Weekly News at PHA

www.gha.org/pha

9/7/07

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Meetings
September 11 - T2331: Establishing Provider Based Clinics: Economic Advantages and Compliance Concerns
September 13 – 15 – GSCRM Conference
September 13 - T2332: Reward and Recognition on a Limited Budget: Surface vs. Substance

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PHA News
August 31, 2007 was the due date for submission of the SMU Medication Error Improvement Plan. If you have not yet submitted, do so as soon as possible by clicking on the secure weblink at http://www.gha.org/pha/data/index.asp. To access this link you need to use your GHA login and password. If you need this information, are having a problem accessing the PHA website forms, or submitting information, please contact: Michelle Sprouse, msprouse@gha.org or 770-249-4533. Hospital participation for the PHA Safe Medication Use requirements is publicly reported in Insights-GaHospitalQualityCheck.org on your hospital profile page under the Statewide Reporting section. Hospitals not submitting the Medication Error Improvement Plan by September 13th will have a “No” listed under the SMU Requirements section. If you need assistance in completing the Medication Error Improvement Plan, please contact at adavis@gha.org, or call 770-249-4511

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News
The Institute for Family-Centered Care has put the presentations from its international conference available online at: http://www.familycenteredcare.org/tools/conf_handouts.html

Ask Your Governor to Recognize IIPW
Once again we are seeking state proclamations commemorating International Infection Prevention Week (IIPW), which runs from October 14-20 this year. Last year dozens of ICPs were successful in getting either their governors or mayors to sign a proclamation recognizing the hard work and patient safety practices you contribute to healthcare institutions on a daily basis. APIC has created an email that can be easily sent along to your Governors, asking them to craft a proclamation. To make this task easy for you, we are providing a link to our VIP Action Center. All that is needed is to enter your name and contact information. Members from the states of Michigan, Minnesota and Nevada need not take the time whereas your Governors have already heard your call for action! Please act now by visiting: http://capwiz.com/apic/issues/alert/?alertid=8987351

(from Kaiser News)

“Wall Street Journal Examines Hospital Efforts To Reduce Pressure Sores
The Wall Street Journal on Wednesday, 9/5, examined how hospitals across the U.S. "are scrambling to put new programs in place to prevent pressure ulcers," or bedsores, after CMS last month announced that starting in October 2008 it no longer will provide reimbursements for eight preventable medical errors. In 2006, there were 322,946 reported cases of pressure ulcers as a "secondary diagnosis" in hospitalized Medicare beneficiaries. Treating severe ulcers that require surgery can cost up to $70,000, according to studies. According to the Journal, health care experts "agree that bedsores are a classic example of preventable harm: Despite strong evidence of effective strategies for prevention, guidelines are frequently ignored or overlooked." The Journal reports that "[p]art of the problem is a nationwide nursing shortage that makes for a more harried and chaotic hospital environment," but there also has "been no real incentive for prevention programs." CMS officials say the new payment policy will provide strong incentive for hospitals to screen patients who might be at risk for developing pressure ulcers. Hospitals can receive reimbursement for treatment if they can document that the ulcer was present when the beneficiary was admitted. Critics of the rules say that unreimbursed costs for treatment will lead to higher medical charges for all patients. To prevent ulcers, "hospitals are pushing screenings of all incoming patients from head to toe for skin issues that could lead to pressure ulcers" using visual examinations, ultrasound and other technologies, the Journal reports. In addition, a number of quality groups are working with hospitals to implement new prevention programs "using lessons learned" from hospitals that have "sharply reduced or even eliminated pressure ulcers," according to the Journal (Landro, Wall Street Journal, 9/5).

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Hold the Date

January 8-9, 2008 for our Annual Patient Safety Summit at the Ritz Carlton Lodge in Lake Oconee

Safety Alert Forum
Wednesday, September 26th, 1:00 PM - 2:30 PM, 770 - 980 - 9900
This Safety Alert Forum will address prevention of the three Never Events that will no longer be reimbursed by CMS and other payors as well. Medicare will not pay hospitals for the costs of treating certain hospital acquired conditions. Included are 3 of the "serious preventable events" defined by the National Quality Forum which are:
1. Retained foreign object at the time of surgery
2. Incompatible blood or blood products
3. Air embolism
Please share your successes and any strategies used for the prevention of these Never Events by sending them to Anne Grabois-Davis at adavis@gha.org or fax them to (770) 249-4591.
Plan to attend this important session! Online registration is available for this meeting at the following link: http://www.gha.org/pha/meetings/Calendar. Using the PHA Calendar, locate and select the 9/26 Safety Alert Forum meeting and go to "Click here to register for this event." You will need your PHA User ID and Password to access the registration page. If you do not have this information, you may contact Pamela Jackson at pdjackson@gha.org or 770-249-4548 for assistance. Please note: Materials and web links for this meeting will be sent prior to the meeting date, only to registered participants.

Optimize Revenue and Quality Reporting New Coding Opportunities

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Health Outreach Contacts
American Heart Association/American Stroke Association, Greater Southeast Affiliate Get With The Guidelines- CAD/HF Group Dialogue Teleconference, Wednesday, September 26, 2007, 11:00 AM – 12:00 PM EST
Call-in number: 866-564-7444
Purpose: To bring hospitals from multiple states together to network and problem-solve common issues
Format: An informal, facilitated discussion which will encourage questions, promote mentoring and provide a broad area network of contacts. Topics for the September 26th call: Processes that impact the timely delivery of thrombolytics or PCI EMS, ED, Admissions, Cath Lab, STEMI systems of care, Mission: Lifeline, New AHA initiative, What it will mean for your state, What it will mean for your hospital; Anticoagulation for HF patients, Barriers, Successful solutions

A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations
This guide is intended to help healthcare organizations implement effective language access services to meet the needs of their limited-English-proficient patients, and increase their access to health care. With growing concerns about racial, ethnic, and language disparities in health and health care and the need for healthcare systems to accommodate increasingly diverse patient populations, language access services (LAS) have become more and more a matter of national importance. http://www.omhrc.gov/templates/content.aspx?ID=4375&lvl=2&lvlID=107

Join the Smokefree Air 2010 Challenge
Be a part of the American Lung Association Smokefree Air 2010 Challenge and help make your community and every community smokefree! The American Lung Association has issued a challenge to all communities and states: Be smokefree no later than 2010. Secondhand smoke is a serious health hazard that kills an estimated 49,400 people in the U.S. each year.

http://lungaction.org/campaign/smokefree2010challenge?tr=y&auid=2958692

Red Flag Raised for Millions of Kids with Asthma

http://www.lungusa.org/site/apps/nl/content3.asp?c=dvLUK9O0E&b=34851&ct=4277203

HIV/AIDS TAKE Project
As part of our efforts to increase access to information and services here in Georgia, the GA HIV/AIDS TAKE Project is working with Poz Magazine to increase the agencies and services in Georgia listed in the AIDS Service Directory. I would like to take this opportunity to encourage you to visit http://directory.poz.com to view your listing or take the opportunity to register if you have not already done so. I look forward to you joining this effort to utilize this important resource.

Harold A. Young , Coordinator, Office of Health Improvement, Department of Community Health

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Rural Health

HRSA
The Rural Health Network Development Grant Program Conference call will be held Wednesday, September 19, 2007 at 2:00PM EST. The Rural Health Clinic Technical Assistance Call Series web page was updated with links to transcripts and a recording of a call, July 17, 2007. Slides are available for the 9/11 conference call upcoming.

http://ruralhealth.hrsa.gov/RHC/index.htm

Center for Rural Affairs
The Farm, Nutrition, and Bioenergy Act of 2007 – H.R. 2419, the U.S. House of Representatives version of the 2007 Farm Bill – was adopted on July 27, 2007. Included in H.R. 2419 is the Rural Entrepreneur and Microenterprise Assistance Program (REMAP), a $20 million annual grant and loan program with the express purpose to provide technical assistance and capital to new or expanding small businesses in rural areas. It is anticipated that the U.S. Senate version of the 2007 Farm Bill will contain a similar provision. http://www.cfra.org/node/698 (note: link to bill is included).

'Healthier Hall' is goal of new initiative
AccessNorthGA.com
A new initiative aimed at a healthier Hall County is coming this fall. HealthSmart will be an interactive health and wellness expo Oct. 24 at the Georgia Mountains Center... sponsored by the Greater Hall Chamber of Commerce. HealthSmart kicks off with a breakfast seminar at 8:30 that morning, featuring National Basketball Association Hall of Famer and former Atlanta Hawks player, Dominique Wilkins, as guest speaker. Wilkins has a goal of conquering his type 2 diabetes and educating communities about prevention and control. Wilkins and former Speaker of the House Newt Gingrich teamed up to kick off "Nique and Newt's Full-Court Press on Diabetes." This program was designed to increase awareness, detection and prevention of diabetes. The expo will be held from 10 a.m. – 6:00 p.m. in the mountains center arena and feature an estimated 75 booths providing services that range from flu shots to advice on healthy eating habits. Exhibitor space is $350 per booth and will be arranged by area of focus – Seniors, Children, Women, Men. HealthSmart will also feature a series of speakers during the day on topics ranging from Diabetes to Care for the Elderly. There will be no charge for admission to the event, and the public is invited.

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ASHP
Campaign urges patients to talk to hospital pharmacist
The American Society of Health-System Pharmacists today launched a national campaign encouraging hospital patients to talk to a hospital pharmacist when they have questions about their medications. The “Just Ask!” campaign features a toolkit of posters, greeting cards, table tent cards, tip sheets, brochures and other materials for patients, including some in Spanish. A national public service announcement campaign also will urge hospital patients to talk with their pharmacist.


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HRSA
HRSA's Child Health USA 2006 Reports 85 Percent of Young Children Receive Preventive Care
The latest edition of HRSA's Child Health USA reports that 85.3 percent children under four years of age had at least one preventive medical visit in 2004. Children with family incomes above the Federal poverty level (74.5 percent) were more likely
to receive a preventive visit than those children with family incomes below the poverty level (68.9 percent). Child Health USA 2006 - the 17th annual report on the health status and service needs of American's children - focuses on infants, children, adolescents, children with special health care needs, and women of childbearing age. The availability of, and access to, quality health care directly affects the health of the population. This is especially true of those at high risk due to chronic medical conditions or low socio-economic status. Child Health USA, is an easy-to-read snapshot of the most current children's health data available and include graphs and summaries of long-term trends. This publication is available on-line at: www.mchb.hrsa.gov/chusa_06/.

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**CMS**


The Centers for Medicare & Medicaid Services (CMS) reminds health care professionals that Medicare provides coverage of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk of heart disease and stroke. This benefit presents an excellent opportunity for health care professionals to help their eligible Medicare patients check their cholesterol status, know their risk for heart disease and the steps they can take toward following a heart-healthy lifestyle that can lower their risk for heart disease and keep it down. Medicare provides cardiovascular screening blood tests for all asymptomatic beneficiaries every 5 years. The beneficiary must have no apparent signs or symptoms of cardiovascular disease. Covered screening tests include:

- Total Cholesterol Test
- Cholesterol Test for High-density Lipoproteins
- Triglycerides Test

Coverage of cardiovascular screening blood tests is provided as a Medicare Part B benefit. The beneficiary will pay nothing for the blood tests (there is no coinsurance or copayment and no deductible for this benefit).

**IMPORTANT NOTE:** The cardiovascular screening benefit covered by Medicare is a stand alone billable service separate from the Initial Preventive Physical Examination also known as the “Welcome to Medicare” visit and does not have to be obtained within the first six months of a beneficiary’s Medicare Part B coverage.

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**Joint Commission**

**Quality Check® enhancements**

Beginning October 1, The Joint Commission’s [Quality Check®](http://www.jcipatientsafety.org/fpdf/presskit/PS-Solution4.pdf) website will include health care organizations that are not accredited by The Joint Commission.

Our series of theme issues on the World Alliance for Patient Safety’s nine Patient Safety Solutions continues this month with solutions and resources regarding Solution Four, “Performance of Correct Procedure at Correct Body Site.”

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**AHA**


**CMS releases proposed outpatient quality specs**

The Centers for Medicare & Medicaid Services has released data specifications for its proposed outpatient quality reporting measures for 2009. The agency announced the proposed quality measures in its 2008 Outpatient Prospective Payment System proposed rule, and expects to publish the final measures in the OPPS final rule in November. To participate in the outpatient reporting program for calendar year 2009, hospitals must submit a notice of participation form by Nov. 15, 2007, and collect data for patients who receive outpatient services as of Jan. 1, 2008. Hospitals that fail to report outpatient quality data would receive a reduction of 2.0 percentage points in their 2009 annual payment update.


**CMS posts 2006 payment data for ASCs**

The Centers for Medicare & Medicaid Services has posted to its Web site 2006 Medicare payment data for ambulatory surgery centers. The data includes average charge and payment data by state and county for the most common procedures.

[http://www.cms.hhs.gov/healthcareconinit/03_ASC.asp](http://www.cms.hhs.gov/healthcareconinit/03_ASC.asp)

**AHRQ: Angioplasties on the rise**

The volume of angioplasties performed annually in U.S. community hospitals nearly doubled from 1993-2005 to 800,000, according to the latest data from the Agency for Healthcare Research and Quality. In contrast, heart bypass surgeries rose
slowly from 1993-1997 to 426,000 before declining steadily to 278,000 in 2005. Angioplasty, used to open blocked arteries, is a newer and less invasive procedure. With 1.1 million hospital stays in 2005, coronary artery disease was the third most common reason for hospitalization after childbirth and pneumonia. The data are from the AHRQ’s Healthcare Cost and Utilization Project. [http://www.hcup-us.ahrq.gov/reports/annualreport/HAR_2005.pdf](http://www.hcup-us.ahrq.gov/reports/annualreport/HAR_2005.pdf)

**AHA seeks HAVE Award applicants**

The AHA seeks applicants for its 2008 Hospital Awards for Volunteer Excellence, which recognize outstanding volunteer programs. To be eligible for an award, volunteer programs must demonstrate a significant contribution to the hospital field and be affiliated with an AHA institutional member, accomplished by unpaid volunteers and in effect at least one year. Awards may be given in the following categories: community service programs, in-service hospital volunteer programs, fundraising programs, or community outreach/collaboration programs. The awards will be presented at the AHA Annual Membership Meeting in April 2008. [http://www.asdvs.org/asdvs/education/have-awards.html](http://www.asdvs.org/asdvs/education/have-awards.html)

**Study: Patient mortality rate unchanged after resident work hour limits**

A study in the Sept. 5 Journal of the American Medical Association found no change in the mortality rate for hospital medical and surgical patients two years after the Accreditation Council for Graduate Medical Education implemented new work hour limits for resident physicians. The study examined data for 8.5 million Medicare patients in 3,321 hospitals before and after July 2003, when the ACGME required teaching hospitals to limit resident duty hours to 80 per week and implemented other duty hour reforms. A second, smaller study reported in the journal found a lower mortality rate for medical patients in the most teaching-intensive Veterans Affairs hospitals, but not for surgical patients.

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**AHRQ**

AHRQ invites all organizations to submit their innovative activities and tools for possible inclusion in the [Health Care Innovations Exchange](http://www.innovations.ahrq.gov/)

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**FDA**

The September 2007 edition of Patient Safety News is now available:

**Warning on Colistimethate for Inhalation**

Patient with cystic fibrosis experienced fatal reaction after receiving the antibiotic colistimethate via nebulizer… [http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#1](http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#1)

**Importance of Using Aseptic Technique with propofol (Diprivan)**

Increased risk for patient infections when drug is mishandled… [http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#2](http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#2)

**Preventing Patient Deaths from Fentanyl Patches**

Patches should only be prescribed for patients who are opioid-tolerant, not those with post-operative or acute pain… [http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#3](http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#3)

**Avoiding Hazards with Intra-aortic Balloons**

A recent FDA article gives several recommendations to minimize risks… [http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#4](http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#4)

**Caution on No-Name Drug Patches**

The Institute for Safe Medication Practices advises that medication errors can occur with the Catapres TTS (clonidine) patch because the drug name and strength do not appear on the patch… [http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#5](http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#5)

**Helping Patients Avoid Counterfeit Drugs over the Internet**

Which drugs are likely to be counterfeited and how to help avoid them… [http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#6](http://www.accessdata.fda.gov/psn/transcript.cfm?show=67#6)

**Clotting Protein Approved to Help Control Bleeding During Surgery**

FDA has approved Evithrom (human thrombin), a blood-clotting protein that can help control oozing and minor bleeding during surgery. FDA calls the product "an important additional option for surgeons and their patients." [http://www.fda.gov/bbs/topics/NEWS/2007/NEW01690.html](http://www.fda.gov/bbs/topics/NEWS/2007/NEW01690.html)

**FDA OKs Second Test for Screening Blood, Organs for West Nile Virus**

FDA has approved the cobas TaqScreen WNV test, the second test approved for screening donated blood and organs for the West Nile virus. The test can detect the genetic material of the virus, indicating whether donated blood or organs have been infected with West Nile even before the donor's body has begun to produce antibodies against the virus. [http://www.fda.gov/bbs/topics/NEWS/2007/NEW01691.html](http://www.fda.gov/bbs/topics/NEWS/2007/NEW01691.html)

**New Vaccine Licensed to Protect Against Smallpox Infection**
FDA has licensed ACAM2000, a new vaccine that can protect against smallpox, a highly contagious disease that is a potential bioterror weapon. No FDA-approved treatment for smallpox exists, and the only prevention for the disease is vaccination. The new vaccine augments the only other licensed smallpox vaccine, Dryvax, which is in limited supply because it is no longer manufactured. [http://www.fda.gov/bbs/topics/NEWS/2007/NEW01693.html](http://www.fda.gov/bbs/topics/NEWS/2007/NEW01693.html)

**Drug Treats Rare Disease Tied to Abnormal Growth Hormone Release**

FDA has approved Somatuline Depot (lanreotide acetate injection), to treat acromegaly, a rare and potentially life-threatening disease caused by an abnormal secretion of growth hormone, commonly from a benign tumor in the pituitary gland. [http://www.fda.gov/bbs/topics/NEWS/2007/NEW01692.html](http://www.fda.gov/bbs/topics/NEWS/2007/NEW01692.html)

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**IHI**

**The next series of open office hour calls** on all 12 of the Campaign’s interventions will begin in September. Join the calls to get immediate advice on all aspects of implementation from IHI faculty members and Campaign Mentor Hospitals. Open office hour calls feature brief presentations in order to reserve the majority of the hour for your questions and to offer advice. The calls are free, do not require pre-registration, and are recorded and posted to the bottom of the **Schedule** tab of the Campaign area of IHI.org within a week. Here are the calls to mark on your calendar:

**Preventing Harm from High-Alert Medications Open Office Hour**
Tuesday, September 11, 2007
2:00 - 3:00 PM Eastern Time

**Deploying Rapid Response Teams Open Office Hour**
Thursday, September 13, 2007
1:00 - 2:00 PM Eastern Time

**Reducing MRSA Open Office Hour**
Tuesday, September 18, 2007
3:00 - 4:00 PM Eastern Time

**Improving CHF Care Open Office Hour**
Thursday, September 20, 2007
1:00 - 2:00 PM Eastern Time

**Boards on Board Open Office Hour**
Tuesday, October 2, 2007
4:00 – 5:00 PM Eastern Time

**Framing and Executing Strategic Goals on the next Campaign LIVE!**

Will, Ideas, and Execution underscore a lot of improvement work in the 5 Million Lives Campaign. But it’s often the execution phase that trips up even the most dedicated frontline teams and enlightened organizations. What are the keys to a successful execution strategy? Come find out on the next Campaign LIVE!, on **Monday, September 10, 2007 from 4:00 - 5:00 PM Eastern Time**.

As preparation for the call, we encourage you to review IHI's latest white paper, *Execution of Strategic Improvement Initiatives to Produce System-Level Results*, available under Results on IHI.org, [http://www.ihi.org/IHI/Results/WhitePapers/ExecutionofStrategicImprovementInitiativesWhitePaper.htm](http://www.ihi.org/IHI/Results/WhitePapers/ExecutionofStrategicImprovementInitiativesWhitePaper.htm)

**Deadline for Forum storyboard proposals – September 21**

IHI’s upcoming National Forum is a unique opportunity to learn from and share with thousands of people striving to improve the quality of health care around the world. If you would like to submit a storyboard proposal for the 19th Annual National Forum on Quality Improvement in Health Care in Orlando this December, go to IHI.org for an application: [http://www.ihi.org/IHI/Programs/ConferencesAndSeminars/19thNationalForumonQualityImprovement.htm?TabId=8](http://www.ihi.org/IHI/Programs/ConferencesAndSeminars/19thNationalForumonQualityImprovement.htm?TabId=8)

Please complete the storyboard application and submit it to Ilenna Elman at ielman@ihi.org no later than **September 21, 2007**. For more information about the National Forum, please visit the Forum web page at [http://www.ihi.org/IHI/Programs/ConferencesAndSeminars/19thNationalForumonQualityImprovement.htm](http://www.ihi.org/IHI/Programs/ConferencesAndSeminars/19thNationalForumonQualityImprovement.htm).

Join The Institute for Healthcare Improvement (IHI) and *The Journal of the American Medical Association (JAMA)*

Wednesday, September 19, 2007, from 2pm - 3pm Eastern Time for “Author in the Room,” an interactive conference call aimed at closing the gap between knowledge – what is published in an article - and action – how much of this knowledge is put into practice to improve care. The interactive call will help readers consider the implications of the study results for improving their practice. On September 19th, “Author in the Room” features Douglas R. Lowy, MD, author of "HPV Vaccine in Young Women With Preexisting Infection." To read more and access the article, please visit: [http://www.ihi.org/IHI/Programs/AudioAndWebPrograms/Author+in+the+Room.htm](http://www.ihi.org/IHI/Programs/AudioAndWebPrograms/Author+in+the+Room.htm).

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**Resources**

Needlestick prevention educational brochure
Premier, 2007 (free brochure)

**Why pay for mistakes?**

**Infant death leads to changes at Las Vegas hospital**
Michael Barbella, DrugTopics.com. 9/3/07

**Teaming Up to Prevent 'Crashes' Some Hospitals Give Patients the Power to Get Extra Help, Stat**
Shirley S. Wang, Special to The Washington Post, Tuesday, September 4, 2007; Page HE01

**Health Information Technology for Improving Quality of Care in Primary Care Settings**
IHI for AHRQ, July 2007
[http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_1248_661809_0_0_18/AHRQ_HIT_Primary_Care_July07.pdf](http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_1248_661809_0_0_18/AHRQ_HIT_Primary_Care_July07.pdf)

**Health experts look at new strategies to reduce drug waste, minimize environmental impact, and limit drug diversion**
Paul Reid, DrugTopics.com 9/3/07

**The impact of abbreviations on patient safety**

**Folsom Prison staph illness up, union says**
Chelsea Phua and Andy Furillo – Sacramento Bee Staff Writers, 8/29/07

**Doctors Offering No-Interest Loans to Patients**
Milt Freudenheim, NY Times, 8/30/07

**Antibacterial Soap Claims Just Don't Wash**
Washington Post, 8/28/07

**A weighty matter for students**
Post-Standard (08/29/07) Sapna Kollali

**Panel: Va. Tech failed to respond to Cho warning signs**
Washington Post (08/30/07) Amy Gardner and others

**ID would control access to disaster sites**
Associated Press (09/04/07) Devlin Barrett

**Health Literacy and Patient Safety: Help Patients Understand. 2nd ed.**

**ISMP medication error report analysis**

**Diabetes linked to increased risk of hip fracture**
Skin disorders common in young type 1 diabetics
Reuters Health 8/29/07

Panel Discussion: Error Proofing Your Pharmacy
DrugTopics.com podcast series
http://www.drugtopics.com/Radio_ErrorProof1

Medical Domain Name Attracts Investors, Users to Web Sites
iHealthBeat, 9/4/07

The Battle over SCHIP
J.K. Iglehart, NEJM 9/6/07 (free access)
http://content.nejm.org/cgi/content/full/357/10/957?query=TOC

How to Manage Difficult Patient Encounters
Sharon K. Hull, MD, MPH; Karen Broquet, MD, Medscape 8/27/07

Controlling Hypertension With Legislation, Employer Programs, and Yet More New Drugs
Linda Brooke, MSc, Medscape, 8/24/07

Diabetes Makeover: Glycemic Control Edition CME
Jaime Davidson, MD, FACP, FACE, Chair; Luigi Meneghini, MD, MBA; Malcolm Nattrass, MD, PhD; Francine Kaufman, MD, Medscape 8/24/07

Pre-diabetes: Clinical Relevance and Therapeutic Approach
Richard E Pratley; Glenn Matfin, Medscape 8/28/07

Antibiotic Resistance in the Emergency Room: The First Line of Defense
Sussan K Sutphen, MD, Med, Medscape, 8/30/07

Growing Number of U.S. Kids Not Getting Needed Vaccinations
HealthDay News, Dennis Thompson, as quoted

Hospitals are using automated surveillance systems to track infections and thwart a new generation of superbugs
Alan Joch, July 16, 2007, GovernmentHealthIT
http://www.govhealthit.com/article103142-07-16-07-Print&ghitnewsletter=yes

Cellphones get the 'all clear' at some hospitals
Robert Davis, USA Today, 9/5/07

Prevention and Management of Influenza in a Family Setting to Reduce Transmission to Individuals at Risk
Kristin L. Nichol, MD, MPH, MBA, Medscape 8/3/07

For hospitals, going mobile is chaotic, but the benefits are often off the charts
Amy Larsen DeCarlo, Published on July 16, 2007, GovernmentHealthIT
http://www.govhealthit.com/article103145-07-16-07-Print&ghitnewsletter=yes

Picture boards help bridge language gap in health emergencies
USA Today, 9/2/07
Medicare to Reveal Data About Doctors; Group Sued to Find Out About Procedures
Christopher Lee, Washington Post, 9/1/07

North Carolina Hospital System Taps Electronic Monitoring Technology to Improve ICU Care, Nursing Work Environment
Robert Wood Johnson, 8/30/07
http://www.rwjf.org/programareas/features/digest.jsp?c=EMC-ND137&pid=1142&id=6265

PCRM Report Card Reveals School Lunch Disparities
Physicians Committee for Responsible Medicine, 2007
http://www.pcrm.org/newsletter/sep07/report_card.html

Pay for Performance Alone Cannot Drive Quality
Keith E. Mandel, MD; Uma R. Kotagal, MSc, MBBS, Archives of Pediatrics and Adolescent Medicine, July 2007
http://archpedi.ama-assn.org/cgi/reprint/161/7/650?

From Policy to Action: Addressing Racial and Ethnic Disparities at the Ground-Level
January Angeles and Stephen A. Somers, PhD, Center for Health Care Strategies, August 2007

IT helps to Prevent Misdiagnosis
Medical News Today, 8/31/07
http://www.medicalnewstoday.com/articles/80903.php

Study Some Kids Are Being Misdiagnosed With Asthma
Medical News Today, 9/1/07
http://www.medicalnewstoday.com/articles/81181.php

National Asthma Guidelines Updated - New Approaches For Monitoring Asthma Control, Expanded Recommendations For Children
Medical News Today, 8/31/07
http://www.medicalnewstoday.com/articles/81076.php

The School Cafeteria, on a Diet
Andrew Martin, NY Times 9/5/07

AHRQ Tools and Guidelines
National Institute for Health and Clinical Excellence
Alteplase for the treatment of acute ischaemic stroke.
Fludarabine monotherapy for the first-line treatment of chronic lymphocytic leukaemia.
Gemcitabine for the treatment of metastatic breast cancer.

Work Loss Data Institute
Ankle & foot (acute & chronic). This updates a previously published guideline summary.
Burns. This updates a previously published guideline summary.
Carpal tunnel syndrome (acute & chronic). This updates a previously published guideline summary.
Elbow (acute & chronic). This updates a previously published guideline summary.
Eye. This updates a previously published guideline summary.
Forearm, wrist, & hand (acute & chronic), not including carpal tunnel syndrome. This updates a previously published guideline summary.

AACPP released six new guidelines on topics such as atypical antipsychotic medication poisoning, SSRI poisoning, elemental mercury exposure among others.
NASS has updated their guidelines for diagnosis and treatment of degenerative lumbar spinal stenosis.
NHLBI updates its national asthma guidelines.
PEBC has released updated skin cancer screening guidelines.
Agency for Healthcare Research and Quality

Birth trauma-injury to neonate: rate per 1,000 liveborn births. This updates a previously published measure summary.
Complications of anesthesia: rate per 1,000 surgery discharges with an operating room procedure. This updates a previously published measure summary.
Death in low-mortality DRGs: in-hospital deaths per 1,000 discharges. This updates a previously published measure summary.
Decubitus ulcer: rate per 1,000 discharges. This updates a previously published measure summary.
Failure to rescue: deaths per 1,000 discharges. This updates a previously published measure summary.
Obstetric trauma (3rd or 4th degree lacerations): rate per 1,000 Cesarean deliveries. This updates a previously published measure summary.
Obstetric trauma (3rd or 4th degree lacerations): rate per 1,000 instrument-assisted vaginal deliveries. This updates a previously published measure summary.
Obstetric trauma (3rd or 4th degree lacerations): rate per 1,000 vaginal deliveries without instrument assistance. This updates a previously published measure summary.
Postoperative hip fracture: rate per 1,000 surgical discharges. This updates a previously published measure summary.
Postoperative physiologic and metabolic derangement: rate per 1,000 elective surgical discharges with an operating room procedure. This updates a previously published measure summary.
Postoperative pulmonary embolism or deep vein thrombosis: rate per 1,000 surgical discharges with an operating room procedure. This updates a previously published measure summary.
Postoperative respiratory failure: rate per 1,000 elective surgical discharges with an operating room procedure. This updates a previously published measure summary.
Postoperative sepsis: rate per 1,000 elective surgery discharges with an operating room procedure and a length of stay of 4 days or more. This updates a previously published measure summary.

Agency for Healthcare Research and Quality
2007 CAHPS® Hospital Survey Chartbook
CAHPS® Hospital Survey Interactive Chartbook

Alzheimers Association
Caring for Diverse Populations with Alzheimers Toolbox

America on the Move Foundation
America On The Move: Community Education Toolkit

Centers for Disease Control and Prevention
HPV and HPV Vaccine: Information for Healthcare Providers
Human Papillomavirus: HPV Information for Clinicians

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