April 200 I

# PRHI Executive Summary

The Pittsburgh Regional Healthcare Initiative is a collaborative effort of the institutions and individuals that provide, purchase, insure and support health care services in Southwestern Pennsylvania. We help our members work together to: Achieve the world's best patient outcomes ...Through superior health system performance ....

By identifying and solving problems at the point of patient care.

We believe the major challenges in health care—rising costs, frustration and shortage among clinicians and workers, financial distress, overcapacity, and lack of access to care—share the same cause, and will share the same solution.

## **CDC** patient safety update

On April 1, 2001, PRHI partner hospitals began collecting data in support of our bloodstream infection (BSI) program. This is an exciting first step towards the implementation of a region wide data reporting system capable of supporting shared learning. Prior to submitting data to our partner, the Centers for Disease Control and Prevention (CDC), a signed consent document must be returned to PRHI. The consent form and supporting materials will be provided to the administration and the Infection Control Department for each facility by the end of this month.

If your infection control staffed missed the CDC training in the use of the National Nosocomial Infection Surveillance System (NNIS) for BSIs, contact Ed Harrison at 412-594-2584.

## RWJF grant apps due

There's still time to apply to the Robert Wood Johnson Foundation (RWJF) for its \$20.9 million grant program Pursuing Perfection: Raising the Bar for Health Care Performance. More information at: www.rwjf.org. **Due** date: April 16. For supporting language for your application, call Ken Segel, PRHI Director (segel@jhf.org or 412.594.2558).

# from the Director

412.594.2558, segel@jhf.org

PRHI partners share in the quest to dramatically improve one of the most complex and important systems ever known: healthcare delivery. PRHI helps assemble the basics to support the task—including trust, shared data collection and learning systems, mutual accountability, and common experiments to improve care.

As much as we try to do, however, the "work in the trenches" is up to PRHI's partner organizations. If we can improve how we support your work, please let us know. We invite your participation and guidance. 🗷

## AHRQ grant proposal

April 27 marks the date PRHI will submit a group proposal to the Association of Health Research Quality (AHRQ) on behalf of its constituent hospitals. The purpose of the grant will be to help us implement our common data collection system, and evaluate our approaches to learning and improving care based on the data.

More AHRQ grant news on p.2  $\Longrightarrow$ 

## Mon Valley sends a message

Employees at Monongahela Valley Hospital recently opened their paychecks to find a primer on patient safety. In the hospital newsletter, Monitor, Anthony M. Lombardi devoted his President's Message to Mon Valley's goals and efforts, and its partnership with PRHI. Using this means to reinforce our common patient safety goals to employees is a creative demonstration of executive leadership. For a copy, contact Tony Kelly at PRHI, 412.594-2567, kelly@jhf.org.

# Center for Shared Learning Vicki

Vickie Pisowicz Director, CSL 412.594.2589 pisowicz@jhf.org

# **Patient Safety Programs**

Ed Harrison Director, Patient Safety 412.594.2584 harrison@jhf.org

The mission of PRHI's Center for Shared Learning (CSL) is to support the testing and implementation of a system-based approach to healthcare management, drawn from the Toyota Production System (TPS) and Alcoa Business System.

"There is no magic method. Rather, a total management system is needed that develops human ability to its fullest capacity to best enhance creativity and fruitfulness, to utilize facilities and machines well, and to eliminate all waste." -Taiichi Ohno, Toyota Production System: Beyond Large-Scale Production

Ohno is talking here about how to achieve cost reduction in car manufacture, but the ideas, we believe, are also pertinent to health care delivery. To experiment with the TPS model in the healthcare setting, the Center for Shared Learning (CSL) has established learning lines at UPMC Presbyterian and UPMC South Side.

Introductory sessions about CSL are scheduled throughout Spring. In each session, we encourage a broad mix of participants—providers, purchasers, managers, clinicians, and others—from various organizations. To sign up for a session, call Tony Kelly, 412.594.2567.

This month we welcome Dave Sharbaugh as CSL instructor. Dave comes from the Informatics Department at Shadyside Hospital where he specialized in clinical process improvement. We look forward to Dave's valuable contribution to the work of CSL.

### May 2001 at a glance \*

Tony Kelly, PRHI Administrative Coordinator 412.594-2567, kelly@jhf.org

May 1	8 a-12 p	Nosocomial Infection Work Group		
May 7	12-1:30 p	PRHI Co-chairs		
	2-3:30 p	Patient Safety Executive Committee		
May 8	3-4:30 p	Adverse Drug Effect Advisory Cmte.		
	6-9 p	CSL Information Session, call Tony		
		Kelly to reserve your space		
May 17	2:30-4 p	Buying Healthcare Value		
	4-6:30 p	Clinical Advisory Committee		
(Location for these meetings TBA—call Tony Kelly)				
May 22	6-9 p	CSL Information Session, call Tony		
		Kelly to reserve your space		
May 24	4-8 p	Board of Trustee meeting		
		Duquesne Club		

<sup>\*</sup> all meetings held at PRHI offices unless otherwise noted.

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

#### AHRQ Grant

PRHI is preparing a proposal to the Agency for Health-care Research and Quality (AHRQ) for the grant opportunity: Improving Patient Safety: Health Systems Reporting, Analysis, and Safety Improvement Research Demonstrations. The proposed research project, "The Implementation of a Regional Approach for Improving Patient Safety," demonstrates how communities—supported by local, regional, and national partners—can effectively translate data into useful information, learning, and change strategies.

In addition to assessing the utility of patient safety data systems to the work of healthcare personnel, we hope to use some of the funds to assist PRHI-affiliated organizations with data collection and analysis, and intervention design. Funding of up to \$2 million will accelerate our joint efforts toward preventing nosocomial infections and medication errors.

Carl Sirio, M.D., Associate Professor of Anesthesiology, Critical Care Medicine, and Medicine at the University of Pittsburgh School of Medicine and a PRHI Clinical Committee Co-chair is the Principle Investigator.

The proposal outlines mechanisms for:

- √ Evaluating the effectiveness of surveillance/data collection instruments.
- √ Formulating and implementing data-driven change strategies.
- $\sqrt{\text{Performing qualitative and quantitative impact assessments of interventions.}}$
- √ Testing the translation of continuous quality improvement techniques from other industries to health care.

As part of our efforts to secure this funding, hospital administrators are asked to provide a letter of participation and complete a brief facility survey. This information must be returned to PRHI no later than April 18, 2001.

#### Summit on Patient Safety Data Collection and Use

Carl Sirio, M.D., and Ed Harrison have been invited to help lead a Consultant's Workshop in preparation for the Summit Meeting on Patient Safety Data Collection and Use, April 23-24 in Washington, D.C. Summit sponsors are AHRQ, CDC, Department of Health and Human Services (HHS), Food and Drug Administration (FDA), and Healthcare Financing Administration (HCFA).

## **Clinical Initiatives**

Jon Lloyd, M.D. PRHI Medical Advisor 412.594.2566 lloyd@jhf.org Geoff Webster PRHI Co-Director 412.456.0973 websterchc@stargate.net

# **PRHI Partner Spotlight**

Southwestern Pennsylvania seeks to achieve the best patient outcomes of any community in the world. PRHI has established a partnership among clinicians, businesses, hospitals and insurers to achieve those goals in five pilot areas by (1) constructing outcome data sets trusted by those who provide care and (2) supporting collaborative efforts to improve care.

#### Cardiovascular Work Group

Data analysts and nurses from eight hospitals will meet April 27 to define data elements for the first two improvement projects: risk-adjusted mortality and atrial fibrillation following CABG. Plans for a data registry continue.

The region's first Cardiac Forum is being planned for September.

#### Orthopedic Work Group

Mike Miller, M.D., work group co-director, and Jon Lloyd, M.D. attended an orthopedic study group of the Maine Medical Assessment Foundation (MMAF) in Manchester, Maine, March 28. Future collaboration with MMAP holds the potential to increase the magnitude and speed of our improvement.

#### **Depression Report**

The Clinical Advisory Committee (CAC) will release its Depression Report in May. The report includes utilization data, HEDIS measures of chronic disease management, and inpatient measures of readmission and electro convulsive therapy (ECT).

#### **Diabetes Initiative**

The Clinical Initiatives is investigating ways to improve diabetes reporting and treatment. Diabetes affects more people than any other condition PRHI is studying, and purchasers are very interested in gaining value for the \$1.2 billion in annual cost.

In May a new PRHI work group will consider:

- √ A condensed inpatient report using the HC4 Diabetes Report and diabetes section of Managed Care Report.
- √ Potential adaptation of the AMA's work on Coordinated Performance Measurement for the Management of Adult Diabetes.

#### CAC "Help Chain"

CAC leaders are designing a "help chain" for solving problems the working groups encounter as they act on report recommendations. As a result of the help chain, CAC members should notice more action-oriented agendas that provide ways for working group leaders to remove barriers to improvement.

Each month this column lists one segment of PRHI's network of partners. This month we feature PRHI's original hospital signatories, who support our goals of eliminating all preventable medication errors and nosocomial infections.

#### **Butler Memorial Hospital**

Joseph A. Stewart, President and CEO

#### Children's Hospital of Pittsburgh

Ronald L. Violi, Chairman and CEO

#### Fay-West Health System

Rodney L. Gunderson, CEO

#### Healthsouth Rehabilitation Hospital of Greater Pgh.

Faith A. Deigan, Vice President

#### Healthsouth Rehabilitation Hospital of Sewickley

Ken Anthony, CEO

#### Heritage Valley Health System\*

Larry A. Crowell, President and CEO

#### Latrobe Area Hospital\*

Douglas A. Clark, Executive Director

#### Lifecare Hospitals of Pittsburgh, Inc.

April Stevens, CEO

#### Monongahela Valley Hospital

Anthony M. Lombardi, President and CEO

#### Ohio Valley General Hospital

William F. Provenzano, President

#### Pittsburgh Mercy Health System

Gregg G. Zoller, President and COO

#### St. Clair Memorial Hospital\*

Benjamin E. Snead, President and CEO

#### St. Francis Health System

Sister Florence Brandt, President and CEO

#### South Hills Health System

William R. Jennings, President and CEO Bruce Payton, Vice President, CSS

#### The Uniontown Hospital\*

Paul Bacharach, President and CEO

#### **UPMC Health System**

Jeffrey A. Romoff, President

John W. Paul, Executive Vice President

#### VHA of Western Pennsylvania\*

Renée S. Frazier, President and CEO

#### West Penn Allegheny Health System

Charles M. O'Brien, President and CEO, West Penn

#### Westmoreland Hospital

Joseph J. Peluso, President and CEO

\*Under structured collaboration with VHA Hospitals and National VHA

Note: We are still building this list. Within the month, Ed Harrison will call each organization to update this information.

# **Progress Report**

Each edition of PRHI Executive Summary features a snapshot of our progress on a single segment of the initiative. More detailed versions of this tracking scorecard are available to PRHI partners by e-mailing Tony Kelly, kelly@jhf.org

### **HC4 Reporting Rates**

(HC4 data are used to set PRHI clinical benchmarks)

PRHI Partners	Reporting compliance	Trend, past 10 quarters
Brownsville General	90%	1
Butler Memorial	95%	Û
Heritage Valley Health Sys.		
Sewickley Valley	95%	①
•Medical Ctr., Beaver	95%	①
Highlands	96.25%	Û
Latrobe Area Hospital	97.5%	①
Monongahela Valley	100%	$\Diamond$
Ohio Valley General	100%	$\Diamond$
Pittsburgh Mercy Health Sys.		
•Mercy Hospital	87.5%	①
Mercy Providence	95%	①
South Hills Health System		
•Jefferson Hospital	85%	企
St. Clair Memorial	98.75%	Û
St. Francis Med Ctr	95%	①
Uniontown	95%	Û
UPMC Health System		
Beaver Valley	100%	$\Diamond$
• Braddock	97.5%	1
•Magee-Women's	96.25%	Û

PRHI Partners	Reporting compliance	Trend, past 10 quarters
UPMC, continued		
•McKeesport	93.75%	①
• Passavant	98.75%	$\Diamond$
• Presbyterian	95%	
•Shadyside	96.25%	①
•South Side	100%	$\Diamond$
•St. Margaret	98.75%	$\Diamond$
Washington Hospital	96.25%	$\Diamond$
West Penn Allegheny H. Sys.		
•Allegheny General	97.5%	$\Diamond$
• Allegheny Valley	98.75%	$\Diamond$
•Canonsburg General	100%	♦ ♦
•Forbes Regional	96.25%	Û
•Suburban General	95%	$\Diamond$
•West Penn *	86.25%	$\Diamond$
Westmoreland Health System		
•Frick Hospital	100%	$\Diamond$
•Westmoreland Reg'l	98.75%	$\Diamond$
•Jeannette Dist. Mem.	95%	$\Diamond$
•Monsour Medical	82.5%	Û

<sup>\*</sup>Data error rates due to one field error only—field not used in PHC4 calculations

#### **Contact Information**

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indicates no change in reporting rates for past 10 quarters