

## October 2008

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### **Economy, Political Changes Cloud Future for Health IT Research**

*George Lauer, iHealthBeat*

Although experts say funding for health care IT has increased in the last decade, its future is uncertain as economic woes and a changing government affect future possibilities. "More and more people are coming to appreciate how important information is in our health care system and some of that new appreciation will result in new research efforts, ... but how much and how soon is hard to predict," said Jon White, health IT portfolio manager for HHS' Agency for Healthcare Research and Quality. AHRQ recently announced four new HIT grants.

<http://www.ihealthbeat.org/Features/2008/Economy-Political-Changes-Cloud-Future-for-Health-IT-Research.aspx>

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### **How Should Hospitals Deal With Long Waits?**

*Molly Bernhart, Houston Chronicle*

Hospital officials at Dallas' Parkland Memorial Hospital say they need more beds to handle the excessive number of patients who need care. They have their fingers crossed that a bond measure on the Nov. 4 ballot will provide the funds needed to expand. But that wishful thinking doesn't help Amber Joy Milbrodt. She waited 19 hours in the hospital's emergency department for treatment of a broken leg and never got to see a doctor. To add insult to injury, she got a bill for \$162 two weeks later. Parkland officials say the bill was appropriate because a nurse spent a few minutes checking her vital signs in order to establish Milbrodt's place in line. Fort Worth's large public hospital, John Peter Smith, also charges for a triage assessment, but some other hospitals in Dallas will not charge a person if they never see a doctor.

<http://www.chron.com/disp/story.mpl/chronicle/6069722.html>

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### **2008 National Survey Reveals Majority of Healthcare Facilities Have Poor Patient Flow**

*StatCom*

According to the findings of the 2008 National Survey on Patient Flow Challenges and Technologies, the overwhelming majority of U.S. healthcare executives (89 percent) reveal their facility has poor patient flow. The majority of healthcare executives recognize the issues their facility faces when it comes to poor patient flow. Whether it is long wait times in the ER or overcrowding issues, patient flow includes more than just bed space. This study validates the challenges hospitals face when dealing with patient flow, along with technology uses, capacity issues and how healthcare facilities are taking on those challenges directly. To download results report:

<http://www.statcom.com/survey/national-survey-2008.aspx>

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### **Health IT to Drive Significant Changes in Health Care Industry**

*Amar Gupta, Wall Street Journal*

The Wall Street Journal looks at four ways information technology soon will alter how the health care industry conducts its business. The Journal predicts a move to outsourced diagnostic services, improved efficiencies through a greater integration of information systems, global monitoring of drug safety and improvements in the quality of information doctors and patients receive.

<http://online.wsj.com/article/SB122426733527345133.html>

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### **Hospitals Use Amenities, IT to Meet Consumer Demands**

*advanceweb.com*

More new and newly renovated hospitals are meeting consumer demands for amenities such as private rooms, better meal choices and free Internet access. Improvements in IT at the bedside include technologies that allow patients to be more involved in their care and to wirelessly communicate with friends, family and hospital departments.

<http://health-information.advanceweb.com/Article/Within-Reach-Bedside-Technology.aspx>

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## Hospital Set For Major Tech Leap

*K.C. Mehaffey, Wenatchee World Online*

Administrators and staff at Central Washington Hospital on Monday got a glimpse of the electronic devices planned for new patient rooms and departments when the hospital builds its 190,000-square-foot addition and remodels part of the existing facility in Wenatchee. Along with larger and more versatile private rooms, the hospital will make one basic change in how it cares for patients when the addition with 174 patient rooms is complete two years from now. Patient medical records will no longer be written by hand, hole-punched and kept in binders. They'll all be electronic and available at the touch of a computer screen.

<http://wenatcheeworld.com/apps/pbcs.dll/article?AID=/20081021/NEWS04/710219957>

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## MEDHOST Brings Self Check in Kiosk to Emergency Departments

*MarketWatch*

Upon arrival patients can check in with the easy to use touch screen kiosk. After patients check in, their information instantly becomes visible in the MEDHOST EDIS which gives clinicians a real-time view of the waiting room and immediately alerts them to any high-risk patients. Northridge Hospital Medical Center, MEDHOST's first ED PASS Customer and Catholic Healthcare West's flagship hospital located in Northridge, Calif., is implementing three ED PASS kiosks to speed patient check in, assist nurses in managing triage and streamline patient registration.

<http://www.marketwatch.com/news/story/medhost-brings-self-check-kiosk/story.aspx?guid=%7B1F593246-54B1-497A-9C2D-AF94DDF7E8DF%7D&dist=hppr>

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## Tech Gap Stalls P4P

*Heather B. Hayes, Government Health IT*

Experts say moving pay-for-performance programs into mainstream health care will require IT tools that can automate and streamline the data collection and analysis process. Technology gaps and a lack of integration in current systems is hampering such initiatives. HQID and projects like it have successfully demonstrated the benefits of incentive programs. So why don't experts expect pay for performance to move into mainstream health care anytime soon? Manual methods rule. The short answer is that the technology and business processes necessary to support the collection of data are not in place yet. For hospitals, the biggest obstacle is the lack of integration between data collection and analytical systems. Experts say that, contrary to popular belief, hospitals that successfully collect data for pay-for-performance projects still rely on manual processes.

<http://www.govhealthit.com/blogs/ghitnotebook/350619-1.html>

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## More IT Companies Move toward Transparent Pricing

*Jim Wojciechowski, Nashville Business Journal*

Earl Winter lost an appendix and gained a business model. His company was born after Winter spent one day in the hospital and three months fretting about his medical bill. In the end, he gained a profitable idea for his healthcare revenue cycle-management firm's Web-based Self-Pay Management System.

<http://www.bizjournals.com/nashville/stories/2008/10/20/focus1.html?b=1224475200^1717266&brthrs=1>

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## Death Rate 70% Lower at Top U.S. Hospitals

*Robert Preidt, MSN*

The death rate at top-ranked U.S. hospitals is 70 percent lower than at the lowest-ranked hospitals, according to a study that examined 41 million patient records at the nation's approximately 5,000 hospitals over three years. The 11th annual HealthGrades Hospital Quality in American Study focused on 17 procedures and found that overall death rates declined by 14.7 percent from 2005 to 2007. Top-performing five-star hospitals reduced their death rates at a much faster rate (about 13.2 percent) than poorer-performing one- and three-star hospitals (12.3 and 13.1 percent, respectively), resulting in large state, regional and hospital-to-hospital variations in the quality of patient care.

<http://health.msn.com/health-topics/articlepage.aspx?cp-documentid=100218058&GT1=31036>

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## **CEO Turnover Hits a Record High**

*Los Angeles Times*

The roiling economy appears to be ripping into the ranks of upper management, as the chief executive turnover rate is at an all-time high. This year, 1,132 CEOs have left their posts, according to employment consulting firm Challenger, Gray & Christmas Inc. Challenger chief executive John A. Challenger said the rise in the turnover rate probably reflects increasing pressure on corporate leaders from their boards and shareholders. Turnover was heaviest in the healthcare sector, with 206 departures. In part, however, that stems from the large number of small healthcare businesses, Challenger said.

[http://www.latimes.com/business/la-fi-ceo9-2008oct09\\_0\\_6284407\\_story](http://www.latimes.com/business/la-fi-ceo9-2008oct09_0_6284407_story)

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## **CEO: I.T. Vendors Need Annual Reviews**

*Health Data Management*

Group practices should conduct annual reviews of their information technology vendors just as they do for their own employees, one practice CEO advises. Practices should treat their I.T. vendors as an extension of their staffs, says Philip Rhoades, CEO at Orthopedic Group Inc., Pawtucket, R.I. Rhoades circulates an annual survey to all staff members, including physicians, to get their feedback on each vendor's performance. "There have been a number of times where I thought a product was working great, but some staff members were grumbling and reluctant to bring it to my attention," he notes. "I want to make sure that everything is working well with the software."

[http://www.healthdatamanagement.com/news/vendors27141-1.html?ET=healthdatamanagement:e650:117429a:&st=email&channel=policies\\_regulation](http://www.healthdatamanagement.com/news/vendors27141-1.html?ET=healthdatamanagement:e650:117429a:&st=email&channel=policies_regulation)

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## **CMIO: Don't Wait for RHIOs**

*Health Data Management*

Because regional health information organizations will take several years to become fully functional, hospitals should take other steps now to improve the exchange of data with area physicians, one chief medical information officer advises. Group practices who are taking a wait-and-see attitude about automating clinical records and exchanging data with hospitals until they get help from RHIOs "are going to be waiting until at least 2014 for full functionality," says Leland Babitch, CMIO at Detroit (Mich.) Medical Center, an eight-hospital delivery system.

[http://www.healthdatamanagement.com/news/RHIO\\_HIE27140-1.html?ET=healthdatamanagement:e650:117429a:&st=email&channel=information\\_exchange](http://www.healthdatamanagement.com/news/RHIO_HIE27140-1.html?ET=healthdatamanagement:e650:117429a:&st=email&channel=information_exchange)

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## **Putting Your Resources Where Your Priorities Are**

*Francine Machisko and Scott Clay, for HealthLeaders Media*

So far in 2008 we have endured turmoil in the credit markets, a sea change in regulations and payments affecting physician-hospital relations, and dare we mention the "R" word? If yours is not one of the growing number of healthcare organizations that has formally integrated its strategic and financial planning processes, now is the time. Beyond arguing for the necessity for integrating strategic and financial planning, Francine Machisko and Scott Clay, senior principals at the Noblis Center for Health Innovation in Atlanta, GA, have come up with a practical approach for achieving the necessary integration.

[http://www.healthleadersmedia.com/content/221412/topic/WS\\_HLM2\\_FIN/Putting-Your-Resources-Where-Your-Priorities-Are.html](http://www.healthleadersmedia.com/content/221412/topic/WS_HLM2_FIN/Putting-Your-Resources-Where-Your-Priorities-Are.html)

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