Pittsburgh Regional Healthcare Initiative

PRHI Executive Summary

February 2002

Second PRHI Cardiac Forum

When: March 8 and 9, 2002

Where: Pittsburgh's Mercy Hospital
Sister Clark Auditorium

Registration form Page 8

Who: Cardiothoracic surgeons, cardiologists, nurses, perfusionists, data analysts, and cardiac program administrators from the 6-county region and Cardiac Working Group members

FRIDAY MARCH 8, 2002 4 - 7 PM

Caring for ***DIABETIC PATIENTS*** Undergoing Coronary Artery Bypass Surgery
Presentations of ***CLINICAL PROTOCOLS*** by several local cardiac facilities
Doing Things Right, Doing Right Things – Keynote Address – ***Dr. David Wennberg*** of the Maine Medical Center – Portland
Reception

SATURDAY MARCH 9, 2002 8:30 - 11AM

VA Learning Line on Nosocomial Infection – ***Vickie Pisowicz*** and ***Peter Perreiah,*** Pittsburgh Perfecting Patient Care System
Breakout Sessons on Collaborative Learning, PRHI Patient Safety Initiatives, and Effective Team Building,

For further information call Helen Adamasko 412-594-2581 at adamasko@jhf.org

Advise and consent

Local law firms assist PRHI

PRHI partners' efforts to lead the world in health care outcomes have benefited from in-kind donations from many quarters. Legal guidance has been one essential resource.

From PRHI's inception, **Tom Boyle** of Buchanan Ingersol has acted as volunteer legal counsel, helping PRHI staff understand critical legal issues, and helping area healthcare executives who count on his guidance on the legal underpinnings of PRHI's recommendations. Tom has also helped connect PRHI to other legal experts who have generously volunteered their time.

Darice McNelis also of Buchanan and an expert on HIPPA compliance issues, has given many hours to ensuring that PRHI's activities and documents fulfill the law while respecting confidentiality.

To guide PRHI's patient safety strategy, **Stewart Flam** of Dickie, McCamey, & Chilcote has spent countless hours vetting PRHI's error reporting and analysis, and sharing his observations with colleagues. Stewart has also guided national policymakers on behalf of PRHI, on how to better protect error-reporting in health care to advance prevention.

In 1999 and 2000, **Wendy Newton** of Buchanan provided guidance on PRHI's attempted capacity initiatives.

Kirkpatrick and Lockhart has not only made **Chuck Queenan, David Ehrenwerth**, and **Ed Weisgerber** available to serve on key PRHI committees, but has provided generous financial contributions as well.

Finally, we would be remiss if we didn't acknowledge the time and support of the Pennsylvania Attorney General, **Mike Fisher**, and his staff, including **Larry Palmer** and **Rita Cindrich**, who serve actively on PRHI committees.

PRHI gratefully acknowledges the coalition members from numerous disciplines whose donated hours advance our efforts.

Visit our website WWW.PRHI.ORG

Inside . . .

Perfecting Patient Care

Vickie Pisowicz
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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.

Second in a series

On Starting a Learning Line

"I'm the air traffic controller of patients' needs," says Tina Danzuso, RN, Team Leader on the PPC Learning Line at Shadyside's 4 Main, a general surgery unit.

With guidance from Judy Shovel and Sue Martin, two Program Managers involved in clinical design and improvement, Tina began to learn the detailed techniques of observation and experimentation used in the system of Perfecting Patient Care. Adapted from the principles of the Toyota Production System, PPC stresses that it's *patient needs* that guide health care delivery.

As Team Leader, Tina's full-time job is to notice when a patient's need is not being met. She will fix individual problems immediately, and then systematically unravel the problem to its root cause—wherever that may lead—and summon whatever help is needed to fix it. When a nurse isn't able to fill a patient's need, the next step sounds deceptively simple: *just define the problem*.

Who's Got the Key?

Patients coming out of surgery often control their own analgesics by use of a pump, which regulates the dosage and prevents overdose. Sometimes, in advance of a painful procedure, a nurse can safely override the pump to give the patient an additional dose of pain reliever.

All the nurse needs is the "narcotic key" for the pump.

With one set of keys on the entire floor, they are rarely in their proper place. Nurses routinely spent frustrating minutes searching for these keys, while a patient often endured needless pain.

Many nurses, many minutes—it adds up.

"We observed that in one 24-hour period, 49 minutes were lost looking for keys," said Tina. "If you extrapolate that over the entire hospital, that's 6000 hours per year—the equivalent of *three full-time employees*."

The floor nurses, under the guidance of their Team Leader, Tina, solved this problem in a matter of days. Now at the beginning of the shift, each nurse receives a narcotic key to carry with them. At shift's end, the keys are turned in, counted, and given out to nurses on the next shift. Thus the RNs can monitor controlled substances, while ensuring that every patient's need for pain relief is met. Patient care improves while hours of wasted time, frustration and distraction are removed from each nurse's job.

Problem? What Problem?

Sometimes, as Tina points out, it's not that easy to define the problem. Often she will "shadow" a nurse and observe her to begin to unravel the puzzle.

"You can ask a nurse what she just did, and she will tell you she changed a bandage," says Tina. "When the supplies

JCAHO Comments on Learning Line

Recently, in the midst of starting t heir Learning Line on 4 Main, UPMC Shadyside Hospital underwent an evaluation by the JCAHO, the national hospital accreditation body. Undaunted, the unit welcomed the surveyors, eager to demonstrate what they are learning in the course of work every day.

The JCAHO surveyors apparently saw the potential of the Perfecting Patient Care model. In their comments to the hospital, the surveyors said:

This facility, UPMC Shadyside, Pittsburgh PA, has demonstrated many strengths to the survey team. One such initiative is the demonstration project of the TPS (Toyota Production System) the leap into the health care arena at the unit level with an interdisciplinary team. We have enclosed a report of their efforts and success of starting a Learning Line at the unit team level. If publication or JCR should need a sample of an enthusiastic team approach to solving problems that start with "What does the patient need?" this is a very clever approach to drill down at a staff level to solve the patient's problems.

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Membership publications

aren't there—and this happens more frequently than we realize—she runs around gathering what she needs, then goes in and changes the bandage. She doesn't recognize the *running around* as a problem."

Tina says that the Perfecting Patient Care System has taught her the art of disciplined observation. She or Judy or Sue will follow a nurse through her duties for an hour, marking down everything she does. If asked, the nurse often cannot name the things that stole her time.

"In one hour, I must have seen 12 things that made me feel bad for the nurse," said Judy. "The gown supply was exhausted, and she had to walk clear down the hall. Staffers have to run to the supply room for cups, bandages, supplies for mouth care—you name it. Not until you observe this closely can you discover all their wasted movement. People heroically work around the broken system every day without even realizing it."

To answer the question of supplies absent from rooms, the unit recently began experimenting with a "Supply Ticket." They discovered that no specified way existed for supplies to get to the rooms, so they made one.

At the beginning of each shift, the nurse surveys each patient's area and notes the needed supplies on a pre-made supply checklist. Called a Supply Ticket, this checklist is placed in a clearly visible holder, where it is retrieved and filled by an assistant. Now when the nurse changes a bandage, she is sure to have what she needs—no more, no less. With supplies replenished regularly, the nurses are beginning to forsake the stockpiling of supplies. The successful use of Supply Tickets, which has reduced inventories and wasted steps, has moved from the Learning Line onto the entire floor.

"We've tweaked it a little," said Judy. "We had to experiment with how many times per shift to do it, how to accommodate patients arriving in the afternoons, and so on. But the whole spirit of the Learning Line is to experiment."

Help From Above

"Senior staff members come to the Learning Line nearly every day. Their presence is reassuring; it's a way of asking, 'How can we help you work better?' They are giving nurses more authority over their work. They are recognizing nurses' hard work, and how valuable they are."

What are people learning on the Learning Line? They are learning how to recognize and identify problems in their work. They are learning disciplined ways to sketch out problems, propose ideas, and experiment with those ideas until they become solutions.

Where are the Learning Lines?

Last month's *Executive Summary* described what a Learning Line is—a small hospital unit organized around the principles of perfect patient care.

Once a Learning Line is established, *lend-forwards*, students from other hospitals or health systems, are invited to spend 6 months learning the principles of the system. Then these lend-forwards, under the guidance of a teacher, take the first steps toward creating a Learning Line in their own hospital unit.

In addition to Shadyside 4 Main, Learning Lines in various stages are functioning in several PRHI partner hospitals, including:

♦**South Side Hospital pharmacy**. A recent visit by Mr. Ohba of Toyota Supplier Support Center added insight into potential improvements here. Senior leadership has visited this Learning Line and discovered that meeting patient needs usually coincides with redesigning the work—which incidentally creates greater job satisfaction for employees.

♦**West Penn ambulatory surgical center.** On the day of surgery, the person who should be least inconvenienced is the anxious patient. Yet often, patients must wait for hours for tests, forms and meeting the surgeon's schedule. This Learning Line helps workers ensure a *patient* focus. Solving small problems one by one is already helping to curb wasted time for patients and workers.

♦**Veterans' Administration Hospital.** The Centers for Disease Control and Prevention (CDC) shares PRHI's interest in pushing the rates of hospital-acquired infections toward *ZERO*. In partnership with CDC, one wing at the VA is tracking the incidence of MRSA*, an antibiotic-resistant bacteria. In doing so, Learning Line participants are changing the way work is done, reducing systemic inefficiencies, and increasing opportunities for infection control compliance.

**methycillin-resistant staphylococcus aureus*

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.

Beyond the hospital

Diabetes and depression work moves into the community

1 - Diabetes Report

Treated properly over time, diabetes patients only rarely require hospitalization. a new PRHI report documents disturbing increases in age-adjusted hospitalization rates for diabetes and its complications in Southwestern Pennsylvania. Some would call it a crisis.

Among the findings, between 1996 and 2000:

- Diagnoses of Type 2 diabetes (usually called "adult onset") ***increased 75.4%***—25% higher than the statewide rate.
- The usually preventable long-term complications of Type 2 diabetes ***increased 110%***—24% more than the statewide rate.
- Diagnoses of diabetes (all types) among 30-39 year olds increased 33.7% —compared to 8.3% statewide.
- Compared to state averages, Fayette County had ***68.3%*** more diabetes diagnoses; ***75.4%*** more lower extremity amputations; and ***114.5%*** more end-stage renal disease.

2 - Depression Report

Depression is the leading cause of disability worldwide. Up to 25 percent of Americans will suffer a major depressive disorder during their lives. The United States loses between $30 and $53 billion in productivity and direct medical costs related to depression each year.

Morbidity for depression is comparable to that of angina and advanced coronary disease. Depression can worsen other physical diseases.

PRHI's report on depression in Southwestern Pennsylvania highlighted several areas for improvement outside the hospital. Consider:

- ***12.7%*** of hospitalized patients were readmitted within 30 days of release.
- ***Only 6.6%. to 75.5%*** of patients received follow-up care within a week after hospitalization.
- ***Only 10.4& to 38.7%*** of patients taking anti-depressant medication received follow-up care.

3 - What these two reports have in common?

Diabetes and depression are both chronic, widespread diseases that can usually be controlled without hospitalization. Prevention is key for both diseases, and in the case of depression, aftercare following hospitalization is also crucial. The price of failed prevention is staggering for patients, their families—and their employers.

Here in Pittsburgh, industry leaders beginning with PPG are considering pooling their employees in a PRHI-led model for more consistent screening, prevention and treatment for diabetes and depression. The plan is to align hospitals, physicians and insurers in a way that allows them to give better care to every patient. The model would include:

- Coordinating a better information loop among physicians, giving them real-time data on the frequency results of preventative tests, a first step to better care.
- Creating insurance reimbursement incentives for improved preventive care.
- Educating all stakeholders—from patient to doctor to insurer—about the advantages of preventive regimens for diabetes and depression.

4– Where do we go from here?

Professionals in both diabetes and depression, and several community agencies involved with these diseases, have begun to learn about the Perfecting Patient Care (PPC) system. Together they are just beginning to understand how PPC might be applied outside the hospital, in a broader community setting.

Tackling these chronic outpatient diseases will require coordinating the myriad issues, systems and practitioners. Yet four possible Learning Lines have emerged in depression alone—in hospital, community agency, and government oversight settings.

Watch for more reports about the diabetes and depression groups as they attempt to bring assistance *to the point of patient care*—which is sometimes far from a hospital.

Would you would like to join the hundreds of dedicated clinicians generously donating their time to PRHI's effort to improve preventive care for diabetes and depression in our community? Please volunteer for a clinical committee.

Contact Geoff Webster at 412-456-0973
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Patient Safety

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

PRHI's progress in the areas of hospital-acquired infection and medication error is accelerating, in large part due to the $4.8 million grant from the Agency for Healthcare Research and Quality (AHRQ). The AHRQ-funded program is designed to complement and extend the already expanding patient safety reporting and learning at PRHI hospitals.:

- National nosocomial infection surveillance system (NNIS); and
- MedMARx medication error reporting system.

Soon five PRHI Field Managers and two Administrative Managers (one for infection control, one for medication administration) will work directly with each hospital to help maximize the use and usefulness of the NNIS and MedMARx systems.

An experienced operations, evaluation, analytic and communications team will support the efforts at each hospital. With assistance of an AHRQ-funded Data Collection Center, housed at the University of Pittsburgh School of Pharmacy, relevant data will be collected, analyzed and shared with each hospital, and shared with PRHI partners according to strict data sharing guidelines.

These pioneering efforts in data reporting and sharing will advance our region's quest to improve patient safety. Unlike other research projects where analysts come in, collect data and leave, each AHRQ project team will focus on how best to leverage patient safety reporting so that shared learning and positive change accelerate.

Success depends in large part upon strong, supportive relationships among hospital personnel, PRHI staff, and the project team. To that end, each PRHI hospital has identified a site captain who will be central to communication among them, identifying ways to complement day-to-day activities.

AHRQ Agency for Healthcare Research and Quality
Quality Research for Quality Healthcare

Needed: *Hospital office space for 5 Field Managers*
Where: *One PRHI hospital per region*
When: *April 1, 2002 to December 2004*

If you are interested in having your hospital host a Field Manager for the 3-year duration of the project, please contact Ed Harrison.

The five Field Managers are set to be hired by April 1.

In the meanwhile, PRHI is pleased to announce the appointments of the two Administrative Managers for the project:

- ***Annette Mich, NHA***— Administrative Manager for Medication Error. Annette previously was director of Patient and Family Support Services at Shadyside Hospital and administrator of the Heritage Shadyside Nursing Home. She holds a BS from Penn State in Health Policy Administration and Masters in Health Systems Management.

- ***Mary Blank***— Administrative Manager for Infection Control. Mary has more than 10 years of infection control experience, most recently as Infection Control Manager at West Penn Hospital. Sheis the President-elect of the Three Rivers Association of Professionals in Infection Control. She holds a BS from Carlow College in Biology and Medical Technology, and a Masters in Public Health from Pitt's Graduate School of Public Health.

PRHI Partner Spotlight

Patient Safety: Adverse Drug Event Advisory Committee

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

Denise Addis
Manager, Performance Improvement
Westmoreland Health System

Diane Ammerman
Clinical Pharmacy Administrator
UPMC Health Plan

Eric Bakow
Process Improvement Specialist
Institute for Performance Improvement
UPMC Health Plan

Jocelyn Benes
Executive Director, Quality and Care Management Services
Children's Hospital of Pittsburgh

Catharine Cannon
Director, Nursing
UPMC SouthSide

Cheran Cherock
Pharmacist
The Medical Center of Beaver

Jane Colins
Risk Management
St. Clair Hospital

John Combes
Senior Medical Advisor
The Hospital & Healthsystem Association of PA

Diane Cooper
Director of Quality Assurance/Risk Management
Monongahela Valley Hospital

Ron Dermitt
Pharmacy Director
St. Clair Hospital

Dolly Enoff-Ansell
Director, Medical Support Services
Greene County Memorial Hospital

Joel Ettinger
Principal
Pugh Ettinger McCarthy

Toni Fera
Senior Director
Allegheny General Hospital

Joan Garzarelli
Director, Clinical Effectiveness and Quality Services
Children's Hospital of Pittsburgh

Daniel Glunk
Pennsylvania Medical Society

Barbara Groat
Educator
Latrobe Area Hospital

Angela Hadbavny
Pharmacy Services
St. Francis Medical Center

Peter Hallisey
Manager, Clinical Pharmacy Operations
South Hills Health System

Kathy Hayes-Leight
Director, Risk Management
West Penn Allegheny Health System

Susan Hern
Risk Mgmt.
Mercy Hospital of Pittsburgh

Michael Jacobs
Director, Department of Pharmacy
Washington Hospital

William Johnson
Director, Pharmacy
Uniontown Hospital

Joann Kowiatek
Pharmacy Mgr.
UPMC Presbyterian

Jorge Lindenbaum
Pharmacy and Therapeutics Chair
UPMC Southside

Thomas Lundquist
Director, Department of Performance Improvement
Allegheny General Hospital

Dean Matanin
Director of Pharmacy
Latrobe Area Hospital

Mary Jo Matthews
Director of Nursing
The Children's Institute

John Mendelhoff
University of Pittsburgh

Roberta Miller
Family Practice Resident
Forbes Regional Hospital

JoAnn Narduzzi
Executive Vice President, Medical Affairs
Mercy Hospital of Pittsburgh

William Niccolai
Director of Pharmacy
UPMC McKeesport

Ronald O'Neill
Director, Pharmacy
UPMC St. Margaret's

Thomas Osella
System Director of Pharmacy
Heritage Valley Health System, Inc.

Roger Oxendale
Chief Operating Officer
Children's Hospital of Pittsburgh

Paul Paris
Professor and Chairman
Department of Emergency Medicine, Univ. of Pittsburgh

Susan Poklembo
Manager, Oncology Department
Frick Hospital

Christine Porter
Forbes Regional Hospital, Pharmacy Dept.

Sandy Reed
Risk Management
Magee-Women's Hospital

Marilyn Rudolph
Vice President, Performance Improvement
VHA Pennsylvania

John Schulhoff
Director of Surgery
St. Francis Medical Center

Joseph Schwerha
University of Pittsburgh School of Public Health

Richard Simmons
George Vance Foster Prof., Chair, Dept. of Surgery
University of Pittsburgh

Carl Sirio
Associate Professor
University of Pittsburgh School of Medicine

Joan Siwula
Senior Data Analyst
Frick Hospital

Peggy Spisak
Director, Quality and Risk Management
Ohio Valley General Hospital

Shirley Stasiowski
Associate Hospital Director and Chief Nursing Officer
Latrobe Area Hospital

April Stevens
Chief Executive Officer
LifeCare Hospitals of Pittsburgh, Inc.

Kelley Wasicek
Manager, Pharmaceutical Care
UPMC Southside

Robert Weber
Executive Director, Pharmacy
UPMC Presbyterian and Shadyside

Richard Weinberg
Senior Vice President, Medical Affairs
St. Francis Health System

Michael White
Medical Director, Medical Management
UPMC McKeesport

Gail Wolf
Senior VP, Patient Care Services
UPMC Presbyterian

Mary Kay Yarchak
Information Services Division
UPMC Health System

Eric Yarnell
Director, Pharmacy Services
West Penn Hospital

Marie Zanotti
COO and Executive Director
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PRHI EXECUTIVE SUMMARY IS ALSO POSTED MONTHLY AT *WWW.PRHI.ORG*
PLEASE DIRECT INQUIRIES TO:
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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: 2nd qtr 2001	3rd qtr 2001	4th qtr 2001	MedMARx med. error report sys.: Con-tract?	System in use?
Butler Memorial Hospital*					
Children's Hospital of Pittsburgh	✓	✓		✓	✓
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					
Washington Hospital	*NEW PARTICIPANT*				
Pittsburgh Mercy Health System					
Mercy Hospital of Pittsburgh	✓	✓	✓	✓	✓
Mercy Providence Hospital	✓	✓	✓	✓	✓
South Hills Health System					
Jefferson Hospital	✓	✓	✓	✓	✓
St. Clair Memorial Hospital*	✓	✓	✓		
St. Francis Health System	✓	✓		◔	
Uniontown Hospital	✓	✓	✓	✓	✓
UPMC Health System					
Bedford Memorial	✓	✓	✓	✓	
Braddock	✓	✓	✓	✓	✓
Horizon	✓	✓	✓	✓	✓

PRHI Partner	NNIS Blood Stream Infect'n Report to CDC: 2nd qtr 2001	3rd qtr 2001	4th qtr 2001	MedMARx med. error report sys.: Con-tract?	System in use?
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	✓	✓
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*

✓ *Fulfilled* ◔ *In progress*

Pittsburgh Regional Healthcare Initiative
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Clinical Initiatives

Second Cardiac Forum Scheduled

In October PRHI convened the First Cardiac Forum, a collaboration that a year ago might not have seemed possible in the Pittsburgh cardiac surgical community. Surgeons, cardiologists, nurses, perfusionists, data analysts, and cardiac program administrators from competing practices and hospital systems gathered to explore ways to collectively learn and improve. We heard from some of the leaders of the Northern New England (NNE) Cardiovascular Disease Study Group who began a similar collaboration 14 years ago and, have since reduced their regional mortality rate for cardiac bypass surgery by an astounding 33%.

Informed by the NNE experience PRHI's Cardiac Working Group has created a Cardiac Registry, a regional effort to improve the outcomes patients undergoing cardiothoracic surgery. (See *PRHI Executive Summary*, November 2001, available at ***www.prhi.org***).

Practitioners involved in cardiac care are invited to attend the Second Cardiac Forum March 8 and 9 at Pittsburgh's Mercy Hospital, Sister Clark Auditorium. To register, please fax back the form below to 412-232-6240, or call Helen Adamasko at 412-594-2581.

YES, I will attend the PRHI Cardiac Forum
at Mercy Hospital, 1400 Locust Street Pittsburgh PA 15219

☐Friday Afternoon March 8, 2002, 4-7 pm

☐Saturday Morning March 9, 2002, 8:30-11 am

Please fax this form to PRHI at 412-232-6240
by Wednesday, March 6

NAME _____ TITLE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

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*