PREVENTING MEDICAL ERRORS

CMS to launch city’s largest simulation facility

THE RECENT TRAGIC DEATH OF A YOUNG girl at a Chicago-area dentist’s office reminds us that seven years after the Institute of Medicine landmark report, To Err is Human, tragic medical errors continue to occur.

And with the hope that improved training can help prevent such tragedies from happening, the Chicago Medical Society will open a regional patient simulation facility in June 2007, while offering courses in as little as a few months.

Spending the past year evaluating the potential for such a facility, CMS visited simulation centers nationwide and spoke with Chicago-area hospital administrators who affirmed the need for a Chicago facility.

The Regional Simulation Center will be located in the Chicago Medical Society building, (515 N. Dearborn St.) with easy access to area freeways and public transportation. It will be the first large-scale stand-alone simulation facility in Illinois and the largest in the Chicago area. Its seven simulator-equipped rooms will include areas for operations, emergencies, intensive care, patient care and skills training.

The facility will initially target individual and small-group practitioners and the code and rapid response teams of community hospitals. Future courses will target nurses, residents, and specialists. Other potential markets include medical device companies, pharmaceutical manufacturers, dental professionals, emergency responders, health care organizations, accrediting agencies and academic medical centers.

Creating an environment that mimics the hospital or ambulatory setting as closely as possible allows trainees to have

Patient simulators are computerized, life-sized mannequins with a heartbeat and pulse. They can speak, breathe, bleed, and accurately mirror human responses to procedures such as CPR, IV medication, intubation, ventilation, and catheterization.
a more realistic experience without subjecting actual patients to risk. Each room will be equipped with simulators and standard medical equipment to appear exactly as it would in a hospital or clinical setting. The skills training room will have retractable walls, allowing for one large training room, or three smaller spaces. A designated room for obstetrical training is anticipated in the near future. Courses will be conducted by expert Center staff, who will also train educators from hospitals to lead scenarios.

Courses can be customized to fit the different procedures and situations of area hospitals. Prior to the simulation, trainees will complete a pre-test to obtain a knowledge baseline and receive some online training. Following the actual simulation, they will participate in a debriefing. The debriefing allows trainees to discuss the simulation and view video of their performance. Trainees will then complete a post-test and course evaluation. Their feedback and improvement in knowledge will be used to improve future courses.

Start-up funding was provided by a grant from the Sprague Memorial Institute.

For more information, please contact: Ellen Wuennenberg at (312) 329-7326 or e-mail ewuennenberg@cmsdocs.org

HEALTH CARE INDUSTRY SHAKEUP

Retail health clinics hitting Chicago area

TAKECARE HEALTH SYSTEMS RECENTLY opened four walk-in clinics inside Walgreens pharmacies in Elk Grove Village, Morton Grove, St. Charles and Plainfield. The company plans to open four more Walgreens clinics by the end of November in Naperville, Mount Prospect, Libertyville and Montgomery, and another 10 clinics early next year in the city and suburbs. Doctors from Advocate Health Partners will oversee the care and be available for phone consultations.

The clinics treat common ailments, provide vaccinations and physicals.

Take Care, an independent operator of convenient care clinics, is based in Conshohocken, Pa.

What CMS has to say:

AT ITS SEPTEMBER COUNCIL MEETING, CMS set policies and guidelines for care and follow-up in retail health clinics. They state:

● All patients should be referred back to their primary care physicians only.

● Follow-up care should be recommended to all patients, using similar guidelines/policies that exist for emergency care at hospitals and health care centers.

● All patients should be given a written copy of all procedures performed, treatment and recommendations given at the clinics to ensure continuity of care with primary care physicians.

● A regulatory entity should be formed immediately to monitor the availability of physician consultants, conflict of interest issues, policies for follow-up on results of diagnostic procedures and laboratory tests, drug usage (including controlled drugs level II and above), continuity of care, appropriate physician collaboration and oversight.

CHICAGO MEDICAL SOCIETY

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The Officers and Trustees of the Chicago Medical Society request the pleasure of your company at our

Annual Holiday Reception

Wednesday, December 13, 2006

from

4 p.m. to 7 p.m.

Conrad Chicago Hotel (formerly Le Meridien)

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I (and a guest) will attend the Chicago Medical Society Holiday Reception.

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Please Print Name of Each Person Attending

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Please reply no later than December 10, 2006. Call Janet Hill at (312) 670-2550, Ext. 322
Fax your response to (312) 670-3646 • E-mail your response to jhill@cmsdocs.org
Mail reply to: Chicago Medical Society, 515 N. Dearborn St., Chicago, IL 60610
The CMS Council met Tuesday, Nov. 7, to debate and vote on policy. Following are highlights of the meeting:

Nominations for leadership offices:
Chicago Medical Society
William A. McDade, MD, PhD President-elect
William N. Werner, MD Secretary
David A. Loiterman, MD Chairman of the Council
Howard Axe, MD Vice-Chairman of the Council
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American Medical Association

DELEGATES
Sandia F. Olson, MD
M. LeRoy Sprang, MD

Definitive answer coming on insurance discounts
CMS legal counsel and auditors are studying ways the CMS Insurance Agency can support the Society without violating insurance rules, regulations or laws. A summary of their report will outline activities the Agency can and cannot undertake.

Bylaws changes adopted
The Council approved recommendations to:
- Clarify election procedures for general elections and Council elections.
- Correct voting requirements so that nominations for all positions require a three-fifths majority.
- Align dates in the Policy Manual with those in the Bylaws (in 2005 the Bylaws were revised to reflect the new governance structure, but the Policy Manual was not updated).
- Allow ethnic societies to become affiliated societies.

Specs set for Midwest Clinical Conference
The Midwest Clinical Conference is scheduled for March 16-17, 2007, at the Hyatt Regency McCormick Place. In addition to clinical medicine, next year’s MCC will offer the latest in practice management, patient safety initiatives, emergency preparedness and technology. Moreover, both hospitalists and residents will find new tracks designed to meet their educational needs. Registration rates have been significantly reduced to encourage attendance. The “early bird” package starts at $125 for members ($175 for non-members) and includes two lunches, a dessert reception and plenty of coffee and refreshments. Discounted parking will be available for $10 per day.

For more details, call (312) 670-2550, ext. 338.

continued on p. 6
Resolutions adopted

The Council passed the following action items:

- **Dangers of the Internet, Including Child Pornography**
  
  Encourages schools to have programs educating children on the dangers of the Internet, including child pornography, and to have a mandatory curriculum on the advantages and disadvantages of the Internet.

- **Full Disclosure Law**
  
  Invites a representative from the Sorry Works Coalition and ISMS to give a talk on “I’m Sorry” legislation before the Council; offers a related program at the Midwest Clinical Conference.

- **Notification Regarding Ill or Deceased Members**
  
  Develops an administrative policy for an electronic communications system through which CMS members can be promptly notified of deceased colleagues; publishes notices asking members and their colleagues to inform CMS when a member has died.

- **In other news, Councilors were invited to attend a luncheon with U.S. Comptroller General David Walker, who visited Chicago as part of a Fiscal Wake-Up Tour, a nationwide series of town hall forums on the nation’s long-term fiscal challenges. The event, held Nov. 9, was hosted by the Institute for Truth in Accounting and held at the Federal Reserve Bank of Chicago.**

- **Another announcement focused on the Medicare pricing update. As of Nov. 7, there was no word on whether Senate Majority Leader Bill Frist, MD, (R-Tenn.) had introduced last-minute legislation to enact a freeze or fix the SGR.**
Physicians posted a pair of significant legal victories in Florida recently that allow them to sue health insurers for slow or reduced payments.

On Oct. 19, the Florida Supreme Court ruled that physicians at Broward-based Westside EKG Associates could sue Humana and Blue Cross Blue Shield of Florida for late payment of their claims. In its decision, the court ruled that an out-of-network physician may sue a health maintenance organization (HMO) for failing to follow the state’s prompt payment laws on the basis that the physician is a third-party beneficiary of the contract between the HMO and its subscribers.

A day earlier, a state appellate court upheld the right of a Pompano Beach orthopedic surgeon to sue four insurers because of underpayments for out-of-network services. The court agreed with AMA member Peter Merkle, MD, who contended that Florida’s insurance laws create an implied private cause of action in favor of physicians and against insurers for payment of emergency medical services.

The AMA Litigation Center and the Florida Medical Association provided support for the Broward physicians and for Dr. Merkle by filing an amicus curiae brief in both cases.

Source: Courtesy of the AMA

Campaign trail needs more physicians

With the elections concluded, now is the perfect time to explore whether you’d like to gain more expertise in political campaigning—either as a volunteer or as a potential candidate. The political education programs of the American Medical Association Political Action Committee (AMPAC) scheduled for early next year are a great way for AMA members to get involved.

AMPAC’s Candidate Workshop, to be held Feb. 16-18, and Campaign School, scheduled for April 18-22, are primers for physicians considering running for public office or who want to learn more about the particulars of political campaigns. Taking place in Arlington, Va., and taught by several of the country’s premier political consultants, these comprehensive programs detail how to organize support for a candidate, whether that person is you or someone else.

Both programs are provided at no charge for AMA members and their spouses. AMPAC provides the meals and hotel accommodations.

Visit www.ama-assn.org/ama/pub/category/6277.html to learn more about these programs.
CMS past president
CHARLES P. MCCARTNEY, MD, CMS president from 1973-74, died on Oct. 8, 2006, at the age of 94. He had been a member of CMS since 1951.

Dr. McCartney served his internship and residency in obstetrics and gynecology at the University of Chicago, where he also became a professor of obstetrics and gynecology and delivered more than 60 babies a month at Chicago Lying-In Hospital. He later became a clinical professor at the University of Illinois. Dr. McCartney was a diplomate of the American Board of Obstetricians and Gynecologists, a fellow of the American Gynecological Society, and chairman of the Illinois Section of the American College of Obstetricians and Gynecologists. Dr. McCartney served during World War II as a major with the Army Medical Corp. Our condolences to his family.

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More African-American women dying of breast cancer than white women in Chicago: Study

AFRICAN-AMERICAN WOMEN IN CHICAGO have not benefited from advances in mammography screening and breast cancer treatment over the last 22 years as their white counterparts have, according to a study released in October.

Conducted by the Sinai Urban Health Institute, the study calls the disparity between black and white women a relatively recent phenomenon. Mortality rates were similar in the 1980s at about 38 per 100,000 women, but began to diverge in the 1990s, according to the report. As of 2002, the last year for which statistics are included, the breast cancer mortality rate for African-American women in Chicago was 40 per 100,000, or 54% higher than that of white women. When averaged together over five years (1998-2002), the disparity was 39%. While the breast cancer mortality rate for African-American women rose slightly during this time period, the mortality rate for white women declined to 26 per 100,000.

The trend appears to be continuing. Chicago breast cancer mortality rates for the year 2003, which were not included in the report, show an increase in the disparity between African-American and white women to 75%. This statistic far exceeds that of the nation as a whole, which was 37% in 2003.

“This report should be a wake-up call to the medical community throughout Chicago. We must all do more to improve breast cancer awareness, access, screening and treatment,” said Alan Channing, president and CEO of the Sinai Health System. The report recommends specific actions all health care providers can take, beginning with the collection and sharing of mammography quality measures as recommended by the American College of Radiology.

The ACR’s Mammography Quality Standards Act of 1998 established specific requirements for accreditation; however, the accreditation process itself is voluntary with significant variation in mammography quality. The Sinai report includes quality measures for Mt. Sinai Hospital and Mercy Hospital.
Key highlights:

- **African-American women have lower incidence rate of breast cancer**
  
  The lack of progress for African-American women is compounded by the fact that white women have a higher incidence of breast cancer. From 1998 to 2002, the breast cancer incidence rate for African-American women was 126 per 100,000; the incidence rate for white women was 149 per 100,000. Thus, although white women get breast cancer at a rate that is 18% higher, African-American women die from it far more often.

- **Early detection also unequal**
  
  Though the proportion of breast cancers detected at an early stage has been increasing for all women, African-American women in Chicago are still far more likely to be diagnosed in the late stage of the disease. The early cancer detection rate for African-American women is still only 69% of the rate for white women. African-American women are also more likely to be diagnosed with and die from breast cancer at a younger age.

- **Possible explanations for differences**
  
  Genetic or biological differences would account for only a small percentage of differences in outcomes, says Steve Whitman, PhD, director of the Sinai Urban Health Institute. The report proposes three explanations for the disparity in breast cancer mortality: African-American women may be receiving fewer mammograms in general and in a less than optimal sequence; mammography screenings received by African-American women may be of lesser quality; and African-American women may receive delayed or less effective treatment once breast cancer is diagnosed.

  The researchers analyzed the Chicago portions of data from the Illinois State Cancer Registry, the Illinois Vital Records files, the Illinois Behavioral Risk Factor Surveillance System and the United States Census. The report also includes data collected at Sinai with funding from the Avon Foundation.
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POSITION FOR INTERNAL MEDICINE physicians. J1 or H1 waiver available for MD or DO. Prefer new graduate. Available for July 2007, includes benefits. Please fax resume to (630) 789-3420; will call for interview.

PHYSICIANS NEEDED—FULL- OR PART-TIME. Downtown Chicago and suburban Chicago locations, northwestern and western suburbs. Ob/gyn for pregnancy termination, urology, GI, general surgery, family practice, plastic/cosmetic surgery, and anesthesiology specialties wanted. Patients in Illinois programs welcome. Malpractice insurance available. Hourly or salaried positions available. Mail CV to Administrator, 1640 Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004, or fax to (847) 398-4885; or email Tammys@covad.net.

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