In 1997, our region's healthcare sector employed one in eight workers and generated more than $7.2 billion in business. Despite Pittsburgh's pride in its healthcare sector, however, there were serious questions—locally and nationally—about the quality and safety of care.

So in 1997, Jewish Healthcare Foundation (JHF) President and CEO Karen Wolk Feinstein, PhD, and former Alcoa CEO and U.S. Treasury Secretary Paul O'Neill formed the Pittsburgh Regional Health Initiative (PRHI) as a supporting organization of JHF. PRHI was one of the first organizations in the country to bring stakeholders together from every field to improve its local healthcare system.

PRHI staff began trying to fix a fractured system in which an estimated 40 cents of every dollar spent on health care was “waste”—in the form of errors, inefficiencies, unnecessary treatments, and avoidable complications. Those problems aren’t just costly, but also lethal: researchers estimate that around 250,000 Americans die each year from preventable medical errors.

Fixing the mess meant not only improving safety, but also the design of healthcare delivery and payment. PRHI brought to healthcare Lean quality improvement methods developed by W. Edwards Deming, applied by Toyota Motor Company, and later championed by O’Neill at Alcoa. Lean methods aim for perfection—as in zero errors—by entrusting problem-solving to frontline staff.

PRHI has trained over 9,000 healthcare workers around the region, the country, and in Israel, and reported success in improving quality in virtually every kind of healthcare setting. Dr. Feinstein and staff have been invited as presenters, experts, and advisors on topics related to patient safety, quality, payment reform, and healthcare systems redesign, both across the U.S. and abroad (including Israel, England, South Africa, Canada, and South Korea). PRHI’s work demonstrates that errors and infections are not inevitable.

Many of these stories were captured by Naida Grunden in her 2007 book, The Pittsburgh Way (winner of the 2013 Shingo Prize), and, in the same year, by Atul Gawande in Better: A Surgeon’s Notes on Performance.

PRHI’s work also influenced Pennsylvania policy. In 2009, Ann Torregrossa, then head of the Pennsylvania Governor’s Office of Health Care Reform, brought staff to see PRHI’s work to reduce central-line and MRSA infections.

“This experience led to the passage of the strongest hospital-acquired infection (HAI) legislation in the country,” says Torregrossa. “The work that PRHI pioneered has meant that thousands of people each year have been spared HAIs, many of whom would have needlessly died.”

PRHI staff and leadership still weren’t satisfied. It was clear that the payment system created perverse incentives, such that hospitals received more money to care for patients who had been harmed in the hospital—a problem that is slowly being addressed by the Affordable Care Act (ACA). It was also frustrating to discover that when staff members on one unit of a healthcare facility used Lean-based methods to improve care quality or efficiency, their successful strategies didn’t spread throughout the entire building.

PRHI was influential before and after the passage of the ACA in keeping people out of hospitals—an effort that requires improving the capacity of primary care teams to help people stay well, and activating patients to take on a new role as the leader of their healthcare team.

This new emphasis spurred more than $50 million in project funding, including major federal demonstration projects to help primary care providers adopt and use electronic health records, to help patients with chronic diseases and nursing home residents avoid hospital readmissions, and to help primary care providers better diagnose and treat behavioral health problems.

PRHI gained national attention for revealing that hospitals faced financial penalties for reducing hospital-acquired infections. Pictured on the cover of Modern Healthcare are Harold Miller, a former strategic initiatives consultant for PRHI, and Karen Feinstein.

PRHI also became a founding member and an ongoing leader of the Network for Regional Healthcare Improvement (NRHI), a consortium of 35 multi-stakeholder organizations across the U.S. that serves as a key resource for healthcare policy decisions.

While PRHI’s work has evolved over the years, it has never wavered from its commitment to ensuring that patients are safe, supported, and in prime position to manage their own health.