

April 2006

PRHI Executive Summary

Pittsburgh Regional Healthcare Initiative



Coaches in training at Charles Morris

The January 2006 edition of the PRHI Executive Summary announced the Physician Champions program, inaugurated by PRHI, in partnership with the Allegheny County Medical Society and the Pennsylvania Medical Society. Eight local physicians were selected to receive training and coaching in PRHI's Perfecting Patient Care (PPC)

System, in support of their individual quality improvement projects (See box). Each Physician Champion also received a \$25,000 grant from the Jewish Healthcare Foundation to help support education, coaching, and documentation of the clinical and financial impact of the work.

For its part, PRHI is supporting the work of the Physician Champions and their entire teams through its four-day PPC University course, and periodic follow-up visits by its PPC coaching staff. By helping staff members begin to apply the PPC principles

to solve their own problems in the field, coaches will enhance their understanding and effectiveness. Furthermore, continued coaching will eventually help each organization to build its own in-house coaching capabilities.

Building coaching capability

PRHI has a handful of expert-level coaches who have worked in the Perfecting Patient Care™ and Toyota Production System methods for years. Several others are well versed in the principles of the work, but

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PPC University goes "on the road"

House calls

Occasionally, organizations from distant regions call upon PRHI to come to their sites to teach the principles of Perfecting Patient Care™. Although PRHI has not sought to "take the show on the road," the opportunities have proven beneficial for all involved. For 2006, PRHI staff has conducted on-site PPC University courses at Charles Cole Memorial Hospital in rural Coudersport, PA and Henry Ford Health Care System in Detroit, MI. A third is scheduled in June at MeritCare Health System in Fargo, ND.

What are the benefits of on-site teaching? When organizations seek out PRHI for

training, they are already committed to sharing ideas, learning together and solving problems. Top leadership is already committed to having staff members from across the organization learn new ways to think about problem-solving. As they work through the PPC curriculum, they work on solutions in context, within their own institutions instead of an "example" hospital.

"It's a great idea to work on your own problems," said Kris Zitnik, Director of Quality Management at Charles Cole Memorial Hospital. "It's exciting to have another way of looking at improvement.

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Second Pathology Quality and Patient Safety Meeting: Improving Hospital and Laboratory Safety May 18 and 19 See page 7

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Perfecting Patient Care University

An investment in learning

Four years ago, PRHI began offering an intensive week-long class, the Perfecting Patient Care™ (PPC) University. Modeled after similar “universities” at Toyota and Alcoa, the PPC University curriculum sought to teach industrial principles of system improvement as they applied to health care. In doing so, PRHI became the national forerunner in the movement to bring engineering disciplines to bear on clinical practice.

Since its inception, over 2000 people have completed the PPC University or its introductory course, PPC 101. The University’s reputation has drawn students not just from across the region, but across the

“Students solve real problems in the field. And the PPC University brings people together across the spectrum of health care. It is a very rich learning environment.”

—Margaret “Mimi” Priselac, R.N., PPC University Director

country. It has given the region standing as an intellectual center of the healthcare quality engineering movement and has turned the PPC healthcare

improvement curriculum into a Pittsburgh export.

Investment paying off

Over the past year, PRHI has made a significant investment in improving the PPC curriculum and the skill level of the teaching staff. The class includes even more compelling, up-to-date examples that align with the current health care environment. Responding to continuous client evaluations and survey responses, PRHI has reduced the University to four intensive days and continues to add healthcare-specific examples and hands-on exercises.

“Our goal this year was to take 150 people through the University,” said PRHI’s Barbe Jennion, M.Ed., University coordinator. “As it stands, we will

have taught that many within the first six months of 2006.”

The University experience

“The PPC University experience is unique,” said PRHI’s Mimi Priselac, R.N., a former hospital CEO who is in charge of the curriculum. “It’s not a conference call on a single topic every now and then. This is an intensive, four-day experience that offers classroom teaching and hands-on coaching in a healthcare institution. We solve real problems in the field.

“Perhaps most important, the University brings people together across the spectrum of health care. In one PPC class you are likely to find a CEO from one hospital, a doctor and nurse from another, somebody from a federally qualified health center,



Creating a factory to make circuit boards: participants are often surprised at what health care can learn from industry. These exercises can be especially enriching when whole teams participate together.



It may look like “fun and games,” but the Legos exercise teaches serious lessons about the relationships between suppliers and clients along a whole continuum of production. Many PPC participants consider this one of the most important lessons of the week.

Some 2006 classes still open

Attending PPC University

Based on the principles of respect for all workers and patients, PPC University teaches participants how rapid-cycle improvements can be applied in their own workplace. Through varied learning experiences—from lecture to hands-on exercises and observation—participants see how it is possible to achieve the highest quality care at the lowest cost in the shortest time.

Scheduled 2006 classes

PPC Universities through May 2006 have sold out. Space is available in the following 2006 classes in Pittsburgh:

July 17–20

September 11, 12/25, 26

November 13–16

Enroll online or by phone! Contact PRHI's Registrar at info@prhi.org or 412-586-6711.

Fees

Fees include pre-reading, CME credits, continental breakfast and lunch (Pittsburgh location)

Not-for-profit, in-area* organization:	\$750 per person
For-profit and out-of-area organizations:	\$2500 per person
[To request class to be conducted out-of-area:	Contact Registrar]

*Organizations in the following PA counties are "in-area:" Allegheny, Armstrong, Beaver, Butler, Washington, Westmoreland
Please note: Cancellation fees apply within 2 weeks of class date.

somebody from mental health and somebody from housekeeping or pharmacy. It is a very rich learning environment."

The University of the future

The PPC University of the future may involve more experiential teaching, possibly distance

learning, conferences for graduates and other state-of-the-art dissemination strategies. Reinforcement is important for those who have gone through the course, so a forum will eventually be available for graduates to exchange stories about the work and challenges they face.

PPC teachers and coaches may continue to fan out to receptive institutions across the country where committed leaders and frontline staffers stand ready to embark on the journey toward healthcare improvement. ☼

Community forum

Patient-focused Care Symposium

June 23, 2006

7:30 A.M. - 5:30 P.M.

Magee-Women's Hospital of UPMC

Keynote speaker: Bob Chalice, author, *Stop Rising Healthcare Costs Using Toyota Lean Production Methods: 38 Steps for Improvement*. (Chalice's book prominently features the work of PRHI.)

Plan to attend if you are a physician, PA, RN, other healthcare provider, hospital administrator, insurer or business person. Learn more about patient-focused care, including: 100% patient satisfaction; quality-driven process improvement; reduction in errors of all types (surgical and medical); lean healthcare approaches; and improving productivity and efficiencies.

7.5 CMEs AND .75 CEUs and 7.5 Contact Hours.

\$150 early bird (before May 23) AND \$180 afterward.

For further information, e-mail Paula Deasy at: pd0w@andrew.cmu.edu

*From Page One***Coaches in training at Charles Morris**

additional on-site training as coaches will enhance their effectiveness. More experienced coaches will mean more help for the Physician Champions.

The question became, how could PRHI enhance its own coaching capabilities?

This arrangement is the very essence of the Win-Win situation.

—David Gritzer, CEO, Jewish Association on Aging

PRHI needed a live, on-site Learning Lab—a healthcare organization that would allow PPC coaches and teachers to look, listen and learn. In return, PRHI coach-teachers would provide on-going training and dig in side-by-side with staff to solve problems at the point of care. It would take an organization willing to host PRHI coach-learners and their teachers one full day every week for nine months. It would take an organization where both management and staff would be open to sharing problems and trying different solutions, willing to change and grow together.

Enter the Charles M. Morris Nursing and Rehabilitation Center in Squirrel Hill, part of the Jewish Association on Aging (JAA) (See box). During 2005, over 150 JAA staff members completed an introductory course in PPC (see October 2005 PRHI Executive Summary), giving them a basic understanding of these engineering-based principles. On-site coach training would fulfill three important goals:

1) enhance the experience level of PRHI coaches; 2) create a whole new cadre of PPC coaches and leaders among JAA staffers; and 3) ramp up the work of improvement already in progress at Charles Morris.

“This arrangement is the very essence of the Win-Win situation,” says President and CEO, David Gritzer. “In return for hosting PRHI’s coach-learners and teachers, we receive valuable information about how our systems are—or aren’t—working. Together, we are starting to solve a lot of problems, small and large; some of which had seemed completely intractable.”

Side by side

Each PPC coach trainee is assigned one service area, where they build relationships with managers and staff, helping them to begin to apply PPC principles in their work. Ultimately, Charles Morris staff members will also be trained alongside them, so that when they go on to other assignments, the work will continue in full force. PRHI staff members include:

- **Peter Perreiah, M.B.A.**, is the on-site PRHI teacher-trainer. Peter was trained in the Toyota methods while an engineer at Alcoa, and has applied the principles with great success in health care settings across the region. Using PPC’s industrial principles under Peter’s guidance, a pilot unit at the VA Pittsburgh Medical Center reduced one type of infection by 90%. Now Peter is helping PRHI and Charles Morris staff understand more about how and where these principles can be applied.
- **Fran Sheedy Bost, M.Ed.**, is a teacher-coach who is the project leader at Charles Morris. She has been working with Mr. Gritzer and the leadership team to create the culture for change. Fran provided on site PPC training to the staff in 2005. In her role as PPC trainer, she is currently working with housekeeping staff to improve the consistency of cleaning resident rooms by standardizing those processes. (See review in October 2005 PRHI Executive Summary.)

PRHI Physician Champions

Following a rigorous selection process, PRHI announced in January the eight clinicians selected to receive the first round of Physician Champion grants. They are:

- **Dr. Eileen Boyle**, East Liberty Family Health Care Center; **Dr. Harsha Rao**, Veterans Administration Hospital—aspects of diabetic care.
- **Dr. Jerome Granato** and **Dr. Fred Harchelroad**, Allegheny General Hospital—infection control.
- **Dr. Michael Culig**, Western Pennsylvania Hospital—cardiac care.
- **Dr. Dennis English**, Magee-Womens Hospital—improved accuracy of pap smears.
- **Dr. Adele Towers** and **Dr. Eric Rodriguez**, Benedum Geriatric Center—geriatric post-operative discharge planning.

JAA facilities

Weinberg Village's Squirrel Hill campus offers a number of services as part of the region's comprehensive Jewish Association on Aging (JAA). Weinberg Village, as all JAA services, are intended for the elderly people of Pittsburgh and Allegheny County. The Squirrel Hill Campus includes:

- Charles M. Morris Nursing and Rehabilitation Center: 157 beds
- Assisted Living Residence: 44 beds
- Ladies Hospital Aid Society (LHAS) Arbor Unit (for patients with dementia): 16 beds
- Irving Spolan Center for Adult Day Care : appx 40
- Sivitz Jewish Hospice: open to people all over the county, including those at other nursing homes.
- Largest kosher kitchen in Allegheny County includes service for Mollie's Meals, kosher, home delivered meals for those over 60.

system-wide documentation that consistently reflects acuity accurately. Working with RNACs, this team is using PPC principles to design ways to make it easy for all staff to provide accurate documentation 100% of the time.

This coaching-teaching model holds promise, according to Mr. Perreiah. Being on the receiving end has its advantages, too.

“Southwest Pennsylvania should be the leader in care for seniors. It should be an area of growth and vitality,” says Mr. Gritzer. “Long-term care consumes 30% of the nation’s health care dollar—and we’ll all be there one day, if we’re lucky. The goal at Charles Morris is to provide the best of care, the best of food, the cleanest of facilities, while securing its finances to support its mission. Working in this integrated way to bring PPC to the front lines is how we get there.” ☼

- **Tania R. Lyon, Ph.D.**, is working with staff in the institution’s vast dietary unit. The kitchen at Charles Morris is responsible for serving hundreds of customized meals every day. Hot items must be served hot, cold items cold, on a schedule. Furthermore, the facility has the largest kosher kitchen in the region, providing catering throughout the community. Complicated questions of scheduling, mix and timing are a good “fit” for the industrial-based PPC principles.

- **Pamela Vingle, B.S.S.W.**, is working in the Carnegie Unit, which is the primary short-stay unit at Charles Morris. This unit receives patients from acute care settings. It provides rehabilitation therapies, and then discharges them to community settings, usually within 6 to 8 weeks. In addition to in-house process improvement, this team is experimenting with “upstream suppliers,” or institutions that send their patients for this kind of rehabilitation, to ensure the “ideal” admission process for patients, families and institutions.

- **Margaret “Mimi” Priselac, R.N.**, a former hospital CEO, is working with the CFO on the problem of



- **Barbe Jennion, M.Ed.**, a teacher-coach, brings years of experience in behavioral health to her work in the Allderdice Alzheimer’s unit at Charles Morris. Barbe is working with staff toward the goal of eliminating falls among residents with severe dementia.



Left, L-R: Nursing Director Jennifer Cooper, with CNAs Theresa Sharp, Marianne Paige, Erika Davis after completing the first step in redesigning the resident personal supply closets under the guidance of PPC teacher Peter Perreiah. **Middle:** Cooper and Peter Perreiah discuss a problem with the Hoyer lift. **Right:** PPC teachers Fran Sheedy-Bost and Perreiah discover dead batteries. System improvement: relocate the lift by the wall, and using visual cues to make it easy to do the right thing (plug it in for a recharge) 100% of the time.

From Page One

House calls for PPC University

People come away believing that there really are things they can do to make a difference. The patients benefit, and people feel better about their jobs."

Henry Ford Health Care System, Detroit, MI

Richard Zarbo, M.D, Chairman and Senior VP of Pathology for the Henry Ford Health Care System in Detroit, may be the only clinician who has taken the entire PPC University—*twice*. Following his first University in September

A big part of any improvement seems to be communication.

—Rita D'Angelo, Quality Improvement Coordinator,
Henry Ford Health Care System

2004, taken with five of his leadership staff, Dr. Zarbo inspired his team with a redesign of their workplace to make the work flow smoother and more efficient.

A dedicated team of seven surgical pathology workers who would lead quality teams accompanied Dr. Zarbo for his second tour to Pittsburgh this January for two days of instruction in PPC methods.

Since his first University, the curriculum had undergone a vast upgrade, and Dr. Zarbo found that the changes added even more value to the course. The team from Detroit included lab technologists, pathologists, and quality improvement professionals.

Late in January 2006, by special arrangement, PRHI teachers Peter Perreiah and Barbe Jennion arrived in Detroit at the Henry Ford Hospital, a 903-bed tertiary care hospital, education and

research complex. Their mission: to continue the training with the Surgical Pathology staff in their work environment. Each team member selected teammates to work on various improvements.

Currently, 30 people are working on process improvements in surgical pathology.

Ruan Varney, research coordinator, said "The approach and values really fit this organization. Of course there are challenges as usual, but this organization is very progressive, and Perfecting Patient Care has been a real learning experience."

Process improvements continue. Five teams tackle one issue per week. For example, the lab worked to cut down turnaround time, one step at a time.

Said Rita D'Angelo, Quality Improvement Coordinator, "It began with simple things, like communication between lab and pathologist, so we set up an e-mail system between them to notify of unanticipated delays. A big part of any improvement seems to be communication. People are used to being insulated in their own

departments, so we broke down those walls by getting customers and suppliers connected. The most common thing we hear is when people begin to understand the work of others. They say, 'I didn't know that!'"

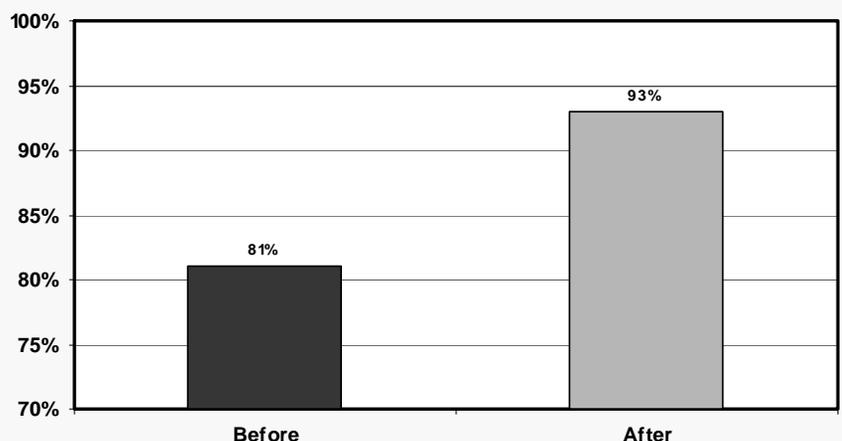
It has been three months since the PRHI training team came to Henry Ford. In that time, "We've really taken off with PPC," says Ms. D'Angelo.

Ms. Varney cites improvements in the histology department, especially in leveling the work load. For example, work used to back up at the stainer machine.

Traditionally, they had waited for the tray to fill with 60 slides (batching the work) instead of doing the work as close as possible to one-by-one. By running the stainer every 20 minutes instead of batching, the backup disappeared.

"We were able to improve slide work flow within one 9-hour period—that working day—and this resulted in a decrease in our turnaround time over that same day interval of 12%," said Ms. Varney.

Henry Ford Healthcare System, Detroit, MI:
Same Day Biopsies Completed within 9 Hours Increased from 81% to 93%



Second Pathology Quality and Patient Safety Meeting

Improving Hospital and Laboratory Safety

May 18 and 19, 2006
Herberman Conference Center
UPMC Shadyside Hospital—Cancer Pavilion
5150 Centre Avenue
Pittsburgh, PA 15232

Course Directors: Dana Marie Grzybicki, MD, PhD and Karen Wolk Feinstein, PhD

An interactive meeting designed to bring pathology laboratory and healthcare professionals who use laboratory diagnostic testing services together with patient safety experts to:

- Discuss current research, evidence and error reduction methods associated with laboratory diagnostic testing.
- Identify priority areas in pathology laboratory diagnostic testing services to target for both future research and institutional clinical quality improvement initiatives.
- Plan system changes that are practically feasible that attendees may take back to their own institutions to effect improvements in laboratory diagnostic testing and patient safety.

Plan to attend if you are a professional involved in clinical quality improvement, patient safety work or research and interested in laboratory diagnostic testing.

Funded by the Agency for Healthcare Research and Quality, the Jewish Healthcare Foundation, and sponsored by PRHI.

Continuing education credits available. Cost: \$300. Registration online: <http://www.pathology.upmc.edu/pqps/registration.htm>.

Enthusiasm builds when results can be demonstrated.

Pathologists used to receive their slides at 10 or 11 a.m. Now the slides are ready by 8 a.m. By leveling the flow of work, cases are getting out faster.

Charles Cole Memorial, Coudersport, PA

This Central Pennsylvania hospital serves a large geographical area and rural clientele with 70 acute care beds, a 49-bed nursing home, an in-patient rehabilitation unit and a 10-bed short-stay in-patient geriatric behavioral health unit. Led by CEO David Acker, the staff at Charles Cole decided to home in on three areas: 1) orthopedic surgery turnaround; 2) delivery of chemotherapy and associated delays; and 3) improving the routing and handling of paper reports. Ultimately, as improvements are made, the staff hopes to create a business case, showing economies of streamlining and waste reduction. PRHI staff members began with

classroom instruction for the 18 employees, who spanned the spectrum from line staff to managers and administrators.

“It’s essential to have the whole spectrum of the workers involved. There’s a process of communicating the principles and understanding the goals. That process is enhanced when everyone is in the room together,” said Ms. Zitnik.

Hospital staff members and their PRHI teachers fanned out to specified units to observe the current way work was done. They teamed up with the people doing the work to reveal what they had observed, and to come up with solutions that were easy and made sense. By the end of the University experience, Charles Cole staff had “deliverables,” which included a plan to cut O.R. turnaround time and chemotherapy wait time, and a new system in place for handling the paper reports.

“People want to say that electronic records are ‘the answer,’ and of

course they are a great improvement,” said Fran Sheedy Bost, M.Ed., a PRHI teacher. “But for small and rural hospitals, electronic records are years off. In the meanwhile, let’s look at ways to make the paper systems work better.”

Ms. Sheedy Bost, along with a family practice physician and two nurses first observed the procedure for filing new lab reports. They quickly saw why it was sometimes difficult to find them and easy to misplace them. After revealing their observations to the workers on the floor, they worked together to come up with a system for handling paper reports. After much thinking and negotiating, they arrived at a “simple” idea: a red folder for reports that needed to be read and a green folder for reports that needed to be filed. Now it is easy to find the reports and hard to misplace them.

“Our intent is for these improvements to spread. Once you identify problems, you can start working on them,” said Ms. Zitnik. ☀

Calendar, Spring 2006



Day	Date	Time	Event	Place	Contact	CMEs offered?	Register?
Thurs	June 15	8a-5p	PPC 101	PRHI Offices Centre City Tower 24th floor 650 Smithfield Street	Barbe Jennion, 412-586-6711 bjennion@prhi.org	Yes	Yes
Mon- Thurs	July 17-20 Sept 12- 13/25-26 Nov 13-16	8a-5p	Perfecting Patient Care™ University	TBD			
Thurs/ Fri	May 18-19	All day	Second Pathology Quality and Patient Safety Meeting	Herberman Conference Center 5150 Centre Avenue Pittsburgh, PA 15232	http://www.pathology.upmc.edu/	Yes	Yes
Fri	June 23	7:30A- 5:30P	Patient-focused Care Symposium	Magee Women's 300 Halket Street Pittsburgh, PA 15213	pd0w@andrew.cmu.edu	Yes	Yes

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