

Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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A large-scale study of adherence to cardiac clinical practice guidelines demonstrates an association between process-of-care measures and risk-adjusted mortality. The study, published in the April 26th edition of the *Journal of the American Medical Association* (JAMA), examined care provided to 64,775 patients with acute coronary syndrome treated at 350 hospitals in the U.S. between 2001 and 2003. Researchers found that treating physicians complied with nine guideline-recommended treatments in 74% of eligible instances. The guidelines issued by the American College of Cardiology/American Heart Association are process-of-care measures for managing treatment and discharge. The authors found a significant relationship between use of almost all nine guideline-recommended treatments and reduced in-hospital mortality. “The era of accountability, defined as measured performance with consequences, is rapidly arriving for U.S. medical practitioners and health care facilities,” say the authors. They believe their study is one of the first to link improved performance on process-of-care measures with actual reductions in risk-adjusted mortality. For more information on the study, visit www.jama.com.

IPRO has received approval from the U.S. Centers for Medicare & Medicaid Services (CMS) to initiate and complete a pharmacy quality

improvement project entitled “Decreasing the Use of Anticholinergic Drugs in the Elderly” (DADE). Based on a growing body of medical evidence, the project seeks to assess and reduce the prevalence of use of specific anticholinergic drugs that have been identified as potentially inappropriate for use in seniors due to their limited effectiveness and side effect profiles. Interested Medicare Part D plans, prescribers, and Medicare beneficiaries are encouraged to visit the project Web page at www.ipro.org/dade.

Barry M. Straube, MD, newly appointed Director of the Office of Clinical Standards and Quality and Chief Medical Officer at CMS, will deliver the keynote address at IPRO’s June 6th Annual Membership Meeting. The meeting will include presentation of the 2006 IPRO Quality Awards and a buffet luncheon. The event will be held at the LaGuardia Marriott Hotel in East Elmhurst, New York and kicks off at 12:30 pm. There is no charge for the event. However, seating is limited, and advance registration is required. To reserve your place, visit www.ipro.org, or call Claudette Steele at 516-326-7767, extension 588.

The majority of New York’s 118 teaching hospitals are in compliance with state resident working hour requirements — with hospital

compliance rates near 90 percent statewide, according to a report released last month by State Health Commissioner Antonia C. Novello, MD, MPH, Dr PH. Since 2001, teaching hospitals throughout New York have been inspected to ensure their adherence to regulations regarding resident work hours. Non-compliance has decreased four consecutive years, from 64 percent in 2001 to approximately 12 percent from October 2004 to September 2005. “We are pleased with the progress hospitals throughout New York State have made in this area and will continue to pursue perfect compliance under the law,” Dr. Novello said. “New York’s teaching hospitals have become more cognizant and realistic about the demands they can place on medical school residents and are successfully meeting the challenges of providing quality health care to patients while ensuring the well-being and productive training of these young doctors.” New York is the only state in the nation to limit resident work hours. To help strengthen patient safety and quality assurance practices in hospitals statewide, and particularly in New York’s teaching hospitals, work hours of physicians enrolled in residency training programs (approximately 15,000 physicians each year) are limited to no more than 80 hours per week, averaged over a four-week period. In addition, residents may work no more than 24 consecutive hours in a given day and are required to have

one 24-hour period off from work at the hospital. Residents in emergency departments with more than 15,000 unscheduled visits annually are further limited to working no more than 12 consecutive hours without time off. As part of the State's surveillance of teaching hospitals, IPRO staff members conduct interviews with residents and other staff, observe resident working conditions, and review medical records, operating room logs and other documentation to determine each hospital's compliance. They also review any complaints reported to the State Health Department regarding resident working hours. Most of the violations cited against the 14 hospitals highlighted in the 2004-05 report were related to residents working more than 24 consecutive hours and failure of the hospital to schedule residents with a period of 24 consecutive hours off from work per week. To access IPRO's findings for the October 1, 2004-September 30, 2005 reporting period, visit http://www.health.state.ny.us/press/releases/2006/2006-04-19_resident_working_hour.htm.

The Home Care Association of New York State (HCA) has named Sara Butterfield, RN recipient of its 2006 Advocacy Award, also known as the "Giraffe" award. The "Giraffe" award is so-named because it recognizes agencies or individuals who "stick their necks out," taking risks on behalf of home health care clients and providers. An eight-year IPRO veteran, Butterfield is Director, Upstate Health Care Quality Improvement, and serves as Project Director of the New York State Home Health Initiative. She will accept the award at a June 11th Reception and Dinner, to be held in conjunction with HCA's 28th Annual Meeting and

Exhibition in Saratoga Springs, New York. For more information about the HCA, visit www.bcanys.org.

The editors of the *Journal of Urban Health: Bulletin of the New York Academy of Medicine* recently devoted an entire section to works by members of the New York Area HIV Research Centers Consortium.

The Special Topic section, "HIV Perspectives After 25 Years" encompasses six papers on issues ranging from resistance to HIV infection to emerging questions about the impact of the disease and HIV therapy on older adults. The Consortium was founded in 2002 to further collaboration among HIV/AIDS researchers studying the socio-behavioral and bio-medical aspects of the HIV/AIDS epidemic. More than 20 research organizations from New York, New Jersey and Connecticut participate in the Consortium, which is led by a Steering Committee that includes IPRO Medical Director Jack DeHovitz, MD. DeHovitz and his fellow Steering Committee members Sherry Deren, PhD and Anke A. Ehrhardt, PhD, served as Co-Editors of the Special Topic section, which appears in *Journal of Urban Health*, Volume 83, Number 1, January 2006.

The U.S. Centers for Medicare & Medicaid Services (CMS) notes a substantial increase in best practices for treatment of patients with kidney disease, well beyond the timeframe included in the national *Healthy People 2010* goal for vascular access. CMS finds that the fistula adoption rate for kidney patients in the U.S. increased to 41 percent for the 4th quarter of 2005, a marked increase over the rate of 33

percent in 2003. The agency credits its *Fistula First* coalition for much of the improvement. That campaign advocates for access to hemodialysis through a fistula — defined as a surgical connection of a vein and artery in the forearm that improves safety and access. CMS estimates that patients who receive dialysis through an access method other than a fistula have a 20-70 percent greater chance of death in the first year of placement. The coalition is seeking a 66 percent fistula adoption rate by 2009. In addition to major quality-of-care issues, CMS estimates that vascular access complications add approximately \$1.5 billion in unnecessary Medicare costs each year. For more information, visit www.fistulafirst.org.

Health Care Quality Watch is published monthly by IPRO's **Department of Communications & Corporate Development**. IPRO is a not-for-profit organization that works with public and private sector clients to analyze and improve the quality of health care. For further information, contact:

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