Pittsburgh Regional Healthcare Initiative

PRHI Executive Summary

July 2002

Accreditation Association

NCQA Leaders Visit Pittsburgh

On July 9-10, leaders from the National Committee for Quality Assurance (NCQA) arrived in Pittsburgh to learn about PRHI. Visitors included NCQA President **Margaret E. O'Kane** and Chief Operating Officer, **Esther Emard**. In addition to staff, the following PRHI members were able to attend:

- **Don Fetterolf**, MD, Medical Director, Highmark BlueCross BlueShield
- **Colleen Walsh** Director of Quality Improvement, UPMC Health Plan
- **Alberto Colombi**, MD, Corporate Medical Director, PPG
- **Alan Axelson**, MD, President and Medical Director, Intercare Psychiatric, Highmark BlueCross BlueShield
- **Clifford Waldman**, MD, Medical Director, Advantra, HealthAmerica
- **Michael Mesoras**, MD, Medical Director, Aetna US Healthcare

Importance of HEDIS® data

Established in 1990, the independent NCQA evaluates health care through several means, including the Health Plan Employer Data and Information Set (HEDIS® —a tool used to measure performance in key areas). Almost 90 percent of all health plans measure their performance using HEDIS.

PRHI has already made important use of NCQA measures. Combining PHC4 outcomes data with NCQA process-of-care measures enabled us to discover the current condition of diabetes and depression care for our region. This regional "snapshot" became a vital first step in proposing improvements.

How consumers define "quality"

NCQA recognizes that consumers associate healthcare quality with *physician services* more than with health plans. NCQA is determined to make sure more national, standardized information moves from health plans to the provider level. Their initiatives seek to find ways to use health plan information to enhance physician services and patient outcomes—especially in managing chronic illnesses like diabetes.

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Funding Strategy 2002-3

PRHI depends on new and renewed resource partners

Only through the generous support of our community partners is PRHI able to advance perfect patient care across the region. PRHI's total yearly budget is approximately $2 million—in a 10-county healthcare market that generates over **$7 *billion*** a year in direct healthcare services. PRHI is a neutral entity that works across competitive lines to create value in all we do:

- ***Value*** for patients—who remain vulnerable in our complex, error-prone healthcare system.
- ***Value*** for healthcare practitioners—who follow their calling to help others, despite deepening frustrations.
- ***Value*** for hospitals—whose costs continue to escalate amid a cacophony of conflicting voices.
- ***Value*** for insurers—whose efforts to create efficiency and savings often fall short.
- ***Value*** for employers and employees—who must pay a larger share of the bill, and who themselves will be patients at some time.

Based on this year's encouraging results, we will continue to seek financial support from those who value PRHI's contribution to learning and improvement in our region's healthcare system. Please see Page 5 for more information.

Starting in September, Perfecting Patient Care University attendees will be eligible for Continuing Medical Education (CME) units. *See Page 3 for details and sign-up info*

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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.

Quality Before *Quantity* at West Penn

Starting a Perfecting Patient Care learning line requires a commodity that's both rare and counterintuitive in a pressured healthcare system: *patience*. It also requires starting small—a small unit, just a few beds, one or two "minor" problems. Just getting to the starting gate involves a "culture change" in the organization, emanating from top leadership

Staff members begin to learn how to solve the problems that crop up in the course of their work, with back up from their full-time, dedicated Team Leader, who will trace a problem to its root cause and fix it. It takes time to learn the principles and disciplined methods of the Perfecting Patient Care System (adapted from the Toyota Production System as applied to health care). It takes time to *learn to see* problems instead of working around them.

During the first few months on the Ambulatory Surgery Center (ASC) Learning Line at West Penn, several improvements were made. But a more dramatic story was under way—the notion that change was possible.

"Now that everybody's catching on, it's out of control!" muses Gloria Teichman, RN, the Team Leader on the West Penn ASC Learning Line. "People are identifying problems, identifying waste—and now they feel like they have what they need to actually fix what's wrong."

Ramp up, Toyota style

America's fast-paced culture creates expectations of instant results, and wide, fast dissemination of new ideas. In industry, where TPS originated, management is usually asked to achieve full production as soon as possible—volume first, quality second.

In manufacturing, TPS requires ramp-up at a slow and deliberate pace. The focus during start-up is on the customer—and that means quality first. Quantity is achieved "as quality permits."

Why go slow? First is that big prerequisite, culture change, emanating from top management. This change involves creating a work environment that's safe emotionally, professionally and physically. People then need time to learn, understand and adapt to a new way of working.

In his case study on Toyota's Georgetown, Kentucky plant, Harvard professor Kazuhiro Mishina stresses the importance of setting "a deliberately slow ramp up schedule." Mishina notes that workers adapting to this new system of work must learn certain principles and arrive at that *eye-opening moment*—which varies among individuals—when they at last fully comprehend how it can work for them in their own environment.

For Example . . .

Sometimes the epiphany comes from solving one key problem to root cause—not a "manufactured" problem, but one encountered in the everyday work routine. For example, at the West Penn

Beginning in September, attendees will be eligible for Continuing Medical Education units. *

PERFECTING PATIENT CARE UNIVERSITY

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
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.

*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.

Turning off the Bubble Machine!

The post-operative area for the ASC is a short stay recovery unit with 7 beds. However, one badly needed patient care space was consumed with supplies. The team called their leader, Gloria Teichman, RN, who discovered that the space was virtually overrun with boxes of gynecological pads.

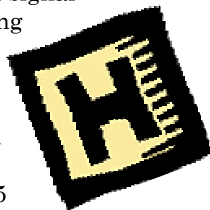
Why weren't they on the storage shelves? Because it, too, was full of boxes of pads. A nurse informed Teichman, "We have more boxes stored down the hall in the bathroom."

In all, 3,588 pads—a generous year's supply—were stored on the floor, with more arriving all the time. Teichman discovered that the pads were not being ordered, but had been placed on "auto order," leaving workers to scurry around to find more storage spaces.

Teichman suspended the auto order, returned many of the boxes, and effectively turned off the bubble machine. All 7 beds in the recovery unit are now ready to accept patients.

ASC, workers noticed that patients' waiting times varied wildly. Over half of the patients were waiting for 1½ hours—some as many as 5 hours. Yet other patients were rushed through the system.

Initial experiments centered around a "signal" from the operating room (OR). When surgeons began the closing procedures for one surgery, which usually takes 45 minutes, a signal would be sent to the patient holding area so that preparations could be properly concluded on the next patient. This experiment was promising: the signal reduced waiting times for four patients from 2 hours to between 40 and 65 minutes.



But these initial experiments revealed another systemic flaw. Upon arrival, patients were to have blood drawn, so that the lab results would be available in plenty of time for the scheduled surgery. However, when operating rooms become available, patients could be rushed in ahead of schedule, only to then have to wait for the results delaying both the patient, the surgeon, and the operating team.

The team concluded that the signal for drawing blood must be a well understood part of the pathway. It must be done before the patient enters the holding area. It must be done in a reliable location—a room dedicated to pre-op blood draws.

A supply closet was converted into a blood draw room, based on a Patient Care Associate's detailed specifications and understanding of the work pathway. Patients now have their blood drawn immediately after registration. While the patient awaits the signal from the operating room, the lab processes the blood.

Unraveling the cause of a single problem can lead in unanticipated directions. Reducing patients' waiting time revealed underlying problems with OR timing, lab scheduling, physical space, and sequencing of the work. Fixing a small problem to root cause can have the unexpected "side effect" of fixing several larger, systemic problems.

Contagion—the Good Kind

As Team Leader Teichman has noticed after 6 months of experience with this learning line, problem solving has become contagious among the staff. By focusing on what patients need, the Learning Line team has created:

- A more compassionate patient experience through:
  - Reducing waiting times.
  - Eliminating hallway chairs as waiting spots.
  - Using comfortable recliners in the pre-evaluation area instead of uninviting tables.

- A more compassionate work place by:
  - Expanding the desk area.
  - Reducing duplicative work.
  - Streamlining processes for physician orders and history and physicals.
  - Organizing supplies and locating them more conveniently.

When courageous hospital leaders focus on deliberate ramp-up, insisting on quality for each patient and healthcare worker before wider dissemination, success is contagious and sustainable.

Increasing Patient Dignity

After locating several unused recliners in other areas of the hospital, ASC nurses used them to replace the cold, uninviting tables in the evaluation area. Here, Mary Shane, RN, shows the result. *Patients vastly prefer these comfortable chairs!*

Clinical Initiatives

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

Cardiac Registry Progress Report

The Cardiac Working Group (CWG), consulting with physicians at the Northern New England Cardiovascular Study Group (NNE) has designed PRHI's Cardiac Registry for use in Pittsburgh's 14 cardiac surgery centers. The Registry will track certain processes of care, and how they affect patient outcomes.

Under the guidance of PRHI Medical Advisor, Dr. Jon Lloyd, and Clinical Director, Dr. Dennis Schilling, and CWG co-chairs the 14 cardiac units in our region are beginning to sign on to the PRHI Cardiac Registry. We hope to build on this momentum, producing a Cardiac Registry that will help:

- *Accelerate shared learning and improvement across the region.*
- *Speed patients to a complete recovery.*
- *Sustain the lowest cardiac bypass mortality rates in the country.*

Cardiac Facility	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	✓		✓	
Western Pennsylvania Hospital	✓	✓		
Westmoreland Regional Hospital	✓			

*Internal Review Board

NCQA observes PRHI

(from Page 1)

Collaboration opportunities

Several opportunities for collaboration between NCQA and PRHI emerged, including parallel projects being launched by NCQA in several markets around the country, and by PRHI in Pittsburgh. These regional projects seek to pool data from multiple health plans on the management of chronic diseases. These data would be fed back to primary care physicians in time to care appropriately for patients. This approach holds particular promise in preventing the devastating side effects of illnesses like diabetes.

Involvement: key to succeeding where others have failed

During the meetings, Dr. Fetterolf noted that PRHI had succeeded where other efforts have failed by vigorously engaging everyone in the system, from senior leadership to the people who do the work. Dr. Fetterolf recently published an editorial in the *American Journal of Medical Quality*, entitled "Why do Multi-Organizational Quality Initiatives Usually Fail?"

PRHI Partner Spotlight

PRHI Resource Partners

In-Kind Support

Dozens of PRHI partners have donated time and personnel in-kind. This support is vital in a community initiative like ours. Our in-kind resource partners include:

- Individuals
- Organizations
- Physicians
- Clinicians
- Hospitals
- Physician practices
- Insurers
- Law firms

Grants and Start-up funds

PRHI has attracted significant grant funding. Each grant is earmarked for specific components of the work.

- **Jewish Healthcare Foundation**—support for core systems and Center for Shared Learning
- **Agency for Healthcare Research and Quality**— $4.8 million over 3 years. Salaries and expenses for field managers and administrative managers to get NNIS and MedMARx up and running at all 40 area hospitals
- **Robert Wood Johnson Foundation**, $1 million—startup operational expenses, documentation
- **Centers for Disease Control and Prevention**—salaries and expenses for infection control learning line at VA, pilot testing antimicrobial resistance campaign

The companies listed below invested funds to help PRHI initiate its work. We are now approaching stakeholders to establish or renew their commitment to the initiative. With "proof of concept" established, PRHI seeks to accelerate change and build improvements into the healthcare system.

Aetna Foundation
Alcoa Foundation
Allegheny Technologies
AT&T
Dietrich Ind.
Dollar Bank
DQE, Inc.
Equitable Resources*
FedEx Ground
Federated Investors*
Giant Eagle, Inc.
Kirkpatrick and Lockhart
McKesson HBOC
Mellon Financial Corporation
PNC Financial Corporation
Mine Safety Appliances Co.
National City of PA
PPG Industries Foundation
SMC Business Councils
USX Foundation
The Richard King Mellon Foundation
The Hillman Foundation
The Benedum Foundation

* contributors who have recommitted for 2002

Patient Safety

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

Your chance to be heard this fall

PRHI Patient Safety Culture Survey

PRHI's ***Patient Safety Culture Survey*** rolls out this September following Labor Day. By collecting information on hospital staff perspectives regarding patient safety, this survey will help us to better understand the patient safety culture that currently exists across our region. The second, follow-up survey in 2003 will then enable us to assess the impact of PRHI participation and efforts of our partners in patient safety practices over the year.

In accordance with PRHI's Data Sharing Guidelines, overall survey results will be made available to all participating hospitals; information specific to any one institution will be sent only to that institution.

How will the survey work?

Hospital administrators will receive a letter of explaination and copy of the survey in early August. Then in early September, the site captains in each of the 42 PRHI participating hospitals will distribute surveys to a broad sample of clinical care and support staff involved in patient safety.

The site captains will also collect the confidential completed answer sheets, and send these to the Data Collection Center at the University of Pittsburgh. When the data analysis is complete sometime in November, each participating hospital/unit will receive feedback on its practices in relation to PRHI hospitals overall.

Who participates?

The sample will include an array of senior managers, physicians, nurses, pharmacists, technicians and support staff. Attention will focus particularly on infection control and critical care staff.

What does the survey ask about?

The survey will collect information about patient-safety practices and norms from the perspective of each professional group and hospital unit involved. For example, the survey will ask how units and their staff approach issues like:

- Patient safety
- Feedback and problem solving practices
- Coordination and communication of patient safety issues across hospital units and between the clinical professions, (e.g., nurses/physicians, pharmacy/ nurses)

How long will it take to complete the survey?

Just 20 minutes or less.

Is it confidential?

Each survey is ***anonymous***-that is, respondents will not be required to provide any identifying information. Hospital, department and unit will be identified to allow tabulation by PRHI and feedback of results, in accordance with PRHI Data Sharing Guidelines as described above. All participating hospitals/units will receive summary feedback comparing their data to overall PRHI results.

A NOTE TO SITE CAPTAINS

We need your input on how best to distribute and collect surveys in your hospital. Your Field Manager—John, Leslie, Elaine, Sherry or Marty—will be contacting you to get your ideas.

IN WRITING THIS MONTH . . .

Local hospitals use Toyota's methods in an effort to improve procedures, by Lynne Glover
Pittsburgh Business Times, July 12, 2002
http://pittsburgh.bizjournals.com/pittsburgh

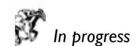
One bright initiative, by William Marden
Materials Management Magazine, July 2002
www.matmanmag.com

Patient Safety Progress Report

	Bloodstream Infect'n Data		MRSA* Data	MedMARx	
PRHI Partner	4th qtr 2001	1st qtr 2002	1st qtr 2002	System in use?	1st qtr 2002
Aliquippa Community Hospital	*NEW PARTICIPANT*				
Butler Memorial Hospital*					
Children's Hospital of Pittsburgh	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Children's Institute	*NEW PARTICIPANT*				
Greene County Memorial Hospital	*NEW PARTICIPANT*				
Heritage Valley Health System, Inc.*					
Sewickley Valley Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Medical Center—Beaver	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Latrobe Area Hospital*	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Lifecare Hospitals of Pittsburgh, Inc.	n/a	n/a	Fulfilled	Fulfilled	In progress
Monongahela Valley Hospital, Inc.	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Ohio Valley General Hospital					
Pittsburgh Mercy Health System	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Jefferson Regional Medical Center	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
St. Clair Memorial Hospital*	Fulfilled	Fulfilled	Fulfilled		
St. Francis Health System	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Uniontown Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
UPMC Health System					
Bedford Memorial	Fulfilled	Fulfilled	Fulfilled	Fulfilled	
Braddock	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Franklin	*NEW PARTICIPANT*				
Horizon	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
UPMC, continued					
Lee Regional	Fulfilled	Fulfilled		Fulfilled	
Magee Womens Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
McKeesport	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Passavant	Fulfilled	Fulfilled	Fulfilled	Fulfilled	
Presbyterian	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Rehabilitation Hospital	n/a	n/a	n/a	Fulfilled	Fulfilled
Shadyside	Fulfilled	Fulfilled		Fulfilled	Fulfilled
South Side	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
St. Margaret	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Western Psychiatric Institute	n/a	n/a	n/a	Fulfilled	Fulfilled
Washington Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
West Penn Allegheny Health System					
Allegheny General Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Allegheny Valley Hospital	Fulfilled	Fulfilled		Fulfilled	Fulfilled
Canonsburg General Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Forbes Regional	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Suburban General	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
West Penn Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Westmoreland Health System					
Frick Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled
Westmoreland Regional Hospital	Fulfilled	Fulfilled	Fulfilled	Fulfilled	Fulfilled

* *Collaborating w/ national VHA Patient Safety Initiatives*

Fulfilled


In progress

Calendar at a glance, July 2002*

Tony Kelly, Administrative Coordinator
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Monday, August 5	Co-Chairs Lunch	noon – 2 p
	Depression Working Group	4-6 pm
Monday, August 12 thru Thursday, August 15	AHRQ Patient Safety conference	
Tuesday, August 13	Perfecting Patient Care (TPS) Information Session**	6-9 pm
Wednesday, August 14	Hospital learning line visit (TBD)**	8am-noon
	Diabetes Working Group	6-8 pm
Thursday, August 15	Clinical Advisory Committee Allegheny General Hospital	6-8:30 pm

*all meetings at JHF offices unless otherwise noted
**Call Helen Adamasko at 412-594-2581

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PRHI EXECUTIVE SUMMARY IS ALSO POSTED MONTHLY AT ***WWW.PRHI.ORG***
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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*