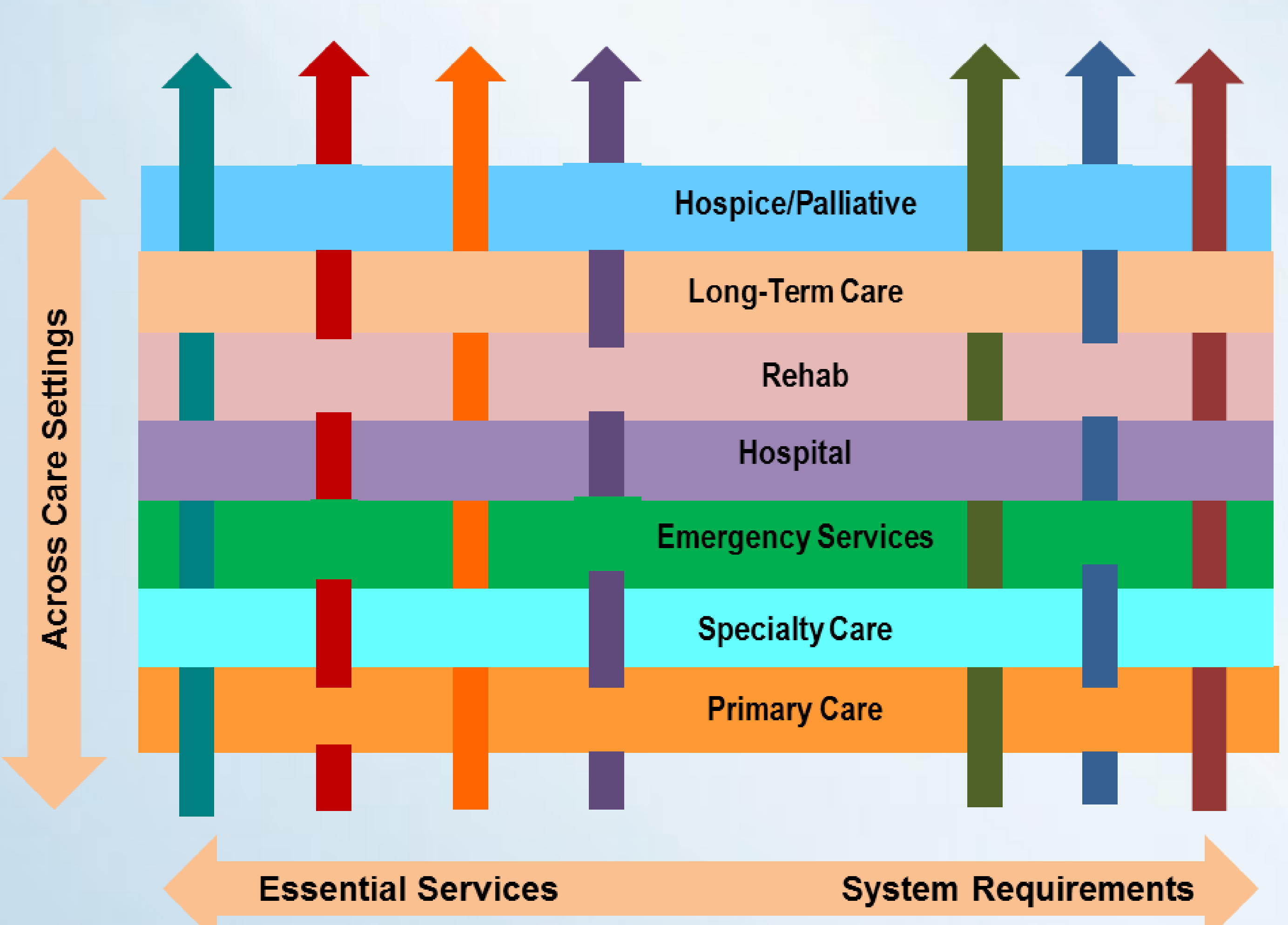
Jewish Healthcare Foundation
Annual Report
2012

Realizing the Vision



Realizing the Vision

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2012 has been a year of unprecedented activity and successes at the Jewish Healthcare Foundation and its operating arms — the Pittsburgh Regional Health Initiative (PRHI) and Health Careers Futures (HCF). Our team has succeeded in advancing our mission in many ways and scoring some impressive achievements. Of course, the Affordable Care and Hi Tech Acts played a key supporting role! We are pleased that these efforts allow us to continue demonstrating the power of "Lean" with our method Perfecting Patient Care℠, managing chronic disease, integrating behavioral health into primary care, and reducing preventable hospitalizations (with funding from the Robert Wood Johnson Foundation to measure the payment reform implications of this effort).

A series of new grants from the federal government support this work, some for our work as principal investigator and others for our contribution as major partners, totaling $48 million in all. Much of these grants support the work of health providers who, with PRHI staff leadership and guidance, will demonstrate how critical practice changes can make enormous differences in the lives of patients. The largest share comes from the Center for Medicare and Medicaid Innovation, created by the Affordable Care Act. This funding makes us part of a colossal national experiment to test better ways to deliver care. These grants have the catchy titles of COMPASS, RAVEN, and PCRC—Primary Care Resource Centers. We also received another $1.4 million from the Commonwealth of Pennsylvania to help persons with HIV who have been "lost to care," and another $200,000 from the Allegheny County Community Infrastructure Fund to build out a training center which we call the QIT (Where Quality Improvement Meets Information Technology).

We continue to execute programs and trainings, funded as in previous years. Our Regional Extension Center work supports technical assistance to 750 primary care doctors who wish to secure patient data in electronic medical records and apply these data to quality improvement. Our Partners in Integrated Care and Safety Net Medical Home Initiatives enter 2013, their concluding years. We made many new friends and partners and learned a lot from both demonstrations. Our Perfecting Patient Care℠ Universities continue to draw participants, and we have completed our 12-month Emergency Medical Services Champions program and moved on to Long-Term-Care Champions.

As “sellers of ideas for a better society,” we appreciate when our projects get national and international recognition. A book chronicling our Perfecting Patient Care℠ achievements, *The Pittsburgh Way,* was the recipient of the Shingo Research and Professional Publication Prize. WQED’s program, *The Last Chapter,* funded and conceived with the help of JHF staff, was nominated for an Emmy. Karen was asked to do three presentations at the Korea Healthcare Congress in Seoul in October to describe the work of PRHI. It was surely nice to have the Shingo Prize to announce there! An ongoing effort to get insurance coverage for screening young Jewish adults for genetic diseases scored success and received national funding. And, because of The Fine Awards, we were able *to recognize* three local teams, with outstanding efforts in Transitions of Care, with substantial cash awards.

We have accelerated our research efforts with new staff. And we have been able to present the findings of our research and experimentation at an unusually full round of conferences. With all this, we have made almost $3 million in grants to the Jewish community to honor the rich history of our predecessor organization, Montefiore Hospital.

On the pages ahead, we will present the framing vision that unites all these efforts and introduce you to the common threads — the Lattice Quilt — of all that we do.

Alan R. Guttman
Chair

Karen Wolk Feinstein, PhD
President & CEO

Chapter One:

THE LATTICE: OUR STRATEGY

Hospitalizations are costly in many ways — financially, clinically, and strategically. Patients are vulnerable to errors, accidents, and infection. Further, there is evidence that the hospitalization itself can contribute to a further deterioration in the patient's health and mental health status, particularly for older adults. Older patients often deteriorate so seriously, mentally and physically, that they can no longer live independently when they emerge from a hospital stay.

Numerous studies show that an alarming percentage of patients return to an acute-care hospital following a prior admission. PRHI's analyses of Pennsylvania Health Care Cost Containment Council data yield results similar to national analyses of Medicare data: one in five patients discharged from an acute-care hospital was readmitted within 30 days.

And many of them could have been prevented.

A 2010 PriceWaterhouseCoopers' Health Research Institute study estimated $25 billion of waste in preventable hospital readmissions. That said, it has been demonstrated that significant improvement is possible with more attention to comprehensive discharge planning, care management, medications reconciliation, and behavioral health interventions during the post-discharge transition.

In addition, hospital efforts to reduce readmissions have taken on a level of urgency now that the financial stakes are high due to the disincentives incorporated into payment reform (Centers for Medicare & Medicaid Services began reducing payments to hospitals with excess readmissions, effective for discharges beginning on October 1, 2012).

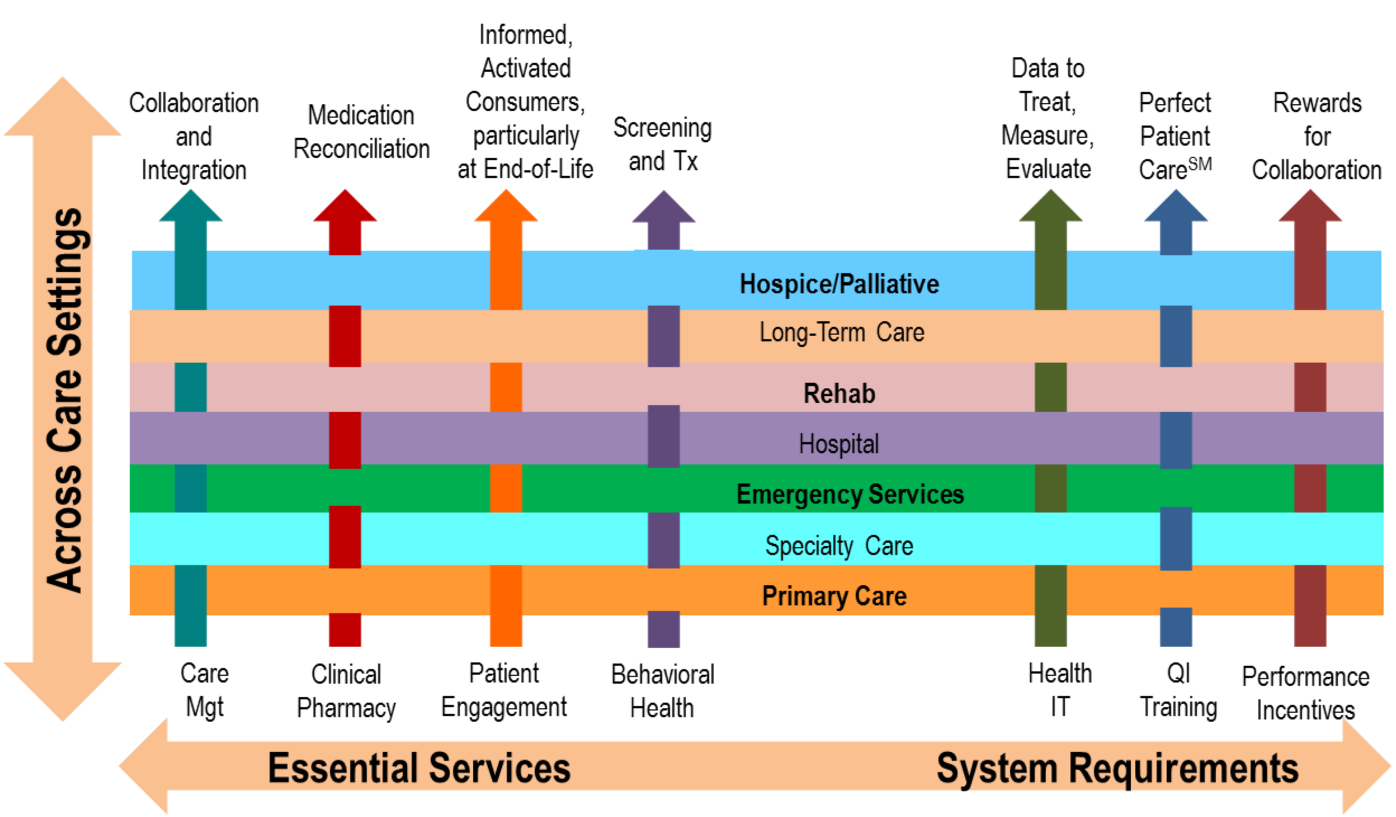
At JHF, recognizing the enormous opportunity for the application of Lean principles to improve patient care and reduce costs by targeting readmissions reduction, we set out to demonstrate the value of our Perfecting Patient Care℠ (PPC) methodology in this arena.

The lattice on the following page presents our vision of a high-performing healthcare system that prevents unnecessary hospitalizations and produces optimum health.

We have built an entire agenda around this vision. It captures our myriad programs, our more specific areas of focus, our objectives, and our strategy.

Here, on the lattice, are all of the critical threads of essential services and system requirements across all major care settings that will prevent hospitalizations and maintain wellness and independence.

Our Vision of a High-Performing Health System

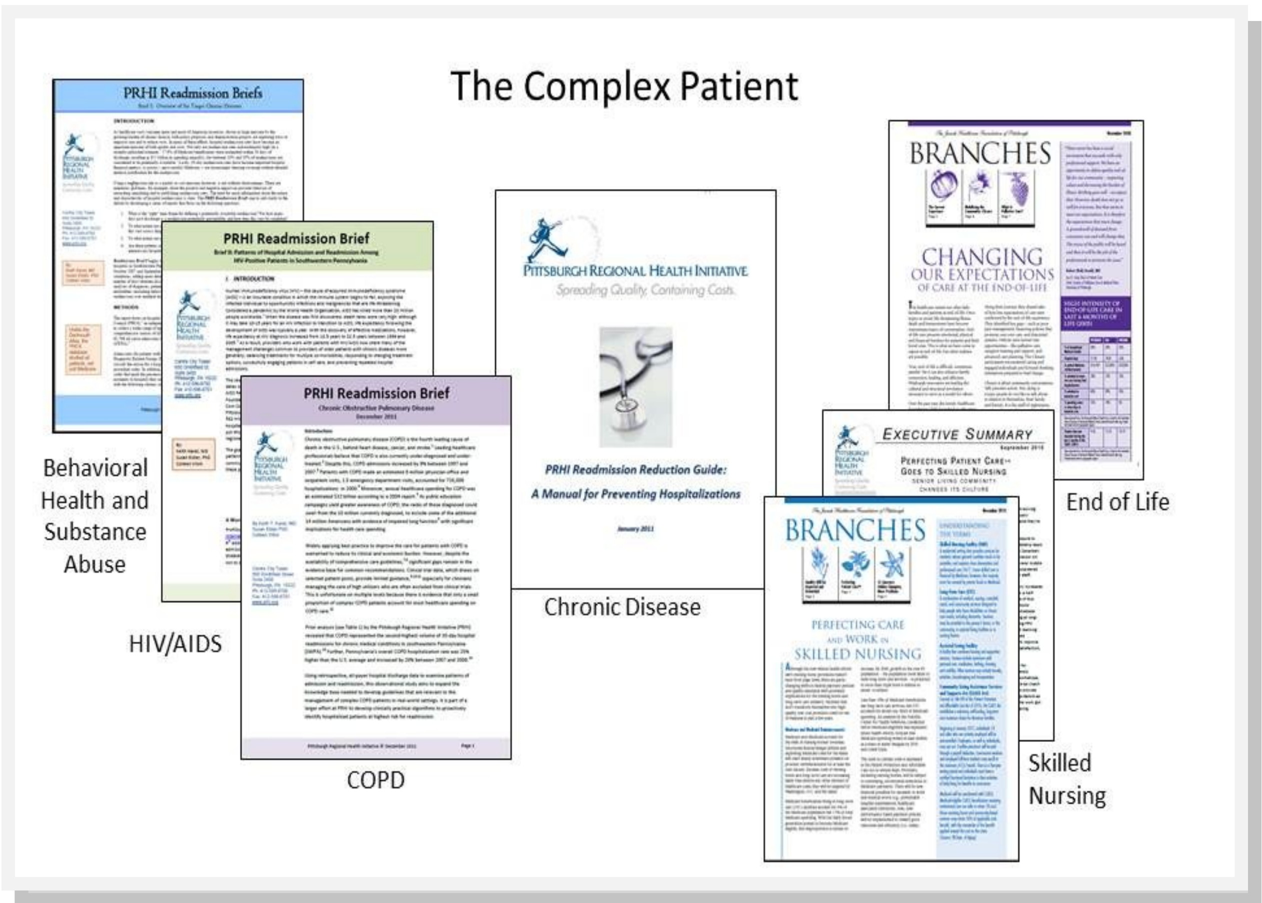


Chapter Two:

ANSWERS: WHAT THE RESEARCH TOLD US

Data inform our work at JHF. Reducing hospitalizations and readmissions became an early target of healthcare reform. They are costly, and many can be prevented with better community-based care, and more attention to discharge planning and support during the post-transition discharge. Analysis of PHC4 (Pennsylvania Health Care Cost Containment Council) data led us to the patient at high risk for hospitalization and readmission — The Complex Patient. The Dartmouth Atlas of Health Care also provides a wealth of data, which we have used to inform our work.

Much of our work over the past year has focused on creating high-performing healthcare systems that reduce preventable hospitalizations for these populations.



Persons with Chronic Disease

PRHI analyses of hospital discharge data in southwestern Pennsylvania (available through PHC4) for prevalent chronic diseases — asthma, chronic obstructive pulmonary disease (COPD), diabetes, depression, heart attack/coronary artery disease (CAD), and congestive heart failure (CHF)— found 30-day readmission rates for commercial insurance that range from 17% for COPD and depression to 24% for CAD. The estimated annual financial impact of 30-day readmissions for Medicare alone is $17 billion. The analyses showed, among other things, that heart failure and COPD have some of the highest readmission rates among diseases (23%-26%) and that the majority of patients with COPD and heart failure are readmitted to the hospital with the same diagnosis or a closely-related condition. Half of these readmissions are outside of the 30-day window, suggesting that, although improving the transition of patients from hospital to community is extremely important, better management of the patient's condition could help prevent the initial hospitalization, as well as the readmission. We are involved in a number of projects to improve transitions of care and coordinate disease management for specific patient populations with one, or perhaps two, of the chronic illnesses that have the highest 30-day hospital readmission rates: CHF, COPD, and CAD.

Projects addressing the needs of persons with chronic disease include:

- Primary Care Resource Center (PCRC) – Monongahela Valley Hospital
- CMMI Primary Care Resource Centers (CMMI PCRC)
- Safety Net Medical Home Initiative (SNMHI)
- End-of-Life / Closure

Persons with Behavioral Health Issues

PRHI analyses showed that 18% of patients admitted with a diagnosis of depression are re-hospitalized within 30 days. In addition, behavioral health problems often complicate and exacerbate other chronic health problems that require coordination and care management from a primary care provider. Without effective engagement and treatment, patients with co-occurring physical and behavioral health conditions incur significant medical costs.

Projects addressing the needs of persons with behavioral health issues include:

- Partners in Integrated Care (PIC)
- Care of Mental, Physical, and Substance Use Syndromes (COMPASS)

Persons with HIV / AIDS

According to the Centers for Disease Control and Prevention, approximately 0.4% of Americans (or 1.2 million) are estimated to be living with HIV. However, despite the relatively small proportion, HIV-positive individuals are high utilizers of the healthcare system. PRHI's most recent analysis of PHC4 data for HIV-positive patients who were hospitalized at least once in the study's two-year duration shows that the 30-day readmission rate for HIV-positive admissions is 26%, compared to 17% for all non-HIV admissions during the same time period.

Projects addressing the needs of the HIV-positive population include:

- HIV/AIDS Readmission Reduction Project
- Minority AIDS Initiative (MAI)

In addition, JHF serves as fiscal agent for the Ryan White Program AIDS funds in Southwestern PA.

Persons in Skilled Nursing

Almost one in every four Medicare beneficiaries who is transferred from a hospital to a nursing home is rehospitalized within 30 days, and it's estimated that as many as 60% of those readmissions are preventable.

These readmissions increase the risks to patients (risks of fall, infection, and delirium are high, and multiple transfers from one care setting to another also increase the risk of medication errors, as well as physical and mental stress), and the cost to payers such as Medicare, Medicaid, and private insurers.

Projects addressing the needs of persons in skilled nursing include:

- Reduce Avoidable Hospitalizations Using Evidence-based Interventions for Nursing Home Facilities (RAVEN)
- Asbury Heights Lean Applications
- Long-Term-Care Champions (includes Jewish Association on Aging)

Persons at End-of-Life

Surveys say that the healthcare system too often fails families and patients at end-of-life. Analysis of data compiled by the Dartmouth Atlas of Health-Center for the Evaluative Clinical Sciences shows patients at end-of-life are receiving high-intensity services at high cost.

About one-fourth of all Medicare spending goes to pay for the care of patients in their last year of life. But the financial cost is only one piece of the issue. Often people are spending their last few months of life receiving medical treatments that are more painful, invasive, or burdensome than they would have wanted, to no or little effect. JHF's work in this area focuses on ensuring that individuals, armed with the right information and support, experience the kind of end-of-life they would choose for themselves.

Projects addressing the needs of persons at end-of-life include:

- Pennsylvania Orders for Life-Sustaining Treatment (PA-POLST)
- Closure - Structured Conversations for Defined Communities
- Western PA Coalition for Quality at the End-of-Life (CQEL)
- *The Last Chapter* documentary - WQED
- Creative NonFiction - *12 Breaths a Minute* and *At The End of Life*

Chapter Three:

HEALTH REFORM: STATE AND NATIONAL

Although reform efforts devolve to the regional level, JHF continues to build on our essential partnerships at the national and state levels.

NATIONAL AFFILIATIONS

- Network for Regional Healthcare Improvement - founding member
- NBME (National Board of Medical Examiners) Center for Innovation
- Grantmakers In Health
- Grantmakers In Aging
- Princeton Conference on Health Policy and Economics

  JHF is a sponsor of this annual conference which serves as a national platform for health policy experts to present and debate key issues. These discussions have led to multiple publications over the past two decades that have helped shape health policy and regulation in the United States. In 2012, Karen Feinstein served as moderator for the session entitled "Barriers to Innovation."
- CTAC (Coalition to Transform Advanced Care)

STATE AFFILIATIONS

PA Health Funders Collaborative

- Annual Conference held in Washington, DC with 25 PA Health Funders and 11 esteemed health policy speakers

  - Ann Torregrossa and select health funders held four meetings with top state officials to discuss "moment-in-time" issues

- Ongoing Projects

  - Medicaid expansion under the Affordable Care Act
  - Long-Term-Care policy in Pennsylvania

CONVENING THOUGHT LEADERS

- *Stuart Altman*

  Stuart Altman, PhD, of Brandeis University's Heller School for Social Policy, led discussions on the past, present, and future of health policy with JHF Trustees, staff, and regional healthcare policy thought leaders.

- *Ann Monroe*

  JHF and the PA Health Funders Collaborative co-hosted a meeting and panel discussion for nearly 100 guests with Ann Monroe, president of the Health Foundation for Western and Central New York and a member of Gov. Cuomo's Medicaid Redesign Team, to outline opportunities to reduce Medicaid costs while improving care.

- *National Association of Workforce Boards (NAWB) - Healthcare Workforce Summit*

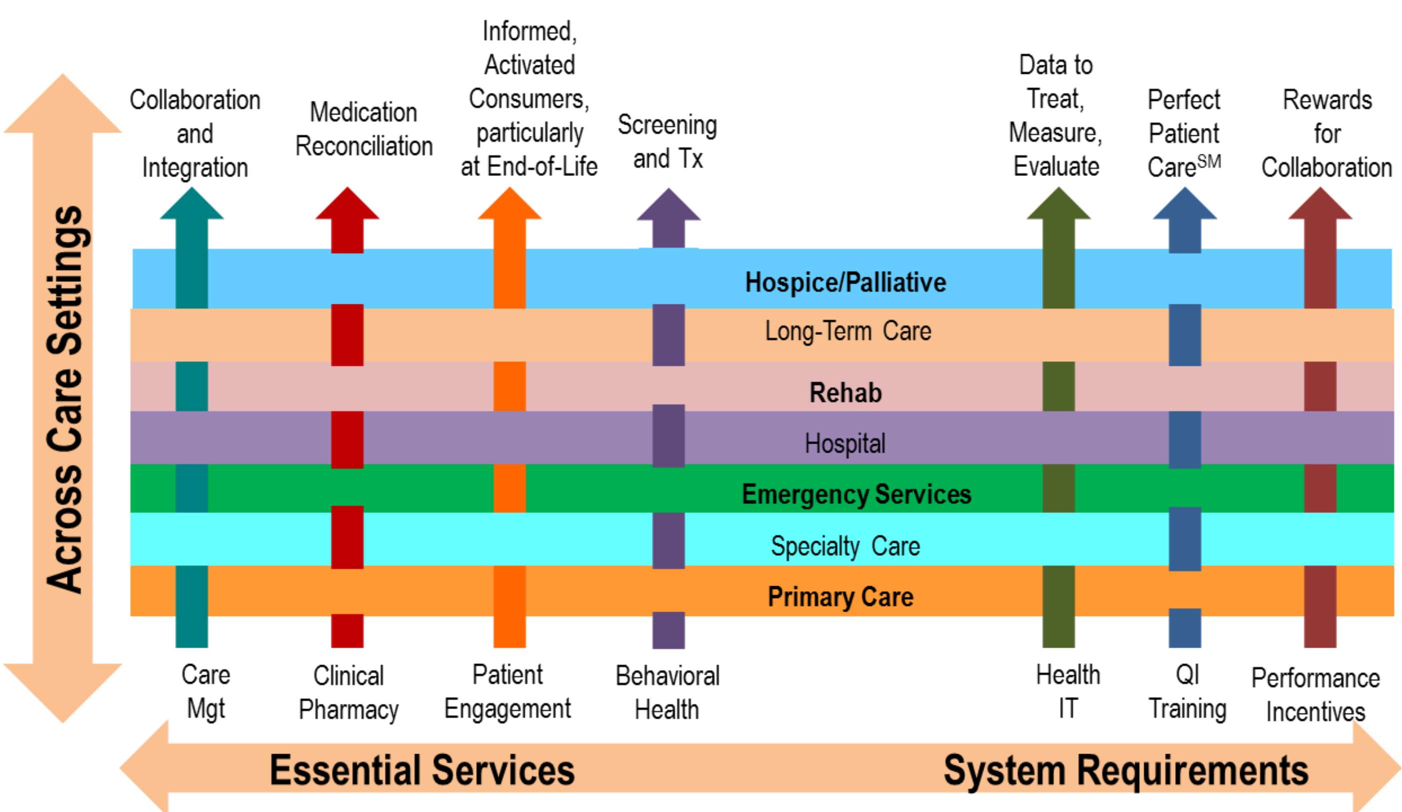
  In conjunction with NAWB, JHF and HCF convened a meeting of healthcare workforce thought leaders and researchers from across the country to understand the effects of various factors on the future supply and demand of the healthcare workforce.

- *Ehud Davidson*

  Ehud Davidson, MD, Deputy Director General & Head of the Hospital Division at Clalit Health Services in Israel, came to Pittsburgh and met with a group of JHF Trustees at Rodef Shalom to discuss Israel's opportunities and challenges in serving a diverse population.

Chapter Four:

ESSENTIAL SERVICES and SYSTEM REQUIREMENTS



PCRC – PRIMARY CARE RESOURCE CENTER

opened in Monongahela Valley Hospital in July

The PCRC is a hospital-based resource where physicians can direct their patients for personalized chronic disease management. This coordinated approach between the hospital and office-based primary care physicians is intended to reduce readmissions and result in meaningful improvement in the quality of life for these patients. It is the culmination of a seed partnership among PRHI, Highmark, and the Monongahela Valley Hospital.

- Five staff, including a clinical pharmacist for medication review
- A nurse care manager works closely with each patient's physician and educates the patient about the diagnosis; teaches self-management skills, and develops a home action plan
- 400 patients enrolled
- 30^+ home visits conducted
- Initial referrals came from the in-patient setting; starting to see direct referrals from primary care physicians in the community

CMMI PRIMARY CARE RESOURCE CENTERS

PRHI received a $10.4 million Healthcare Innovation grant from the Center for Medicare & Medicaid Innovation (CMMI) to replicate the PCRC in six community hospitals. The hospital partner recruitment was completed in January 2013 and engagement will begin at:

Butler Memorial Hospital

Conemaugh Health System

Indiana Regional Medical Center

Sharon Regional Health System

Uniontown Hospital

Wheeling Hospital

SNMHI – SAFETY NET MEDICAL HOME INITIATIVE

PRHI provides assistance to 10 community-based health centers in their transition to the Patient Centered Medical Home (PCMH) model. SNMHI is a project funded by The Commonwealth Fund.

- Five sites achieved NCQA (National Committee for Quality Assurance) recognition as a PCMH; others pending
- PRHI hosted a three-day visit with Ed Wagner, MD — architect of the Chronic Care Model of patient care
- Nationally, SNMHI sites in five states are using our online QI portal, Tomorrow's HealthCare™

LONG-TERM-CARE CHAMPIONS

This JHF initiative is designed to maximize the well-being of residents in skilled nursing facilities and reduce unplanned readmissions to hospitals. The 18-month program kicked off in September in the QIT Center.

Staff from the partner organizations at the kickoff of Long-Term-Care Champions

- Five partner organizations: Jewish Association on Aging, Presbyterian SeniorCare, Kane Regional Centers, Asbury Heights, and Vincentian Collaborative System
- Funders: JHF and The Pittsburgh Foundation

RAVEN INITIATIVE

The RAVEN Initiative is a $19.4 million, four-year CMS-funded project in partnership with UPMC designed to Reduce Avoidable Hospitalizations Using Evidence-based Interventions for Nursing Home Facilities.

- JHF is the lead education provider to 16 long-term-care facilities
- Partners: UPMC Aging Institute, JHF, Robert Morris University, Excela Health, Heritage Valley Health System, and 16 Long-Term-Care facilities in WPA (including Jewish Association on Aging)

The locations in Pennsylvania covered under the RAVEN Initiative

HIV/AIDS HOSPITAL READMISSION REDUCTION PROJECT

JHF continued to expand its role as fiscal agent of Ryan White AIDS funds in southwestern PA by working to reduce hospital readmissions of HIV-positive individuals served by regional AIDS Service Organizations.

- Interdisciplinary care team at the federally-funded Positive Health Clinic in Pittsburgh received PPC/Lean training and coaching
- Many processes redesigned
- 52.3% reduction in readmissions to date
- A funding partnership with The Pittsburgh Foundation

UPMC SHADYSIDE

The JHF Board approved a grant to trial the assignment of a clinical pharmacist in UPMC Shadyside's Emergency Department (ED) to assist with complex cases and patient education. As a result of the improvements in clinical quality, staff satisfaction, and readmissions reduction, a clinical pharmacist is now a permanent employee in the ED.

UNIVERSITY OF PITTSBURGH

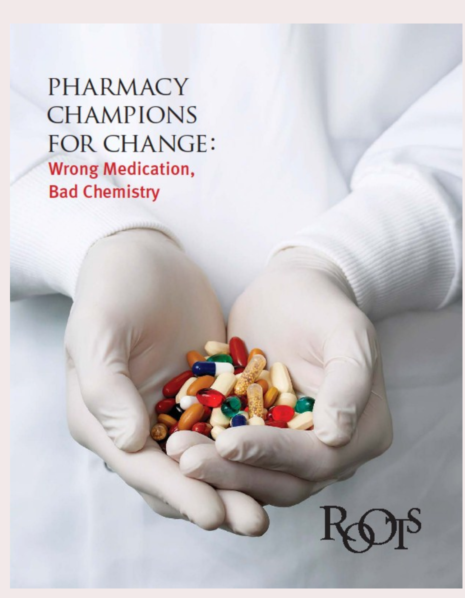
The JHF Board approved a grant to demonstrate the role that a clinical pharmacist could play at UPMC Montefiore in improving a patient's transition of care. This also resulted in the implementation of a new model of care.

CHRONIC DISEASE

A major component of the PCRC is a clinical pharmacist on staff to help the chronic disease patient understand the myriad medications that have been prescribed for them.

PHARMACY AGENTS FOR CHANGE

JHF trained nine clinical pharmacists in Perfecting Patient Care,[SM] as part of the Pharmacy Agents for Change Fellowship, to show how expanding the pharmacists' role in medication management and administration can improve safety and quality of care for patients, and potentially reduce costs. Their impressive results were published in an issue of ROOTS.



MINORITY AIDS INITIATIVE

JHF received a $1.4 million grant from HRSA (Health Resources and Services Administration) through the PA Department of Health for a two-year, statewide project focusing on persons with HIV/AIDS who have been “lost to care.”

Training began in December in the QIT Center for staff from 15 AIDS Service Organizations across the state.

(above and below) Outreach workers from AIDS Service Organizations across Pennsylvania attend the training and initiative kickoff in Pittsburgh.

END-OF-LIFE

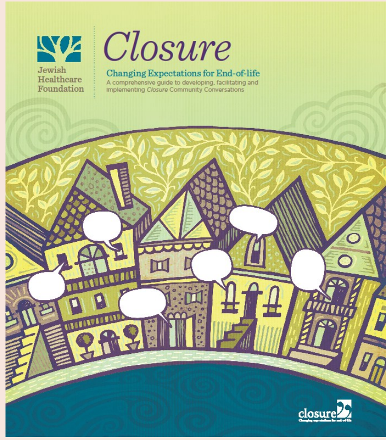
Closure is an ongoing initiative approved by the JHF Board to change expectations for end-of-life care by:

- Creating awareness of end-of-life care and options that are available
- Developing educational materials, i.e. *Closure 101*, that can be used to inform people across settings
- Giving people access to the tools and resources they need to make educated decisions that are consistent with their values and beliefs
- Convening thought leaders, community leaders, church leaders, healthcare professionals, and policy makers to help increase public awareness about end-of-life issues
- Championing policy and reimbursement changes

Activities:

- **Modules**

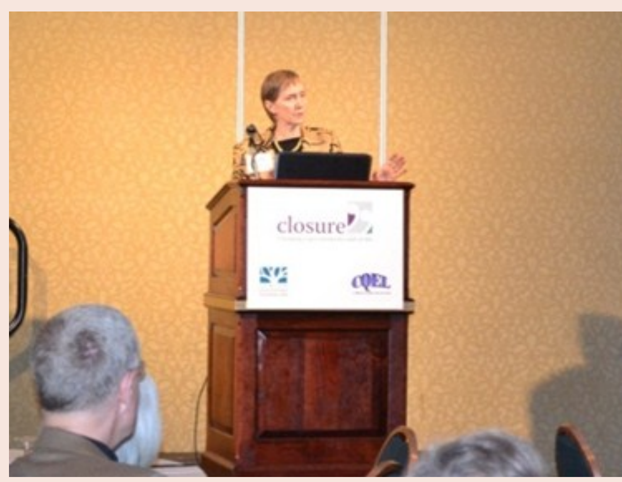
  40 healthcare-related professionals presented "Closure" modules at numerous statewide conferences throughout 2012.



"Closure" Manual

- **Closure Conference - April 4 in Harrisburg**

JHF and the Coalition for Quality at the End-of-Life (CQEL) convened 98 thought leaders for a statewide conference.



Linda Emanuel, MD, PhD, Director of the Buehler Center on Aging at Northwestern University, presented the keynote address to open the conference.

- **WQED Documentary *"The Last Chapter"***
  - JHF-funded documentary about taking part in end-of-life planning
  - Selected by PBS for national distribution in over 200 cities
  - Nominated for regional Emmy and Golden Quill awards

Workbook

Panelists in the WQED studios for a live discussion preceding the telecast included (l to r): Judy Black, MD, Highmark; Robert Arnold, MD, University of Pittsburgh School of Medicine; Pastor Richard Freeman, Children's Hospital of Pittsburgh of UPMC; Karen Feinstein, PhD, Jewish Healthcare Foundation; and Moderator Chris Moore.

PERFECTING PATIENT CARE℠ IN ISRAEL

Our collaboration with hospitals and clinics of Clalit Health Services continues. The following is just one of the projects being facilitated by our Perfecting Patient Care℠-trained coach in Israel:

- Improving cardiac rehabilitation outcomes at clinics in The Northern Region and in Tel Aviv

INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE

As part of an ongoing $3.5 million grant from the Agency for Healthcare Research and Quality, PRHI is working with two other regional health improvement collaboratives in Wisconsin and Minnesota to disseminate a combined model of IMPACT (Improving Mood Promoting Access to Collaborative Treatment) and SBIRT (Screening, Brief Intervention, and Referral to Treatment) for depression and substance misuse in primary care offices.

- 50 primary care sites in three states have implemented the model to date

COMPASS – Care of Mental, Physical, and Substance Use Syndromes

PRHI was awarded $1.7 million over three years as a clinical partner, along with six others including the Mayo Clinic and Kaiser Permanente, to implement a collaborative clinical care model to improve the care and outcomes of 1,000 Medicare and Medicaid patients with depression, diabetes, and/or cardiovascular disease. The following medical groups were recruited to participate in COMPASS:

- St. Vincent Medical Group (Erie) (15 practices)
- Premier Medical Associates (7 practices)
- Excela Health Physician Practices (3 practices)

QUALITY IMPROVEMENT *meets* INFORMATION TECHNOLOGY

JHF matched funds granted from the Allegheny County Community Infrastructure and Tourism Fund to establish the ***QIT Training Center*** (rooftop garden Suite 2600 of Centre City Tower) through which a variety of programs and curricula will be offered for healthcare executives, managers, administrators, service providers, frontline care providers, as well as data analysts, health informaticists, and technology professionals who are passionate about quality improvement in health care.

QIT Center Grand Opening - December 5

A program of diverse speakers preceded the ribbon-cutting ceremony. Karen Feinstein welcomed the attendees, and then acquainted them with the Center and the rationale behind its creation. Speaking via video link from Israel, Clalit Research Institute's Director of Health Policy Planning Ran Balicer, MD provided an international response to the QIT Center's opening.

Balicer highlighted data's potential in healthcare improvement by sharing Clalit's experiences with their Data Warehouse initiative. Former JHF CFO Jason Kunzman was welcomed back to the Foundation to give a national response as the deputy director of the Beacon Community Program in the Office of the National Coordinator for Health IT. Mildred Morrison, director of the Allegheny County Area Agency on Aging, and Daniel Bishop, co-founder and chief innovation officer of Qualaris Healthcare Solutions, provided local responses.

(l to r) Nancy Zionts, JHF Chief Operating and Program Officer; Robert Antonelli, JHF Director of Government Relations; Karen Feinstein, JHF President and CEO; Rich Fitzgerald, Allegheny County Executive; Stefani Pashman, Three Rivers Workforce Investment Board CEO; and Jay Costa, PA State Senator

Mildred Morrison spoke to the guests about the importance of training people in the field to use relevant data.

REGIONAL EXTENSION and ASSISTANCE CENTER
for HEALTH INFORMATION TECHNOLOGY

PRHI continues to serve as a regional contractor for CMS, enrolling providers and supporting them in their use of electronic health records to achieve "Meaningful Use" — a set of standards defined by CMS Incentive Programs that governs the use of electronic health records and allows eligible providers to earn incentive payments by meeting specific criteria.

- Milestone One – Enroll Providers
  827 providers in 80 organizations across 328 sites
- Milestone Two – "Go Live" with e-prescribing and quality reports
  712 have Gone Live
- Milestone Three – "Meaningful Use"
  453 providers

HEALTH DATAPALOOZA

Liberating Data for Healthcare Innovations

Health Datapalooza brought together a diverse group of more than 1,500 data experts, technology developers, entrepreneurs, policy makers, healthcare system leaders, and community advocates to support innovative applications of health and healthcare data. JHF was a sponsor of this event held in Washington, DC in June.

Todd Park, Chief Technology Officer of the United States

- JHF staff also traveled to the White House in August to meet with Todd Park to discuss the QIT Center and potential partnerships with the federal government

PERFECTING PATIENT CARE^{SM} (PPC)/LEAN

Training and coaching in PPC/Lean continued in the U.S. and abroad. PPC, developed and taught by PRHI, is the improvement methodology that underpins all grants we initiate or in which we participate.

- Seven Customized trainings (260 participants)
  - One, two-day "PPC University" in Israel
  - Four, "Introductions to Lean"
  - Two, "Leadership" sessions
- PPC University (136 participants from 3 states)
  - Three, "Open" sessions
  - Three, "Customized" sessions
- Five Belmont University Lean Healthcare Certification Trainings (154 participants) (partnership with Healthcare Performance Partners)
- Coaching contracts with Concord Hospital (New Hampshire), Pittsburgh Mercy Health System, Asbury Heights, and Premier Medical Associates

ASBURY HEIGHTS - SKILLED NURSING

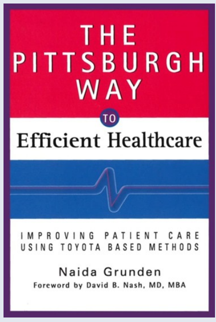
Since 2008, staff at Asbury have been utilizing Perfecting Patient Care^{SM} as a way of thinking to help Asbury become a more efficient and productive organization. Applying logic with the scientific method also has the ability to eliminate waste, and improve quality and customer satisfaction, while also addressing the elimination of time and financial wastes.

Some results include:

- 60% reduction in decubitus ulcers within six months of unit-based protocol
- Facility-acquired UTIs were reduced by 55% following implementation of a protocol aimed at improving communication between nursing staff and physicians
- Zero unscheduled hospitalizations

SHINGO AWARD

The Pittsburgh Way, which details much of PRHI's early successes, received the "Shingo Research and Professional Publication Award." The Award recognizes and promotes research and writing regarding new knowledge and understanding of Lean and operational excellence.



KOREA HEALTHCARE CONGRESS

Karen Feinstein was invited to speak at the October 2012 Korea Healthcare Congress in Seoul. She gave two presentations on our PPC/Lean quality improvement method to the international crowd of health stakeholders and healthcare leaders. She was also asked to be a part of the closing panel, which was offered to only a select group of presenters.

The Pittsburgh Way, translated to Korean, was on display.

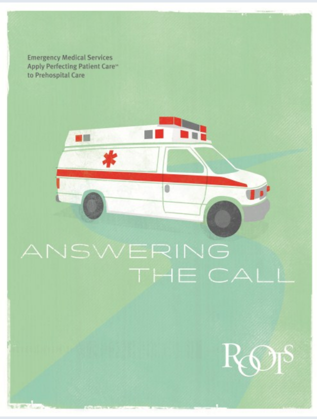
EMS SAFETY/QUALITY CHAMPIONS

This year-long program was designed to apply the PPC methodology to prehospital care. Paul Paris, MD served as the Fellowship's volunteer medical director and "super coach."

- 16 EMS professionals participated

At the Fellowship finale, Patrick Lambert, BS, NREMT-P, a paramedic with the City of Pittsburgh, discussed the prototype intubation mat he developed for his project on improving airway safety.

- Special issue of "ROOTS" published detailing each project



FELLOWSHIPS / INTERNSHIPS

JHF fellowship and internship programs prepare graduate and undergraduate students to reform the healthcare systems in which they will ultimately work.

2012 Patient Safety Fellows: 27
Focus: quality and safety in health care

2012 Summer Interns: 9
Focus: introduction to quality improvement methods and applications

2012/2013 Salk Fellows: 44
Focus: leadership for health reform

TOMORROW'S HEALTHCARE™ – Online QI Portal

- New project communities added:

  California Safety Net Institute Hospitals

  EMS Champions

  Long-Term-Care Champions

  Partners in Integrated Care (across four states)

  RAVEN Initiative

  Safety Net Medical Home (across five states)

- New tools:

E Portfolio

Through the ePortfolio, a healthcare professional can access educational courses or materials recommended or required by their manager, manage their professional networks, and communicate with their manager about challenges and successes in their quality improvement projects.

Data Tracker - Take Key Learnings to Scale

The Data Tracker uses cloud computing to help healthcare professionals engage in strategic data analysis and research, and to participate in learning communities within their institutions and across systems.

FINE AWARDS

2012 Awards Focus: Transitions of Care

- ***GOLD TEAM $25,000***
  UPMC Montefiore & Montefiore Rehabilitation Institute (Transplant Service Line)
  - Preventing Readmissions through Good Discharge Planning

- ***SILVER TEAM $15,000***
  Excela Health System: Latrobe & Westmoreland Hospitals
  - Reducing Observation Status Wait Times

- ***BRONZE TEAM $10,000***
  Children's Hospital of Pittsburgh of UPMC, Children's Community Pediatrics, and Western Psychiatric Institute and Clinic of UPMC
  - Early Access to Integrated Behavioral Health Services in the Pediatric Medical Home

ROBERT WOOD JOHNSON FOUNDATION
PAYMENT REFORM GRANT

With the July 2012 opening of the Primary Care Resource Center in Monongahela Valley Hospital, this three-year grant will allow PRHI to perform economic analysis of readmission and claims data to show whether this redesigned model of care delivery for patients with chronic diseases will be financially sustainable for independent hospitals and physician practices.

Chapter Five:

COMMUNICATIONS

UPMC Montefiore receives Gold Award at Fifth Annual Fine Awards

The New York Times

The New Old Age

Caring and Coping

April 26, 2012, 8:41 am

The Caregiver's Bookshelf: Essays on the End

Pharmacists, nurses team up in Pittsburgh care transition project

First round of 26 CMS Innovation Awards announced.

TRIBLIVE

MVH unveils new center

About The Tribune-Review

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By Rick Bruni Jr.

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HealthAffairs GrantWatch Blog

Foundation Convenes Statewide Conference on End-of-Life Care
by Nancy Zionts

May 4, 2012

GrantWatch Blog asked the author, a staffer at the Jewish Healthcare Foundation, in Pittsburgh, to report on a conference that the funder and the Coalition for Quality at End of Life convened this spring.

PITTSBURGH BUSINESS TIMES

PRHI receives $10.4 million grant
by Kris B. Mamula, Reporter
Tuesday, May 8, 2012, 2:41pm EDT

Hospital News

HONOR ROLL

Jewish Healthcare Foundation President and CEO Honored for Contributions to the Advancement of Healthcare in Allegheny County

The Allegheny County Medical Society (ACMS) presented Karen Wolk Feinstein, PhD, with the Benjamin Rush Individual Award during the ACMS Foundation Gala, Pittsburgh Proud, its annual community awards and fundraising gala at the Omni William Penn Hotel on Saturday, March 24.

Established in 1947, the Benjamin Rush Individual Award recognizes an individual who is not a practicing healthcare professional, who devotes time, skills, and resources to assisting others and advances healthcare delivery.

post-gazette.com
Pittsburgh Post-Gazette

Grant aimed at reducing heart ailment readmission

June 7, 2012 12:00 am
By Steve Twedt / Pittsburgh Post-Gazette

The Pittsburgh Regional Health Initiative has received a $10.4 million grant to establish a network of resources meant to reduce hospital readmissions for common heart conditions.

PITTSBURGH TRIBUNE-REVIEW

Heart patients lead way in Pennsylvania readmissions
By Luis Fábregas
Thursday, April 26, 2012,

90.5 essential public radio

About 2 in 15 Adults in Pennsylvania Readmitted After a Hospital Stay
by Deanna Garcia
April 25, 2012

Healthcare IT News

Health initiative gives chronic care a facelift

July 10, 2012 | Erin McCann, Associate Editor
From the July 2012 print issue

PITTSBURGH POST-GAZETTE ■ THURSDAY, OCTOBER 18, 2012 ■ WWW.POST-GAZETTE.COM

KAREN WOLK FEINSTEIN

Don't put this on patients

Sick people are supposed to monitor medical errors? Really??

MOVING BEYOND REPAIR:
Perfecting Health Care

Edited by:
Karen Wolk Feinstein, PhD,
Susan Elster, PhD and Colleen M. Vrbin

TRANSFORMING MEDICAL EDUCATION

THE WINDOW

At the END of LIFE
LEE GUTKIND

Writing the Last Chapter

ANSWERING THE CALL

REGIONAL HEALTH IMPROVEMENT COLLABORATIVES

EXECUTIVE SUMMARY

PERFECTING PATIENT CARE AROUND THE GLOBE — THE ISRAEL INITIATIVE

EXECUTIVE SUMMARY

2011 FINE AWARDS WINNERS — PUTTING PERFECTING PATIENT CARE TO WORK

The Last Chapter

Twelve Breaths a Minute

Closure

PRHI Readmission Brief

PRHI Readmission Brief

- PERFECTING PATIENT CARE
- INITIATIVES
- SUCCESS STORIES
- HEALTHCARE REFORM
- NEWS / PUBLICATIONS
- EVENTS
- ABOUT
- CONTACT US

- Teachable Moments
- Fine Awards
- 2012 Fine Awards
- 2011 Fine Awards
- 2010 Fine Awards
- 2009 Fine Awards
- 2008 Fine Awards

New Teachable Moments Learning Videos

Reducing Transplant Readmission with Good Discharge Planning

Play Clip

Learn how UPMC Montefiore and Montefiore Rehabilitation reduced their transplant patient readmission rate from 43% to under 6% with good discharge planning.

Bridging the Gap Between Inpatient and Outpatient Care

Play Clip

UPMC Shadyside Hospital 3 East and UPMC Shadyside Family Health Center got together to develop a protocol to bridge the gap between inpatient and outpatient care.

Sustaining Excellence in Patient Flow in the Emergency Department

Play Clip

A team from St. Clair Hospital hardwired a number of processes in the Emergency Department and has sustained their improvements in patient flow going on three years now.

Sustain the Gain with COPD Readmission Reduction

Play Clip

A team from UPMC St. Margaret is continuing to refine their improvement process for reducing COPD readmissions.

Chapter Six:

THE JEWISH COMMUNITY

JEWISH GENETIC SCREENINGS

“Screen for Nineteen” is a community education initiative, coordinated by Dolores Roskies, to increase awareness of the genetic diseases prevalent among Ashkenazi Jews.

- Subsidized screenings through the Hillel JUC for genetic diseases common among Jews
- Partners: JHF, The Highmark Foundation, Genzyme, The Fine Foundation, Jewish Federation of Greater Pittsburgh, and the Victor Centers for Jewish Genetic Diseases
- Highmark to begin covering the cost of pre-pregnancy, asymptomatic genetic screenings

JEWISH FEDERATION OF GREATER PITTSBURGH

A $900,000 annual block grant to be used by Federation beneficiary agencies to address the health needs of the Jewish population, including the elderly, families with children who have special needs, and the poor. The annual grant, which JHF has provided since its inception, represents 60% of the $1.5 million in annual operating funds the Federation distributed to agencies and programs to support human service needs in Pittsburgh. Ongoing JHF multi-year commitments and smaller annual grants bring the total annual support from JHF for aging and human service needs within the Jewish community to nearly $3 million.

JEWISH ASSOCIATION ON AGING (JAA)

- More than $1.6 million in 2012 funding, as part of our $35 million investment, to provide high-quality services for seniors across the JAA continuum of care
- Through our Long-Term-Care Champions and the CMS-funded RAVEN Initiative, JAA staff are receiving leadership, *Closure*/advanced-care planning, PPC process improvement, data tracking, and communications skills training and support, with a focus on reducing the number and frequency of avoidable hospital admissions and readmissions

CENTENNIAL FUND FOR A JEWISH FUTURE (CFJF)

The CFJF supports a broad range of Jewish learnings and experiences.

- ASSET Science Training in Day Schools
- BBYO Depression Prevention Education
- JCC/EKC Scholarships

JEWISH RESIDENTIAL SERVICES

JHF co-sponsored “Spring Into Action: A Special Needs Conference and Resource Fair” organized by six Jewish community organizations for service providers and families of individuals with special needs.

FRIENDSHIP CIRCLE

JHF was a Silver sponsor of the 6th Annual “Friends All Around” event. The Friendship Circle is dedicated to helping children and young adults with special needs become more fully integrated into the broader community.

SQUIRREL HILL HEALTH CENTER

Squirrel Hill Health Center continued to grow through their involvement in the Safety Net Medical Home and the Partners in Integrated Care Initiatives.

CLOSURE and END-OF-LIFE TRAINING SESSIONS

Approximately 30 training sessions were conducted in various synagogues for the Jewish community.

EHUD DAVIDSON, MD

Ehud Davidson, MD, Deputy Director General & Head of the Hospital Division at Clalit Health Services in Israel, came to Pittsburgh and met with a group of JHF Trustees at Rodef Shalom to discuss Israel’s opportunities and challenges in serving a diverse population.

Chapter Seven:

GRANTS

During 2012, the JHF Board of Trustees invested almost $7 million (in new, and payments on prior, multiple year commitments) to the Jewish and general communities in JHF priority areas, including: healthcare workforce development, safety and quality, medical and health professions education, education, and services to the underserved. A number of the grantees will be funded for multiple years.

(Grants listed with title only are grants for JHF/PRHI/HCF initiatives.)

MAJOR GRANTS

African American Chamber of Commerce, *Diabetes Prevention Education*
Allegheny Conference on Community Development, *Grant Renewal in support of Health Care Competitiveness and Workplace initiatives*
Allegheny County Department of Human Services, *Human Services Integration Fund*
Allegheny Trail Alliance, *Pittsburgh 250 & Fit*
Association of American Medical Colleges, *Medical Education Reform: Accelerating Systems-based Practice*
Brandeis University/Heller School for Social Policy and Management, *Achieving System-Wide Quality Improvements*
East End Cooperative Ministries, *Support for children and youth programming, employment services, meals, and residential support for the homeless*
Emergency Medical Services Champions
Expanded Summer Internship Program
Fund for A Jewish Future, *Investing in Excellence in Healthcare Training in the Jewish Community*
Improving End of Life Care
JHF Fellowships: Building the Quality Champions of Tomorrow
Jewish Assistance Fund, *Campaign for Families in Need*
Jewish Association on Aging, *Advancing Quality at the JAA*
Jewish Association on Aging, *Renaissance*
Jewish Federation of Greater Pittsburgh, *Block Grant for Health and Mental Health*
Jewish Federation of Greater Pittsburgh, *Federation/JHF Public Private Partnership*
Jewish Genetic Diseases
Leon Netzer Health Professions Internship
Liberating Data for Healthcare Innovations
Long-Term-Care Champions
Magee Women's Research Institute, *Impact of Pregnancy and Delivery of Pelvic Organ Support: A Study to Support Improved Education and Decision-Making for Patients and Providers*
National Association of Workforce Boards (NAWB), *Workforce of Tomorrow: A National Summit*
PRHI/QIT, Where Quality Improvement Meets Information Technology

MAJOR GRANTS con't.

Pittsburgh Accountable Care Network Project
Quality Improvement for Clinics and Social Services Caring for Individuals with HIV/AIDS
Recognizing High-Performance Healthcare Teams: The Fine Awards
Robert Morris University, *Alvin Rogal Research Award in Safety and Quality*
Salk and Patient Safety Fellowships
Teachable Moments: Alvin Rogal Tribute
Transforming Primary Care: Practice Managers
U.S. and Israel: A Partnership to Advance Quality in Patient Care
UPMC Shadyside, *Clinical Pharmacy in the Emergency Department (demonstration project)*
United Way of Allegheny County*, Impact Fund*
University of Pittsburgh Hillel Jewish University Center, *Leadership Portfolio Program*
University of Pittsburgh, *Pharmacist Advocates in Care Transitions*
University of Pittsburgh Graduate School of Policy and International Affairs, *Leadership Portfolio Program*
University of Pittsburgh Graduate School of Public Health, *JHF Classroom*
University of Pittsburgh Institute on Aging, *Workforce to Care for Tomorrow's Geriatric Population*

SMALL GRANTS

Allegheny County Dept. of Human Services, *Family Resource Guide for Children Birth to 21*
Allegheny County Medical Society Foundation, *Pittsburgh Proud*
Creative Nonfiction, *Becoming A Nurse*
Hadassah Greater Pittsburgh Chapter, *Chronic Disease Educational Programs*
Homeless Children's Education Fund, *Oral Health Education for Women and Children*
Institute of Medicine, *Third Health Data Initiative Forum: The Health Datapalooza*
Israel Health Care Foundation, *Emergency Aid*
Jewish Family & Children's Service, *75th Anniversary*
Jewish Residential Services, *Special Needs Family Education*
Ms. Foundation for Women
National Organization on Disability, *Wounded Warriors*
Pennsylvania Culture Change Coalition, *Annual PCCC ACCORD: Palliative Care and End-of-Life*
Planned Parenthood of Western PA, Inc.
Southwestern Pennsylvania Partnership for Aging, *Aging-Friendly Communities*
University of Pittsburgh, *Room Q System*

COMMUNITY EDUCATION GRANTS

Community College of Allegheny County, *Saturday Nurse Program*
Consortium for Public Education, *Student Leadership Conference*
Friendship Circle, *Friends All Around*
UCP/CLASS, *Family Resource Guide*
YouthPlaces, *Summer Health Employment*

Chapter Eight:

BOARDS

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Debra L. Caplan- Secretary
Thomas A. Karet- Treasurer

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Karen Wolk Feinstein, PhD**
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