

PRHI Executive Summary

PRHI Physician Leader Meets With President Bush

On Thursday, July 25, PRHI physician leader Mark Schmidhofer, MD attended a meeting with President George W. Bush and Secretary of Health and Human Services, Tommy Thompson, at High Point Medical Center in High Point, North Carolina. This is his report.

Eleven people attended this roundtable, mostly obstetricians, and three patients of obstetricians who had been forced to leave practice because of high malpractice premiums. The patients described how they were affected by those doctors' leaving. This discussion took place just before President Bush delivered his address outlining the elements of his tort reform bill to be submitted to Congress.

The purpose of this roundtable was twofold. First, President Bush met the two physicians and patient whom he named in his subsequent address, and got a first-hand flavor of the emotional impact of their circumstances. Second, I believe he wanted to understand how those "in the trenches" were affected by the current malpractice environment.

Most of the conversation focused on tort reform and the startling stories told by these physicians and patients. My remarks and the President's questions of me, however, centered on the chilling impact of legal liability on the open disclosure of process errors, and the ability of different institutions to share their experiences with one another. I relayed some of the experiences we and PRHI have had as our institutions have grappled with whether or not it was prudent to ac-

knowledge errors within our institutions, acknowledge them to other institutions, or even if it was appropriate for us to share best practices with competing institutions. I discussed our ongoing debates about the nature and completeness of error reporting with respect to medication error and nosocomial infections, and how even in my own UPMC Health System, there is concern about the safety of sharing individual hospital error information with corporate entities. I added that, while many elements of ACT 13 (MCARE) are desirable, certain phrases within it may prove to be crippling.

The President was engaging, personable, funny and attentive. He was very involved during the entire 45-minute session. His questions indicated a much broader knowledge on these subjects than I had expected. He understood and subsequently in his address commented on the need for health care workers to be able to accumulate and share process information, including errors, with one another without exposing themselves to legal liability.

I was delighted that the President spent the time in this arena. I think his understanding was increased, and believe he will be an advocate of PRHI's approach to improvement. ☞

AUGUST 2002

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Other Elected Officials Learn About PRHI

On two days in August, PRHI cross-hosted two site visits by federal, elected officials, Senator Rick Santorum (R-PA) and Congressman Mike Doyle (D-PA). Symbolizing the level of collaboration in our region, clinicians from two competing healthcare systems teamed up to lead both visits. Each official stated that their visit provided real insight into PRHI activities, which they enthusiastically endorsed.

The Teams. At Allegheny General Hospital on August 9, AGH Cardiologist Richard Shannon and Cardiac Surgeon George Magovern, Jr., teamed with UPMC Cardiologist, Thomas Smitherman, to lead Sen. Santorum on a

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AGH Cardiologist Rick Shannon, (L), with UPMC Cardiologist Tom Smitherman (C) lead Sen. Rick Santorum (R) on a tour of the AGH cardiac surgery unit. PRHI Associate Director Geoff Webster looks on. Days later, Dr. Smitherman, accompanied by Dr. Shannon, led Rep. Mike Doyle on a tour of the UPMC cardiac unit. *Photo courtesy AGH*

Patient Safety

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**HOSPITAL-
ACQUIRED
INFECTIONS ARE
THE FOURTH
LEADING CAUSE OF
DEATH IN THE US**

-CHICAGO TRIBUNE

The myth of inevitability

Written for the Sunday, August 4, *Pittsburgh Post-Gazette Forum* by Edward I. Harrison, PRHI Director of Patient Safety, and Naida Grunden, Director of Communications for PRHI and the Jewish Healthcare Foundation. Reprinted by permission.

Ford Explorer rollovers killed 101 people in the last decade. Anthrax killed five people last

year. These tragic deaths grabbed headlines, outraging and rallying the public.

Suppose a far more sinister terminator lurked -- one that killed up to 103,000 Americans every year? That would be more deaths than auto accidents and breast cancer combined. It would be as if a 747 loaded with passengers crashed every other day. What if most of these deaths were preventable? Surely this scale of avoidable death would result in damning headlines, public outrage and a call to action.

Well, maybe.

For years, Americans have endured this unendurable body count as a result of infections they pick up in our nation's hospitals. Yet until recently, the headlines had been largely absent.

In February, *Post-Gazette* staff writer Christopher Snowbeck alerted readers to the hazards of these infections. Now a *Chicago Tribune* series (July 21-23) on hospital-acquired infection has created a national stir. It cited hospital-acquired infection as the *fourth*-leading cause of death in the United States.

For over 100 years the basics of infection transmittal and control have been known. Scientists Joseph Lister and Ignaz Semmelweis confirmed in the 1870s that clean hands and sterile instruments spared lives.

Yet today 7 percent of hospital pa-

tients -- 2 million of them -- will contract an infection. Those who do not die often suffer a lifetime of resulting health problems. Hospital-acquired infections add over \$5 billion to American health care costs each year.

Most people in health care believe some level of infection is inevitable in a complex system where vulnerable patients, harried workers and bacteria coincide. Time lapses between exposure and infection, and between infection and cause analysis, dull the sense of urgency.

Infections are not viewed as "medical errors."

Now the public has been alerted to this hidden problem. Fortunately, many of the solutions are low-cost and low-tech -- the same common-sense measures we've known for a hundred years.

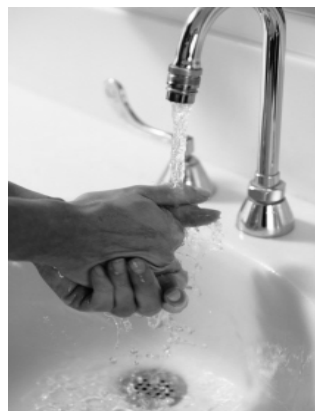
In Pittsburgh, our health care institutions have been working together for three years to disprove that hospital-acquired infections are inevitable. They have set a regionwide goal of *zero* hospital-acquired infections.

In partnership with the Centers for Disease Control and Prevention, the Pittsburgh Regional Healthcare Initiative convened 42 of our region's hospitals to collect infection data, share it, learn from it and implement best practices. Ours is the only region in the country where competing hospitals share these sensitive data to spur learning and

improvement. Already the region has seen a more than 20 percent drop in the devastating central-line associated bloodstream infection, which kills almost half of those who get it. They were not inevitable after all.

As part of our CDC collaboration, PRHI has instituted a "Learning Line" in a small unit of a local hospital. Borrowing a model from industry, the Learning Line is finding ways to increase compliance with measures known to halt the spread of infection -- particularly one kind of antibiotic-resistant infection.

Gloves and gowns, for example, are now always available when and where they are needed, in the quantity they are needed. Sinks and soap are in convenient locations, with reminders posted for workers to wash their hands.



Alcohol-based hand-rub dispensers, already placed conveniently throughout the facility, were rarely used because they were often empty, and workers were unaware of the hand-rub's efficacy. Posters demonstrated that hand-rub was more effective than hand washing alone, and a refilling system was

established. Usage increased dramatically. Dedicated workers had been thwarted by a system that didn't give them what they needed. Now that the system is more reliable, compliance is up and the infection rate is down.

Combating hospital-acquired infection takes will. From trustee and CEO to

The myth of inevitability, continued

rank-and-file worker, everyone associated with hospitals must understand the scope of the problem. All workers -- from housekeeper to dietitian to surgeon -- must foster a system that allows them to follow basic precautions every time.

But it's not just about hand-washing.

Hospital-acquired infections must be viewed as medical errors and reported as such, so that others may learn and improve. Cutbacks in hospital infection control programs must be reversed.

The health-care work force crisis must also be addressed. Infection rates rise where fewer workers care for more and sicker patients, and where temporary nurses are pressed into service

without proper briefing.

Although they shouldn't have to, patients may need to assume some of the responsibility, asking that their caregivers approach them with clean hands and instruments. In one hospital unit, posters tell patients, "You have the right to expect your caregiver to have clean hands. If you are in doubt, ask." This approach works.

What is the lowest rate of infection possible in a hospital housing both bacteria and fragile patients? The answer is: We don't know. Most researchers agree that at least 75 percent of deaths from infection are preventable.

In Pittsburgh, we aim to prevent 100 percent of the deaths, and 100 percent

of the infections. *Zero* is the only acceptable goal when needless human suffering is on the line.

Is zero attainable? We don't know, but with the leadership of physicians, health workers, hospital administrators and trustees we will discover how close we can get, and how soon. Most important, lives will be spared in pursuit of the goal.

As consumers, purchasers and workers, please reward your local institutions for what they have undertaken. Recognize the courage of their foresight; celebrate their encouraging early successes; and support them in their drive to eliminate hospital-acquired infections. ☞



YOU CAN FIND MICHAEL BERENS' SERIES ON HOSPITAL-ACQUIRED INFECTION IN THE *CHICAGO TRIBUNE* AT:
www.chicagotribune.com/features/health/chi-0207210272jul21.story

Other Elected Officials Learn About PRHI, from p. 1

tour of the AGH Cardiac Unit.

- At UPMC Presbyterian on August 13, Dr. Smitherman and UPMC Cardiac Surgeon, Lawrence Wei, teamed with AGH's Dr. Shannon to lead Rep. Doyle on a tour of that Cardiac Unit.
- Each of these physicians is an active leader in the PRHI Cardiac Working Group.

The Tour: The tours gave a patient's-eye view of coronary artery bypass graft surgery, showing first-hand how complicated the system of care is, for patients and workers alike. Both officials saw how many times a patient is moved between units and "handed off" among physicians and nurses on the journey through this medical and technological miracle. They gained an understanding of the power of information-sharing through the neutral entity of PRHI, and

how the new Cardiac Data Registry will accelerate improvements at units throughout the region.

"One hospital might show a 5% readmission rate following coronary artery bypass surgery," said Dr. Shannon. "Only when we collected the readmission data from the whole region did we realize that the rates ranged as high as 20%. When readmitted, people were going to hospitals other than where their surgery had been done. We didn't know about that pattern until we began to share data."

Both officials were impressed to note that insurers, employers and hospital CEOs are part of the initiative.

UPMC COO John Innocenti said,

"Through the efforts of PRHI, we have arranged our lines of accountability so that if a problem comes up on the floor, they can reach all the way up through the organization until they get the help they need."

AGH CEO Charles O'Brien said, "By creating an environment in which it is safe to surface problems and understand their causes, we are focusing on the best outcomes for each patient. When you create safety for patients and workers, you create the best and most efficient business framework as well."

"PRHI is the only healthcare improvement effort of this kind," said Santorum. "Delivering better care to patients is a worthy goal, for communities and government." ☞

Perfecting Patient Care

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PPC University Scheduled

Come learn more about the Perfecting Patient Care System—the application of the Toyota Production System (TPS) to health care. This intense training, based on “learning by doing,” is based on the original design from Harvard Business School and Alcoa, Inc.

The four-day session varies in format with case studies, role playing, videos, mini-exercises, a book discussion and presentations—augmented with observations on a hospital learning line.

Dates: September 9-12 OR November 4-7
Time: 7:30 am to 5 pm (7 am start on Day 2)
Place: Days 1 & 2, Centre City Tower, 19th floor Executive Conference Center
Days 3 & 4, Hospital Learning Line *TBA*
Fee: \$200 (to defray cost of materials)
Dress: Business casual
Call: Helen Adamasko, 412-594-2581 to reserve your space.
Prerequisites: Attendance at Introductory Session and ‘Gemba’ and completion of pre-reading assignment.

BEGINNING IN SEPTEMBER, ATTENDEES
WILL BE ELIGIBLE FOR CONTINUING
MEDICAL EDUCATION UNITS. *

Highlights from August PPC University



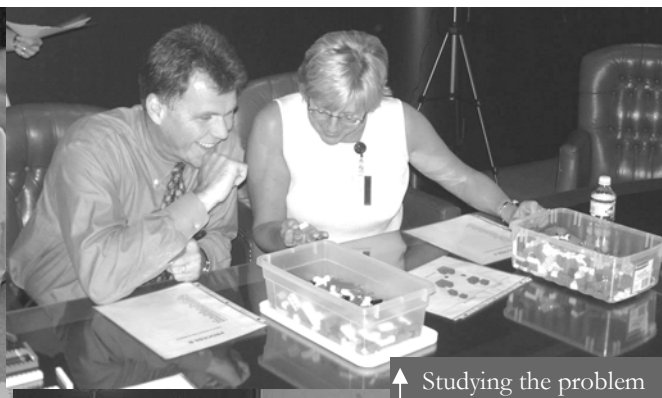
↑ Distribution of work in the
Block Factory



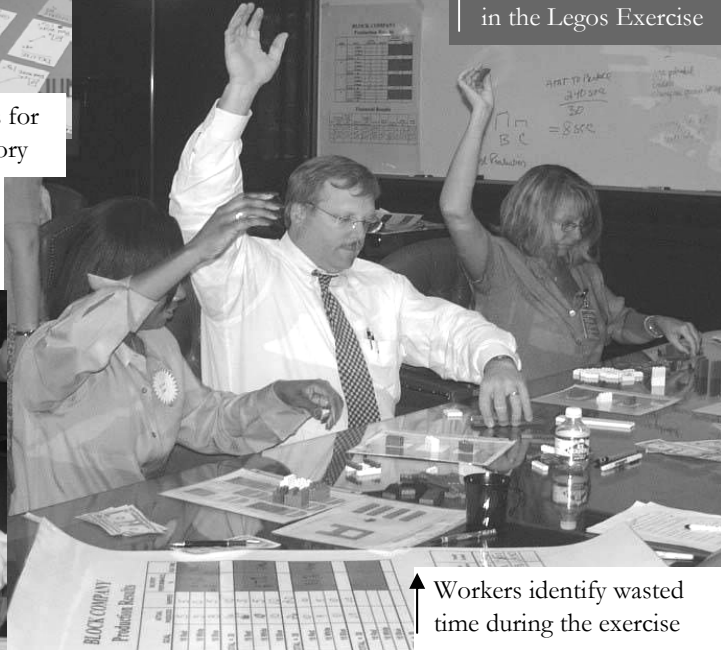
↑ Building circuits for
the Circuit Factory



Unsorted products—
what a mess!



↑ Studying the problem
in the Legos Exercise



↑ Workers identify wasted
time during the exercise

*This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) 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 ACCME to provide continuing medical education for physicians.

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.

The Cardiac Registry is a regional effort by 18 cardiac surgery units in Southwestern Pennsylvania to collect and share data to promote the best patient outcomes in the country for coronary artery bypass graft (CABG) surgery. PRHI's Cardiac Registry is modeled after the highly successful registry of the Northern New England Cardiac Study Group, which succeeded in lowering mortality following CABG by over 20%. The table below shows the progress of Pittsburgh's regional units in preparing for the launch of PRHI's Cardiac Registry.



PRHI Cardiac Registry Progress Report

Organization	Cardiac 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				
St. Francis Medical Center				
The Medical Center of Beaver				
UPMC Passavant				
UPMC Presbyterian				
UPMC Shadyside				
Washington Hospital				
West Penn Hospital				
Westmoreland Regional Hospital				

Partner Spotlight

Listed below are the active members of the PRHI Nosocomial Infection Advisory Committee

CHAIR

Carlene Muto, M.D., M.S.
Director of Infection Control
UPMC Presbyterian

MEMBERS

Margaret Adams, R.N., MSN, CIC
Infection Control
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Manager, UPMC Southside

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Infection Control
Westmoreland Regional Hospital

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Infection Control Practitioner
Frick Hospital

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Children's Hospital of Pittsburgh

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Latrobe Area Hospital

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Chairperson, Dept. of Family Medicine
and Medical Director for Quality
Western Pennsylvania Hospital

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Infection Control Coordinator
Forbes Regional Hospital

Denise Cardo, M.D.
Centers for Disease Control
and Prevention

Renee Catalano-Volpe, C.I.C.
Infection Control
The Medical Center of Beaver

Pat Clark
Infection Control
UPMC Horizon – Greenville Campus

Marie Dalton
Infection Control
UPMC Rehabilitation

Loraine DeSimone
Infection Control Coordinator
Alle-Kiski Medical Center

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Infection Control Nurse
Children's Hospital of Pittsburgh

Donald R. Fischer, M.D., M.B.A.
Medical Director
Highmark Blue Cross Blue Shield

Beverly Flannery, R.N., C.I.C.
Infection Control
Mercy Hospital of Pittsburgh

L. Jean Fleming, RN, MPM

Stanley Geyer, M.D.
Pathology Department
The Western Pennsylvania Hospital

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Professor, Infectious Disease
Children's Hospital of Pittsburgh

Joann Grote
Infection Control Coordinator
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Control
Allegheny General
Hospital

Barbara Hildenbrand
Infection Control
UPMC Lee Regional

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Beth Hullihen
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Medical Epidemiologist
Centers for Disease Control
and Prevention

John Kokalus, M.D.

Jeannine Konzier, R.N.
Institute for Performance Improvement
UPMC Health System

Cindy Kotun
Infection Control
Aliquippa Community Hospital

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Mercy Hospital of Pittsburgh

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Kathy Liberatore, R.N.
Infection Control Practitioner
Monongahela Valley Hospital

Marge Lubarsky
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St. Francis Medical Center

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Improvement
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Kathleen Posey
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UPMC Presbyterian

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Rehabilitation Nursing
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Heidi Norman, M.S.
Project Manager
University of Pittsburgh


PRHI Patient Safety Field Managers:






























































Leslie Corak
Marty R. Kurth
Elaine Oley
John Snyder
Sherry L. Swarmer, R.N.



Progress Report: 1st Quarter 2002 Data

Patient safety partnerships two important data tracking tools make available to all PRHI hospital partners. The Centers for Disease Control & Prevention offers the National Nosocomial Infection Surveillance (NNIS) system; US Pharmacopoeia offers MedMARx for tracking medication errors. This chart shows the progress of data submittal using these systems during the first-quarter of 2002.

PRHI Partner	BSI	MRSA	Med-MARx
Aliquippa Community Hospital	NEW PARTICIPANT		
Butler Memorial Hospital*			
Children's Institute	NEW PARTICIPANT		
Greene County Memorial Hospital	NEW PARTICIPANT		
Heritage Valley Health System, Inc. *			
Sewickley Valley Hospital			
Medical Center Beaver			
Jefferson Regional Medical Center			
Latrobe Area Hospital*			
Lifecare Hospitals of Pittsburgh, Inc.	n/a		
Monongahela Valley Hospital, Inc.			
Ohio Valley General Hospital			
Pittsburgh Mercy Health System			
Mercy Hospital / Pittsburgh			
Mercy Providence Hospital			
St. Francis Health System			
St. Francis Cranberry			
St. Francis Med Center			
St. Francis New Castle			
St. Clair Memorial Hospital*			
Uniontown Hospital*			

PRHI Partner	BSI	MRSA	Med-MARx
UPMC Health System			
UPMC Bedford Memorial			
UPMC Braddock			
Children's Hospital of Pittsburgh			
UPMC Horizon			
UPMC Lee Regional			
Magee Women's Hospital of UPMC H/S			
UPMC McKeesport			
UPMC Northwest Medical Center, Franklin	NEW PARTICIPANT		
UPMC Passavant			
UPMC Presbyterian			
UPMC Rehabilitation	n/a	n/a	
UPMC Shadyside			
UPMC South Side			
UPMC St. Margaret			
UPMC Western Psychiatric Institute	n/a	n/a	
Washington Hospital			
Westmoreland Health System			
Frick Hospital			
Westmoreland Hospital			
West Penn Allegheny Health System			
Allegheny General Hospital			
Allegheny Valley Hospital			
Canonsburg Hospital			
Forbes Regional Hospital			
Suburban General Hospital			
Western Pennsylvania Hospital			

Key

* Collaborating with national VHA Patient Safety Initiatives



Fulfilled



In progress

Calendar, September 2002

Monday, September 9 – Co-Chairs Lunch JHF Offices, Centre City Tower	Noon-2pm	Karen Wolk Feinstein, PRHI Chair 412-594-2555 feinstein@jh.f.org	Ken Segel, PRHI Director 412-594-2558 segel@jh.f.org	<i>PRHI Executive Summary</i> is also posted monthly at www.prhi.org Please direct newsletter inquiries to: Naida Grunden, Director of Communications 412-594-2572 grunden@jh.f.org
Monday, September 9 thru Thursday, September 12 – PPC University for Community Centre City Tower & Hospital TBD	7:30 am. – 5:00 pm			
Tuesday, September 17 – Perfecting Patient Care (TPS) Information Session JHF Offices, Centre City Tower	6-9 pm			
Wednesday, September 18 – Hospital Learning Line visit Location TBD	8am – noon			
Thursday, September 19 – Clinical Advisory Committee UPMC South Side Hospital	6-8:30 pm			

Contact Us 

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ON THE WEB AT
WWW.PRHI.ORG

***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