



Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

A new study by a special panel convened by the Institute of Medicine (IOM) recommends that hospital-based physicians in training work no more than 16-hour shifts, followed by mandatory sleep breaks of five hours.

The panel also proposes better direct supervision of residents, counting moonlighting hours in work-week calculations, mandatory days off and re-assignment of chores and duties unrelated to direct patient care and the learning experience. The study does not recommend a change in the current 80 hour work week, averaged over four weeks, which is the limit imposed by the Accreditation Council for Graduate Medical Education (ACGME). Rather, the IOM panel calls for the Centers for Medicare & Medicaid Services to sponsor independent reviews of ACGME monitorings and for the Joint Commission to integrate work-hour compliance data findings into its hospital survey and accreditation activities. Chapter Two of the report discusses the independent, external monitoring program IPRO has been conducting on behalf of the New York State Department of Health (DOH) since 2001. Nationwide, the panel finds that “violations of duty hours are frequent and underreported” and “more intensified monitoring is necessary immediately to ensure adherence.” IPRO’s approach to unannounced monitorings of all 124 teaching hospitals in New York is singled out as a model of oversight. “IPRO has the expertise to perform duty hour monitoring as demonstrated over their multiple years of experience,” according to the study. Copies of *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*

are available for purchase and for download in PDF format by visiting the National Academies Press Web site at <http://www.nap.edu>.

The Commonwealth Fund has launched an innovative, national Web site that allows providers to conduct side-by-side comparisons of 4,300 hospitals across the nation, track performance over time against numerous benchmarks, and download tools to improve health care quality.

“*WhyNotTheBest.org*” is a free resource which provides data on hospital performance across two dozen measures of recommended care, and links users to improvement resources directly related to those measures, connecting them to hands-on tools they can put into practice. *WhyNotTheBest.org* also lets users search for and compare hospitals with similar characteristics, such as region, ownership, size, and type. Benchmark comparisons show how a hospital measures up against others in the same state, the top 10 percent, or the national average. IPRO conducted all data analysis and programming for the site. “There are many report cards that measure quality of care, but *WhyNotTheBest.org* is unique in that it allows providers to benchmark performance against leaders and track improvements, and it provides credible tools to help providers achieve better performance,” said Anne-Marie Audet, MD, Vice President, Quality Improvement and Efficiency, at the Commonwealth Fund. A brief, Flash-supported demonstration of the site is available at <http://www.whynotthebest.org/flash/WNTBDemo.html>.

IPRO is a winner of the Award of Excellence for health-related Web sites, according to a December 18 announcement by the Bethesda MD-based Health Improvement Institute (HII). IPRO’s award is for the Web site it created (www.yourhealthyourvoice.org) to support a Medicare-funded special project aimed at informing seniors of their rights to lodge quality-of-care complaints with Quality Improvement Organizations (QIOs). Other winners include the Anxiety Disorders Association of America — www.treatocd.org; Excellus Blue Cross Blue Shield — www.compassionandsupport.org; Harlem Health Promotion Center — www.ec123.org; International Institute for the Advancement of Medicine — www.iiam.org; and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) — www.niddk.nih.gov. HII’s highest honor went to the Trigeminal Neuralgia Association for its Web site — www.endthepain.org. This Web site contains comprehensive information for patients suffering with trigeminal neuralgia and related face pain, their family members, and for the medical professionals who treat them. HII describes its key activities as “providing information to enable people to make informed health care choices.” It reviews Web sites, offers workshops, and sponsors national awards. For more information, visit www.hii.org.

The Centers for Medicare & Medicaid Services has made refinements to the publicly-reported quality performance data it includes on its consumer-focused Dialysis Facility Compare Web site (www.medicare.gov/dialysis). The

Web site profiles the performance of 4,700 Medicare-certified dialysis centers across the U.S. as well as offering information on facility characteristics including size of facility, types of dialysis offered, ownership and availability of treatments during evening hours. The refinements to the quality performance information include adding a measure to show the number of patients in a facility whose hemoglobin levels are considered too high, as well as the number of patients with hemoglobin levels considered too low. The other change will increase the percentage of facilities with survival rates judged better or worse than expected. In the past, only three percent of facilities were found to have survival rates in the better or worse than expected categories, respectively. CMS says it is updating its statistical methodology “to help consumers make better distinctions among facilities’ survival rates.” IPRO is the Medicare-funded End Stage Renal Disease Network monitoring contractor for New York, as well as Medicare’s national Network Information Technology Support Contractor and Network Coordinating Center Contractor. For more information on IPRO activities, visit www.ipro.org and www.esrd.ipro.org.

The incoming Administration should strengthen the role of Medicare-funded Quality Improvement Organizations (QIOs) in working with providers on “specific and bold improvement targets,” according to the Center for American Progress (CAP), a Washington DC-based think tank with close ties to President-Elect Barack Obama. According to the Center, the Centers for Medicare & Medicaid Services, which oversees the QIO program, should “set and monitor stringent standards for measuring and reducing patient injuries and complications, improving evidence-based care reliability, expanding patient-centered care practices, and reducing overuse of ineffective practices.” The advice was included in a

daily list serve the Center has developed to make recommendations for the new Administration. The Center’s comprehensive *Health Care Delivery System: A Blueprint for Reform* includes a chapter on quality-of-care by co-written by Donald Berwick, MD, MPP, that takes a similar approach to expanding QIOs’ portfolio of activities. Berwick is president and CEO of the non-profit Institute for Healthcare Improvement. For more information on CAP activities and to download a free copy of the Blueprint, visit the health care section of the CAP Web site at <http://www.americanprogress.org/issues/domestic/healthcare>.

The Centers for Medicare & Medicaid Services has unveiled a new five-star nursing home rating system. Located at the federal Nursing Home Compare Web site, the ratings incorporate results of survey and certification inspections, findings on quality measures and results of staffing inventories to arrive at overall rankings for thousands of Medicare and Medicaid-participating skilled nursing facilities across the country. Facility characteristic information is also available, such as number of beds, ownership information and facility location. The ten clinical quality measures that are used to develop the rankings include long-stay and short-stay prevalence measures. The long-stay prevalence measures include change in activities of daily living (ADL) score, mobility change, pressure ulcers, catheters, physical restraints, urinary tract infection and pain. The short-stay prevalence measures address delirium, pain and pressure ulcers. Additional refinements that are planned for the Web site include incorporating dynamic consumer testing, making searches more interactive, adding new clinical quality and patient satisfaction measures, addressing language/communication issues and availability of specialty units at facilities. For additional information, visit www.medicare.gov/nhcompare.

The New York Business Group on Health (NYBGH) has developed a series of six employer-learning modules that it will roll out in early 2009. NYBGH’s Value-Based Benefit Design Working Group will center on smoking cessation and will address cost barriers, increasing employee productivity and improving compliance. The six sessions will include how to analyze smoking prevalence and develop metrics; how to build the business case for smoking cessation; developing effective partnerships with groups outside the workplace; and building a sustained commitment to a culture of health. To learn more about the program, contact Janaera Gaston, NYBGH Director, Programs at 212-252-7440, ext. 225. The NYBGH-affiliated National Business Coalition on Health has posted a number of Web accessible tools on smoking cessation on its Web site. The tools are located at www.nbch.org/resources/smoking_cessation.cfm.

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We welcome your comments and suggestions. Please forward them to the Editor, Spencer Vibbert, at svibbert@ipro.org.

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