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AHRQ News and Numbers

About 14 percent of U.S. children visit a health professional at least once a year for serious sore throat, and over two-thirds of these are prescribed antibiotics. Roughly one of every five children prescribed an antibiotic did not receive a throat swab to confirm a bacterial infection. [Source: Agency for Healthcare Research and Quality, MEPS, *Statistical Brief #137: Treatment of Sore Throats: Antibiotic Prescriptions and Throat Cultures for Children under 18 Years of Age, 2002-2004 (Average Annual)*, [statistical brief](#).

Today's Headlines:

1. [New national study of medical interns finds majority exceed work hour limits; a second study finds a link between needlestick injuries and long shifts](#)
2. [Medicare pays hospitals \\$300 million a year for treating adverse events, but payments cover less than one-third of additional costs](#)
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1. New National Study of Medical Interns Finds Majority Exceed Work Hour Limits; A Second Study Finds a Link Between Needle Stickinjuries and Long Shifts

A majority of medical interns are continuing to work hours that exceed the limits of a 2003 national standard implemented by the medical profession, according to one of two AHRQ studies published in the September 6 issue of the *Journal of the American Medical Association*. In the first study, "Interns' Compliance with Accreditation Council for Graduate Medication Education Work-Hour Limits," Christopher P. Landrigan, M.D., M.P.H., Director of the Sleep and Patient Safety Program at Brigham and Women's Hospital, Boston, and his colleagues, data were collected on interns' work and sleep hours in the year before and after the ACGME issued standards that limited work-hours for all first-year residents training in U.S. hospitals. They found that nearly 84 percent of interns reported work hours that did not comply with the ACGME standards during at least 1 month in the year following implementation. The second study, "Extended Duration Work and the Risk of Self-Reported Percutaneous Injuries in Interns," Najib T. Ayas, M.D., M.P.H., of Brigham and Women's Hospital and Harvard Medical School, Boston, and his colleagues examined the contributing factors for percutaneous injuries in interns and assessed their relationship to extended-duration work. They found that interns working during the day following an overnight shift suffered 61 percent more needlesticks and other sharp injuries than they experienced during a day that was preceded by a night at home. The studies were co-funded by CDC's National Institute for Occupational Safety and Health. Select to read the [press release](#).

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2. Medicare Pays Hospitals \$300 Million a Year for Treating Adverse Events, but Payments Cover Less than One-Third of Additional Costs

Despite a growing emphasis on preventing medical errors and paying providers for high-quality care, Medicare pays hospitals a substantial amount of money for adverse events that occur during hospitalization, according to a new AHRQ study published in the September/October issue of *Health Affairs*. The study found that Medicare paid an additional \$300 million per year, or 0.3 percent of annual Medicare hospital spending, for five types of adverse events in hospitals in 2003. However, these extra payments covered less than one-third of the additional costs that hospitals incurred in treating these adverse events. Under Medicare's hospital payment system, hospitals are reimbursed a set amount for a patient's condition or Diagnosis-Related Group (DRG), determined at admission. The study by AHRQ's Chunliu Zhan, M.D., Ph.D., found the DRG changed only in a small number of cases, for example, 1 percent of cases where a patient had postoperative bloodstream infections and 10 percent for patients who experienced post-operative bleeding. Even if the DRG doesn't change, adverse events may result in additional costs, for example if the patient needs to spend more time in the hospital. Select to read the [abstract](#) in PubMed®.

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3. Enhanced Online Data Resources for States from 2005 NHQR Are Available

AHRQ has expanded its online State Snapshots tool to help State policymakers and other health care leaders identify areas in which they are doing well and areas needing quality improvement. In addition, a data table that lists all available measures with State estimates is available for download. Select to view the [2005 State Snapshots](#).

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4. Recent AHRQ's Healthcare 411 Audio Newscasts Feature Information on Health Care Transparency, Medication Errors, and Bariatric Surgery

Health care transparency, the initiative to make more cost and quality information available to health care consumers, is a top priority of HHS. It recently took on an even higher profile with an Executive Order, signed by President Bush on August 22, to promote federally led efforts to implement more transparent and high-quality health care. To provide consumers with more insight into what health care transparency means, this week's audio newscast, "Quality Insider," features an extended interview with Dr. Carolyn Clancy. Select to listen to the [audio newscast](#). In addition, a recent edition of AHRQ's Healthcare 411 includes MEPS data on people without health insurance, features an AHRQ-funded study on medication errors in hospitalized children by Rodney W. Hicks, M.P.A., M.S.N., of the United States Pharmacopeia Center for the Advancement of Patient Safety, and statistics from a new AHRQ study about complication rates for bariatric surgery to treat obesity. Select to listen to the 7-minute [audio newscast](#). The newscast can be heard if your computer has a sound card and speakers and can play MP3 audio files, or you can download it to a portable audio device. In any case, you will be able to listen to the latest audio reports from AHRQ at your convenience—according to your schedule, whenever you have time to listen. Visit the main page of our [Healthcare 411](#) series to access any of AHRQ's newscasts and special reports. Sign up for a free subscription to the series to receive notice of all future AHRQ podcasts.

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5. New Evidence Report on Tests for Heart Failure Is Available

AHRQ released a new evidence report that finds that tests for the natriuretic peptides BNP and NT-proBNP can be used to rule out heart failure in patients being seen in emergency rooms, clinics and primary care settings. While elevated levels of these peptides do not confirm that heart problems are causing a patient's symptoms, relatively low levels make it unlikely that these heart problems are present. The report was prepared by AHRQ's Evidence-based Practice Center at McMaster University in Ontario, Canada, at the request of the American Association of Clinical Chemistry and the American College of Chest Physicians, to use in updating relevant clinical practice guidelines. The American College of Physicians and the American College of Emergency Physicians will be partners in the dissemination and use of the report. Select to review the [report](#). A print copy is available by sending an e-mail to AHRQPubs@ahrq.hhs.gov.

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6. AHRQ's MEPS and HCUP and the American Public Health Association Continuing Education Institute Seminar Set for November 4

The American Public Health Association and AHRQ are sponsoring two free workshops on November 4 in Boston, MA. The Healthcare Cost and Utilization Project (HCUP) is sponsoring a half-day workshop to introduce health services and policy researchers to HCUP and provide them with the foundational resources to apply HCUP data to their research interests. The Medical Expenditure Panel Survey (MEPS) is sponsoring a 1-day workshop to provide an in-depth learning experience concerning MEPS' Household Component. Select for [registration](#) and more information.

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7. AHRQ in the Professional Literature

We are providing the following hyperlinks to journal abstracts through PubMed® for your convenience. Unfortunately, some of you may not be able to access the abstracts because of firewalls or specific settings on your individual computer systems. If you are having problems, you should ask your technical support staff for possible remedies.

Kuo FY, Ostir GV, Granger CV, et al. Examination of follow-up therapy in patients with stroke. *Am J Phys Med Rehabil* 2006 Mar; 85(3):192-200. Select to read the [abstract](#) in PubMed®.

Bokhour BG, Burges JF Jr, Hook JM, et al. Incentive implementation in physician practices: A qualitative study of practice executive perspectives on pay for performance. *Med Care Res Rev* 2006 Feb; 63 (1 Supp):73S-95S. Select to read the [abstract](#) in PubMed®.

Sisk JE, Herbert PL, Horowitz CR, et al. Effects of nurse management on the quality of heart failure care in minority communities: a randomized trial. *Ann Intern Med* 2006 Aug 15; 145(4):273-283. Select to read the [abstract](#) in PubMed®.

Williams SC, Koss RG, Morton DJ, et al. Performance of top-ranked heart care hospitals on evidence-based process measures. *Circulation* 2006 Aug 8; 114(6):558-564. Select to read the [abstract](#) in PubMed®.

Porter SC, Manzi SF, Volpe D, et al. Getting the data right: information accuracy in pediatric emergency medicine. *Qual Saf Health Care* 2006 Aug; 15(4):296-301. Select to read the [abstract](#) in PubMed®.

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