



Hand gel use not linked to improved infection rates, study finds

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See story #1

RESEARCH HIGHLIGHT

An upward slope for neuro-oncology volumes

The past decade has seen substantial volumes growth in neuro-oncology—a trend that the Innovations Center expects to continue. Specifically, the Innovations Center is forecasting a 10-year growth rate of just under 18% for inpatient neuro-oncology volumes alone. To learn more, please register for the Health Care Advisory Board’s 2007–2008 National Member Meetings.

Historical inpatient neuro-oncology volumes



Projected inpatient neuro-oncology volumes



Source: Innovations Center Futures Database

THIS DAY IN BRIEF

Medical schools boosting geriatrics programs as population ages

U.S. medical schools are emphasizing geriatrics education in an effort to prepare for elderly patients’ increasing care needs, Reuters reports.

See story #2

USP report identifies drugs associated with look-alike, sound-alike errors

A report released by U.S. Pharmacopeia singles out more than 1,400 commonly used drugs that were involved in look-alike, sound-alike medication errors across a three-year period, leading the group to recommend that physicians begin noting not only the drug’s name but also its intended purpose on prescriptions.

See story #3

Penumbra device presents new option for certain stroke patients

The newly approved Penumbra device—a catheter-based system that is deployed endovascularly to aspirate large-vessel brain occlusions—presents a new treatment option for certain ischemic stroke patients, lengthening the treatment window to eight hours compared with three hours for the intravenous thrombolytic drug tPA, the Associated Press reports.

See story #4

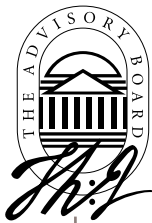
Nursing Executive Watch: Nurse residency program grounded in NEC research

Seeking to stem the high turnover of newly graduated or inexperienced nurses, some hospitals are instituting nurse residency programs to help provide this “vulnerable” population with professional support designed to strengthen their practice skills, confidence, and performance.

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NAMES IN THE NEWS

Boulder Community (Colo.) (#7) ■ Brown University (R.I.) (#2) ■ Cincinnati Children’s (#8) ■ Marion VA (Ill.) (#8)
Massachusetts General (#1) ■ Mayo Clinic (Minn.) (#8) ■ Moore Medical (Okla.) (#8) ■ Nebraska Medical Center (#1)
Norman Regional Health (Okla.) (#8) ■ Rush University Medical (Ill.) (#4) ■ St. Joseph Mercy Oakland (Mich.) (#5)
University of California-Los Angeles (#2) ■ University of Nebraska (#1) ■ University of Oklahoma (#2)



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Wednesday, January 30, 2008

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Heidi Atlas, Editor in Chief

Devin Zatorski, Editor

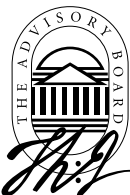
Rebecca Wexler, Senior Writer; **Rachel Zavala**, Staff Writer

Editorial

E-mail: ZatorskD@advisory.com

Phone: 202-266-5600

Fax: 202-266-5700



Subscription

E-mail: webhelp@advisory.com

Phone: 202-266-5300

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► Today's Headlines

1 Hand gel use not linked to improved infection rates, study finds

A study in the January issue of *Infection Control and Hospital Epidemiology* finds that the availability of alcohol-based hand gels—increasingly used as part of hospitals' nosocomial infection prevention strategies—is associated with sustained improvements in providers' hand hygiene compliance rates but not with “detectable changes” in hospital-acquired infection rates. To gauge whether the availability of alcohol-based hand hygiene products results in improved patient outcomes, researchers from the **University of Nebraska Medical Center** observed providers' hand hygiene practices at two 12-bed medical-surgical ICUs at **Nebraska Medical Center** between August 2001 and September 2003; the gel was available in only one of the ICUs, and the assignment was reversed after the study's first year. During roughly 300 hours of observation, the researchers found that hand hygiene adherence rates “improved dramatically” among all types of providers after the introduction of hand-gel dispensers. Specifically, compliance rates rose from roughly 37% to 68% in one unit and from 38% to 69% in the second unit. While bacteria cultures from nurses' hands also revealed improvements linked to the use of the alcohol-based gels, the researchers did not find substantial changes in the rates of device-associated infections, infections due to multi-drug-resistant pathogens, or infections due to *Clostridium difficile* when hand gels were used.

According to the study's lead author, “hand hygiene is still important, but it's not a panacea.” He adds that “there are many factors that influence the development of hospital-acquired infections” and that it would be “naïve to think that a single, simple intervention would fix this problem.” Noting that having fingernails more than 2 millimeters long and wearing rings were associated with higher hand microbe counts, he adds that hospital workers should trim their fingernails and avoid wearing rings on the job. Finally, the researchers recommend that hand gels be combined with other measures such as sanitizing hospital units, ensuring proper catheter insertion and maintenance, and being judicious about antibiotic prescribing to improve infection rates. Officials from the **CDC** and **Massachusetts General Hospital**, however, say the study likely would have documented a decline in infection rates had it been conducted across a longer time period (Rupp et al., *Infection Control and Hospital Epidemiology*, January 2008 [subscription required]; Ross, [Associated Press](#), 1/30).

2 Medical schools boosting geriatrics programs as population ages

U.S. medical schools are emphasizing geriatrics education in an effort to prepare for elderly patients' increasing care needs, Reuters reports. The **American Geriatrics Society** says the U.S. health care system needs roughly 13,000 more geriatricians to care for today's elderly population—a deficit that is expected to reach 36,000 by 2030, by which time the U.S. Census Bureau projects that the number of elderly Americans will have nearly doubled to 71 million. Complicating efforts to shore up geriatrician supply, Reuters notes that the specialty has never been “a field of choice” for young physicians, given the challenges associated with elderly patient care and the specialty's low pay compared with procedure-driven disciplines. However, some medical schools are making concerted efforts to improve geriatrics training, with **Brown University's** medical school boosting its geriatrics faculty from two to 12 since 2000. Brown is also incorporating geriatrics content into every medical school course. The **University of Oklahoma's** College of Medicine, meanwhile, requires all third-year medical students to complete a geriatrics rotation, and the **University of California-Los Angeles** has integrated geriatrics training into all four years of medical training. To further promote geriatrics education, the John A. Hartford Foundation has given more than \$40 million to 27 schools for faculty training in geriatrics. The Donald W. Reynolds Foundation has also donated more than \$100 million to 30 schools to help enhance geriatrics curricula and establish geriatrics departments at two institutions.

Noting that the “first ripples of the silver tsunami are lapping at the shores of our country,” Brown’s director of geriatrics adds that “there is not a coordinated or strategic response taking place” to prepare for the aging population’s health needs (Lewis, [Reuters](#), 1/28).

3 USP report identifies drugs associated with look-alike, sound-alike errors

A report released yesterday by **U.S. Pharmacopeia** (USP) singles out more than 1,400 commonly used drugs that were involved in look-alike, sound-alike medication errors across a three-year period, leading the not-for-profit group to recommend that physicians begin noting not only the drug’s name but also its intended purpose on patient prescriptions. For the analysis, USP reviewed more than 26,000 records from 870 health care facilities that submitted data to the MEDMARX database between 2003 and 2006. In addition to identifying 1,470 drugs involved in look-alike, sound-alike errors, researchers compiled a list of 3,170 drug pairs that have names that look or sound alike—nearly double the number of high-risk name pairs included in USP’s 2004 report on the subject. While noting that 1.4% of look-alike, sound-alike errors resulted in patient harm—and that seven were potentially linked to patient death—USP researchers say these figures may not represent the true prevalence of look-alike, sound-alike errors because of widespread underreporting. In light of the findings, USP recommends that providers note an “indication for use” on prescriptions, saying that this “powerful piece of information [should] be conveyed at several points along the health care continuum” (USP [release](#), 1/29; Ricks, Long Island [Newsday](#), 1/29; Fox, [Reuters](#), 1/30).

4 Penumbra device presents new option for certain stroke patients

The newly approved Penumbra device—a catheter-based system that is deployed endovascularly to aspirate large-vessel brain occlusions—presents a new treatment option for certain ischemic stroke patients, lengthening the treatment window to eight hours compared with three hours for the intravenous thrombolytic drug tPA, the Associated Press reports. The AP notes that Penumbra joins neuro-interventional devices such as the Merci Retriever on the market and comes as researchers are also examining the potential of intra-arterial tPA administration and targeted ultrasound technology to improve stroke outcomes. A physician at Chicago-based **Rush University Medical Center**—one of 12 facilities to test Penumbra in 125 severe stroke patients—says that roughly 42% of successfully treated patients showed significant recovery after one month, adding that there were few serious side effects among study participants. The full clinical trial results, however, are embargoed for public release until they are presented at next month’s International Stroke Conference in New Orleans (Penumbra [release](#), 1/7; Neergaard, [Associated Press](#), 1/28).

From the Advisory Board

Researchers from the Advisory Board’s Technology Insights division will be at the International Stroke Conference in February awaiting the release of the Penumbra clinical trial data and will report on the results in the March edition of Technology Insights’ *Horizon Scan Monthly*, which is available exclusively to Technology Insights members.

► From the Advisory Board

5 *Nursing Executive Watch*: Nurse residency program grounded in NEC research

The following is an excerpt from the Nursing Executive Watch, a monthly publication that provides timely perspectives on the major events that shape nursing and nursing leadership, offering actionable information to assist nurse executives with the management of their institutions, workforce, and patients.

Seeking to stem the high turnover of newly graduated or inexperienced nurses, some hospitals are instituting nurse residency programs to help provide this “vulnerable” population with professional support designed to strengthen their practice skills, confidence, and performance. Although nearly all hospitals provide some orientation to new nurses, effective nurse residency programs require a strong commitment from nurse leaders to create an extended learning environment in which novice nurses can connect “book knowledge” to real, clinical challenges. At Pontiac, Mich.-based **St. Joseph Mercy Oakland** hospital, administrators combined Advisory Board best practice research with an ethic of rigorous implementation and feedback to develop their now eight-month-old program, which has nearly doubled in size since its launch.

For more information

To learn more about how residency programs can help develop novice nurses, please see the January issue of the [Nursing Executive Watch](#).

6 Vascular Centers of Excellence—A Tactical Approach

The Cardiovascular Roundtable’s *Vascular Centers of Excellence—A Tactical Approach* provides best practices for success and profiles from leading cardiovascular programs, addressing each major component of program implementation: emerging organization models, managing specialist participation, optimizing clinical quality, and maximizing program profitability.

Although vascular services have historically resided in the shadow of cardiology, providers today—faced with intensifying competition for lucrative cardiac business—are now looking toward the largely untapped vascular market to shore up their enterprises. Indeed, programs aspire to integrate their cardiac and vascular programs to provide comprehensive, truly multidisciplinary cardiovascular disease management. Yet in practice, hospitals struggle to develop multidisciplinary programs due to turf battles, disparate practice approaches, lack of strategic focus, and uncoordinated market presence.

For more information

Cardiovascular Roundtable members may download or order this publication by visiting the program’s [website](#) on Advisory.com. For questions about this study or the Cardiovascular Roundtable, please contact Mollie Reed at reedm@advisory.com.

7 H*Works partner achieves 390% increase in POS cash collections

In early 2005, Colorado-based **Boulder Community Hospital**, a two-hospital, 265-bed not-for-profit system, faced a significant increase in self-pay accounts, as well as a corresponding increase in bad debt. Through a nine-month engagement with H*Works—the Advisory Board’s consulting arm—the system was able to **increase annual point-of-service (POS) cash collections by 390%**. In addition, bad debt **write-offs decreased by 24%** within one year.

By installing select best practices such as “Hardwired ED Checkout” and “Front Line Performance Tracking” to maximize results, the hospital **reduced days in AR from 63 days to 51 days** in one year without increasing cost-to-collect or adding FTEs. H*Works engagements enfranchise hospital staff to ensure sustained performance and results. Through staff ownership at this institution, POS collections at the end of 2007 increased by an additional 68% for the year, bringing the total POS collections impact to 725% across two years.

These results—leading to long-term financial stability—are common by H*Works’s standards. The average H*Works partner hospital **reduces bad debt by 30% and increases POS collections by 250%** throughout the duration of a revenue cycle engagement.

For more information

To learn more about a revenue cycle or bad debt engagement or any other H*Works initiatives grounded in best practice research, please contact Liz Colacicco at 202-266-5478 or colacice@advisory.com.

► Regional Round-up

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



- **Illinois:** At least nine patient deaths that occurred between October 2006 and March 2007 at the **Marion Veterans Affairs** (VA) hospital were “directly attributable” to substandard care at the facility, and an additional 10 deaths may be the result of “questionable care,” according to the results of a VA investigation. According to Dr. Michael Kussman, VA undersecretary for health, the hospital—which has not performed inpatient surgeries since quality problems were first made public last August—“undertook many surgeries that its staffing or lack of proper surgical expertise made it ill-equipped to handle, and hospital administrators were too slow to respond once problems surfaced.” While asserting that “what happened in Marion is an exception to what otherwise is a truly quality health care system,” Kussman apologized to affected families and said the VA will help them file administrative claims under its disability compensation program (Suhr, [Associated Press](#), 1/28).
- **Ohio: Cincinnati Children’s Hospital Medical Center** was recently recognized by the not-for-profit NIDCAP Federation International for its ability to train health care providers and parents about caring for infants in the NICU. One of just 17 facilities worldwide to earn the designation, the hospital uses an observational tool called a NIDCAP—or Newborn Individual Developmental Care and Assessment Program—to monitor premature infants’ behavior and determine their individual needs. A team of nurses; speech, respiratory, and occupational therapists; and other health professionals are currently training staff and parents at the facility, and they eventually will work to train staff at other area hospitals (O’Farrell, [Cincinnati Enquirer](#), 1/29).
- **Oklahoma:** Starting this Friday, **Norman Regional Health System** will establish a link with Mayo Medical Laboratories, the national reference lab of the **Mayo Clinic** in Rochester, Minn. Under the affiliation, specimens taken at **Norman Regional Hospital** and **Moore Medical Center** will be transported to Mayo Medical Laboratories, which is equipped to perform complex tests and to publish results through a computer interface as soon as the next day. Additionally, Mayo Medical Laboratories’ pathologists and scientists will consult with physicians at the Oklahoma facilities about the tests ([Daily Oklahoman](#), 1/29).
- **Washington:** Under an agreement announced this week by Gov. Christine Gregoire (D), Washington health care providers are following the lead of several other U.S. states in pledging to stop billing patients for never events. The resolution marks a joint agreement between the **Washington State Medical Association**, **Washington State Hospital Association**, and **Washington Ambulatory Surgery Center Association** and covers 28 never events ranging from wrong-body-part or wrong-patient surgery to death or disabilities

caused by contaminated drugs or devices. While the agreement is voluntary and not law, the leaders of the three organizations say they expect hospitals and providers statewide to comply (Ostrom, [Seattle Times](#), 1/29).

► Endnotes

9 Et cetera

No joke: Clown images may be ‘too scary’ for some pediatric patients, study warns

Decorating pediatric wards with images of clowns may “backfire,” according to study results published in the journal *Nursing Standard* indicating that the majority of children find the images “quite frightening.” Conducted by researchers from the U.K.-based University of Sheffield, the study of more than 250 children ages 4 to 16 found that the images upset even the oldest children. Noting that adults often “make assumptions about what works for children,” one of the study authors says the findings underscore the need for hospitals to consult with children about design elements when changing the hospital environment or building new facilities. Commenting on the results, a child psychologist in North Wales notes that “very few children like clowns. They are unfamiliar and come from a different era.” She adds that “children are much more happy with things stuck on the wall that have some sort of personal relevance for them.”

—[BBC News](#), 1/23