



Daily Briefing

“Nation’s news in
five minutes”

News for Health Care Executives • Wednesday, March 05, 2008

SPOTLIGHT

Hospitals taking steps to prevent errors in high-risk drug use

Hospitals are modifying their safety practices to prevent errors in the use of high-alert medications—including drugs to relieve pain, prevent blood clots, and sedate patients—amid growing public awareness of medication errors and pressure from safety groups, the *Wall Street Journal* reports.

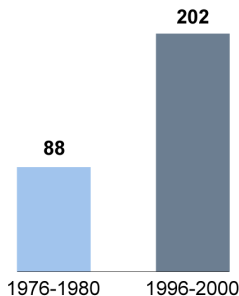
See story #1

RESEARCH HIGHLIGHT

Truly blessed by clinical innovation

The sweep of technological progress has been truly breathtaking. Beyond new devices, advances in drug therapies, imaging equipment, and other assistive clinical technologies have all had a marked impact on how hospitals treat their patients. To learn more, please see the Health Care Advisory Board’s *Profiting from Innovation* study.

Number of FDA applications for new medical devices



Source: FDA website, accessed 5/8/03;
Health Care Advisory Board analysis

THIS DAY IN BRIEF

Survey finds nursing admissions rose in 2005-06, applications fell

While annual admissions across the nation’s RN programs increased by 5% for the 2005-06 academic year, one-third of qualified candidates were turned away and overall applications were down 8.7%, according to a new report by the National League for Nursing.

See story #2

Increased cancer risk remains three years after HRT cessation, study finds

A follow-up study of participants in the landmark Women’s Health Initiative clinical trial finds that women who took a combination of the hormones estrogen and progestin had a slightly increased risk of cancer nearly three years after they quit taking the drugs.

See story #3

USA Today: Consumer drug ads spur more prescriptions, spending

A national survey by *USA Today*, the Kaiser Family Foundation, and the Harvard School of Public Health reveals that consumer prescription-drug advertisements drove nearly one-third of Americans to ask their physicians about an advertised drug and that 82% of those who asked about a drug were prescribed something.

See story #4

FROM THE ADVISORY BOARD

New coverage of emerging imaging trends

Given the accelerated pace of change in the diagnostic and interventional radiology markets, the Imaging Performance Partnership has launched a new Web log (or blog) to track emerging trends and their implications for hospital-based imaging programs.

See story #5

NAMES IN THE NEWS

Abington Memorial Hospital (Pa.) (#7) ■ Baylor Medical Center (Texas) (#7) ■ Bryn Mawr Hospital (Pa.) (#6)
Duke University Hospital (N.C.) (#1) ■ Harvard School of Public Health (Mass.) (#7) ■ Harris Methodist Southwest Hospital (Texas) (#7)
Methodist Hospital (Ind.) (#1) ■ University of Massachusetts Medical School (#7) ■ University of North Carolina-Chapel Hill (#3)
USMD Hospital Fort Worth (Texas) (#7) ■ Wayne State University (Mich.) (#8)



Advisory Board Daily Briefing Contents

Wednesday, March 05, 2008

Today's Headlines

- 1 **Hospitals:** Taking steps to prevent errors in high-risk drug use
- 2 **Nurses:** Survey finds nursing admissions rose in 2005-06, applications fell
- 3 **HRT:** Increased cancer risk remains three years after cessation, study finds
- 4 **USA Today:** Consumer drug ads spur more prescriptions, spending

From the Advisory Board

- 5 **Imaging Performance Partnership:** New coverage of emerging imaging trends
- 6 **H*Works:** Open teleconference on patient access and throughput

Regional Round-up

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

Endnotes

- 8 **Et cetera:** Extra pounds could harm job prospects, study finds

Heidi Atlas, Editor in Chief

Sofia Kosmetatos, Editor

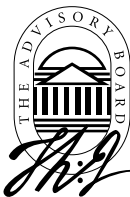
Rebecca Wexler, Senior Writer; **Rachel Zavala**, Staff Writer

Editorial

E-mail: kosmetas@advisory.com

Phone: 202-266-5600

Fax: 202-266-5700



Subscription

E-mail: webhelp@advisory.com

Phone: 202-266-5300

© 2008 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 Hospitals taking steps to prevent errors in high-risk drug use

Hospitals are modifying their safety practices to prevent errors in the use of high-alert medications—including drugs to relieve pain, prevent blood clots, and sedate patients—amid growing public awareness of medication errors and pressure from safety groups, the *Wall Street Journal* reports. There exist 19 categories of high-alert medications, but just eight of those drugs are responsible for 31% of all medication errors resulting in patient harm, according to the **Institute for Safe Medication Practices**. To minimize the risk for error, some hospitals are adopting strict policies that require multiple staff members to check labels before drugs are dispensed, implementing bar coding systems and bedside scanners to track medications, and stocking different doses of drugs in different containers. Others have worked with drug makers to redesign potentially confusing packages; retrained pharmacy and nursing staff on high-alert medication policies; and called on patients and families to be watchful of medication administration, particularly with infants and children. For instance, following an incident in which three neonatal ICU patients were given the wrong dose of heparin, Indianapolis-based **Methodist Hospital** installed systems to track drugs with bar codes and scanners and to automatically refill medication storage cabinets; in addition, the hospital has replaced 10,000-unit-per-milliliter heparin vials with pre-filled syringes to distinguish them from smaller doses. **Duke University Hospital**, meanwhile, is using so-called “smart pumps” and supplementing its computerized physician order entry program with a medication-administration system that enables nurses to view patient information at the bedside.

Other industry organizations are also ramping up their efforts to reduce high-alert medication errors; for instance, the Massachusetts-based **Institute for Healthcare Improvement** has created a guide for hospitals on preventing patient harm from high-alert medications. Additionally, the **Joint Commission** is requiring hospitals by the end of this year to have instituted programs to reduce the chances of harm from anticoagulants. However, most safety efforts remain voluntary, according to the president of the Institute for Safe Medication Practices, who asserts that “too few hospitals have invested in technologies such as bar coding that could sharply reduce errors” (Landro, *Journal*, 3/5 [subscription required]).

2 Survey finds nursing admissions rose in 2005-06, applications fell

While annual admissions across the nation's RN programs increased by 5% for the 2005-06 academic year, one-third of qualified candidates were turned away and overall applications were down 8.7%, according to a new report by the National League for Nursing (NLN). The annual report, titled *Nursing Data Review Academic Year 2005-2006*, attributes the increase in annual admissions in part to the capacity gained from the launch of 150 new pre-licensure nursing programs at U.S. colleges and universities between 2005 and 2006. The rate of growth of overall enrollments, however, dropped significantly during the study period, with 3% growth in 2005 and 1.5% in 2006 compared with almost 15% growth between 2003 and 2004. In addition, the report finds that overall nursing program graduation rates increased 8.5%; moreover, 90% of students enrolled in nursing bachelor's degree programs in 2005 were still enrolled or graduated in 2006, compared with a 72% first-year retention rate at four-year academic institutions nationwide. However, nursing schools received slightly less than 317,000 applications in the 2006 school year, marking an 8.7% decline from 2005—a dip that the NLN says may stem from widespread awareness that entry into nursing schools has become more difficult. Moreover, 88,000 qualified candidates were denied admittance to nursing school, with baccalaureate degree programs turning away 20% of their applicants and associate's degree programs

turning away 32.7%. The survey also found that 43% of all pre-licensure nursing graduates were age 30 or older and 16% were age 40 or older, suggesting that the average length of RN employment for recent graduates could be relatively short. On a positive note, the survey indicates that minorities accounted for 24.5% of graduates in 2006—a rate that had stalled for the previous three years at roughly 20%; men, meanwhile, represented 12% of 2006 nursing program graduates. While NLN officials call the increase in minority nursing graduates promising for efforts to reduce minority health disparities, they note that the overall 2005-06 findings resulted in “a decidedly good news/bad news report” (NLN [release](#), 3/3; NLN [executive summary](#), 3/3; [AHA News Now](#), 3/4).

3 Increased cancer risk remains three years after HRT cessation, study finds

A follow-up study of participants in the landmark Women’s Health Initiative (WHI) clinical trial finds that women who took a combination of the hormones estrogen and progestin had a slightly increased risk of cancer nearly three years after they quit taking the drugs, while the heightened cardiovascular risks associated with taking the drugs disappeared following therapy cessation. Published in today’s *JAMA*, the study comes roughly six years after the federally funded WHI trial—which sought to examine the effects of hormone replacement therapy (HRT) on cardiovascular disease (CVD), cancer, and bone fracture risks among 16,608 healthy postmenopausal women—was halted after researchers uncovered an increased risk of breast cancer and CVD among women randomized to receive a combination of estrogen and progestin compared with those taking placebo. For the study, researchers from the **University of North Carolina-Chapel Hill** examined the risks and benefits of HRT among 15,730 WHI participants who had follow-up visits between July 2002 and March 2005 after they had stopped taking the hormone therapy. At an average follow up of 2.4 years, annual event rates for all cancers was 1.56% in the HRT group compared with 1.26% in the placebo group, reflecting a greater risk of invasive breast cancer and a previously unknown increased risk of other malignancies such as lung cancer. The researchers note, however, that while the breast cancer risks in the HRT group remained elevated during the follow-up period, the risk was still lower than that experienced toward the end of the initial clinical trial period. Meanwhile, the study finds the increased risk for cardiovascular events—including heart attacks, strokes, and blood clots—documented during the initial WHI trial diminished after HRT was stopped, with both the HRT and placebo groups demonstrating comparable cardiovascular event rates. The risk of fractures was also similar for both the HRT group and placebo group. However, in analyzing the global risk index—a summary measure of risks and benefits for metrics including coronary heart disease, invasive breast cancer, stroke, pulmonary embolism, endometrial cancer, colorectal cancer, hip fracture, and death due to all causes—the researchers found that the index was 12% higher among women initially assigned to HRT therapy compared with those who received placebo.

Commenting on the findings, the researchers state that they support the WHI trial’s initial conclusion that HRT “should not be used to prevent disease in healthy, postmenopausal women” and urge continued vigilance and preventative screenings for HRT patients. They also suggest caution in interpreting the follow-up study’s results, saying that the increased cancer risks associated with HRT are of a “modest magnitude” and “not something to be alarmed about, but...something to be aware of.” Additionally, the study’s lead author says the results are not likely to change current guidelines concerning HRT, which advise that women should consider hormone therapy only if they have moderate to severe hot flashes and other symptoms and should use the hormones for the shortest time possible (Heiss et al., [JAMA](#), 3/5 [subscription required]; [JAMA release](#), 3/4, Corbett Dooren, [Wall Street Journal](#), 3/5 [subscription required]; Parker-Pope, [New York Times](#), 3/5 [registration required]).

4 **USA Today: Consumer drug ads spur more prescriptions, spending**

A national survey by *USA Today*, the **Kaiser Family Foundation**, and the **Harvard School of Public Health** reveals that consumer prescription-drug advertisements drove nearly one-third of Americans to ask their physicians about an advertised drug and that 82% of those who asked about a drug were prescribed something. Furthermore, among respondents who reported requesting a drug, 44% said that their physicians prescribed the exact drug they inquired about, just over half said they were prescribed a different drug, and some said their physicians did both. The results—which are based on a January poll of 1,695 adults and have a margin of error of +/- 3%—come amid reports that pharmaceutical companies spent a record \$4.8 billion on consumer advertising in 2006, up from \$2.6 billion in 2002. Commenting on the findings, the president of the Kaiser Family Foundation says that drug ads have led many consumers to “get drugs they otherwise wouldn’t,” noting that “[w]hile there’s a debate about whether that’s a good thing for patients, it does cost the country more.” In a related analysis, *USA Today* cites a 2006 Government Accountability Office report concluding that consumer advertising has “contributed to overall increases in spending on both the advertised drug itself and on other drugs that treat the same conditions” and reports that overall drug prices rose 3.5% in 2006 as a result of several factors, including drug ads, new drugs on the market, and the aging population. Meanwhile, the president of the **Pharmaceutical Research and Manufacturers of America** (PhRMA) says the advertisements benefit patients by “educat[ing] them] about diseases such as depression or diabetes and encourag[ing] them to see a doctor” (Appleby, [USA Today](#), 3/4; Appleby, [USA Today](#), 3/4).

STATES USE ‘UNSALES’ REPRESENTATIVES TO CUT DRUG COSTS, PROMOTE GENERICS

Meanwhile, the Associated Press reports that a small number of states are attempting to counteract the pharmaceutical industry’s multibillion-dollar marketing efforts and cut costs for senior citizen prescription aid programs by employing so-called “unsales” consultants who promote use of generic medications and lifestyle changes when appropriate and reach out to physicians in the same manner as drug company sales representatives. Describing Pennsylvania’s program—considered the most extensive—the AP reports the state spends \$1 million annually on 11 consultants, some of them former pharmaceutical salespeople, assigned to 28 counties with the highest number of seniors in discount drug programs. According to the AP, state programs reportedly have produced “moderate results at best”; in Pennsylvania, the average monthly spending on pain relievers for patients of nearly 300 physicians participating in state assistance programs fell from \$400 to \$340 per physician within six months after a state consultant visit. However, PhRMA has voiced concerns about such states programs, noting that state consultants are not held to the same standards as drug company representatives with respect to their knowledge of products and presentation of data and asserting that patient care could suffer if pushing generics became the programs’ primary goal (Raffaele, [AP/Washington Post](#), 3/3 [registration required]).

► From the Advisory Board

5 **New coverage of emerging imaging trends**

Imaging directors, radiologists, and hospital executives are faced with a dizzying volume of information about developments in the imaging terrain. Given the accelerated pace of change in the diagnostic and interventional radiology markets, the Imaging Performance Partnership has launched a new web log (or blog) to track emerging trends and their implications for hospital-based imaging programs. The new blog, The Reading Room, complements the Imaging Performance Partnership’s

existing suite of publications, providing an additional outlet for real-time examination of important developments in the field. The Reading Room will be updated on a regular basis by Imaging Performance Partnership research staff, ensuring that members are kept abreast of the most pressing developments in the world of diagnostic and interventional radiology. Recent posts include:

- Dedicated Breast MRI: ROI a Potential Challenge
- **Joint Commission** Issues Alert on MR Safe Practices
- Neurointerventional Radiology Call Coverage

For more information

The blog can be accessed [here](#) or via the Imaging Performance Partnership program's [website](#) and requires an Advisory.com username and password. For additional information, please contact Shay Pratt at pratts@advisory.com.

6 Open teleconference on patient access and throughput

On March 21, from 1 p.m. to 2 p.m. EST, H*Works Consulting will be hosting a teleconference highlighting the results achieved by **Bryn Mawr Hospital** in maximizing patient access and throughput. The teleconference will focus on how Bryn Mawr was able to leverage a disciplined approach to best practice implementation to achieve lasting gains in expediting patient flow and accommodating sustained volume growth with existing beds.

H*Works' Fred Neis, RN, MS, FACHE, CEN, an H*Works expert on inpatient capacity and ED throughput, will be leading this teleconference.

For more information

For more information on how H*Works Consulting can assist your institution with throughput or to be registered for the teleconference, please contact Neha Sharma at sharman@advisory.com or 202-266-6463.

► Regional Round-up

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



- **Iowa:** In a report released Monday, the Iowa Nursing Task Force indicates that Iowa ranks among the lowest states in the nation for registered nurse wages, at about \$47,000 a year. Iowa nurses' relatively low compensation hinders local providers' ability to replacing retiring nurses, according to the state's lieutenant governor, who notes that the low wages reflect the fact that Iowa has the nation's lowest Medicare/Medicaid reimbursement rates. To remedy the gap, the task force recommends that the governor's office create a health workforce center to gather workforce data and address nursing issues, expand public and private programs to provide loans and scholarships for nursing education, and increase the number of nursing faculty, among other proposals (Lorentzen, [AP/Chicago Tribune](#), 3/3 [registration required]).
- **Massachusetts:** The state Senate president on Monday unveiled a bill that would mandate the adoption of a statewide electronic medical records (EMRs) system by 2015 and make Massachusetts the first state to ban pharmaceutical marketing gifts to physicians. In addition, the bill would authorize a public review of any insurance company that submits annual

premium increases of more than 7% annually. If the bill passes, the EMR system would cost taxpayers roughly \$25 million, and physicians would have to “show competency” in the system in order to receive medical board registration. Under the provision banning pharmaceutical marketing gifts—which would extend to physicians’ staff and family members—physicians would still be able to obtain drug samples exclusively for patient use. Additionally, the bill would authorize the creation of loan forgiveness programs for nursing students and medical school students in primary care specialties and would authorize the **University of Massachusetts Medical School** to increase its class sizes and expand primary care programs (LeBlanc, [AP/Boston Globe](#), 3/3 [registration required]).

- **Oregon:** The state this week will begin drawing names from a first-of-its-kind lottery that will give several thousand people who cannot afford private insurance but do not qualify for Medicaid an opportunity to enroll in a state health plan. More than 80,000 people have signed up for the standard benefit program lottery since registration opened in January. After closing the program to newcomers in 2004 because of budget cuts, the state now says the program—which covers most basic health services and medications and offers limited dental, hospital, and vision services at little or no cost—has several thousand openings; winners will be chosen in a series of drawings that could take place across the next few months (Skidmore, [Associated Press](#), 3/4).
- **Pennsylvania:** In an effort to keep more medical malpractice suits out of court, members of Montgomery County’s bar association and medical society on Tuesday launched a pilot project in conjunction with **Abington Memorial Hospital** to mediate conflicts between patients and physicians or hospitals. Organizers launched the project three years ago after the state Supreme Court encouraged counties to look at alternatives in the face of high malpractice rates and concerns that physicians would leave the state. Under the program, physicians and nurses at Abington have been trained to interact with displeased patients and explain what happened in as much detail as possible; project leaders note that many people who sue do so primarily to understand the chain of events. Patients who are still unsatisfied may then move to a mediation process in which a mediator helps both sides work out a resolution but does not decide the case; if that fails, patients may still pursue a court case. According to one former health system lawyer, the project is “precedent-setting” in its attempt “to change a culture” (Burling, [Philadelphia Inquirer](#), 3/3 [registration required]).
- **Texas:** The physician-owned **USMD Hospital at Fort Worth** in Tarrant County this week opened its doors to adult and pediatric patients. Initially focusing on outpatient procedures, the 44,000-square-foot facility—which features eight inpatient beds, six surgical suites, and a one-room ED—expects to also treat inpatients within a few months. The facility is located near to **Harris Methodist Southwest Hospital** and **Baylor Medical Center** and is owned by more than 60 physicians specializing in urology; gynecology; general surgery; orthopedics; pain management; plastic surgery; and ear, nose, and throat procedures (Perotin, [Fort Worth Star-Telegram](#), 3/3).

► Endnotes

8 Et cetera

Weight-based bias: Extra pounds could harm job prospects, study finds

A new analysis from researchers at **Wayne State University** in Detroit finds that being overweight or obese may worsen not only individuals' health but also their job prospects, Reuters reports. After examining the results of 25 studies on weight-based bias in the workplace published across 25 years, researchers concluded that individuals who are overweight are viewed more negatively in the workplace than people of average weight, with the weight-based bias appearing stronger for sales positions than managerial posts. Body-weight biases appeared to have the strongest effect during the application process and a smaller impact during performance evaluations. Such stereotypes, meanwhile, had "minimal influence" in determining promotions, and the bias effect appeared to lessen as an individual's tenure at a company lengthened. The lead study author calls the results unsurprising, noting that "there are a whole set of stereotypes that go along with being overweight, and a lot of them transfer into the workplace." He adds that weight-associated stigmas could become even more problematic as U.S. obesity rates rise.

—[Reuters](#), 2/25