Brackbill, Robert

From: Brackbill, Robert
Sent: Friday, August 31, 2012 10:15 AM
To: 'Chronister, Ronald'
Subject: UPE/Highmark Form A Filing: Public Comment Received from Sandy Brady

Mr. Chronister,

The following public comment concerning the subject filing is being forwarded to you for appropriate response.

Robert E. Brackbill, Jr. | PIR | Chief, Company Licensing Division
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From: Sandy Brady [mailto:sandy.bradyrn@yahoo.com]
Sent: Thursday, August 30, 2012 8:55 PM
To: Brackbill, Robert
Subject: Highmark and West Penn AGH_Terrible Leadership_A Long Way to Go

Dear Mr. Brackbill and the delegation evaluating this merger,

Let me start by stating that the UPMC monopoly has widespread quality issues and uses its Act 13 Safety Committees to figure how to adjust the facts to avoid having to report. There are egregious deaths. It pays hush money when it settles, hiding the truth from you, the PA DOH, and others. It is a cancer destroying the region, while deceiving and overpowering the forces of the Commonwealth.

This is why the West Penn AGH program must remain viable. The problem is that the patient care there is mediocre, at best. The leadership has extracted huge sums of money that should otherwise have gone to nurses and patient care. There have been huge sums paid to consultants, each greasing the others' palms, and some coming in to be new leaders. I know some of them and they are charlatans.

The doctors and nurses are ignored by the adminstration. Their concerns about safety are ignored. Their complaints are met with rigid challenge and retaliation. The medical staff leadership is a paid extension of the administration and would not be selected for such if they were not obedient to the sham that has pervaded.

The electronic medical record system they chose is dangerous. Were there kickbacks to those who "picked" it from Glen Tullman's crew? How many deaths have there been because of it? What happens during the frequent crashes and other dysfunctions?

The leadership is in denial of the adverse events, poor outcomes, and increased costs as a result of deploying a user unfriendly system that results in more errors than it prevents. To make matters worse, there is a hierarchy of untrained self proclaimed informatics "experts", who are impeded by their incompetence, and perpetuate the myth that the electronic infrastructure is safe.

In order for you to have this hospital system and program succeed, there needs to be unequivocal protection for those complaining about the care, the HIT infrastructure, and the administration. There needs to be an independent panel of doctors and nurses whose protected and unfettered charge is to increase the accountability, transparency, and integrity of all components of the care of the patient.

Those currently in charge of the rejuvenation of this program are old fogies, too old to be rejuvenating. The HIT team is meaningfully unhelpful. Who of them have been formally trained in medical informatics? They are in it for the money. They have zero passion for making this program a showcase of medical care. Yes, they will be obedient to the arcane mandates of the government but sufficently uncreative to achieve anything other than mundane obedience, while patients do not obtain what they need.

In conclusion, you need to be thinking critically and out of the box for success to occur. Otherwise, the moneys will be wasted.

Sincerely,

S. Brady