In brief

Cardiologists follow healthy lifestyle:

Aspirin and statins are each taken daily by about one in three US cardiologists, a survey of 471 cardiologists (average age 48) carried out by the Mid America Heart Institute has found. Red wine was the most often consumed alcoholic drink, and rates of smoking and obesity were an eighteenth and a third of those in the US population respectively (*American Journal of Cardiology* 2006;97:1093-6).

German health system in deficit:

Germany's health system is facing a huge deficit, and the health minister, Ulla Schmidt, has warned that the shortfall for the first quarter of 2006 could be €3.5bn (£2.4bn; \$4.4bn). The deficit has been blamed on heavily increased spending on drugs and hospital treatment and a drop in the number of people paying health insurance contributions.

Researchers shed light on myopia:

Researchers in Hong Kong have identified the risk genotype in the ethnic Chinese population that makes them especially susceptible to myopia. The study cites an association between polymorphisms in the hepatocyte growth factor gene and the high rate of myopia among Han people (*Investigative Ophthalmology and Visual Science* 2006;47:2291-9).

Nepal bans smoking in public places:

Nepal's supreme court has ordered the government to ban smoking in all public places and to work towards banning tobacco advertising in the media. Use of tobacco products claims the lives of about 15 000 Nepalese people a year.

Brain dead woman gives birth:

A 38 year old Italian woman who has been kept artificially alive for more than 11 weeks has given birth to a healthy girl. The child was delivered by emergency caesarean section in the 29th week of pregnancy after the mother's blood pressure dropped. Doctors at Milan's Niguarda Hospital said it was the first case of its kind in Italy and only the 11th recorded anywhere in the world.

Overtaxed US emergency care system needs reorganisation

Nellie Bristol *Washington, DC*

The underfunded, overburdened, and disorganised emergency care system in the United States is barely capable of caring for its daily volume of patients and would be overwhelmed by a mass casualty event. This is a conclusion of the US Institute of Medicine given in a series of studies released last week in Washington, DC.

Although most Americans expect and get appropriate emergency care, "what the public perceives and what is real in many cases" is often not the same, said Gail Warden, chairman of the 40 member panel that wrote the reports. "There are centres of excellence in many communities, but yet at the same time in most communities there is a crisis under the surface."

The number of visits to emergency departments increased by 26% between 1993 and 2003, the reports say, while the number of departments declined by 425 and the number of hospital beds dropped by 198 000.

As a result the system is plagued by overcrowding, forcing long waits for care and up to

two days for inpatient admission. Patients waiting for beds are too often left in the emergency department and in hallways. Ambulances are diverted to other facilities at an average national rate of one a minute, delaying treatment for even the most seriously injured patients.

In addition, the report says, three quarters of hospitals report difficulty finding specialists to provide emergency and trauma services. The report cites several reasons for the difficulty: a nationwide decline in the

number of specialists, lack of payment to doctors for treating the high volume of uninsured patients who use emergency departments, and disruption of doctors' personal lives by off-hours calls.

Furthermore, although the 911 emergency number system may appear universal and seamless to patients, the studies say that local systems are managed by a number of different entities, ranging from fire departments to private organisations. As a result the systems often cannot communicate with each other and often have different standards.

The emergency system has little surge capacity and lacks appropriate equipment for a large scale crisis.

US campaign to save 100 000 lives exceeds its target

Janice Hopkins Tanne *New York*

The US Institute for Healthcare Improvement's 100 000 lives campaign to prevent unnecessary deaths in hospitals actually saved 122 342 lives.

Donald Berwick, president and chief executive officer of the institute, announced the success of the 18 month campaign at the institute's second annual international meeting on redesigning hospital care in Atlanta, Georgia, last week. Authors from the institute described the campaign in the *BMJ* earlier this month (2006;332:1328-30).

Through the campaign the institute has built a national infrastructure with regional field offices to promulgate improvements in health care.

About 100 hospitals that successfully implemented the campaign are serving as mentors to other hospitals. The campaign has also developed "how to" guides for hospitals, available on its website (www.ihl.org).

In a press conference Dr Berwick explained that the estimate of the number of lives saved—or unnecessary in-hospital deaths prevented—was based on a month by month comparison of in-hospital mortality in 2004 and then in 2005, after the 3100 hospitals participating began using some or all of the campaign's six quality improvement changes.

Hospitals participating in the campaign represent about 75% of all US hospital beds. They

agreed to implement some or all of the six quality improvement changes:

- Activating a rapid response team to respond at the first sign of deterioration in a patient (1781 hospitals)
- Preventing deaths from heart attacks by giving aspirin and β blockers (2288 hospitals)
- Preventing medication errors by updating and reviewing patients' drugs (2185 hospitals)
- Preventing infections from central lines by hand washing and cleaning the patient's skin with an antiseptic (1925 hospitals)
- Preventing surgical site infections by several steps, including timely administration of antibiotics (2133 hospitals), and
- Preventing pneumonia in patients on ventilators by four steps, including raising the head of the patient by between 30 and 45 degrees (1982 hospitals).