Pittsburgh Regional Healthcare Initiative

PRHI Executive Summary

Focus of first PRHI Board Meeting: leadership

January 23 marked the first meeting of the PRHI Board of Directors. In its first order of business, the Board accepted the nomination of Paul O'Neill as its newest member. Mr. O'Neill served as Secretary of the Treasury, and is the former CEO of Alcoa.

> **THIS WORK IS AMONG THE TOP THREE OR FOUR THINGS THAT NEED TO BE DONE IN THE WORLD.**
>
> **—PAUL O'NEILL**
> **PRHI BOARD MEETING**
> **JANUARY 23, 2003**

O'Neill told the group, "I really do think this work is among the top three or four things that need to be done in the world. It's not just about Pittsburgh, but about the broader national agenda. We need to demonstrate that we can aspire to what people think is not possible—*and achieve it*."

The Board discussed regional objectives for the coming year, but emphasized the importance of the goals PRHI partners set for themselves:

- ✓ ***Zero*** medication errors.
- ✓ ***Zero*** hospital-acquired infections.
- ✓ ***Perfect patient outcomes*** in targeted clinical areas—cardiac, diabetes, depression, obstetrics and orthopedics.

The Board also restated the importance of leadership commitment to the goals. Said Jim Rohr, Co-leader of PRHI's Leadership Obligation Group, "Leaders need to move ahead boldly. Otherwise we'll only 'do good things' and 'make progress.'"

Hospital leaders will hear from PRHI staffers during the year. They plan to go see each leader to listen to their concerns and needs. We hope to shape PRHI offerings in a way that is helpful to those who are ready to move aggressively toward these goals. ☙

"If you don't go, then you won't know"

FEBRUARY 2003

Inside this issue:

Discussing the diabetes epidemic in a recent visit to Pittsburgh, former Surgeon General Joycelyn Elders described a management style that aligns with Perfecting Patient Care. She said, "You can't teach what you don't know and you can't lead where you won't go. If you don't go out into the community and know what's going on . . . then you won't know and understand the problems patients face."

A fundamental tenet of the Perfecting Patient Care system is the visit to the "shop floor" for disciplined observation. By going directly to where the work is done, leaders can gain a deep understanding of the needs of customers and workers, and the processes of work.

In his book, *Toyota Production System*, Taiichi Ohno says, "The time that provides me with the most vital information about management is the time I spend in the plant, not in the vice president's office."

Why do leaders at places like Toyota spend so much time on the shop floor? A deep, first-hand understanding of how work is done allows leaders to understand how to help their organizations see and understand the root cause of problems, not just their obvious symptoms. When leaders are available to help workers solve problems, they unleash the most potent resource of all: the unlimited creativity of their employees.

Other Benefits

First-hand observation has three main benefits, says Diane Frndak, PRHI's Perfecting Patient Care curriculum specialist. When a leader comes to the floor to observe, three things happen:

1. Workers feel honored. When

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Working groups and registries

Community hospitals lead the way in cardiac registry

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THREE COMMUNITY HOSPITALS OCCUPY THE FOREFRONT IN CREATING THE CARDIAC REGISTRY:

- ***DUBOIS MEDICAL CENTER***
- ***THE MEDICAL CENTER OF BEAVER***
- ***WASHINGTON HOSPITAL***

Three community hospitals have stepped to the forefront with the new PRHI Regional Cardiac Registry. Eleven of the region's 13 cardiac centers have signed on as members of the Registry, and several of them have completed steps toward approval.

Three hospitals have done it all: signed the agreement; obtained Internal Review Board (IRB) approval; and most significant, submitted their data. They are:

- ✓ *Dubois Medical Center*
- ✓ *The Medical Center of Beaver*
- ✓ *Washington Hospital*

The goal of the Cardiac Registry is to determine cause-and-effect relationships between the processes of care (patient interventions) and outcomes (adequacy of recovery) among patients undergoing coronary artery bypass graft (CABG) surgery.

"Wouldn't you want to share?"

CWG members urge colleagues to submit data by March 1

"If you were doing something that allowed patients to recover sooner and more completely, wouldn't you want to share that information with everyone else?" asks Jon Lloyd, MD, PRHI's Medical Advisor. "The Cardiac Registry provides a way to measure outcomes and share that information with everyone in the region who performs CABG surgery."

A single physician, says Lloyd, sees very few fatalities or serious complications among his or her patients in a year's time. When the experiences of all the region's cardiac surgeons are compiled and shared, much more learning can take place.

PRHI's Cardiac Registry is based on a model developed by the esteemed Northern New England Cardiovascular Disease Study Group. Led by the example of three community hospitals, the cardiac centers of Southwestern Pennsylvania now have a chance to add collective knowledge to this crucial area of practice.

Cardiac Registry Participation

Contact Organization	Forum Participant	IRB Approval	Agreement Signed	Data Submitted
Allegheny General Hospital	✓	✓	✓	
Butler Area Hospital	✓			
Dubois Regional Medical Center	✓	✓	✓	✓
Jefferson Hospital	✓		✓	
Mercy Hospital of Pittsburgh	✓		✓	
St. Clair Hospital	✓	✓	✓	
The Medical Center of Beaver	✓	✓	✓	✓
UPMC Passavant	✓		✓	✓
UPMC Presbyterian	✓		✓	
UPMC Shadyside	✓		✓	✓
Washington Hospital	✓	✓	✓	✓
West Penn Hospital	✓	✓	✓	
Westmoreland Regional Hospital	✓			

Submitting your data

The first Cardiac Forum of 2003 will be held in April when most partners have submitted their data. The members of PRHI's Cardiac Working Group (CWG) urge their colleagues to submit their data by March 1, 2003. For information or help in submittal, please call Dennis Schilling at 412-535-0292, ext. 116.

Real-time data reporting

Error 3 from the "Top 11"

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Second in a series

Last summer, members of the Regional Working Group on medication errors (practitioners from the region's 39 hospitals) considered this question: ***Of the medication errors brought to your attention in the past year, which ones provided the richest learning opportunities for the region?*** The group defined 11 such errors for sharing widely.

Based on the information from this Working Group, PRHI Administrative Manager, Annette Mich, formatted these errors as they would appear in a complete MedMARx daily report. Identifying data were removed, and dates changed.

Should your hospital desire more information about how to deploy MedMARx or another electronic medication error reporting system to their fullest capability, please contact Annette Mich. ☙

#3 of the Top 11

Presented in MedMARx custom search format

Data reflect real events between 2001-02, but have been de-identified for regional learning

Date of error #3	Date record was entered	Description of error	Root cause analysis summary*	Action taken detail	Location of error detail
8/15/2002	8/21/2002	ISMP Benchmarking Survey 1992 showed 11% of all med errors nationally involve insulin. July 97-Apr 98 facility-specific data review show 13% of wrong dose/rate errors involved insulin. Review of handwriting samples showed "u" misinterpreted as zero.	The letter "u" can be misinterpreted as zero (*e.g.,* 70u or 700; 6u or 60). Decimals and 0 after a whole number can be interpreted as an extra zero (*e.g.*, 2.0 or 20).	Standardize prescribing and communication to avoid dangerous abbreviations. Develop Medication Error Reduction Initiative (planning began June 1998). Obtain multi-disciplinary approval, education. Insulin Medication Error Reduction Initiative implemented 10/98 as three-pronged approach. ✓ Physicians: write out units, do not use "u." ✓ Nursing: clarify orders with "u" with MD. ✓ Increase awareness of medication error causation with *Dear Doctor* letter inserted into the medical record of each patient for whom an order is written with a discouraged abbreviation (not permanent part of patient chart). Draft hospital-wide abbreviations policy. Monitor prescribing and transcription accuracy. Program changes into electronic medical record to use the work "units" instead of "u." Use this template to reduce other medication errors. Evaluate system-wide implementation. Consider sliding scale insulin regimens. Promote other ISMP Dangerous Abbreviations recommendations, specifically, avoid name letters and dose numbers running together (e.g. Inderal40mg misread as Inderal 140 mg.) Always use a space between drug name dose, and unit of measure.	

* *This portion of the MedMARx report sometimes causes confusion. A "Root Cause Analysis" in a hospital setting is ordinarily a detailed, lengthy report published at the end of a months-long investigation into a sentinel event. For purposes of MedMARx reporting, it is a simple analysis of what went wrong, rendered as close as possible to the time the problem occurred. The terminology should not discourage those closest to the problem from describing what happened.*

Learning Lines

Why can't we?

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At this Ambulatory Surgery Center, a Perfecting Patient Care (PPC) Learning Line, patients were waiting as much as an hour during registration. Answering the challenge, "Why can't we reduce the time it takes to register our patients?" the staff devised solutions.

The team reduced each registration encounter to an average of four minutes. But the team of seven workers still asked, "Why can't we eliminate waiting time for patients?"

Waiting "comes with the territory" when you're a patient. Right? The time patients spend waiting isn't usually defined as a *problem* needing a *solution*. Yet for patients facing surgery, the waiting can provoke needless and harmful anxiety.

I DON'T EVER WANT TO GO BACK TO DOING IT THE OLD WAY.

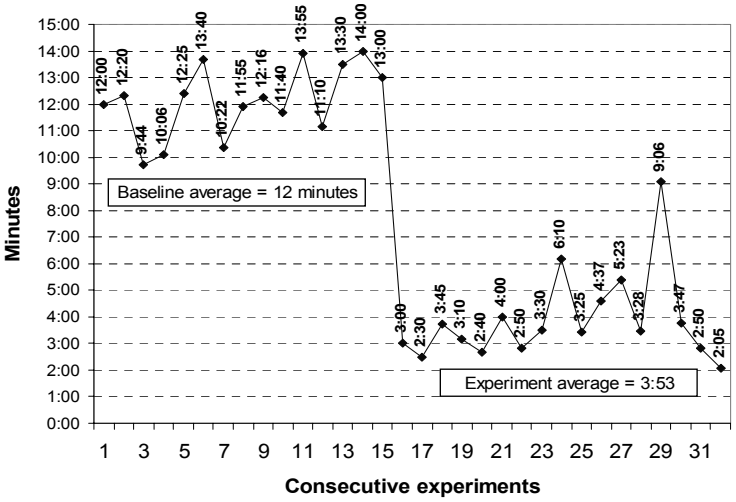
—REGISTRATION CLERK WEST PENN AMBULATORY SURGERY CENTER PPC LEARNING LINE

Given new "eyes to see," registration team members at West Penn's Ambulatory Surgery Center realized that waiting was a problem for patients. Some patients waiting for testing grew frustrated and left. Others were called to a bed before completing registration, delaying their surgical prep.

The registration clerks asked themselves, "Does it have to be this way? Why can't we reduce patients' registration time? How quickly could we do it, and by how much?"

The team members at West Penn's ASC are part of a collaborative Perfecting Patient Care Learning Line. No longer do these employees face the exhausting task of working around problems in the system. Instead, they are encouraged to continually discover problems, bring them to the surface, and help devise ways to fix them.

How long does the individual registration encounter take?



At first, it took about 12 minutes for the registration clerk to call the patient from the waiting room and complete the registration. After many refinements—like working with another department to make sure correct demographic information was on each chart beforehand—registration time dropped below 4 minutes.

Repetition = waste

Why does a patient need to be present to register at all? The patient needs to be present to sign consents and receive an ID bracelet. However, during registration, team members needed to ask patients for missing personal information. For the most part, patients had already given this information by phone to another department in advance. A connection was broken: information received in one department was not making its way to the chart at registration.

The root cause of this registration problem lay in another department. Workers in that department devised solutions for their "customers," the registration clerks. With correct personal patient information on every chart every time, registration time began to shorten. Further refinements led to even more improvements in the work flow.

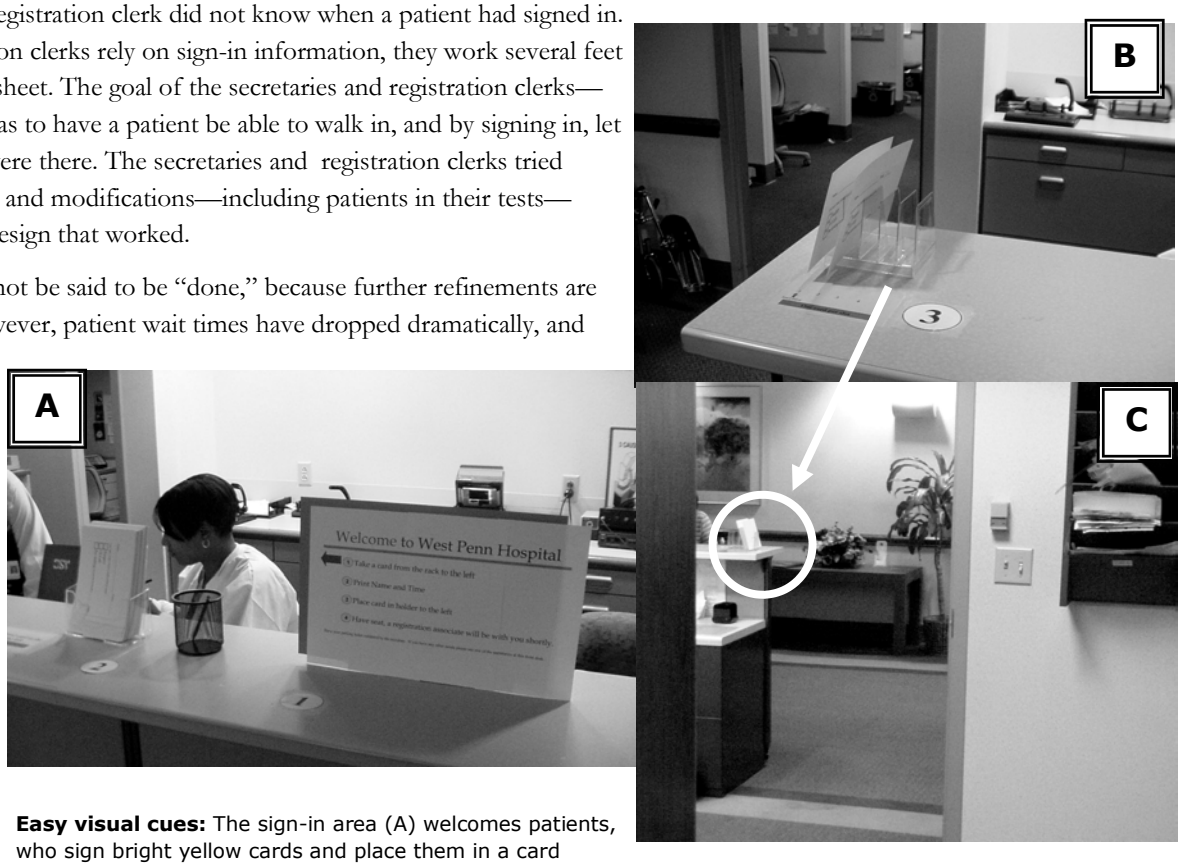
"Why can't we do even better?"

Although the time it took to register each patient dropped dramatically, the goal of the registration clerks had not yet been met: eliminating the time patients have to wait. In refining the registration work, they began to consider the delay that

occurred because the registration clerk did not know when a patient had signed in. Although the registration clerks rely on sign-in information, they work several feet away from the sign-in sheet. The goal of the secretaries and registration clerks—seven people in all—was to have a patient be able to walk in, and by signing in, let the clerks know they were there. The secretaries and registration clerks tried numerous experiments and modifications—including patients in their tests—before arriving at a redesign that worked.

The experiment cannot be said to be "done," because further refinements are always under way. However, patient wait times have dropped dramatically, and the changes have been sustained for five months. The most significant improvements are:

- Patients are no longer waiting 45 minutes to an hour to have pre-testing completed.
- Staff are able to handle volume surges in the arrival rates without any significant problems.
- With stable timing established, the group has been able to focus on other changes aimed at an even more efficient flow through the pre-operative pathway.

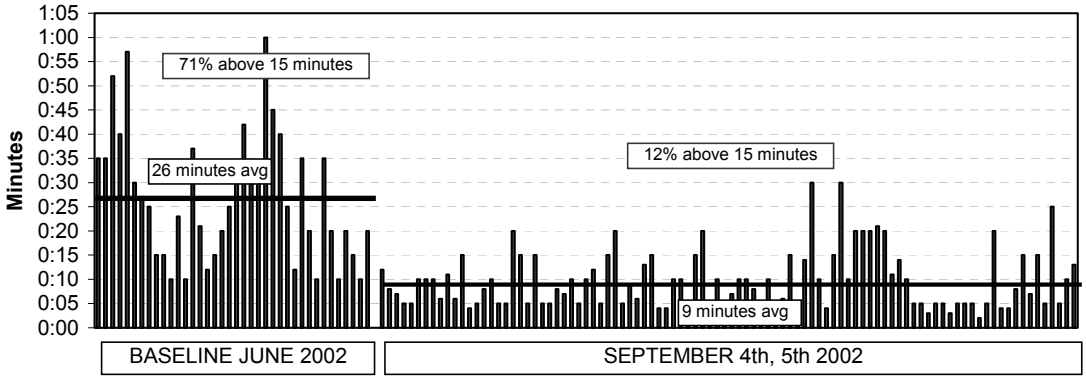


Easy visual cues: The sign-in area (A) welcomes patients, who sign bright yellow cards and place them in a card holder (B). As viewed from their desks, (C) the registration clerks can see whether cards are in the holder. If so, the next clerk instantly knows a patient is waiting.

Says PPC coach, David Sharbaugh, "When people get frustrated in their daily work because the system makes it hard to be successful, the traditional response is to blame it on the system, the management, or to just disengage and simply come to work and 'do your job.' The Perfecting Patient Care System, above all else, is about helping people to be successful in meaningful work. When workers begin to make small changes in their own work, they realize that they can change the system. Imagine 2,500 employees, every day making small changes that help better meet patient needs, eliminate waste, improve flow and increase productivity."

One team member put it succinctly: "I don't ever want to go back to doing it the old way!" ☙

Total patient registration time: from entrance to pre-op bed



Seven people making small changes in their work quickly reduced patient waiting times from up to an hour to just about 9 minutes. Unleashing the creativity of the people who do the work is a basic tenet of the Perfecting Patient Care System.

"If you don't go, then you won't know" — from page 1

> ***THE TIME THAT PROVIDES ME WITH THE MOST VITAL INFORMATION ABOUT MANAGEMENT IS THE TIME I SPEND IN THE PLANT, NOT IN THE VICE-PRESIDENT'S OFFICE.***
>
> ***—TAIICHI OHNO "TOYOTA PRODUCTION SYSTEM"***

leaders come to the floor to learn, not to judge, workers begin to feel emotionally safe. When leaders use their power to help workers solve problems, workers' frustrations begin to resolve.

2. Perception gives way to reality. When something isn't working properly, it's tempting to presume the cause instead of ascertaining it. Assumptions usually lead to blame. Once the real root cause of a problem is learned, blame falls away and the focus becomes removing the barriers to getting the job done.
3. Careful observation allows leaders to form the basis for making logical modifications. Modifications made on sound hypotheses are far more likely to succeed.

How PRHI can help

Community leaders in Southwestern Pennsylvania can learn the basic techniques of detailed, first-hand observations— "going and knowing." PRHI offers two routes for learning:

- **Real-time Error Reporting System.** For hospital leaders expressing interest, PRHI field workers offer a continuum of educational opportunities. First is the individualized CEO update on medication error and infection reporting systems. Second, is 40+ hours of close observation in various places throughout the hospital, conducted by PRHI field personnel. Third, the field workers accompany managers to the "shop floors" of their hospitals. The objective of these facilitated walk-throughs is to allow top hospital managers achieve a different level of observation, seeing for themselves the heroic efforts of their staff, and considering even more ways that often-chaotic systems can be improved.
- **Perfecting Patient Care (PPC) Introductory Session and University.** In 2002, over 600 people attended PPC Introductory Sessions, consisting of a 3-hour evening session and a first-hand in-hospital observation the following morning. Over 100 people made the additional commitment of four full days of instruction at the PPC University. This accredited course* includes a full day of on-the-floor observation.

Further Information—412-535-0292

For more about the Real-time data system continuum, call Annette Mich at ext. 112.

For information about the PPC Introductory course and University, contact Diane Frndak at ext. 111. For schedules and enrollment information, contact Helen Adamasko at ext. 100.

At a recent PPC University, participants learn to identify and eliminate waste in systems. The University offers facilitated in-hospital observation as part of its curriculum.

**This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (AACME) through the joint sponsorship of the University of Pittsburgh School of Medicine and the Pittsburgh Regional Healthcare Initiative. The University of Pittsburgh School of Medicine, as part of the Consortium for Academic Continuing Medical Education, is accredited by the AACME to provide continuing medical education for physicians.*

We've moved

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Calendar, March 2003

Sunday, March 2
Perfecting Patient Care (PPC) Information Session – PRHI Offices 5-8 pm
Monday-Thursday, March 3-6
PPC University for Community – Centre City Tower, 5th Floor7:30am – 5:00pm
Monday, March 3
Chronic Care Working Groups (Depression, Diabetes) – JHF Offices 5-8pm
Tuesday, March 4
Infection Control Advisory Committee – Centre City Tower, 5th Floor 8-10am
Thursday, March 6
Leadership Obligation Group – (location TBA) 2-4pm
Tuesday, March 11
MAAC (medication administration) – Centre City Tower, 5th Floor 3-4:30pm
Perfecting Patient Care (PPC) Information Session – PRHI Offices 6-9pm
Wednesday, March 12
Hospital Learning Line visit – West Penn Hospital 8am-noon
Thursday, March 20
Buying Healthcare Value – Centre City Tower, 5th Floor 2:30-4pm
Clinical Advisory Committee – (location TBA) 6-8pm

For further information call Helen Adamasko, 412-535-0292, ext. 100

Contact Us

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PRHI Executive Summary is also posted monthly at **www.prhi.org**

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