lines. In addition, eight medication-use indicators will be available in 1996.

The IMSystem is an indicator-based performance measurement system designed to help healthcare organizations measure and improve their performance. Performance measurement systems, such as the IMSystem, are expected to be integrated into the future accreditation process. Participating hospitals collect specified indicator data elements and submit them periodically to the Joint Commission's national data repository. The hospital also can use an electronic bulletin board to transmit indicator data by modem. The Joint Commission then aggregates and analyzes the data to create individualized comparative reports.

To date, hospitals have been collecting data on five obstetrical indicators and five perioperative indicators, The IMSystem also is now ready to receive data for the new cardiovascular, oncology, and trauma indicators.

More than 80 hospitals were expected have submitted data on indicators by the end of 1995. Participating hospitals that have submitted data are receiving quarterly reports, which portray the individual hospital's performance in relation to aggregate data for other participating hospitals. The report's charts and tables also contrast the hospital's actual performance with its expected performance. The IMSystem has been designed to include a unique electronic feature for reviewing the quality of submitted data via an electronic review of every record in the IMSystem database. For more details on indicators, call the Joint Commission's Department of Indicator Measurement at (708) 916-5220, and press 1 to speak with an IMSystem associate.

FROM: Comparative charts available to IMSystem participants. *Joint Commission Perspectives.* September/October 1995;15(5):6.

Hepatitis B Vaccination of Infants is Cost-Effective

Dr. Harold Margolis and colleagues from the CDC recently completed an economic analysis of current recommendations for immunization for hepatitis B. A decision model was used to determine the incremental effects of the following strategies: (1) prevention of perinatal HBV infection; (2) routine infant vaccination; and (3) routine adolescent vaccination.

The results of the analysis indicated that prevention of perinatal infection and routine infant vaccination would lower the 4.8% lifetime risk of HBV by at least 68%, compared with a 45% reduction for adolescent vaccination. The estimated cost per year of lives saved was $164 to prevent perinatal HBV infection, $1,522 for infant vaccination, and $3,730 for adolescent vaccination.

The authors concluded that routine vaccination of infants in successive birth cohorts to prevent HBV transmission is cost-effective. While economically less attractive than infant vaccination, adolescent vaccination could serve to protect those children who were not vaccinated as infants.

In an accompanying editorial, Dr. Donald Francis challenges physicians as the leaders for elimination of HBV to take an active role, recognizing that this is difficult when often overwhelmed with the daily needs of curative medicine. However, when HBV is eliminated, Dr. Francis notes, the physicians can lead the chorus in celebration and then push for an attack on the next miserable affliction.

FROM: Margolis HS, Coleman PJ, Brown RE, et al. Prevention of hepatitis B virus transmission by immunization. *JAMA* 1995;274:1201-1208.

Francis DP. The public's health unprotected: reversing a decade of underutilization of hepatitis B vaccine. *JAMA* 1995;274:1242-1243.

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