

## SPOTLIGHT

### Study raises questions about CMS metric for initial antibiotic timing

A study published recently in the *Archives of Internal Medicine* has called into question the impact of a CMS quality measure that encourages hospitals to ensure community-acquired pneumonia patients receive their first antibiotic dose within four hours of presentation, suggesting that physicians trying to reach that goal are 39% more likely to misdiagnose hospital patients as having CAP.

See story #1

## RESEARCH HIGHLIGHT

### Little time for personal attention

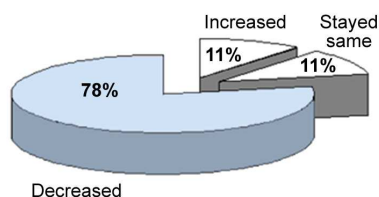
Nursing shortages and burdensome administrative duties are leaving tired and rushed nurses with less time to spend on patient care. To learn more, please see the Health Care Advisory Board study *Service Amidst Shortage: Strategic Considerations and Operational Challenges*.

### Nurses frustrated with own limits

#### Time spent with patients

Q: "Would you say the time you now have available for direct patient care has increased or decreased?"

n=6,122 RNs



Source: Survey conducted 12/7/00-1/19/01

## THIS DAY IN BRIEF

### Medication mismanagement driving hospitalizations among seniors

The Baltimore *Sun* yesterday examined the issues surrounding medication mismanagement among seniors, noting that noncompliance with medication regimens has become a major source of hospitalizations and ED visits in the United States.

See story #2

### Obesity epidemic felt hospitalwide, Philadelphia Inquirer reports

In an effort to accommodate the nation’s increasingly overweight population, hospitals are investing in specialized—and often more costly—equipment and medical technology, the *Philadelphia Inquirer* reports.

See story #3

### FDA expands black-box warnings for several anemia drugs

The FDA on Friday added two new warnings to anemia drugs marketed by Amgen and Johnson & Johnson, cautioning that the drugs are associated with an increased risk of death and accelerated tumor growth in patients with several types of cancer, including breast and cervical cancers, the Associated Press reports.

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## FROM THE ADVISORY BOARD

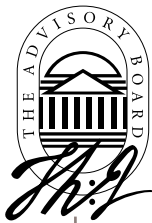
### Finance Watch: Fortune’s ‘best’ employers share tips for engaging hospital staff

According to hospitals named to *Fortune*’s “100 Best Companies to Work For” list, investing in staff development and increasing recognition are among key strategies for cultivating a more engaged workforce.

See story #5

## NAMES IN THE NEWS

Caritas Carney Hospital (Mass.) (#8) ■ Caritas Christi Health Care System (Mass.) (#8) ■ Caritas St. Elizabeth’s Medical Center (Mass.) (#8)  
Children’s Healthcare of Atlanta (Ga.) (#5) ■ Franklin Square Hospital (Md.) (#1) ■ Harrisburg Hospital (Pa.) (#8)  
Thomas Jefferson University Hospital (Pa.) (#3) ■ Methodist Hospital System (Texas) (#5) ■ Morton Plant Mease Health Care (Fla.) (#8)  
PinnacleHealth System (Pa.) (#8) ■ University of Michigan (#9) ■ University of Missouri (#8) ■ VA Ann Arbor Healthcare System (Mich.) (#9)



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Monday, March 10, 2008

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## ► Today's Headlines

### 1 Study raises questions about initial antibiotic timing metric

A study published recently in the *Archives of Internal Medicine* has called into question the impact of a CMS quality measure that encourages hospitals to ensure community-acquired pneumonia (CAP) patients receive their first antibiotic dose within four hours of presentation, suggesting that physicians trying to reach that goal are 39% more likely to misdiagnose hospital patients as having CAP, *AMNews* reports. CMS and the **Joint Commission** first introduced the four-hour time to first antibiotic dose (TFAD) performance measure as part of their hospital quality reporting initiatives in 2004, marking a substantial change from the previous, eight-hour benchmark. However, some recent studies have linked the shortened TFAD measure with increased antibiotic use and misdiagnosis. For the latest *Archives* study, researchers from Baltimore-based **Franklin Square Hospital Center** performed a retrospective review of 548 adult admissions for CAP, comparing patients treated before the implementation of the four-hour TFAD goal with those treated after the benchmark's implementation. Based on FDA criteria for diagnosing pneumonia, the researchers found that CAP misdiagnoses at admission increased by 36% under the four-hour benchmark, while discharge misdiagnoses increased by 15%. Additionally, patients treated under the eight-hour goal had a mean TFAD of 118.6 minutes—substantially lower than the core measure goal of 480 minutes; the four-hour group had a mean TFAD of 96.3 minutes. Given the findings, the researchers conclude that the pressure to achieve a shorter TFAD could “reduce the accuracy by which ED physicians diagnose pneumonia, while failing to reduce the actual TFAD achieved for patients.” Noting that hospitals must make “major changes in how [EDs] function” in order to meet the four-hour goal, the authors add that the lack of randomized controlled trials supporting the four-hour benchmark or studying the effect of inaccurate CAP diagnoses resulting from pressure to meet the guidelines “cast doubt on the validity of TFAD as a reliable criterion of quality of care.”

Proponents of the four-hour TFAD goal, however, cite large retrospective studies indicating survival benefits associated with earlier antibiotic administration. Noting that the new *Archives* study offered results from a single institution, one researcher questions the logic behind the assertion that a more aggressive door-to-needle metric encourages physicians to “err on the side of a pneumonia diagnosis.” He adds that changes made in 2005—after the study period documented in the *Archives* analysis—exclude patients from the reporting process when physicians are uncertain about a pneumonia diagnosis. *AMNews*, meanwhile, reports that CMS has announced that beginning this month, it will not report hospitals' performance on the four-hour antibiotic timing measure and instead will report performance on a new six-hour goal; the change must still go through the federal rule-making process (O'Reilly, *AMNews*, 3/17; Welker et al., *Archives of Internal Medicine*, 2/25 [subscription required]).

### 2 Medication mismanagement driving hospitalizations among seniors

The Baltimore *Sun* yesterday examined the issues surrounding medication mismanagement among seniors, noting that noncompliance with medication regimens has become a major source of hospitalizations and ED visits in the United States. Some experts estimate that half of all seniors mismanage at least one of their medications and that seniors are twice as likely than other patients to present at the ED as a result of drug safety issues—often resulting from confusion among multiple medications, skipped doses, or divergences from recommended doses, the *Sun* reports. Moreover, once seniors are in the hospital, they are more likely than younger patients to stay there, notes a physician at the CDC. While all age groups experience problems with medication noncompliance, seniors have a drug error rate about seven times higher than that of patients under age 65, according to a 2006

analysis by pharmacy benefits manager **Medco Health Solutions**; the analysis also found that one in four patients over age 65 have prescriptions from five or more physicians and one in 20 seniors have prescriptions from eight or more physicians. The *Sun* notes that people over age 65 represent about 13% of the U.S. population but consume about one-third of all drugs prescribed nationwide—a proportion that is expected to grow to about half of all prescribed drugs in the United States by the time seniors account for about 25% of the population in 2040. In an effort to reduce drug safety errors, some physicians have begun asking patients to bring their medications—including over-the-counter drugs and any vitamins or supplements—to office visits. Other physicians, meanwhile, point to electronic medical records as a potential solution, noting that health IT can eliminate the need for providers to “prescrib[e] in a vacuum” when altering patients’ drug regimens across care settings (White, [Sun](#), 3/9).

### 3 Obesity epidemic felt hospitalwide, *Philadelphia Inquirer* reports

In an effort to accommodate the nation’s increasingly overweight population, hospitals are investing in specialized—and often more costly—equipment and medical technology, the *Philadelphia Inquirer* reports. According to the **American Society for Metabolic & Bariatric Surgery**, 15 million Americans are morbidly obese, with a body mass index (BMI) of 40 or more; a second study by **Rand Corporation** researchers, meanwhile, found that although less than 1% of the U.S. population is super obese—classified by a BMI of 50 or over—that proportion increased by 75% between 2000 and 2005. Noting that obese patients are more susceptible to chronic conditions that could result in hospitalization and are more likely to experience complications during their hospital stays, hospital administrators are making changes hospitalwide. Facilities, for instance, are investing in beds, stretchers, wheelchairs, and walkers designed to accommodate up to 700 pounds—often at prices as much as five times those for standard equipment—and redesigning patient rooms to include extra steel reinforcement, wider doors, floor-mounted toilets, and patient lifts capable of transporting individuals weighing up to 1,000 pounds. Obese patients are also driving changes on the medical technology front, particularly in imaging equipment, where even a few extra inches of body fat can render a test inconclusive. **GE Healthcare**, for instance, recently introduced a CT scanner with an 80 centimeter opening, and **Siemens** last year unveiled an MRI with an extra-powerful magnet designed specifically for examining obese patients. Despite the added cost of caring for obese patients, insurance companies do not pay more for the care given to large patients, forcing hospitals to absorb the cost of specialized equipment and treatments. The *Inquirer* notes that administrators at **Thomas Jefferson University Hospital** in Philadelphia, for example, expect to spend \$250,000 on bariatric equipment rentals this year and, given the equipment’s size, will most likely have to house obese patients alone in rooms meant for two patients, further adding to treatment costs (Burling, [Inquirer](#), 3/10).

### 4 FDA expands black-box warnings for several anemia drugs

The **FDA** on Friday added two new warnings to anemia drugs marketed by **Amgen** and **Johnson & Johnson**, cautioning that the drugs are associated with an increased risk of death and accelerated tumor growth in patients with several types of cancer, including breast and cervical cancers, the Associated Press reports. The warnings apply to Amgen’s Aranesp (darbepoetin alfa) and Epogen (epoetin alfa), as well as Johnson & Johnson’s Procrit (epoetin alfa), which are used to treat blood-disorder anemia in patients who are experiencing kidney failure or undergoing chemotherapy. Specifically, the new FDA-approved labeling highlights risks that occurred when patients were treated with elevated levels of the drugs. The agency has issued several warnings related to the anemia drugs in the last year, including a March 2007 public health advisory and product labeling change following evidence that the drugs may increase risk of death, blood clots, stroke, and heart attacks in certain

patients (see related story in the March 12, 2007, [Daily Briefing](#)). A panel of government advisers is scheduled to meet this week to review risks associated with Aranesp, Epogen, and Procrit and could recommend stopping use of the drugs for patients with some or all types of cancer, according to the AP ([AP/Wall Street Journal](#), 3/7 [subscription required]).

## ► From the Advisory Board

### 5 **Finance Watch: Fortune's 'best' employers share tips for engaging staff**

*The following is an excerpt from the Finance Watch, a monthly publication that provides timely perspectives on the major events and trends that shape hospital finance, offering actionable information to assist chief financial officers with the management of their institutions and workforce.*

According to hospitals named to *Fortune's* "100 Best Companies to Work For" list, investing in staff development and increasing recognition are key strategies for cultivating a more engaged workforce. Speaking with the *Watch*, administrators at Houston-based **Methodist Hospital System** (ranked 10<sup>th</sup>) and **Children's Healthcare of Atlanta** (ranked 45<sup>th</sup>)—both making their third consecutive appearances on the business magazine's honor roll—explained how their organizations gain staff buy-in and loyalty by developing leadership skills and providing targeted rewards to meet employees' needs.

#### **For more information**

To read more about the staff-engagement strategies employed by Methodist and Children's Healthcare, please see the [March 7 issue of the Finance Watch](#).

### 6 **Achieving rapid recovery of volumes**

Many hospitals and health systems have reported recent drops in volumes, whether due to macro trends or the vagaries of local market dynamics. Such volume drops can have a large and alarming impact on budget performance and, unfortunately, most hospitals' strategic planning infrastructure is ill-prepared for the fast response that is warranted in such situations. *The 100-Day Volume Campaign* jump starts volume recovery efforts by identifying possible opportunity areas for rapid growth, suggesting near-term growth tactics and roadmapping each tactic's required process changes for easy implementation.

Organized into five major avenues for short-term growth, the toolkit contains a compendium of 24 practices that have produced documented volume gains among member hospitals. Each profiled practice includes information needed to estimate its cost and benefit, as well as other key implementation information such as estimated time investment, implementation steps, and proposed staff accountabilities for practice launches. Perhaps most importantly, the publication offers tools and guidance for comparing the hospital- and market-specific value of each practice.

#### **For more information**

For more information about the research initiative and to access an electronic copy of the research, click [here](#). To order a copy of the publication, click [here](#).

## 7 Achieve \$1,000,000 in unbudgeted revenue this year

National averages for health insurance co-pays and deductibles have skyrocketed over the years. The increasing dollars that insurance companies previously handled are now the patients' responsibility to pay. Hospitals find it difficult to predict what patients owe and how to efficiently collect those dollars. Almost 70% of self-pay accounts—including those \$20-\$100 co-pays—pay nothing when billed. For this reason, collections of cash at point-of-service (POS) are the most effective way to avoid mounting uncollected self-pay dollars in Accounts Receivable.

The Advisory Board Company is proud to offer the H\*Works Revenue Cycle Team as the best in the business at optimizing POS collections. On average, H\*Works will improve POS collections by more than 250% per client. The H\*Works Revenue Cycle Team is poised to implement a customized POS collection strategy that will accurately determine front-end collection opportunity, optimize pre-service collections, and avoid bad debt.

### For more information

To learn more about the H\*Works Revenue Cycle Team or other offerings in the H\*Works portfolio, please contact Neha Sharma at [sharman@advisory.com](mailto:sharman@advisory.com) or 202-266-6463.

## ► Regional Round-up

### 8 Around the nation: Bite-sized hospital and health industry news

- **Florida: Morton Plant Mease Health Care** last week opened the first free-standing ED in the seven-county Tampa Bay area. The \$9 million, 15-bed **Bardmoor Emergency Center** will be open around the clock and includes a hospital-level radiology department and laboratory. The 15,000-square-foot facility was added to the campus of the **Bardmoor Outpatient and Surgery Center**, a facility sometimes mistaken for a full-service hospital by people seeking immediate medical attention, according to system officials (Sheeden, [Tampa Bay Online](#), 3/7).
- **Massachusetts:** State Attorney General Martha Coakley's office is recommending that the Archdiocese of Boston relinquish operational, financial, and strategic control of the **Caritas Christi Health Care System** to an independent board of governors. The recommendation follows a four-month review of the health system by consulting firm Health Strategies & Solutions that concluded the diocese should have influence over only matters of religious direction. Additionally, the AG's office said that **Caritas St. Elizabeth's Medical Center** in Brighton—the “flagship” of the health system and a teaching hospital of **Tufts University**—has “insufficient resources and capabilities” to continue its role as a top-level academic hospital treating complex cases and suggested that the facility function as a community teaching hospital focusing on two or three major service lines. The report also recommended that **Caritas Carney Hospital** consider transitioning to a mental health facility and that the **Caritas Physician Network** apply a new compensation structure emphasizing productivity. Noting that the system has already undertaken several steps suggested in the report, Caritas Christi officials called the report “a validation of the programs put forth by the cardinal and the senior management of Caritas Christi.” They added that Caritas Christi has been “hit hard” by Massachusetts health care reform. Regarding changes at Carney Hospital, Caritas Christi officials said they are

waiting for a report from their own health care consultant before making any decisions ([Boston Business Journal](#), 3/6 [registration required]; [Boston Globe](#), 3/7 [registration required]).

- **Missouri:** The **University of Missouri School of Health Professions** received a \$1.33 million donation from St. Louis-based **RehabCare Group** to help train physical and occupational therapists in a partnership with five community colleges. The School of Health Professions is developing a health care professional training program that will be made available to the community colleges this fall and will be open to 50 physical therapy assistant students and 50 certified occupational therapy assistant students ([St. Louis Business Journal](#), 3/6 [registration required]).
- **Pennsylvania:** The Harrisburg planning commission on Wednesday approved a \$28 million ED expansion by **PinnacleHealth System's Harrisburg Hospital** that would add 29 exam rooms to the facility's 28, as well three stations for evaluating new patients. In addition, the plans include adding a designated "basic" care area to accommodate the increasing number of patients using the ED for routine care. Pinnacle plans to begin construction this summer and complete the project—which awaits city council approval—by 2010 (Wenner, [Harrisburg Patriot-News](#), 3/7).

## ► Endnotes

### 9 Et cetera

#### Social benefits: Patients with many close friends fare better before, after surgery

Patients with strong social support feel less anxiety and pain before and after surgery, require less pain medicine, and spend fewer days in the hospital compared with people who are more isolated, Reuters reports. A study by researchers at the **VA Ann Arbor Healthcare System** and **University of Michigan** appearing in the *Journal of the American College of Surgeons* analyzed data on 605 patients who underwent major surgery in the chest or abdominal area. Researchers gauged social connectedness by recording how many close friends and relatives the study participants had, how often they saw their friends, and if they attended a place of worship or social function at least once a week. Patients with larger social networks—nearly 88% of patients reported having three or more friends or relatives they saw once a month—experienced less anxiety and depression in the five days following surgery and were 16% less likely to spend seven or more days in the hospital compared with their more solitary counterparts, leading the researchers to conclude that the results suggest a "strong association between social network size and preoperative pain and anxiety levels." Noting that nurses and physicians should be cognizant of their recovery role in treating isolated patients, the lead author says it is the providers "in the hospital setting who may be essentially [a patient's] family."

—Harding, [Reuters/Yahoo! News](#), 2/21