



## Leapfrog Group releases second annual 'Top Hospitals' list

The Leapfrog Group yesterday named 33 acute-care and eight pediatric facilities to its second annual "Top Hospitals" list based on their responses to its Hospital Quality and Safety Survey, which this year garnered input from 1,285 hospitals nationwide. To develop the list, Leapfrog—a consortium of health care purchasers—identified hospitals that met the group's standards for adoption of computerized physician order entry, compliance with recommended intensivist staffing levels, adherence to evidence-based hospital referral guidelines for certain high-risk conditions, and progress toward implementing 27 National Quality Forum safe practices.

See story #1

## THIS DAY IN BRIEF

### Minn. hospitals to stop billing for care related to never events

Marking the first policy of its kind in the nation, Minnesota hospitals have agreed to stop billing insurance companies and patients for care related to certain preventable errors, Gov. Tim Pawlenty (R) announced yesterday.

See story #2

### Hospitals overhaul menus to boost patient health, satisfaction

In an effort to improve patient satisfaction and promote healthier eating habits, some U.S. hospitals are revamping their menu options to include "better-tasting, fresher, and more nutritious cuisine."

See story #3

### Wal-Mart unveils new health coverage options for 2008

Wal-Mart yesterday announced broad changes to the health plans offered to its 1.3 million workers in an effort to reduce employees' financial obligations and expand coverage levels.

See story #4

### Clinical Advisory Board to host October preview session for COOs

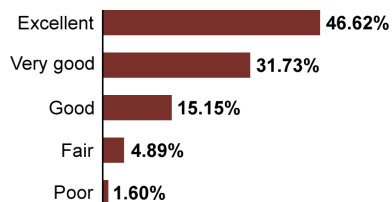
The Clinical Advisory Board is excited to announce a special one-day session for prospective members on Wednesday, Oct. 24 in the Advisory Board's Washington, D.C., office in response to unprecedented requests to see the program's research first-hand.

See story #5

### Study finds most parents rate children's inpatient care highly

Most parents of children receiving inpatient care at 39 hospitals rated the care their children received as "excellent" or "very good," according to a study in the *Archives of Pediatrics and Adolescent Medicine*.

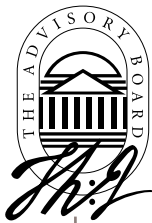
Percentage of parents saying children's inpatient care was...



Source: Mack et al., 9/10

## NAMES IN THE NEWS

Avera Heart Hospital (S.D.) (#3) ■ Kaiser Permanente (Calif.) (#3)  
McKay-Dee Hospital (Utah) (#3) ■ Ohio State University (#3)



## Advisory Board Daily Briefing Contents

Wednesday, September 19, 2007

### Today's Headlines

- 1 **Leapfrog Group:** Releases second annual 'Top Hospitals' list
- 2 **Minn. hospitals:** To stop billing for care related to never events
- 3 **Hospital food:** Facilities overhaul menus to boost patient health, satisfaction
- 4 **Wal-Mart:** Unveils new health coverage options for 2008

### From the Advisory Board

- 5 **Clinical Advisory Board:** To host October preview session for COOs
- 6 **Advisory Board Academies:** To host 'transformational leadership' session

### Regional Round-up

- 7 **Around the nation:** Bite-sized hospital and health industry news

### Endnotes

- 8 **Et cetera:** Study finds early risers may face increased heart disease risk

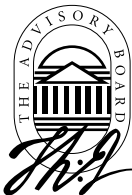
---

**Heidi Atlas**, Editor in Chief  
**Devin Zatorski**, Associate Editor  
**Rebecca Wexler** and **Rachel Zavala**, Staff Writers

---

#### Editorial

E-mail: [ZatorskD@advisory.com](mailto:ZatorskD@advisory.com)  
Phone: 202-266-5600  
Fax: 202-266-5700



#### Subscription

E-mail: [webhelp@advisory.com](mailto:webhelp@advisory.com)  
Phone: 202-266-5300

© 2007 by the Advisory Board Company, 2445 M Street, N.W., Washington, DC 20037. Any reproduction or retransmission, in whole or in part, is a violation of federal law and is strictly prohibited without the consent of the Advisory Board Company. This prohibition extends to sharing this publication with clients and/or affiliate companies. All rights reserved.

*Note on Editorial Policy:* The *Daily Briefing's* mission is to "cover the coverage" of other news media—to provide members with an informative, readable synthesis of the nation's health care news as gathered from newspapers, journals and other sources of health system, physician and clinical news. The publication is not based upon original reporting by Advisory Board staff, nor does it represent Advisory Board opinion. While striving for coverage that is comprehensive and unbiased, the Advisory Board Company cannot guarantee the accuracy of the sources covered or information provided.

## ► Today's Headlines

### 1 Leapfrog Group releases second annual 'Top Hospitals' list

The **Leapfrog Group** yesterday named 33 acute-care and eight pediatric facilities to its second annual "Top Hospitals" list based on their responses to its Hospital Quality and Safety Survey, which this year garnered input from 1,285 hospitals nationwide. To develop the list, Leapfrog—a consortium of health care purchasers—identified hospitals that met the group's standards for adoption of computerized physician order entry (CPOE), compliance with recommended intensivist staffing levels, adherence to evidence-based hospital referral (EBHR) guidelines for certain high-risk conditions, and progress toward implementing 27 **National Quality Forum** (NQF) safe practices. To qualify as a Top Hospital, facilities were required to fully meet Leapfrog's standards for intensivist staffing and NQF safe-practice adoption and meet at least some of the requirements for EBHR (the full methodology is available on Leapfrog's [website](#)). In addition to providing the basis for the Top Hospitals list—which is available [online](#)—the survey also provided insight into respondents' performance on patient safety and care quality indicators:

- More than 95% of respondents participate in at least one reporting effort other than the Leapfrog survey.
- Only 10% of hospitals have fully implemented CPOE, representing "slow progress" since Leapfrog began tracking the metric in 2005, when 2.5% of respondents had such systems.
- Less than 30% of facilities with at least one ICU enlist intensivists in patient care.
- About 24% of hospitals met Leapfrog's standards for bariatric surgery EBHR, while less than 10% met EBHR standards for pancreatic cancer resection, esophageal cancer surgery, percutaneous coronary intervention, and aortic valve replacement.
- Only 44% of facilities have implemented protocols for preventing wrong-site surgeries, and just 35% have a "satisfactory policy" for preventing pressure ulcers.

The Leapfrog report concludes that if all non-rural hospitals met the group's standards in all four categories, more than 65,000 lives could be saved and more than 907,000 serious medication errors could be prevented each year; those improvements, in turn, would result in approximately \$41.5 billion in annual savings for the U.S. health care system, according to the group (Leapfrog [release](#), 9/18; Zwillich, [WebMD](#), 9/18).

### 2 Minn. hospitals to stop billing for care related to never events

Marking the first policy of its kind in the nation, Minnesota hospitals have agreed to stop billing insurance companies and patients for care related to certain preventable errors, Gov. Tim Pawlenty (R) announced yesterday at the Washington, D.C.-based **Center for Health Transformation**. Under the agreement—brokered by the Minnesota Hospital Association (MHA) and Minnesota Council of Health Plans (MCHP) and endorsed by the Governor's Health Care Cabinet—hospitals will not bill for inpatient care or follow-up services related to 27 incidents designated as "never events" by the **National Quality Forum**, including wrong-site procedures, serious medication errors, retention of a foreign object after surgery, and pressure ulcers. Last year, Minnesota hospitals reported 154 such incidents to the state's Adverse Health Events Reporting system. A MCHP spokesperson notes that the policy change will not result in large quantities of foregone payments but adds that "it's the right thing to do." The MHA's president, meanwhile, says the measure aims to ensure that a "culture of safety is extended all the way through the patient's experience, including the billing part." Noting that hospitals and health plans took the lead in creating the policy, Pawlenty says he hopes "more states will follow our lead" (Lerner, Minneapolis [Star Tribune](#), 9/18 [registration required]; Coon Rapids [ECM Publishers](#), 9/18; Benson, [Minnesota Public Radio](#), 9/18).

### 3 Hospitals overhaul menus to boost patient health, satisfaction

In an effort to improve patient satisfaction and promote healthier eating habits, some U.S. hospitals are revamping their menu options to include “better-tasting, fresher, and more nutritious cuisine,” the *Wall Street Journal* reports. Roughly half of the more than 2,000 hospitals that belong to the **National Society for Healthcare Foodservice Management** currently have an executive chef who oversees menu planning and development. More than 100 U.S. hospitals, meanwhile, have signed the not-for-profit **Health Care Without Harm**’s Healthy Food in Health Care pledge, under which they commit to using more locally grown, sustainably farmed foods. Noting the importance of promoting patients’ dietary health, a spokeswoman for **Avera Heart Hospital** in Sioux Falls, S.D., says the hospital recently abandoned plans to purchase a deep fryer in favor of a stir-frying skillet; the facility is also offering menu options inspired by the Mediterranean diet—thought to be one of the world’s healthiest. **Kaiser Permanente**, meanwhile, has partnered with the Community Alliance with Family Farmers to incorporate locally farmed produce into the 6,000 meals served daily at its 19 Northern California hospitals.

Despite the additional costs of offering healthier, made-to-order meals, **Intermountain Healthcare’s McKay-Dee Hospital** in Ogden, Utah, reports that those expenses have been offset by a reduction in waste from patients leaving food uneaten. Since introducing a room service option, the facility has also seen revenue at its café increase by \$10,000, in part because staffers are purchasing their own food rather than eating meals declined by patients. **Ohio State University Medical Center**, meanwhile, has cut down on labor costs by using a laser-driven robotic cart system that transports food trays via underground tunnels. The facility is also offering patients outpatient nutritional counseling in an attempt to instill healthy eating habits (Landro, *Journal*, 9/19 [subscription required]).

### 4 Wal-Mart unveils new health coverage options for 2008

Wal-Mart yesterday announced broad changes to the health plans offered to its 1.3 million workers in an effort to reduce employees’ financial obligations and expand coverage levels, the *New York Times* reports. The Arkansas-based retailer, which ranks as the nation’s largest private employer, says it will begin offering options with various deductibles and premiums that can be combined in up to 50 different ways, some of which will result in premiums as low as \$5 per month. For example, employees will have a choice of four annual deductibles ranging from \$350 to \$2,000 and will be eligible for grants of up to \$500 toward health care expenses before their deductible applies. Wal-Mart will also eliminate additional \$1,000 deductibles for inpatient care and \$500 deductibles for outpatient surgery and will stop charging workers additional fees for enrolling their spouses in a company plan when those individuals are eligible for coverage through their own employer. Finally, the company plans to give employees access to 2,400 generic drugs for \$4 per prescription, 1,000 more drugs than it currently makes available to consumers at that price. While Wal-Mart Watch—a longtime company critic—says “these plans are still unaffordable due to low wages or inaccessible due to waiting periods,” the president of the advocacy group Families USA notes that the new 2008 coverage options appear to be a significant improvement over previous offerings (Barbaro, *Times*, 9/19 [registration required]; Hudson, *Wall Street Journal*, 9/19 [subscription required]; Appleby, *USA Today*, 9/19).

## ► From the Advisory Board

### 5 Clinical Advisory Board to host October preview session for COOs

The Clinical Advisory Board is excited to announce a special one-day session for prospective members on Wednesday, Oct. 24 in the Advisory Board’s Washington, D.C., office in response to

unprecedented requests to see the program's research first-hand. During this one-day meeting, the Clinical Advisory Board will present highlights from a sample of its recent research initiatives, which have garnered GPAs as high as 3.95 on a 4.00 scale across the past several years. In addition to featuring program content, the session presents a unique opportunity to bring together peers from across the country for substantive interaction and networking. The Advisory Board has designed this meeting with COOs in mind to ensure that participants receive maximum benefit from the day. Topics to be addressed include: "Prospering in an Era of Rising Costs: Key Lessons for Elevating Operational Efficiency," "Toward a New Compact: Emerging Models for Partnering with Physicians to Improve Cost and Quality," and "The High Performance OR: Elevating Efficiency through Strategic OR Management."

#### For more information

To register for the session or to learn more about the Clinical Advisory Board, COOs and other hospital executives may contact Kate Kooman at 202-266-5493 or [koomank@advisory.com](mailto:koomank@advisory.com).

## 6 Advisory Board Academies to host 'transformational leadership' session

With gains in quality and efficiency leveling off and staff engagement at an all-time low, health care executives are struggling to answer the question: What can we do to build a cadre of leaders who are capable of reenergizing the workforce and driving the organization toward a new performance standard? To impart strategies for meeting that challenge, the Advisory Board Academies will hold a special session in Washington, D.C., from Oct. 1 to Oct. 2 to share with partner hospitals and select invitees its findings about the impact of leadership on organizational performance across six years of work developing leaders in health systems. The session will provide the Advisory Board Academies' perspective on the type and quality of leadership development efforts required to yield sustained results. The agenda will include sessions dedicated to original research findings, business school-style case studies, and multimedia presentations—all delivered in a highly engaging format rich with case examples. The sessions will also offer opportunities for joint study and networking with peers nationwide. To facilitate attendees' travel schedules, the sessions—limited to senior hospital and health system leaders to ensure high-quality discussion—will begin at 12 p.m. on Oct. 1 and adjourn at 12 p.m. on Oct. 2.

#### For more information

To register for this special session or to learn more about the Advisory Board Academies in general, please contact Leigh Dance at 202-266-6055 or [dancel@advisory.com](mailto:dancel@advisory.com).

## ► Regional Round-up

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



- **California:** The Los Angeles Chamber of Commerce this week became the first business group to explicitly endorse a provision of Gov. Arnold Schwarzenegger's (R) health reform proposal that would require business with more than 10 employees to spend the equivalent of 4% of their payroll on health coverage or pay that amount into a state fund charged with helping workers secure insurance. Leaders of the 1,600-member group say they favor the governor's proposal because it would "spread the responsibility of paying for health care for most Californians" among hospitals, the government, individuals, and employers (Rau, [\*Los Angeles Times\*](#), 9/18).

- **Illinois:** Arlington Heights-based **Northwest Community Hospital** has become the first hospital in the Chicago area to post “extensive” care quality data online, according to the *Chicago Tribune*. The indicators—related to nosocomial infections, nursing staff adequacy, cardiovascular care quality, and other areas—were posted last week. The hospital plans to regularly update the information based on patient feedback on its usefulness (Graham, *Tribune* [registration required], 9/16). To access the quality data, please visit the hospital’s website at [www.nch.org/metrics](http://www.nch.org/metrics).
- **New York:** New York state and the city of Manhattan this week filed a lawsuit against **Merck** alleging that the drug maker defrauded Medicaid and other government-sponsored programs by failing to disclose evidence regarding its withdrawn painkiller Vioxx’s (rofecoxib) cardiovascular risks. The suit—filed in Manhattan’s state Supreme Court—says the state’s Medicaid and Elderly Pharmaceutical Insurance Coverage programs paid more than \$100 million for Vioxx since its 1999 introduction, adding that tens of millions of dollars in prescription and refill costs for certain patients could have been averted had Merck disclosed the drug’s risks. A Merck spokesperson says the company is “confident that our behavior has been responsible” and notes that the drug maker voluntarily withdrew the treatment amid safety concerns (Maull, *Associated Press*, 9/17).
- **North Carolina: Novant Health** this week announced that it will file a CON request to relocate **Medical Park Hospital** to Clemmons. The health system intends to build a \$96 million, 50-bed hospital at the new location housing five ORs, an ED with 12 treatment rooms, and diagnostic imaging and lab services. Medical Park’s president says the existing hospital would be converted into an ambulatory surgery center (*Business Journal of the Greater Triad Area*, 9/17 [subscription required]).
- **Virginia:** The state has received a \$1.1 million **HHS** grant to fund a Virginia Stroke Systems Task Force and Virginia Telehealth Network initiative designed to improve rural stroke care. Under the program, physicians at **Bath Community Hospital** in Hot Springs will be able to confer with providers at the **University of Virginia** (UVA) in Charlottesville, **Augusta Medical Center** in Stanton, and **Rockingham Memorial Hospital** in Harrisonburg on urgent-care and rehabilitation matters. Physicians at the larger hospitals will also be able to remotely access patients’ CT scans to assess their suitability for tPA administration. UVA specialists, meanwhile, will be able to robotically operate on Bath Community stroke patients through a “remote surgery set-up” (Smith, *Richmond Times-Dispatch*, 9/18).

## ► Endnotes

### 8 Et cetera

#### **Early bird: Study finds early risers may face increased heart disease risk**

People who routinely rise before 5 a.m. are at greater risk of developing medical conditions that predispose them to heart attack and stroke than those who sleep two to three hours later, according to a study presented at the Fifth Congress of the World Federation of Sleep Research and Sleep Medicine Societies in Australia earlier this month. The study contradicts conventional wisdom indicating that “early to bed and early to rise makes a man healthy, wealthy, and wise,” according to HeartZine.com. For the analysis, researchers from Kyoto Prefectural University of Medicine studied 3,017 healthy adults ages 23 to 90 and found that those who regularly rose before 5 a.m. were 1.7 times more likely to develop high blood pressure and twice as likely to develop hardening of the arteries than those who awoke at 7 a.m. or 8 a.m. The study also found that early birds who immediately engaged in “vigorous exercise” experienced heightened vascular disease risks. Noting that the results were unexpected, the lead researcher says “we need to find what the causes of this are and whether exercising after waking early is beneficial.”

—Matsuyama, [Bloomberg News](#), 9/6; [HeartZine.com](#), 9/11