

IN OTHER NEWS

Report: Quality Should Drive Rationale for Health IT Efforts

The federal government should explicitly embrace measurable healthcare quality improvement as the driving rationale for its health information technology adoption efforts, according to a new report (http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_011209_NRC&domain=AHANEWS) by the National Research Council. Among other actions, the report recommends that the federal government encourage clinical performance gains rather than acquisition of IT per se. It also encourages senior management at healthcare organizations to organize incentives, processes, and supporting infrastructure to encourage, support, and respond to opportunities for clinical performance gains. The recommendations are based partly on visits to eight medical centers: University of Pittsburgh Medical Center; Veterans Affairs Medical Center in Washington, DC; HCA TriStar and Vanderbilt University Medical Center in Nashville, TN; Partners HealthCare System in Boston; Intermountain Healthcare in Salt Lake City; University of California-San Francisco Medical Center; and Palo Alto Medical Foundation in California. (*AHA News Now*)

Study: Rapid Response Teams Don't Cut Cardiac Arrest, Death Rates

A recent study published in the *Journal of the American Medical Association (JAMA)* found that rapid response teams established to help prevent cardiac arrests and deaths in critically ill patients do not significantly reduce those events, and calls into question whether hospitals should be investing in the teams without proof of their benefit, *HealthDay News* reports (<http://health.usnews.com/articles/health/healthday/2008/12/02/rapid-response-teams-dont-cut-hospital-heart.html>). Hospitals nationwide have created such teams—which usually involve physicians, intensive care unit nurses, and respiratory therapists—to rapidly investigate and address any decline in a patient's condition. To assess the value of the teams, researchers from the Mid America Heart Institute in Kansas City, MO, compared the rates of hospital-wide codes and mortality among 24,193 adult patients admitted to Saint Luke's Hospital in Kansas City, MO, prior to the rapid response team's introduction and the rates of hospital-wide codes and mortality among 24,978 patients admitted after the intervention. Overall, there were 376 rapid response team activations. Although mean hospital-wide code rates decreased from 11.2 to 7.5 per 1,000 admissions after the rapid response team's implementation, the reduction was not statistically significant. In addition, fatality rates from cardiac arrest were similar during both periods: 77.9% prior to the rapid response team's implementation and 76.1% afterward. Overall, the difference in hospital death rates following the implementation of the rapid response team was not significant. According to the lead researcher, the findings raise questions about the benefit to hospitals that implement the teams, which require substantial financial and personnel resources. However, a senior vice president of the not-for-profit Institute for Healthcare Improvement (IHI), which recommends rapid response teams as a key strategy for reducing preventable deaths and improving quality, says IHI believes that the teams are still “a sensible and logical approach to reducing cardiac and respiratory arrests and avoiding unnecessary deaths.” (Robert Wood Johnson Foundation Web site)

Commonwealth Fund Launches Site on Hospital Comparisons

The Commonwealth Fund has launched a new Web site, WhyNotTheBest.org, which allows healthcare providers, researchers, and professionals to conduct side-by-side comparisons of 4,500 hospitals nationwide, track performance over time against numerous benchmarks, and download tools to improve healthcare quality. Site users can search publicly reported Centers for Medicare and Medicaid Services performance data by a number of hospital characteristics—including

region, ownership, and size—and measure performance against top performers and state and national averages. (*The Commonwealth Fund E-Alert*)

Web Site Highlights Healthcare Innovation and Reform Efforts

The Healthcare Leadership Council recently unveiled Healthcare in Focus (<http://www.healthcareinfocus.com/>), a Web site highlighting the healthcare field's work to improve care and lead reform. The American Hospital Association (AHA) is among the organizations involved in the effort, which highlights the innovation and medical miracles in today's system while advocating to create a better one tomorrow. AHA members are encouraged to use the site's "Tell Your Story" feature to share how they are leading the way in innovation and care. (*AHA News Now*)

IHI: Helping Patients with Self-Management

The Institute for Healthcare Improvement's (IHI) New Health Partnerships provides patients with self-management strategies. Click here (www.newhealthpartnerships.org/contentpage.aspx?id=66&ekmense1=c580fa7b_10_44_btnlinkf) or information on goal setting, action planning, tracking changes, and problem-solving. The Web page also contains a brief history of patient self-management, self-management tools, and additional resources.