, Dr. DiGioia noticed a busy hallway where patients sat, dressed in hospital gowns, sometimes for an hour or more.

Generally, the surgical admittance procedure begins days ahead of time, as staffers begin to build the patients’ charts with the necessary forms and information. When the day of surgery arrives, the patient checks in at the registration desk and waits in the waiting room with family members. At that point, patients used to be called to another area, asked to change into hospital gowns and wait in a hallway chair. When a bed in the surgical prep area became available, the patient would move from chair to bed.

“We’d been using the chairs to ‘store’ patients

for 20 years,” said Ms. Gloria Teichman, RN, Team Leader of the West Penn Learning Line. “We wanted to be sure they were ready. But we realized nobody who works here ever had to sit in the chairs. We wanted to fix it immediately.”

The team of secretaries and nurses set out to find a solution. They realized that the system relied on “pushing” patients into waiting areas, rather than waiting for the “pull” of bed availability. The team devised a system where the charge nurse in the surgical prep area would call the secretary as a bed became available.

Initial reluctance within the team gave way to, “We might as well try it tomorrow.”

In a matter of hours, the experiment was deemed a success. Since that day, no patient has had to sit in the hallway in a hospital gown. Waiting time decreases; scheduling efficiency increases.

As Team Leader, Ms. Teichman actually learned the work of the secretary, the receptionist, and the chart-maker, in an attempt to understand the interactions or “pathways” in the workflow.

“A job may look easy until you try to do it yourself,” she explains.

To understand how work is done, Ms. Teichman has taken “field trips” to the lab, to registration and scheduling, even to the print shop—some places where, in her 22 years at West Penn Hospital, she had never been. Her visits have exposed workers in those areas to some basic principles of the Perfecting Patient Care system.

The chairs are one small example of an improvement that was made immediately, once it was understood as a problem. Ms. Teichman has many more examples—including the charting improvements (see chart on opposing page). Her hopes for the future include reductions in waiting time for operating rooms.

### Lend-Forward: PPC’s approach to training the trainer

*West Penn Hospital has an investment in Gloria Teichman. For almost a year, 100% of her time has been allocated as Team Leader. How can Ms. Teichman’s wisdom and experience be used to begin training others in the Perfecting Patient Care system? It would be tempting to ship her from place to place, asking her to set up Learning Lines as she goes.*

*But that’s not how it works.*

*The Learning Line at West Penn’s Ambulatory Surgery Center is there to stay. As more problems are solved in the journey toward perfect patient care, and the Team Leader will remain an integral part of the system. Those who want to learn the system will need to become “Lend-Forwards” and serve at the Learning Line.*

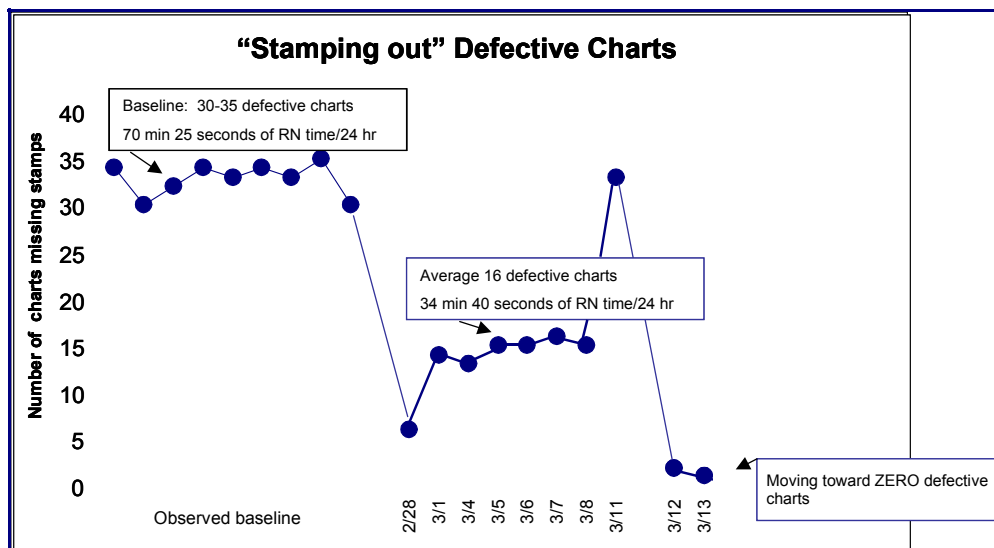


The Lend Forward at West Penn is Fran Sheedy-Bost, a member of the Vision Committee for the Allegheny County Behavioral Health initiative. Her charge is to determine how the Perfecting Patient Care system might be best used in mental health care. Alongside her PRHI trainer, Lisa Beckwith, Ms. Sheedy-Bost was assigned to learn chart-building from the workers in the Chart Room. Her first job was to cultivate trust among a staff that didn't know her, convincing them that she was there to support them by helping them solve problems. In learning the job she began to help reveal problems—the first step toward fixing them.

**Case in point:** Chart builders assemble elaborate charts for patients coming in for surgery. These charts contain all necessary forms for patient, hospital, insurance, and physician. Every single form in the chart must be stamped beforehand with the patient's identifying information. If a form is not stamped, a nurse in the pre-surgery area is usually the one to discover it. The NURSE had to take apart the entire chart, stamp the blank paper, then reassemble the chart—2 min 10 sec of RN time—initially 70 minutes, 25 seconds per day.

Making a few simple changes in the course of their work, the chart builders have almost eliminated the problem. Charts will soon be delivered to the RNs 100% stamped and **defect-free**. The new system will make it impossible to deliver a defective chart.

**Results:** Savings of over 6 RN hours per week; increased job satisfaction for RNs and chart makers.



## Patient Safety

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

## Progress in the Field

With support from the Agency of Healthcare Research and Quality (AHRQ), the PRHI/AHRQ patient safety team is growing. Over the next several weeks, a nosocomial infections administrative manager and five patient safety field managers will join our initiative. These new staff, along with the new medication errors administrative manager already on board, will be working with hospital partners to support and enhance current capabilities for reducing medication errors and nosocomial infections region-wide.

Initial activities of the PRHI/AHRQ field staff will include:

- ◆ Collecting information about current hospital quality improvement infrastructure.
- ◆ Developing non-intrusive ways to integrate with and support that infrastructure.
- ◆ Assisting with the deployment and use of both the MedMARx and National Nosocomial Infection Surveillance (NNIS) reporting systems.
- ◆ Gathering feedback from hospital staff on the usefulness and interpretability of quarterly medication error and nosocomial infection reports.

Through the combined efforts of our operations, evaluation, communications, and new AHRQ-funded Data

Coordinating Center staff, we are continuing to improve the quality and usability of the quarterly reports on medication errors and nosocomial infections distributed to hospitals region-wide.

Your organization's involvement in this process is essential.

We encourage hospital management and staff to fill out the short user-feedback "postcard surveys" that will accompany future reports. This information, along with the recommendations of our advisory committees on medication errors and nosocomial infections, will help make region-wide adverse outcome reporting systems as effective as possible.

Although many of you are now well-acquainted with the PRHI patient safety initiative and the PRHI/AHRQ program, representatives of PRHI look forward to meeting with you, other hospital quality improvement managers, and operations personnel to describe our strategy and work plans in more detail.

Over the next several months, we will schedule visits to each hospital site as the next step in building a collaborative network across the region for improving patient safety.

## Clinical Initiatives

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



PRHI  
ESTIMATES  
THAT AREA  
PHYSICIANS  
HAVE  
CONTRIBUTED  
OVER 12,000  
VOLUNTEER  
HOURS—AT A  
VALUE OF OVER  
\$1.8 MILLION.

## Physician-Volunteers Advance Initiative

“From the very first day, the most exciting thing about working on the clinical initiatives has been the incredible energy of the physician leaders in our region,” says Geoff Webster, PRHI Associate Director.

While PRHI's collaboration relies on clinicians and health care staff from *all* areas—in addition to business leaders, hospitals, insurers and providers--the vigorous support of our region's physicians has been a prerequisite for progress.

Leading PRHI's clinical efforts\* are hundreds of physicians, including leaders of prestigious medical organizations, specialists in dozens of medical areas, and physicians who are taking the lead in making quality the centerpiece of their practices.

Most of the physicians who pioneered the Clinical Advisory Committee three years ago remain committed to the effort. Hundreds more have joined. In fact, PRHI estimates that area physicians have contributed over 12,000 volunteer hours—at a value of over \$1.8 million.

In return for their time, these physicians have the opportunity to be part of a forum that is unique in American medicine. Through the PRHI collaborative, physicians from competing hospitals across the region attend sessions to share learning about what works, what doesn't, and most exciting—what *might work better*, now that the means exist to measure certain outcomes.

“PRHI offers a way of accessing the higher intelligence of an entire region, rather than working with these challenges in isolation,” said Jon Lloyd, MD, a surgeon at UPMC Shadyside. Last year, Dr. Lloyd halved his practice to become PRHI's Medical Advisor.

If you are a physician interested in joining a PRHI clinical work group, sharing information and devising solutions, please contact Geoff Webster.

\* PRHI's six clinical areas are: cardiac and orthopedic surgery, diabetes, depression, obstetrics and gynecology, and radiation oncology.



Dr. David Wennberg of the Maine Medical Center gave the keynote address at March's Cardiac Forum, on the topic of "Doing the Right Thing Right." Dr. Wennberg is a member of the NNE study group. See story, right.

## Power of Shared Information

# Second Cardiac Forum focuses on doing *right* things *right*

*Roll rocks down a 10,000-foot hill, and they cannot be stopped: this is because of the mountain, not the rocks... This is because of the momentum, not the individuals.*  
--Sun Tzu, *The Art of War*, 4<sup>th</sup> century BC



This quote was a fitting kickoff for the Second Cardiac Forum March 8-9, reminding participants that their collaboration forms the mountain, providing the momentum for improvement. The Cardiac Forum

is sponsored by PRHI's Cardiac Working Group, a multi-disciplinary group of clinicians, data analysts, and health care research personnel who volunteer their time to work together to improve the quality, safety and effectiveness of cardiac care in Southwestern Pennsylvania.

### **“If you did one thing that always improved patient outcomes, wouldn't you want everyone to know how you do it?”**

The goal of the Cardiac Forum is to share learning from institutions across the region. Four physicians from different facilities presented their protocols for maintaining blood sugar levels following coronary artery bypass surgery. Although the goal was common, the processes were unique, and so were the implementation experiences.

In his keynote address “Doing the Right Thing: Doing the Right Thing *Right*,” Dr. David Wennberg of the Maine Medical Center outlined some of the past successes of the 15-year history of the Northern New England Cardiovascular Disease Study Group (NNE). Prior clinical presentations of the Northern New England group persuaded the Pittsburgh Cardiac Working Group to adopt four initiatives to improve patient care following coronary artery bypass graft (CABG) surgery.

1. *Encourage use of preoperative aspirin*
2. *Maintain adequate control of heart rate at induction of anesthesia*
3. *Use the internal mammary artery graft as a harvest site*
4. *Avoid excessive dilution of the blood during cardiac surgery*

Through collaborative efforts, forums and site visits, NNE identified unwanted variation in patient outcomes. Adopting these four process steps throughout the region enabled NNE to reduce mortality rates associated with CABG. By coupling its regional cardiac registry with efforts in Continuous Quality Improvement (CQI), physicians have been able to reduce mortality and determine the relative risk for surgery preoperatively. This is what Dr. Wennberg refers to as “Doing the Right Thing Right.”

### **Patients as Partners**

When adjusted for age and size of population, studies showed that cardiovascular procedures were performed at a rate two times higher than for comparable populations in New York than in Ontario. Many New York procedures were done on older patients with higher risks of unfavorable outcomes. When patients were educated about their disease state and became discerning consumers of health care, many opted for more conservative treatments. This educational interaction between patients and healthcare providers provides the basis for shared decision-making. Educated patients can be powerful allies in making informed healthcare decisions that are critical to their care and related to favorable outcomes.

### **Perfecting Patient Care at the VA**

Saturday morning Vickie Pisowicz and Peter Perreiah of the PRHI Center for Shared Learning presented the Perfecting Patient Care System's work on nosocomial infection at the VA Learning Line. Although some participants understood the Perfecting Patient Care System, most were surprised by such a highly disciplined system designed to provide, without fail, what patients need, when they need it, in the quantity needed, immediately, without waste or error.

This unique patient-focused system demonstrated the uncommon power of common sense in today's complex systems. Based on fundamental learning from the world of manufacturing and the tenet that the patient's need is always the first consideration, the Perfecting Patient Care System holds promise for quickly improving patient care in the ultimate quest for perfection.

### **Shared Learning Sessions**

Small breakout sessions intensified learning in the subjects of Glycemic Control Following CABG Surgery, Teams In Need of Intensive Care, and the Perfecting Patient Care System Learning Line on Nosocomial Infections. Physicians, nurses, and other healthcare professionals joined in these multi-disciplinary intra-facility opportunities to share learning and advance plans for regional improvement in cardiac care.

Clinicians heralded the unique opportunity to share thoughts and concerns not only on the presentations of the forum but on a wide variety of issues relating to cardiac care. Solidification of these informal relationships provides the strength and understanding needed to continue and expand the work begun by the PRHI Cardiac Working Group.

# PRHI Partner Spotlight

## PRHI Committee Leadership

We are always updating our lists. If you note errors or omissions, please call Tony Kelly at 412-594-2567

### Co-Chairs, Leadership Obligation Group and Provider Advisory Council

James Rohr  
PNC Financial Services Group

Martin McGuinn  
Mellon Financial Corporation

### Co-Chairs, Clinical Advisory Committee

Carl Sirio, MD  
UPMC Presbyterian

Marlene Garone, MD  
West Penn Hospital

### Orthopedic Working Group Leadership

Dr. Raj Sinha  
UPMC Shadyside

Michael Miller, MD  
Greater Pittsburgh Orthopaedic Association

Anthony DiGioia, MD  
Renaissance Orthopaedics

### Co-Chairs, Adverse Drug Effect Advisory Council

Robert Weber, RPh, MS  
UPMC Presbyterian

JoAnn Narduzzi, MD  
Mercy Health System

### Chair, Nosocomial Infection Advisory Council

Carlene Muto, MD  
UPMC Presbyterian

### Cardiac Work Group Leadership

George Magovern, MD  
Allegheny General Hospital

Michael Culig, MD  
West Penn Hospital

Jerome Itzkoff, MD  
Shadyside Medical Center

Thomas Smitherman, MD  
UPMC Presbyterian

### Depression Working Group Leadership

Alan Axelson, MD  
Highmark Blue Cross Blue Shield

Marlene Garone, MD  
West Penn Hospital

### Diabetes Work Group Leadership

Ralph Schmeltz, MD  
UPMC Health System

Nicholas DeGregorio, MD  
Preferred Primary Care Physicians

### Chair, Buying Healthcare Value Committee

Cliff Shannon  
SMC Business Councils

### Chair, Patient Safety Initiatives

Mark Laskow  
Greycourt & CO, Inc.



## Calendar at a glance, April 2002\*

Tony Kelly, Administrative Coordinator  
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|                     |  |                     |
|---------------------|--|---------------------|
| Monday, April 1     | CoChairs Meeting   | 12—1:30 pm          |
| Tuesday, April 2    | Nosocomial Infections Work Group                                       | 8 am—noon           |
| Tuesday, April 9    | Adverse Drug Event Advisory Committee                                  | 3—4:30 pm           |
| Tuesday, April 16   | PPC Information Session**  | 6—9 pm              |
| Wednesday, April 17 | Go-and-see (Gemba) session (TBA)**                                     | 8 am—noon           |
| Thursday, April 18  | Buying Healthcare Value<br>Clinical Advisory Committee<br>Location TBA | 2:30—4 pm<br>6—8 pm |

\*all meetings at JHF offices unless otherwise noted

\*\*Call Helen Adamasko at 412-594-2581

## CONTACT INFORMATION

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PRHI EXECUTIVE SUMMARY IS ALSO POSTED  
MONTHLY AT [WWW.PRHI.ORG](http://WWW.PRHI.ORG)

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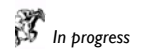
# Progress Report

This month has marked increased participation in the MedMARx medication error and National Nosocomial Infection Surveillance (NNIS) reporting systems.

| PRHI Partner                                  | NNIS Blood Stream Infect'n Report to CDC |              |              | MedMARx med. error report sys. |                |
|---|--|--------------|--------------|--------------------------------|----------------|
|   | 2nd qtr 2001                             | 3rd qtr 2001 | 4th qtr 2001 | Con-tract?                     | System in use? |
| <b>Butler Memorial Hospital*</b>              |  |              |              |                                |                |
| <b>Children's Hospital of Pittsburgh</b>      |  |              |              |                                |                |
| <b>HealthSouth Rehab. Hospitals</b>           | n/a                                      | n/a          | n/a          |                                |                |
| <b>Heritage Valley Health System, Inc.*</b>   |  |              |              |                                |                |
| Sewickley Valley Hospital                     |  |              |              |                                |                |
| Medical Center—Beaver                         |  |              |              |                                |                |
| <b>Latrobe Area Hospital*</b>                 |  |              |              |                                |                |
| <b>Lifecare Hospitals of Pittsburgh, Inc.</b> | n/a                                      | n/a          | n/a          |                                |                |
| <b>Monongahela Valley Hospital, Inc.</b>      |  |              |              |                                |                |
| <b>Ohio Valley General Hospital</b>           |  |              |              |                                |                |
| <b>Washington Hospital</b>                    | NEW PARTICIPANT                          |              |              |                                |                |
| <b>Pittsburgh Mercy Health System</b>         |  |              |              |                                |                |
| Mercy Hospital of Pittsburgh                  |  |              |              |                                |                |
| Mercy Providence Hospital                     |  |              |              |                                |                |
| <b>South Hills Health System</b>              |  |              |              |                                |                |
| Jefferson Hospital                            |  |              |              |                                |                |
| <b>St. Clair Memorial Hospital*</b>           |  |              |              |                                |                |
| <b>St. Francis Health System</b>              |  |              |              |                                |                |
| <b>Uniontown Hospital</b>                     |  |              |              |                                |                |
| <b>UPMC Health System</b>                     |  |              |              |                                |                |
| Bedford Memorial                              |  |              |              |                                |                |
| Braddock                                      |  |              |              |                                |                |
| Horizon                                       |  |              |              |                                |                |

| PRHI Partner                             | NNIS Blood Stream Infect'n Report to CDC |              |              | MedMARx med. error report sys. |                |
|--|--|--------------|--------------|--------------------------------|----------------|
|  | 2nd qtr 2001                             | 3rd qtr 2001 | 4th qtr 2001 | Con-tract?                     | System in use? |
| <b>UPMC, continued</b>                   |  |              |              |                                |                |
| 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          |                                |                |
| <b>West Penn Allegheny Health System</b> |  |              |              |                                |                |
| Allegheny General Hospital               |  |              |              |                                |                |
| Allegheny Valley Hospital                |  |              |              |                                |                |
| Canonsburg General Hospital              |  |              |              |                                |                |
| Forbes Regional                          |  |              |              |                                |                |
| Suburban General                         |  |              |              |                                |                |
| West Penn Hospital                       |  |              |              |                                |                |
| <b>Westmoreland Health System</b>        |  |              |              |                                |                |
| Frick Hospital                           |  |              |              |                                |                |
| Westmoreland Regional Hospital           |  |              |              |                                |                |

\* Collaborating w/ national VHA Patient Safety Initiatives



**From Page 1**

**CEOs Discuss Patient Safety Data**

on the cultural change that must take place

within organizations before employees report errors

freely. Mr. Zoller has personally led the effort to change

culture of error reporting at Mercy. Mr. Zoller stated

that low numbers of reported errors do not mean that

few errors are occurring. Mercy's anonymous hotline has

increased *reports* of medication errors dramatically—a

development that management views as a victory. Only

when errors are reported can they be analyzed and

learned from across the entire region.

Guests from RAND Corporation joined PRHI staffers

in providing an overview of the unique learning

resources made available to PRHI partners through the

AHRQ patient safety grant. Special guests also included:

◆ Dr. Steve Solomon, Chief of Special Studies Activity,

Hospital Infections Program, for the Centers for

Disease Control and Prevention, Atlanta

◆ Jeffrey Brennan, Assistant Director of Healthcare

Services and Products Division, Federal Trade

Commission, Washington, D.C., who oversees anti-

trust enforcement in health care.

One recurring theme was that it's human nature not to

report errors. One CEO argued that the focus should be

on pressuring conformity on those who commit errors.

Dr. Solomon cited studies showing that the main

problem is not with "bad apples." Rather, 90% of the

opportunities for improvement are "below the radar" in

those common errors everyone makes. Sharing

information can help eliminate errors and waste,

resulting in enormous cost savings for each hospital.

Mr. Zoller quoted Mercy founder Katherine Macaulay,

who urged those involved in health care to "turn to the

perfection of the ordinary action."

Mr. Lombardi summed up PRHI's efforts as follows:

"Sharing information across the region to assure

patient safety . . . has to be good for everyone—the

provider, the insurer, the purchaser and, most

important, the patient."

**British Officials Visit PRHI**

Hopkins group, and John Blackmun from Computer

Sciences Corp.

Guests reviewed PRHI and the Pittsburgh Perfect-

ing Patient Care System, as well as outstanding local

resources in bioterrorism preparedness, including R.

O.D.S. (Real Time Outbreak Detection and Surveil-

lance System) and a decision support technology for

community-wide disaster response from BBN Tech-

nologies. Our British guests strongly agreed with

PRHI's approach, as they lay their own groundwork

for sustainable improvement in the face of public de-

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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