



The Cutting Edge

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Accountability Measures — Using Measurement to Promote Quality Improvement

Measuring the quality of health care and using those measurements to promote improvements in the delivery of care, to influence payment for services, and to increase transparency are now commonplace. These activities, which now involve virtually all U.S. hospitals, are migrating to ambulatory and other care settings and are increasingly evident in health care systems worldwide. Many constituencies are pressing for continued expansion of programs that rely on quality measurement and reporting. In this article, we review the origins of contemporary standardized quality measurement, with a focus on hospitals, where such programs have reached their most highly developed state. We discuss some lessons learned from recent experience and propose a conceptual framework to guide future developments in this fast-moving field. (NEJM – June 23, 2010)

More at <http://content.nejm.org/cgi/content/full/NEJMs1002320v1>



Sepsis and Septic Shock More Common Than Heart Attacks or Pulmonary Blood Clots After General Surgery, Study Finds

Sepsis and septic shock appear to be more common than heart attacks or pulmonary blood clots among patients having general surgery, and the death rate for patients with septic shock is approximately 34 percent within 30 days of operation, according to a report in the July issue of Archives of Surgery, one of the JAMA/Archives journals. "Prevention of perioperative complications is a major focus in the care of the general-surgery patient," the authors write as background information in the article. In recent years, attention has been focused on prevention of venous thromboembolism (including post-operative deep vein thrombosis, or blood clots in the deep veins of the pelvis or extremities, and pulmonary embolism, or blood clots that travel to the lungs), myocardial infarction (heart attack) and surgical site infections. These efforts have resulted in awareness and reduction of these complications. (JAMA – July 21, 2010)

More at <http://www.sciencedaily.com/releases/2010/07/100719163950.htm>

Final Rule Released on Meaningful Use of Electronic Health Records

On July 13 U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced two companion final rules addressing electronic health records. One regulation, issued by the Centers for Medicare & Medicaid Services (CMS), defines the minimum requirements that providers must meet through their use of certified Electronic Health Record (EHR) technology in order to qualify for the payments. The other rule, issued by the Office of the National Coordinator for Health Information Technology (ONC), identifies the standards and certification criteria for the certification of EHR technology, so eligible professionals and hospitals may be assured that the systems they adopt are capable of performing the required functions, according to an HHS press release. (HHS – July 13, 2010)

More at <http://www.hhs.gov/news/press/2010pres/07/20100713a.html>

More Efforts Are Needed to Combat Catheter Infections

Nearly half of all professional infection preventionists say they believe that catheter infections are a problem where they work, according to a survey sponsored by the Association for Professionals in Infection Control and Epidemiology. APIC officials presented the results of the survey on July 12 during a telebriefing at their annual meeting in New Orleans. In all, 2,075 members of APIC, the Infusion Nurses Society, and the Association for Vascular Access responded to the survey. The response rate was 10%, and 80% of the respondents work in hospitals. According to APIC, approximately 80,000 patients in the United States develop catheter-related bloodstream infections (CRBSIs) annually, and 30,000 die. The cost of treating these infections can exceed \$30,000 each, and they cost the U.S. health care system more than \$2 billion annually. (ACS – July 14, 2010)

More at <http://www.facs.org/surgerynews/2010/catheter0710.html>

Adoption of Anesthesia Information Management Systems by Academic Departments in the United States

Information technology has been promoted as a way to improve patient care and outcomes. Whereas information technology systems for ancillary hospital services (e.g., radiology, pharmacy) are deployed commonly, it has been estimated that anesthesia information management systems (AIMS) are only installed in a small fraction of United States (US) operating rooms. In this study, we assessed the adoption of AIMS at academic anesthesia departments and explored the motivations for and resistance to AIMS adoption. At least 61 or 44% of the 140 US academic departments surveyed in this study have already implemented, are planning to acquire, or are currently searching for an AIMS. Adoption of AIMS technology appears to have reached sufficient momentum within academic anesthesiology departments to result in a fundamental change. (Anesthesia & Analgesia – July 22, 2010)

More at <http://www.anesthesia-analgesia.org/content/107/4/1323.full>



GENERAL HEALTHCARE Articles

Most Physicians Support Reporting Impaired, Incompetent Colleagues, but Many Do Not in the Situation

A survey of physicians finds that while most support the professional commitment to report other physicians who they feel are incompetent or impaired, such as from alcohol or drug use, when faced with this situation, many did not follow through on making a report, according to a study in the July 14 issue of JAMA. "Many states have mandatory reporting statutes, requiring physicians and other health care professionals to report to appropriate authorities those physicians whose ability to practice medicine is impaired by alcohol or drug use or by physical or mental illness," the authors write. But data suggest that the rate of reporting by physicians is far lower than it should be, given the estimated numbers of physicians who become impaired or who are otherwise incompetent to practice at some point in their careers, according to background information in the article. (JAMA – July 8, 2010)

More at <http://www.physorg.com/news198257710.html>

Sitting, Even After Workout, Can Cut Lifespan

A new study debunks the theory that an hour of exercise a day is all you need to live a long life. Turns out, people who spend more time sitting during their leisure time have an increased risk of death, regardless of daily exercise. American Cancer Society researchers tracked the activity levels and death rates in more than 123,000 healthy men and women for 13 years. They found women who spend over six hours a day sitting during leisure time (watching TV, playing games, surfing the web, reading) were 40 percent more likely to die sooner than women who spend less than three hours sitting. Men who spend more time sitting have a 20 percent increased risk of death. Essentially, those who sit less, live a longer life than those who don't. (CNN – July 22, 2010)

More at <http://pagingdrgupta.blogs.cnn.com/2010/07/22/sit-less-live-longer/>

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