

August 2022 | Jewish Healthcare Foundation news, events, milestones, & more

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AcademyHealth Reassembles “John Eisenberg’s AHRQ Angels” to Discuss Twin Crises

On August 23, AcademyHealth hosted the webinar “[Patient Safety and Health Worker Retention: Twin Crises](#)” to explore the reasons underlying the diminished healthcare workforce, the resulting increase in medical error and adverse events, and the reasons the nation’s patient safety agenda remains unfinished. Sponsored by the Jewish Healthcare Foundation (JHF), JHF President and CEO Karen Wolk Feinstein, PhD led the panel of the nation’s pioneer leaders in healthcare safety research and policy.

The tie that binds the panelists is that they all served together on the Agency for Healthcare Research & Quality (AHRQ) of the U.S. Department of Health and Human Services and were mentored by the late John M. Eisenberg. Dr. Eisenberg was a champion of policy-relevant research to improve the safety and effectiveness of healthcare services, accessibility, primary care and workforce issues, measurements of quality and outcomes, and physician’s use of services and the economic incentives faced by both patients and providers. He was a great friend of the [Pittsburgh Regional Health Initiative](#) and had a profound influence on its early accomplishments.



Pictured are panelists: Helen Burstin, (top left), Lisa Simpson (top right), Carolyn Clancy (bottom left), and Nancy Foster.

Panelists on the webinar included: Helen Burstin, M.D., M.P.H., MACP, Chief Executive Officer at the Council of Medical Specialty Societies; Carolyn Clancy, M.D., MACP, Assistant Undersecretary for Health, Discovery, Education and Affiliate Networks (DEAN), Department of Veterans Affairs; Nancy Foster, Vice President, Quality & Safety Policy Development at the American Hospital Association; and Lisa Simpson, M.B., B.Ch., M.P.H., FAAP, President and CEO of Academy Health.



During her opening comments, Dr. Feinstein outlined the urgent need to address both highly prevalent patient safety events and the increasing numbers of healthcare professionals leaving the workforce, and how these two persistent and challenging problems preceded the pandemic but have worsened in the past two years. She gave an update of the work underway at JHF to address the problem through the [National Patient Safety Board Advocacy Coalition](#) and the upcoming [Patient Safety Technology Challenge](#).

In the discussion, each panelist reflected on the successes and short falls of their time at AHRQ and how pathways to progress have the potential to be realized in this unique post-pandemic moment as health systems contend with unprecedented workforce challenges.

“In terms of shortcomings, we (at AHRQ) were always the first to admire an issue. I think sometimes we spent too long admiring the problem instead of jumping to solutions. It’s taken decades still to get to more generalized solutions in this space and still we have islands of excellence and not enough to bridge those to get to a higher level of patient safety,” Dr. Burstin said.

Dr. Burstin added that there has been an assumption of an “unending elasticity” of the healthcare workforce, and that has been challenged by the pandemic with clinicians pushed past their breaking point.

Dr. Clancy noted exhausted healthcare professionals need smart, efficient ways to focus on patient safety with infrastructure that makes it nearly effortless, safe for the practitioner, and free from fear of punishment while attempting to make progress.

“One of the first successes (at AHRQ) that came to mind was distilling a list of five immediate actions hospitals could take to improve patient safety, which was met with an outpouring of gratitude,” Clancy said.

In addition to clinician burnout, there is the pervasive fear following the case of RaDonda Vaught, a former nurse criminally prosecuted for a fatal drug error in 2017, who was convicted of gross neglect of an impaired adult and negligent homicide earlier this year.

“Individual clinicians are concerned about how they might be punished as a result of making mistakes. The case was so incredible. I had heard from a number of nurses who expressed personal concern that even in their institution – despite its culture – that they might face career harm if they were to report an incident or event. I hope that’s not true,” Foster said.

When asked what one change could make an immediate impact, panelists shared other solutions, including: A \$500M moonshot for patient safety to build momentum for change; engaging staff for input into change and creating a culture of commitment to have those changes realized; and realizing the power of the patient and empowering patients to be engaged in their care.

“There needs to be a substantive investment in patient safety improvement, not just research, but the data, skills, and learning systems that are needed to translate that research into sustaining practice,” Simpson said.

Each panelist affirmed that patient safety is a complex, diffuse, multi-sector, multi-stakeholder public-private challenge that not only needs a plan in place but also an accountability framework with measurable goals to track progress. External incentives to reward patient safety and for systems to continue to evolve and respond to provide safer care as new evidence emerges.

[Watch a recording of the webinar here.](#)

PA POLST Virtual Continuing Education Modules Now Available

The Jewish Healthcare Foundation and Coalition for Quality at the End of Life are pleased to announce the launch of a redesigned Pennsylvania Orders for Life-Sustaining Treatment (POLST) continuing education program.

The new [POLST Learning Center](#) features on-demand learning modules that provide a more convenient, accessible method for professionals to gain valuable skills in having end-of-life conversations. The POLST process is designed to ensure that seriously ill or very frail patients can choose the treatments they want or do not want and that their wishes are documented and honored across care settings and health systems. The training equips healthcare providers with tools to hold conversations with seriously ill patients and their loved ones about treatment options near the end of life and to document the patient's wishes on a POLST form, which communicates the patient's preferences when they cannot do so.

Until now, the only option for POLST education was in-person trainings. The new on-demand virtual curriculum enables providers to gain valuable skills in having POLST conversations when it is most convenient for them. Continuing medical education and continuing nursing education credits are available for the training modules.

This project was supported by a grant from the McElhattan Foundation to enhance access to POLST education and resources for healthcare providers and personnel throughout Pennsylvania, and it was developed in collaboration with a statewide POLST Curriculum Committee of experts from health systems, long-term care, palliative care, and emergency medicine, as well as Jewish Healthcare Foundation staff.

Modules cover the following topics:

- Introduction to POLST (2.5 CME or CNE credits)
- Overview of POLST and Advance Directives (1.5 CME or CNE credits)
- POLST Tools (0.5 CME or CNE credits)
- POLST Implementation (1.5 CME or CNE credits)
- Medicare Reimbursement for Advance Care Planning Discussions (0.5 CME or CNE credits)
- Carousel Cases (0.5 CME or CNE credits)
- Emergency Medical Services and POLST (0.5 CME or CNE credits)

Additional modules on POLST Conversations and Cultural Competency will be available soon.

These self-paced modules are now available in the new PA POLST Learning Center at www.papolst.org/learning-center.



Pictured is the new POLST Learning Center website for continuing education program.

Sara Nelis Presents at National Safer Childbirth Cities Conference

On August 23 and 24, the [Association of Maternal & Child Health Programs](#) hosted the Safer Childbirth Cities (SCC) annual meeting in Chicago with presentations being shared by large and small organizations across the country, including Pittsburgh's program facilitated by the Jewish Healthcare Foundation and the Women's Health Activist Movement Global (WHAMglobal).

[Safer Childbirth Cities](#) was launched in 2018 as an initiative of [Merck for Mothers](#), Merck's \$500 million global initiative to help create a world where no woman has to die while giving life. The multi-year effort aims to foster community-led solutions that will help cities become safer, more equitable places to give birth. JHF and WHAMglobal partner with [seven organizations across the region](#) whose programs fill gaps and provide crucial services to the Pittsburgh community.



Pictured is the JHF homerun model created by Karen Feinstein to measure progress on sustained change within organizations.

At the conference Sara Nelis, RN, project manager for the [Pennsylvania Perinatal Quality Collaborative \(PA PQC\)](#) and the *Pittsburgh: A Safer Childbirth City* initiative, shared the homerun model created by JHF's Founder and CEO Karen Wolk Feinstein, PhD, to measure progress on sustained change within organizations.

The homerun model outlines success in effecting change as: First base, establishing a vision, theory of change partners and action plan; second base, putting that plan into action, testing theories and measuring progress; third base, recruitment and targeted communication; and a homerun as widespread recognition and sustained change. A grand slam is when policy change results.

Other presentations included: Alliance for Innovation on Maternal Health – Community Care Initiative on how community-based organizations and community healthcare workers can implement AIM/ACOG maternal safety bundles outside of the hospital setting; National Birth Equity Collaborative presented the data dictionary they created to assist Safer Childbirth City teams with collecting and analyzing data metrics; HealthConnect One shared their model for sustainable community birth worker training; SisterWeb shared their community doula framework that includes paying and fully benefitting their doulas while still keeping their services free for Black, Pacific Islander and Latinx patients and collaborating with each of the birthing sites in their county.

PRHI and JHF Board Members Weigh in on Patient Safety Initiatives

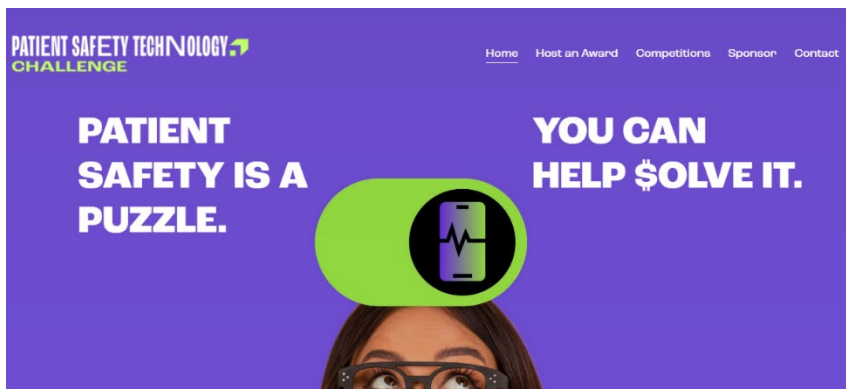
On August 8, the [Pittsburgh Regional Health Initiative \(PRHI\)](#) and the Jewish Healthcare Foundation (JHF) Communications Committee met to discuss two of their newest patient safety initiatives, the [Patient Safety Technology Challenge](#) and the Regional Autonomous Patient Safety (RAPS) Initiative.

During the meeting, JHF staff detailed plans for the Patient Safety Technology Challenge, and Board members weighed in on communications plans for a documentary to tell the story of the Challenge award winners and elevate the issue of patient safety and opportunity for technology innovations to address longstanding problems. The Board was also presented with the current strategies for the RAPS Initiative aimed at helping Pittsburgh become a global leader in autonomous patient safety technology.

As part of the RAPS Initiative's work, a proposal from Carnegie Mellon University's (CMU) [Center for Machine Learning and Health](#), [Tepper School of Business](#), [Mellon College of Science](#), and [Heinz College of Information Systems and Public Policy](#) was presented that seeks to establish the Initiative for Patient Safety Research (IPSR) at CMU. The proposal outlined a potential partnership between CMU and JHF to build and engage a multidisciplinary community of researchers and PhD students across several of CMU's schools to analyze medication errors and produce proof-of-concept innovations to address the issue. IPSR would an initial grant from JHF to support PhD students and faculty in developing new computational analysis methods to identify and define medication errors. Identifying trends in data associated with the errors would, in turn, provide an understanding of the pre-cursors to and causes of medication errors to be used to innovate autonomous solutions.

JHF President and CEO Karen Wolk Feinstein, PhD said medical errors are the third leading cause of death in the US. She added the goal of the project is to create a better health system and a healthcare environment dedicated to safety and that addressing medication error was just the first step in using data-driven, systems-based solutions to anticipate other medical errors and prevent major sources of harm before they occur.

The Board supported the evolution and direction of RAPS and the Patient Safety Technology Challenge. It expressed appreciation for the proposed initiative at CMU, recognizing the university's history of success in autonomous technology and its reputation as an innovator and neutral entity in the healthcare space. The Board emphasized the potential opportunities of the project to improve the integration of human systems with autonomous systems; and foster current partnerships and create new partnerships to deploy and test the system.



The new website for the Patient Safety Technology Challenge recently launched providing details to competitors and sponsors.

Nancy Zionts Presents to DOH, OIG on Challenges Facing Nursing Homes

On August 22, Jewish Healthcare Foundation (JHF) Chief Operating Officer/Chief Program Officer Nancy Zionts, MBA presented “Quality and Safety in Skilled Nursing” at the U.S. Department of Health and Human Service Office of the Inspector General (OIG) Cross-Component Nursing Home Workshop.



Decades of OIG work on nursing homes has uncovered widespread challenges in providing safe, high-quality care. Its audits, evaluations, and investigations have raised concerns regarding staffing levels, background checks for employees, reporting of adverse events experienced by residents, and other issues.

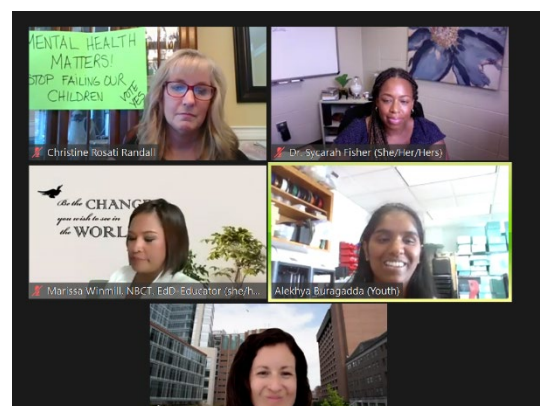
During her presentation, Zionts detailed JHF’s aging agenda, including its 25-plus years working to make progress in policy and practice in senior care.

Zionts discussed the challenges faced at the frontline in nursing homes, including but not limited to workforce shortages, patient autonomy, operating in a financially unsustainable model, increased nursing home closures, persistent safety and quality issues, calling it “a balancing act.”

She also outlined that these challenges were made worse by the COVID-19 pandemic, as can be seen in the JHF award-winning documentary film [What COVID-19 Exposed in Long-Term Care](#).

Youth Leader Speaks at Global Alliance Panel about JHF’s Youth Mental Health Advocacy and Action

Alekhya Buragadda, a youth advocate with the Jewish Healthcare Foundations’ [PA Youth Advocacy Network](#), participated in “Supporting Schools in our Communities: A Critical Foundation to Child and Youth Mental Health,” a moderated conversation hosted by the [Safe and Humane Task Force of the Global Alliance for Behavioral Health and Social Justice](#) (Global Alliance) on August 9.



The event focused on the role of schools in responding to and supporting child and youth mental health. Panelists explored the design for schools to foster child and youth well-being, and the strengths, weaknesses, and barriers to achieving optimal mental health.

In her comments, Buragadda, a rising junior at South Fayette High School, shared the hurdles she faced in

Pictured are panelists: Christine Rosati Randall, AS (top left); Dr. Sycarah Fisher, PhD (top right); Marissa Ricamara Winmill, NBCT, EdD (middle left); Alekhya Buragadda (middle right); and Dr. Jill H. Bohnenkamp (bottom).

finding mental health supports as a teen and her drive to advocate for more robust policies and programs to support teen mental health, including the implementation of mental health days in schools across Pennsylvania through the Network’s advocacy work.

Other panelists included: Sycarah Fisher, PhD, associate professor of School Psychology, University of Georgia; Christine Rosati Randall, AS; Marissa Ricamara Winmill, NBCT, EdD, educator at Kent-Meridian High School. The panel was moderated by Jill H. Bohnenkamp, PhD, assistant professor and core faculty at the National Center for School Mental Health, University of Maryland School of Medicine.

600,000 Households Receive PSAs on HIV Services as Part of New AIDS Free Pittsburgh Marketing Campaign

There are over 3,000 people living with HIV in southwestern Pennsylvania, and AIDS Free Pittsburgh is committed to ensuring care is available and eliminating the spread of new cases. In a broad marketing campaign for HIV services in the region, AIDS Free Pittsburgh sent a mailer to 600,000 households in western Pennsylvania to raise awareness about the [Ryan White HIV/AIDS Program \(RWHAP\)](#), the largest federal program designed specifically to fund health care and supportive services for people living with HIV.



The informational mailer sent across western Pennsylvania to raise awareness about the support available for people living with HIV.

In concert with the direct mailers, a digital marketing campaign was deployed to drive traffic to AIDS Free Pittsburgh’s new website. Since January, the AIDS Free Pittsburgh has seen almost 400,000 visitors, with the majority of those visitors tracking to the [Living with HIV page](#).

As AIDS Free Pittsburgh begins planning its 2022-2023 campaign, it’s messaging will aim to be more service specific, connecting people living with HIV to services to assist with housing, food insecurity, substance use, dental care, and mental health supports.

“Our outdoor, digital, radio, and print advertising has been highly successful but we’re also exploring some other creative ways to reach people, such as hiring regional social media influencers to feature RWHAP information on their platforms, creating short, animated videos, and looking at other opportunities in the rural communities for placements,” said Sue Steele, HIV/AIDS program coordinator for the Jewish Healthcare Foundation.

Steele was recently [featured on Forever Johnstown radio](#) discussing the mailing outlining services for people living with HIV offered by [AIDS Free Pittsburgh](#) and the buzz it is creating throughout the region.

Karen Wolk Feinstein Interviewed about Data Mistakes in the Monkeypox Outbreak

Karen Wolk Feinstein, PhD, president and CEO of the Jewish Healthcare Foundation, was interviewed by Vox for its article [“Why monkeypox is a repeat of the data mistakes made with COVID-19.”](#)

The article explores how accurate data is critical for a coordinated response to public health emergencies, and how the U.S. lacks reliable systems to share information between healthcare providers and decision-makers for a more timely, collaborative, and impactful response.



Dr. Feinstein, as spokesperson for the National Patient Safety Board, said the nation’s approach to healthcare needs to change by taking a data-based approach similar to the airline industry, which has tracked and used data to drastically decrease accident and fatality rates.

Salk Health Activist Fellowship Deadline Extended to Sept. 5

The 2022 [Salk Health Activist Fellowship](#) deadline has been extended to September 5. The fellowship is an incubator for emerging health activists seeking to build effective advocacy skills. This year’s fellowship is focused at the state-level as legislation on critical health issues continues to trend in that direction. The hybrid Fellowship will be held on Thursday afternoons from September 22 to November 17. [Apply now.](#)



Two New Staff Join JHF and a Staffer is Promoted

Alaina Conner, MPPM

Alaina Conner is the women's health grants specialist at the Jewish Healthcare Foundation, assisting the Foundation in administering grants to improve maternal health outcomes through a variety of innovative projects. She will also be a member of the WHAMglobal team, providing support to a range of projects and grants.



From left to right: Alaina Conner, MPPM; Caitlin Lorincz, MSP; and JT Stoner, MPH.

She has over 10 years of project and grants management experience in local public and environmental health. Prior to joining the Foundation, she served as the program manager for special projects at the Allegheny County Health Department, overseeing numerous community-informed health initiatives such as community health improvement planning and grant-funded initiatives around community health workers. She earned a bachelor's degree in environmental studies as well as a master's in public policy and management, both from the University of Pittsburgh. Alaina is passionate about women's health and community-driven innovative solutions to systemic public health challenges.

Caitlin Lorincz, MSP

Caitlin Lorincz is a project manager working on the Jewish Healthcare Foundation's patient safety initiatives, including the Regional Autonomous Patient Safety Initiative, the National Patient Safety Technology Challenge, and the National Patient Safety Board Advocacy Coalition. Previously, she was a senior project manager at the Institute for Healthcare Improvement (IHI) and managed various strategic priorities, including the development of a *National Action Plan to Advance Patient Safety* with the Agency for Healthcare Research and Quality. Prior to her time at IHI, Caitlin served as a senior program manager at the National Patient Safety Foundation, where she managed the Stand Up for Patient Safety organizational membership program and supported content development for high profile projects, including *Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after To Err Is Human*. She also spent several years working on health care and patient safety issues in various roles in the Massachusetts Legislature. She holds a master's degree in social policy with a concentration in health policy from Brandeis University, a master's degree in public affairs from the University of Massachusetts - Boston, and a bachelor's degree in American history from the University of San Francisco.

JT Stoner promoted to project manager for AIDS Free Pittsburgh

JT Stoner was promoted to the project manager for AIDS Free Pittsburgh (AFP) this month. He has been working for the AIDS Free Pittsburgh initiative since January of 2018 as a health services coordinator before being promoted to project coordinator in July 2020.

As project manager, JT will partner with members of the AFP coalition to plan and implement programs that enhance biomedical HIV prevention and treatment services, adherence, and access to care. He previously created educational outreach programs for young adults as an intern at Allies for Health + Wellbeing. As a certified HIV prevention counselor, he also served as a health advocate for consumers, providing testing services, counseling, and education on the HIV prevention medication PrEP (Pre-Exposure Prophylaxis).

JT earned a bachelor's in biochemistry and molecular biology from Dickinson College, and a master's in public health with a focus on infectious disease management, intervention, and community practice from the University of Pittsburgh.

Dr. Hardeep Singh Earns Prestigious John M. Eisenberg Award for Lifetime Work Improving Patient Safety

Hardeep Singh, MD, MPH, an informatics leader, patient safety advocate and innovator, and friend of the Jewish Healthcare Foundation (JHF), has been awarded [the Individual Achievement Award in the 20th John M. Eisenberg Patient Safety and Quality Awards](#) for demonstrating exceptional leadership and scholarship in patient safety and healthcare quality through his substantive lifetime body of work.



The Joint Commission and National Quality Forum present Eisenberg Awards annually to recognize major achievements to improve patient safety and healthcare quality.

Dr. Singh, [chief](#) of the Health Policy, Quality & Informatics Program in the Center for Innovations in Quality, Effectiveness and Safety at Michael E. DeBakey VA Medical Center and professor at Baylor College of Medicine, was recognized for his pioneering career in diagnostic and health IT safety and his commitment to translating his research into pragmatic tools, strategies, and innovations for improving patient safety.

His commitment to improving patient safety began while pursuing his Master of Public Health at the Medical College of Wisconsin in 2002 when he first learned the field of patient safety existed. That commitment was galvanized early in his medical career, as he found himself treating patients who had been misdiagnosed, received unsafe care, or experienced poor outcomes.

One in 20 adults in the United States will have a diagnostic error annually in the outpatient setting. Seven to eight percent of electronically communicated abnormal test results are lost to follow-up, a high-risk clinical process that can lead to care delays and patient harm.

These early studies by Dr. Singh inspired him to pursue additional research into strategies to improve clinicians' ability to make accurate diagnoses and avoid delays in care that can lead to worse outcomes and making practice and policy impact on improving systems of care across the nation.

He found that, although this was an area ripe for research, it also presented numerous challenges.

"Beginning a research career in an area where scientific knowledge is under-developed and research funding is little is an enormous risk. But perseverance helped me create a vision for diagnostic safety research and build a strong, mission-driven multidisciplinary team to improve diagnosis," Dr. Singh said.

The breadth and depth of Dr. Singh's research work is remarkable, but what is most notable is the extent to which he has succeeded in translating it into pragmatic strategies and innovations for improving patient safety. Dr. Singh emphasized that while the Eisenberg Award recognizes an individual for their achievements, his work in patient safety has been successful because of its

multi-disciplinary and collaborative approach with psychologists, human factors engineers, social scientists, informaticians, patients, and more.

That work has led to the development of several tools to improve patient safety, including [The Safer Dx Checklist](#), which helps organizations perform proactive self-assessment on where they stand in terms of diagnostic safety; [Measure Dx](#), which helps hospitals and practices learn from and implement strategies for learning from diagnostic safety events; and Calibrate Dx, a forthcoming resource to help clinicians improve through feedback and learning systems.

“As an immigrant and an international medical graduate, I have had a lifelong dream to make an impact on health care. I saw every scientific project as an opportunity to change health care. So, I made a personal commitment that my research must use a pragmatic, real-world improvement lens and challenge the status quo in quality and safety,” Dr. Singh said.

His commitment to improving patient safety was further solidified during the COVID-19 pandemic as its collateral impacts included patient safety issues such as increases in falls, delays in care, disruptions in care, postponement of elective procedures, delays in cancer diagnosis, misdiagnosis, misinformation, supply chain issues, and leadership vulnerabilities, as outlined in [a recent report by the World Health Organization](#), on which he was one of the lead contributors.

Dr. Singh is an active member of JHF’s Patient Safety Full Court Press and an advocate for its campaign to establish an independent federal agency, [a National Patient Safety Board](#), to monitor and anticipate adverse events in health care and conduct centralized studies into medical mishaps and systematic breakdowns, using de-identified data from electronic health records, artificial intelligence and reporting from other agencies to identify cause-and-effect relationships and issue timely recommendations to improve national patient safety.

“Improving patient safety requires transforming systems of care and building more resilient health systems,” Dr. Singh said. “I really enjoy working with JHF because it is a very novel collaborative environment of people working in different fields and with different backgrounds who share an interest in patient safety and encourage out-of-the-box thinking and diverse perspectives.”

As for the next generation of researchers and practitioners, Dr. Singh firmly believes they should be more attuned to principles of patient safety, despite the reality of working in system that often prioritizes profit over safety.

“We need medical and nursing students to be sensitized to these topics. We need health professionals talking about patient safety much early in their career path. We spend a lot of time learning anatomy and physiology and other basic sciences, we need a similar focus on patient safety,” Dr. Singh said.

As his work in patient safety continues to take shape, he has also found a new passion for helping U.S. health systems –which contribute about 8.5 percent of carbon emissions in the U.S. – to reduce their carbon footprint and address climate change.

“What’s so rewarding about the Eisenberg Award is that it has validated my quest to stay persistent. My research career had a rocky start and in 2005 I nearly gave up because I failed to any grants despite multiple attempts. Passion and perseverance kept me going and I felt this was the right thing to do in my life and career,” he said, adding with a laugh, “Now there’s so much to do. I won’t be retiring any time soon.”