



## **Veterans Health Care November 2003**

1: Arch Intern Med. 2003 Oct 13;163(18):2204-10

The effect of ethnicity on survival in male veterans referred for electrocardiography and treadmill testing.

Prakash M, Partington S, Froelicher VF, Heidenreich PA, Myers J.

**BACKGROUND:** Ethnic differences in the relationship between access to health care and survival are difficult to define because of many confounding factors, such as socioeconomic status and baseline differences in health. Because the Veterans Affairs health care system offers health care largely without financial considerations, it provides an ideal setting in which to identify and understand ethnic differences in health outcomes. Previous studies in this area have lacked clinical and cardiovascular data with which to adjust for baseline differences in patients' health. **METHODS:** Data were collected from consecutive men referred for resting electrocardiography (ECG) (n = 41 087) or exercise testing (n = 6213) during 12 years. We compared ethnic differences in survival between whites, blacks, and Hispanics after considering baseline differences in age and hospitalization status. We also adjusted for electrocardiogram abnormalities and cardiac risk factors, exercise test results, and cardiovascular comorbidities. **RESULTS:** White patients tended to be older and had more baseline comorbidities and cardiovascular interventions when they presented for testing. White patients had increased mortality rates compared with blacks and Hispanics. In the ECG population, after adjusting for demographics and baseline electrocardiogram abnormalities, Hispanics had improved survival compared with whites and blacks. In the exercise test population, after adjusting for the same factors, as well as adjusting for the presence of cardiovascular comorbidities, cardiac risk factors, and exercise test findings, Hispanics also exhibited improved survival compared with the other 2 ethnicities. There were no differences in mortality rates between whites and blacks. **CONCLUSION:** Our findings demonstrate that the health care provided to veterans referred for routine ECG or exercise testing is not associated with poorer survival in ethnic minorities.

PMID: 14557218

2: Crit Care Med. 2003 Oct;31(10):2488-94.

Changes in intensive care unit nurse task activity after installation of a third-generation intensive care unit information system.

Wong DH, Gallegos Y, Weinger MB, Clack S, Slagle J, Anderson CT.

**OBJECTIVE** To determine the percentage of time that intensive care unit (ICU) nurses spend on documentation and other nursing activities before and after installation of a third-generation ICU information system. **DESIGN:** Prospective data collection using real-time time-motion analysis, before and after installation of the ICU information system. **SETTING:** A ten-bed surgical ICU at a Veterans Affairs

medical center. SUBJECTS: ICU nurses. INTERVENTIONS: Installation of a third-generation ICU information system. MEASUREMENTS AND MAIN RESULTS: Ten ICU nurses were studied before and after installation of the ICU information system. Each ICU nurse's activities and tasks, during 4-hr observation periods, were categorized in real-time by a nurse observer and recorded in a laptop computer. Each recorded task was automatically time-stamped and logged into a data file. The percentage of time spent on documentation decreased from 35.1 +/- 8.3% to 24.2 +/- 7.6% (p = .025) after the ICU information system was installed. The percentage of time providing direct patient care increased from 31.3 +/- 9.2% to 40.1 +/- 11.7% (p = .085). The percentage of time doing patient assessment, a direct patient care task, increased from 4.0 +/- 4.7% to 9.4 +/- 4.4% (p = .001). CONCLUSIONS: Installation of a third-generation ICU information system decreased the percentage of time ICU nurses spent on documentation by >30%. Almost half of the time saved on documentation was spent on patient assessment, a direct patient care task. PMID: 14530756

3: Hosp Health Netw. 2003 Sep;77(9):16, 18.  
Patient safety. X marks the spot.  
Manos D.  
PMID: 14528793

4: J Natl Med Assoc. 2003 Sep;95(9):853-61.  
Utilization of health care resources by HIV-infected white, African-American, and Hispanic men in the era before highly active antiretroviral therapy.  
Menke TJ, Giordano TP, Rabeneck L.  
In the highly active antiretroviral therapy (HAART) era, U.S. African-American and Hispanic patients with HIV use HAART less, but emergency and inpatient services more, than white patients. We evaluated whether these patterns existed in the pre-HAART era. Data from prospective cohort studies of 462 male Veterans Affairs patients and 1,309 male patients from the AIDS Costs and Services Utilization Survey were combined. Resource utilization of white, African-American, and Hispanic men was compared. Compared to whites, African Americans were more likely to visit the emergency department and less likely to have mental health, home health, and dental visits; had fewer outpatient and substance abuse treatment visits; and had more inpatient nights. Hispanics were less likely to have mental health and home health visits, and had more inpatient nights. Whites used prescription drugs more than African Americans or Hispanics, but antiretrovirals were equally used. Lower access to HAART for African-American and Hispanic patients is a new phenomenon, not a continuation of pre-HAART patterns, while the undesirable patterns of emergency and outpatient provider resource utilization in the HAART era are a continuation of pre-HAART patterns. Undesirable resource utilization patterns by African-American and Hispanic populations need urgent attention.  
PMID: 14527053

5: Mil Med. 2003 Sep;168(9):x-xi.  
Atypical antipsychotics, improved intrusive symptoms in patients with posttraumatic stress disorder.  
Ahearn EP, Winston E, Mussey M, Howell T.  
PMID: 14529262

6: Mil Med. 2003 Sep;168(9):750-5.

Aerobic capacity of Gulf War veterans with chronic fatigue syndrome. Nagelkirk PR, Cook DB, Peckerman A, Kesil W, Sakowski T, Natelson BH, LaManca JJ. A large overlap exists between the diagnosis of chronic fatigue syndrome (CFS) and the unexplained symptoms reported by many Gulf War veterans (GV). Previous investigations have reported reduced aerobic capacity in civilians with CFS. The present investigation examined metabolic responses to maximal exercise in GVs with CFS compared with healthy GVs. Cardiorespiratory and metabolic responses were recorded during a maximal exercise test on a cycle ergometer. The groups were not different in any demographic category ( $p > 0.05$ ) or self-reported physical activity ( $p > 0.05$ ). No differences were observed between groups for maximal oxygen uptake ( $28.9 \pm 6.7$  mL/kg/min for CFS vs.  $30.8 \pm 7.1$  mL/kg/min for controls;  $p = 0.39$ ), heart rate ( $155.8 \pm 16.1$  bpm for CFS vs.  $163.3 \pm 14.9$  bpm for controls;  $p = 0.17$ ), exercise time ( $9.6 \pm 1.5$  minutes for CFS vs.  $10.2 \pm 1.4$  minutes for controls;  $p = 0.26$ ), or workload achieved ( $208 \pm 36.7$  W for CFS vs.  $224 \pm 42.9$  W for controls;  $p = 0.25$ ). Likewise, no differences were observed at submaximal intensities ( $p > 0.05$ ). Compared with healthy controls, GVs who report multiple medically unexplained symptoms and meet criteria for CFS do not show a decreased exercise capacity. Thus, it does not appear that the pathology of the GVs with CFS includes a deficiency with mobilizing the cardiopulmonary system for strenuous physical effort.  
PMID: 14529252

7: N Engl J Med. 2003 Oct 23;349(17):1665-7.

Comment on:

N Engl J Med. 2003 Oct 23;349(17):1637-46.

Medical care--is more always better?

Fisher ES.

PMID: 14573739

8: N Engl J Med. 2003 Oct 23;349(17):1637-46.

Comment in:

N Engl J Med. 2003 Oct 23;349(17):1665-7.

Hospital use and survival among Veterans Affairs beneficiaries.

Ashton CM, Soucek J, Petersen NJ, Menke TJ, Collins TC, Kizer KW, Wright SM, Wray NP.

**BACKGROUND:** Initiatives to reduce hospital care were part of the reorganization of the Department of Veterans Affairs (VA) medical care system undertaken in the mid-1990s. We examined changes in the use of VA health services and survival from 1994 through 1998 among VA beneficiaries with serious chronic diseases. We postulated that if access to hospital care was reduced too much, or if decreased hospital use was not offset by improvements in ambulatory care, urgent care visits would increase or survival rates would fall. **METHODS:** We tracked changes in risk-adjusted VA bed-day rates, rates of medical visits, rates of visits for testing and consultation, and rates of urgent care visits per patient-year among VA beneficiaries in nine disease cohorts (a total of 342,300 beneficiaries). Trends in non-VA hospital use by VA beneficiaries 65 years of age or older who were enrolled in fee-for-service Medicare were also studied. VA and Medicare vital-status data were used to calculate one-year survival rates. **RESULTS:** From 1994 through 1998, VA bed-day rates fell by 50 percent, rates of medical-clinic visits and visits for testing and consultation increased moderately, and rates of urgent care visits fell by 35 percent. The sharp decline in the use of VA hospitals was not compensated for by increases in the use of Medicare-reimbursed non-VA hospital care by veterans eligible for both VA care and Medicare, and the use of non-VA hospitals actually declined in four cohorts. The

survival rates were essentially unchanged over the study period. CONCLUSIONS: The marked decline in VA hospital use from 1994 through 1998 did not curtail access to needed services and was not associated with serious consequences for chronically ill VA beneficiaries.  
PMID: 14573736

9: South Med J. 2003 Oct;96(10):1044-5.  
James H. Quillen VA celebrates its centennial anniversary: 1903-2003.  
Fowler-Argo JC.  
James H. Quillen Veterans Affairs Medical Center, Mountain Home, TN, USA.  
PMID: 14570355