

**CEO/CIO Forum**  
**Sharing the UHN Information**  
**Management Strategy.**  
With CEO Tom Closson,  
CIO Matthew Anderson and staff

November 24, 2000 – all day at the University Health Network in Toronto.

Interactive discussions and hands-on tour. Lunch and wrap-up dinner included.

Keywords of the day: budgeting, EPR, working with your board, standards, ROI, staffing, ASP, integration, health records, emergency, PMC, medial imaging, Vista, e-chart, clinical decision support, resource management and scheduling, research informatics, community integration, business systems, telecommunication, change management and more.

To maximize the value of this interactive program registration will be limited to a group of 30 guests. All registrants must be direct subscribers to *Hospital Quarterly* or *HealthcarePapers*. Register your interest with Anton Hart: [ahart@longwoods.com](mailto:ahart@longwoods.com)

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## Relevant Research

### Are Utilization Protocols Accurate?

The pressure on hospital managers to reduce costs is unrelenting and cutting back on acute-care bed use is an important part of controlling spending. But new research suggests that several utilization-review tools – which hospital managers use to assess the appropriateness of patient stays – may not be reliable gauges.

In a study published in the *Canadian Medical Association Journal* (Vol. 162, Issue 13) a group of researchers from Montreal's Sir Mortimer B. Davis-Jewish General Hospital tested the Intensity of Service, Severity of Illness Discharge Screens (ISD) the Managed Care Appropriateness Protocol (MCAP) and the Appropriateness Evaluation Protocol (AEP) by reviewing the files of 75 patients admitted to the coronary care unit.

The three protocols have been widely used in Canada, but compared to assessments by a panel of doctors, all three measures come up short, the study says. While the study's panel of cardiologists felt 92% of admissions and 67% of days subsequently spent in hospital were appropriate, the ISD tended to underestimate the appropriateness of the subsequent days, while the others both overestimated compared to the panel.

The differences between the panel's findings and those of the review tools were wide enough to raise questions on whether the protocols should be used at all, the study warns. In an interview, lead author Norman Kalant admitted that while reviews by panels are preferable, it can be difficult to find physicians with the time to participate.

Still, there is a reasonable alternative, Dr. Kalant said. "It's conceivable that it might be better to select a group of patients whose lengths of stay are longer than they should be, or than those at peer hospitals, then examine a sampling of those patients to see if you can find reasons for their extra time. You still need a panel, but they don't have to give up as much time."

The study *How Valid are Hospital Utilization Review Tools* is available on the internet at [www.cma.ca/cmaj](http://www.cma.ca/cmaj) (June 27, 2000 edition).

Relevant Research is prepared by the Canadian Health Services Research Foundation. For more information please contact the Foundation at: [communications@chrsf.ca](mailto:communications@chrsf.ca).

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