



# Nursing & Healthcare Policy

Dr. Kevin T. Kavanagh, MD, MS, FACS

Health Watch USA

[www.healthwatchusa.org](http://www.healthwatchusa.org)

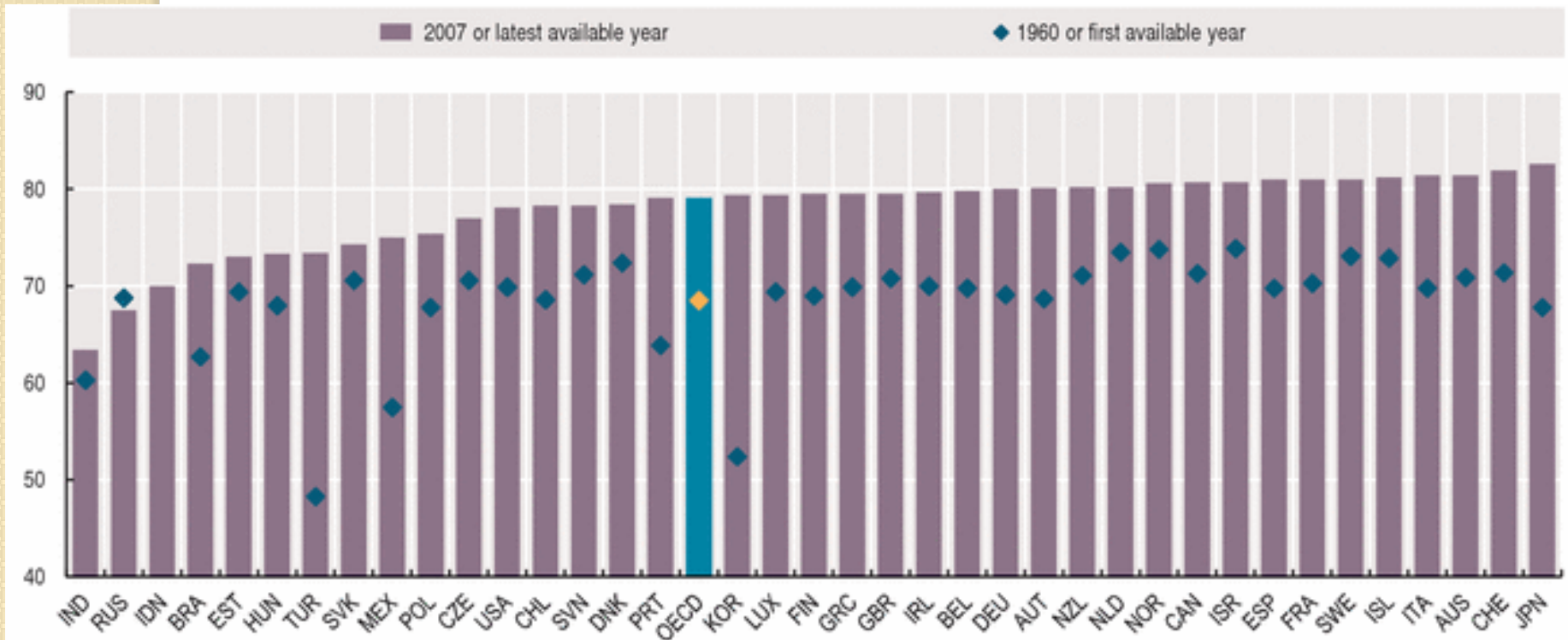
[www.neverevents.org](http://www.neverevents.org)

[www.healthconference.org](http://www.healthconference.org)

This slide presentations and comments are the express opinion of Dr Kevin T Kavanagh, MD, MS, FACS and not those of Health Watch USA

# Healthcare in the United States

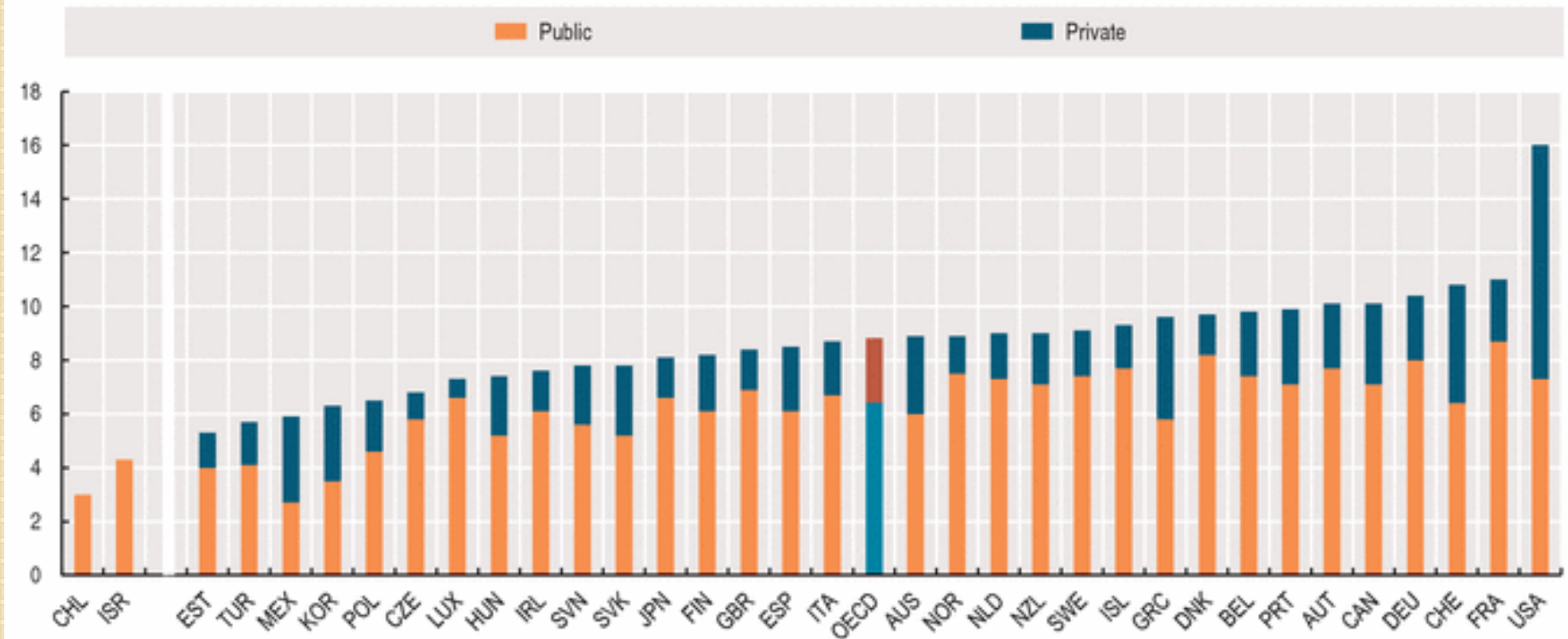
## Life Expectancy – OECD Factbook



Organisation for Economic Co-operation and Development – 40 Industrial Nations -- 2010 Factbook data - © OECD [www.oecd.org](http://www.oecd.org)

# Healthcare in the United States

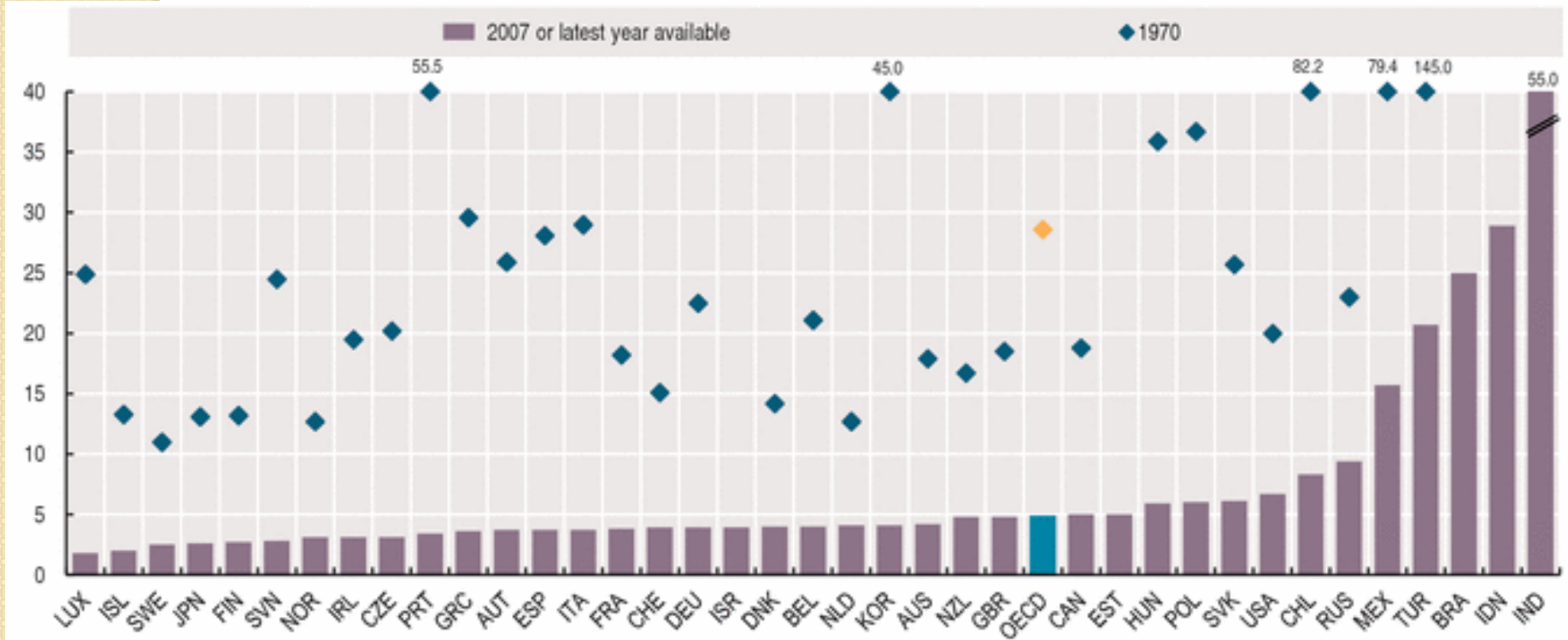
## Cost of US Healthcare – OECD Data



Organisation for Economic Co-operation and Development – 40 Industrial Nations -- 2010 Factbook data - © OECD [www.oecd.org](http://www.oecd.org)

# Healthcare in the United States

## Infant Mortality – OECD Data



Organisation for Economic Co-operation and Development – 40 Industrial Nations -- 2010 Factbook data - © OECD [www.oecd.org](http://www.oecd.org)

# Healthcare in the United States

- The US has a high maternal mortality rate compared to other industrialized nations.
- The United States ranked 30 out of 59 nations that had, “satisfactory civil registration data,” over three times higher than Bosnia/Herzegovina, Denmark, Ireland, Italy, and Sweden

Hill K, Thomas K, AbouZahr C, Walker N, Say L, Inoue M, Suzuki E; Maternal Mortality Working Group. Estimates of maternal mortality worldwide between 1990 and 2005: an assessment of available data. Lancet. 2007 Oct 13;370(9595):1311-9.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61572-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61572-4/fulltext)

# Healthcare in the United States

- the United States has a lower vaccination rate for DTP, and measles than the average OCED reporting nation.
- The US rates for DPT vaccination was more than 10% lower than average, 84.6% of children immunized as compared to 94.8%, only Austria had a lower rate.

OECD Health Data 2010 – Frequently Requested Data.  
OECD.

[http://www.irdes.fr/EcoSante/Download/OECDHealthData\\_FrequentlyRequestedData.xls](http://www.irdes.fr/EcoSante/Download/OECDHealthData_FrequentlyRequestedData.xls)

# Healthcare in the United States

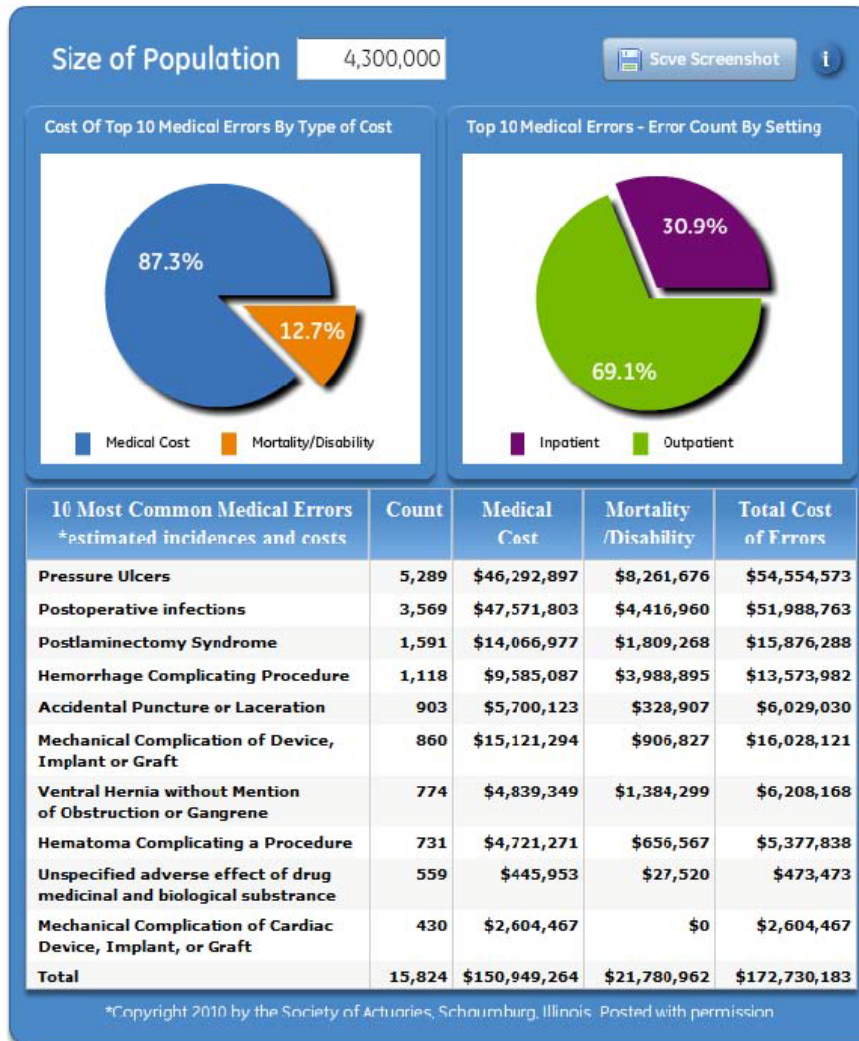
- Kentucky's Fifth Congressional District, which includes Harlan and Perry counties, has the lowest life expectancy of any district in America: 72.6 years for men and 76.4 for women

The Measure of America — Social Science Research Council

<http://www.measureofamerica.org/2008-2009-report/about/>



# Healthcare in the United States



## GE Healthcare

<http://nextlevel.gehealthcare.com/self-assessment-tools/cost-of-errors-tool.php>



# Hospital Acquired Conditions

The Centers for Disease Control and Prevention (CDC) estimate that at least

- 1.7 million healthcare-associated infections occur each year which lead to 99,000 deaths.

Report to Congress: National Strategy for Quality Improvement in health Care March, 2011.

<http://www.healthcare.gov/center/reports/quality03212011a.html>

# Hospital Acquired Conditions

The Centers for Disease Control and Prevention (CDC) estimate that at least

- Adverse medication events cause more than 770,000 injuries and deaths each year—and the cost of treating patients who are harmed by adverse medication events is estimated to be as high as \$5 billion annually.

Report to Congress: National Strategy for Quality Improvement in health Care March, 2011.

<http://www.healthcare.gov/center/reports/quality03212011a.html>

# Hospital Acquired Conditions

- 13.1% of Medicare patients have suffered harm during a hospital stay, 44% of these harmful events were judged to be clearly or likely preventable.

Harm: NQF Serious Event, Medicare HAC, or resulted in one of the four most serious categories on the NCC MERP index (prolonged hospital stay, permanent harm, life-sustaining intervention, or death).

Levinson DR. Adverse Events in Hospitals: National Incidence Among Medicare Beneficiaries. Department of Health and Human Services. Office of Inspector General. November 2010. OEI-06-09-00090.

[http://www.neverevents.org/downloads/20101116-OIG\\_rept\\_adverse\\_events.pdf](http://www.neverevents.org/downloads/20101116-OIG_rept_adverse_events.pdf)

# Hospital Acquired Conditions

- 0.6% had a National Quality Forum (NQF) Serious Reportable Event (does not include infections)
- 1.0% has a Medicare Hospital Acquired Condition.
- 1.5% of Medicare beneficiaries experienced an event that contributed to their death.

# Hospital Acquired Conditions

- An additional 13.5% of Medicare beneficiaries experienced temporary harm -- i.e., hypoglycemia, but some were significant and only classified as temporary because of the long hospital stays.

# Hospital Acquired Conditions

- New England Journal of Medicine which found 25 patient harms per 100 admissions. 63% of these harmful events were judged to be clearly or likely preventable.

Landrigan CP, Parry GJ, Bones CB, Hackbarth AD, Goldmann DA, Sharek PJ. Temporal trends in rates of patient harm resulting from medical care. N Engl J Med. 2010 Nov. 25;363(22):2124-34.

<http://www.nejm.org/doi/full/10.1056/NEJMsa1004404>

# Hospital Acquired Infections

- The CDC estimates that there are 1.7 million hospital acquired infections each year that cause nearly 100,000 deaths.  
[http://www.cdc.gov/ncidod/dhqp/pdf/hicpac/infections\\_deaths.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/hicpac/infections_deaths.pdf)  
& <http://www.cdc.gov/ncidod/dhqp/hai.html>
- Approximately 1 out of every 20 hospitalized patients will contract an HAI.  
<http://www.cdc.gov/HAI/burden.html>



# Hospital Acquired Conditions

## Medicare

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Stage III and IV Pressure Ulcers
5. Falls and Trauma
  - \* Fractures
  - \* Dislocations
  - \* Intracranial Injuries
  - \* Crushing Injuries
  - \* Burns
  - \* Electric Shock
6. Manifestations of Poor Glycemic Control
  - \* Diabetic Ketoacidosis
  - \* Nonketotic Hyperosmolar Coma
  - \* Hypoglycemic Coma
  - \* Secondary Diabetes with Ketoacidosis
  - \* Secondary Diabetes with Hyperosmolarity
7. Catheter-Associated Urinary Tract Infection (UTI)
8. Vascular Catheter-Associated Infection
9. Surgical Site Infection Following:
  - \* Coronary Artery Bypass Graft (CABG) - Mediastinitis
  - \* Bariatric Surgery
    - o Laparoscopic Gastric Bypass
    - o Gastroenterostomy
    - o Laparoscopic Gastric Restrictive Surgery
  - \* Orthopedic Procedures
    - o Spine
    - o Neck
    - o Shoulder
    - o Elbow
10. Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)
  - \* Total Knee Replacement
  - \* Hip Replacement

# Serious Reportable Events

- National Quality Forum (Leapfrog Group)
  - Severe Reportable Events, these used to be called “Never Events” by NQF, Leapfrog Group still uses this term.
- Similar to Medicare but do not include Infections and includes other events.
- Total of 28. Is undergoing revision in 2011.

# Serious Reportable Events

- Artificial insemination with the wrong donor sperm or donor egg
- Unintended retention of a foreign object in a patient after surgery or other procedure
- Patient death or serious disability associated with patient elopement (disappearance)
- Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)
- Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products
- Patient death or serious disability associated with an electric shock or elective cardioversion while being cared for in a healthcare facility
- Patient death or serious disability associated with a fall while being cared for in a healthcare facility
- Surgery performed on the wrong body part
- Surgery performed on the wrong patient

# Serious Reportable Events

- Wrong surgical procedure performed on a patient
- Intraoperative or immediately post-operative death in an ASA Class I patient
- Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility
- Patient death or serious disability associated with the use or function of a device in patient care, in which the device is used or functions other than as intended
- Infant discharged to the wrong person
- Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a healthcare facility
- Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility
- Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility
- Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates

# Serious Reportable Events

- Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility
- Patient death or serious disability due to spinal manipulative therapy
- Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
- Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility
- Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility
- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
- Abduction of a patient of any age
- Sexual assault on a patient within or on the grounds of the healthcare facility
- Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of the healthcare facility

# Hospital Acquired Infections

- 2010 AHRQ Report: The average HAI adds \$43,000 to a hospital bill.

<http://www.hcup-us.ahrq.gov/reports/statbriefs/sb94.pdf>

- It costs our US healthcare system between 28 billion to 33 billion dollars each year.

[http://appropriations.house.gov/Witness\\_testimony/LHHS/Richard\\_Besser\\_04\\_01\\_09.pdf](http://appropriations.house.gov/Witness_testimony/LHHS/Richard_Besser_04_01_09.pdf)

# Hospital Acquired Infections

Based upon the population

- 23,000 hospital acquired infections each year that cause nearly 1,400 deaths.
- The costs to Kentucky's healthcare system is between 392 to 462 million dollars each year



# Hospital Acquired Infections

- ◎ Thomas R. Frieden, MD, MPH,  
Director of the CDC

*"Evidence indicates that, with focused efforts, these once-formidable infections can be greatly reduced in number, leading to a new normal for healthcare-associated infections as rare, unacceptable events."*

Maximizing Infection Prevention in the Next Decade:  
Defining the Unacceptable. Infect Control Hosp Epidemiol  
2010;31:S1–S3

<http://www.journals.uchicago.edu/doi/full/10.1086/656002>

# Importance of Nursing

- There is an increase in overall mortality rate of 7% for each additional patient a nurse cared for. Increasing the registered nurses workload from four to eight patients increased the chances of the patient dying by 31%. The article studied 232,342 general, orthopedic, and vascular surgery patients which were hospitalized.

Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA. 2002 Oct 23-30;288(16):1987-93.

<http://www.ncbi.nlm.nih.gov/pubmed/12387650>

# Importance of Nursing

- The Joint Commission published a report which identified inadequate nursing staffing as a factor in nearly 34% of all sentinel (severe) events and that care was literally being left undone and of these nurses 84% had experienced an increase in the number of patients they were responsible for.

Health Care at the Crossroads. The Joint Commission. 2002 Aug. Page 14.

[http://www.jointcommission.org/assets/1/18/health\\_care\\_at\\_the\\_crossroads.pdf](http://www.jointcommission.org/assets/1/18/health_care_at_the_crossroads.pdf)

# Importance of Nursing

- Increased levels of staffing with registered nurse resulted in lower rates of urinary tract infections, upper gastrointestinal bleeding, pneumonia, shock, cardiac arrest and "failure to rescue".

Needleman J, Buerhaus P, Mattke S, Stewart M, Zelevinsky K. Nurse-staffing levels and the quality of care in hospitals. N Engl J Med. 2002 May 30;346(22):1715-22.  
<http://www.ncbi.nlm.nih.gov/pubmed/12037152>

# Importance of Nursing

- A staffing study which controlled for high patient turnover owing to admissions, transfers, and discharges.
- This study found an increase in overall patient mortality with reduced registered nurse staffing.

Needleman J, Buerhaus P, Pankratz VS, Leibson CL, Stevens SR, Harris M. Nurse staffing and inpatient hospital mortality. N Engl J Med. 2011 Mar 17;364(11):1037-45.

<http://www.ncbi.nlm.nih.gov/pubmed/21410372>

# Hospital Staff Budgets

- Hospital Staff and labor costs can comprise up to 70% of a hospital's operating budget.

Barns G. Optimizing healthcare staffing. Executive Healthcare  
<http://www.executivehm.com/article/Optimizing-healthcare-staffing/>

Jones D. Hospital CEOs manage staff time, inventory to cut costs. USA Today. Sep. 10, 2009  
[http://www.usatoday.com/money/industries/health/2009-09-09-saving-money-hospitals\\_N.htm](http://www.usatoday.com/money/industries/health/2009-09-09-saving-money-hospitals_N.htm)

# Hospital Staff Budgets

- Nursing salaries can comprise 50% of the operating budget of an institution.

Manojlovich M. Seeking staffing solutions. American Nurse Today. March 2009

<http://www.americannursetoday.com/article.aspx?id=4964&fid=4922>



# Hospital Staff Budgets

- “Nursing care is as much as 50% of a hospital’s operation budget, and most hospital administrators concur that staff reductions are the single most effective way to decrease the institution’s expenses.”

By Constance S. Kirkpatrick. In: Nurses’ guide to cancer care. Nursing Research Series, Mary Jo Aspinall, Editor. Rowan & Littlefield 1986 Totowa, New Jersey.

# Hospital Staff Budgets

- Medicare Cost Report data showed that for-profit hospitals spent 20% less of their operating budget on staff but had a 5.45% operating margin compared to a negative 0.54% margin.

Schuhmann TM. Hospital Financial Performance: Trends to watch: Financial indicators derived from Medicare cost report data are reliable tools for assessing the effectiveness of a hospitals' operation. Healthcare Financial Management, 2008 July.

[http://findarticles.com/p/articles/mi\\_m3257/is\\_7\\_62/ai\\_n28072663/?tag=content;coll](http://findarticles.com/p/articles/mi_m3257/is_7_62/ai_n28072663/?tag=content;coll)

# Hospital Staff Budgets

- Frankfort Regional Medical Center is an investor owned hospital
  - Has received the Magnet Recognition from the American Nurses Association.
  - Participates in the Leapfrog Group Survey AND does not charge for care directly related to “never events”.

# Adequate Staffing

- OECD found.
  - USA has the largest pool of nurses numbering close to 3 million.
  - Need to produce 25% more nurses to meet future demand.

Nurse Workforce challenges in the United States: Implications for policy. Directorate for Employment, Labour and Social Affairs. OECD. Oct. 1, 2008.

<http://www.oecd.org/dataoecd/34/9/41431864.pdf>

# Adequate Staffing

- OECD estimates more than 1 million more nurses will be needed by 2020.

Nurse Workforce challenges in the United States: Implications for policy. Directorate for Employment, Labour and Social Affairs. OECD. Oct. 1, 2008.

<http://www.oecd.org/dataoecd/34/9/41431864.pdf>

# Adequate Staffing

- Nurse Burnout - Data indicates that with a doubling of the patient-to-nurse ratio from 4:1 to 8:1 there is more than a two fold increase in high emotional exhaustion of the nursing staff and they are 1.75 times more likely to be dissatisfied with their job.

Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA. 2002 Oct 23-30;288(16):1987-93. <http://www.ncbi.nlm.nih.gov/pubmed/12387650>

# Adequate Staffing

- The study also found that 42% of nurses that were dissatisfied with their job intended to leave in the next 12 months, compared to 11% of nurses that were satisfied with their jobs.

Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA. 2002 Oct 23-30;288(16):1987-93. <http://www.ncbi.nlm.nih.gov/pubmed/12387650>



# Adequate Staffing

- The American Nurses Association in a national survey of over 16,000 nurses, 84% of which were employed by hospitals, found that 72.5% of nurses felt the staffing on their unit or shift was not sufficient and 53.6% were considering leaving their position with the majority of respondents stating that inadequate staffing was a factor in their decision.

News Release the American Nurses Association. July 6th, 2009.

<http://www.safestaffingsaveslives.org/WhatisANADoing/PollResults/Safe-Staffing-Poll-Results.aspx>

Safe Nursing staffing Poll Results. Safe Staffing Levels Saves Lives.

<http://www.safestaffingsaveslives.org/WhatisANADoing/PollResults.aspx>

# Adequate Staffing

- 2009 Robert Wood Johnson Foundation report found 26.2% of nurses left their first job within two years, and 18.1% left within one year of employment.

Understanding and Preventing Departures: Surprises in Work Environment Contribute to High Turnover Rates of New Nurses. Robert Wood Johnson Foundation. 2009 July. <http://www.rwjf.org/pr/product.jsp?id=46437>

Pellico LH, Brewer CS, Kovner CT. What newly licensed registered nurses have to say about their first experiences. Nurs Outlook. 2009 Jul-Aug;57(4):194-203. <http://www.ncbi.nlm.nih.gov/pubmed/19631061>

# Adequate Staffing

- OECD Concluded.

“Retention of nurses in the workforce is critical and will require substantial improvements in human resource policies, the development of satisfying professional work environments, and technological innovations to ease the physical burdens of caregiving.”

Nurse Workforce challenges in the United States: Implications for policy. Directorate for Employment, Labour and Social Affairs. OECD. Oct. 1, 2008.

<http://www.oecd.org/dataoecd/34/9/41431864.pdf>

# Adequate Staffing - Ratios

- Ratios – State of California  
require a nurse staffing ratio of  
1:5 on medical and surgery floors;  
1:4 in telemetry (step-down) units;  
1:2 in the ICU, emergency room, and  
recovery rooms; and  
1:1 for critical trauma.

State of California, Nurse Staffing Regulations.

[http://www.cdph.ca.gov/services/DPOPP/regs/Documents/R-37-01\\_Regulation\\_Text.pdf](http://www.cdph.ca.gov/services/DPOPP/regs/Documents/R-37-01_Regulation_Text.pdf)

# Adequate Staffing - Ratios

- The law is that it does not distinguish between Registered Nurses and Licensed Practical (Vocational) Nurses.

State of California, Nurse Staffing Regulations.

[http://www.cdph.ca.gov/services/DPOPP/regs/Documents/R-37-01\\_Regulation\\_Text.pdf](http://www.cdph.ca.gov/services/DPOPP/regs/Documents/R-37-01_Regulation_Text.pdf)

# Adequate Staffing - Ratios

- Needleman, et al., and Thungiaroenkul, et al. showed that improvement in staffing is not only dependent upon having adequate nursing levels but also on a higher proportion of Registered Nurses.

Needleman J, Buerhaus P, Mattke S, Stewart M, Zelevinsky K. Nurse-staffing levels and the quality of care in hospitals. N Engl J Med. 2002 May 30;346(22):1715-22. <http://www.ncbi.nlm.nih.gov/pubmed/12037152>

Thungjaroenkul P, Cummings GG, Embleton A. The impact of nurse staffing on hospital costs and patient length of stay: a systematic review. Nurs Econ. 2007 Sep-Oct;25(5):255-65. <http://www.ncbi.nlm.nih.gov/pubmed/18080621>

# Adequate Staffing - Ratios

- California Nurses Association pointed out that there was a 20% gain in Registered Nurses between June 1999 and Oct. 2004

RN Staffing Ratios, The real story on the nursing shortage. California Nurses Association.

[http://www.healthwatchusa.org/downloads/ratio\\_rn\\_shortage\\_0105.pdf](http://www.healthwatchusa.org/downloads/ratio_rn_shortage_0105.pdf)

# Adequate Staffing - Ratios

- Eight states have since adopted minimum staffing laws, including California, Connecticut, Ohio, Oregon, Rhode Island, New Jersey, Texas and Washington

Manojlovich M. Seeking staffing solutions. American Nurse Today. March 2009  
<http://www.americannursetoday.com/article.aspx?id=4964&fid=4922>



# Adequate Staffing - Ratios

- 2010 study by Aiken, et. al., found that on average the nurses in California took care of one less patient than nurses in other states. They took care of two less patients on the medical and surgical units. California nurse staffing mandatory ratios were associated with lower patient mortality, less nurse burnout, and job dissatisfaction, and better nurse retention.

Aiken LH, Sloane DM, Cimiotti JP, Clarke SP, Flynn L, Seago JA, Spetz J, Smith HL. Implications of the California nurse staffing mandate for other states. Health Serv Res. 2010 Aug;45(4):904-21. Epub 2010 Apr 9. <http://www.ncbi.nlm.nih.gov/pubmed/20403061>

# Adequate Staffing - Ratios

- A report from AHRQ warns that the association of patient outcomes with nurse staffing levels may not be causal, since the size of the nursing staff may reflect the institution's overall commitment to quality.

Kane RL, Shamliyan T, Mueller C, Duval S and Wilt TJ. Nursing Staffing and Quality of Patient Care. AHRQ. Evidence Report/Technology Assessment No 151. Mar. 2007.

<http://www.ahrq.gov/downloads/pub/evidence/pdf/nursestaff/nursestaff.pdf>

Kane RL, Shamliyan TA, Mueller C, Duval S, Wilt TJ. The association of registered nurse staffing levels and patient outcomes: systematic review and meta-analysis. Med Care. 2007 Dec;45(12):1195-204.

<http://www.ncbi.nlm.nih.gov/pubmed?term=18007170%20>

# Adequate Staffing - Acuity

- The American Nurses Association does not endorse mandated nurse-patient-ratios. The ANA does support staffing systems where RNs that have direct patient care have input into staffing decisions.

Manojlovich M. Seeking staffing solutions. American Nurse Today. March 2009

<http://www.americannursetoday.com/article.aspx?id=4964&fid=4922>

# Adequate Staffing - Acuity

- Illinois has passed a “Patient Acuity Staffing Plan” but does not require input from Direct Care Nurses. Florida, Vermont and Maine use a combination of staffing plans and nurse-patient ratios have been proposed.

Manojlovich M. Seeking staffing solutions. American Nurse Today. March 2009

<http://www.americannursetoday.com/article.aspx?id=4964&fid=4922>

# Adequate Staffing - Acuity

- “Without an accurate method to incorporate acuity into measurement of nurse staffing, research on the relationship between staffing and quality of care will not reach the full potential to inform practice.”

Mark BA, Harless DW. Adjusting for patient acuity in measurement of nurse staffing: two approaches. Nurs Res. 2011 Mar-Apr;60(2):107-14.

<http://www.ncbi.nlm.nih.gov/pubmed/21317822>

# Adequate Staffing - Acuity

- Critics point out that acuity based staffing is a subjective approach, which cannot accurately measure staffing acuity, giving opportunity for profit-driven institutions to cut nursing staff.

# Adequate Staffing - Transparency

- Nurse-sensitive-outcomes. These outcomes would include infection (urinary tract infections, pneumonia, sepsis) rates and rates of bed ulcers.
- To do well on these outcome ratings you need to have adequate nursing staffing.

# Transparency

- Public reporting initiatives offer consumers and payers vehicles to compare costs, review treatment outcomes, assess patient satisfaction, and hold providers accountable.

Report to Congress: National Strategy for Quality Improvement in health Care March, 2011.

<http://www.healthcare.gov/center/reports/quality03212011a.html>



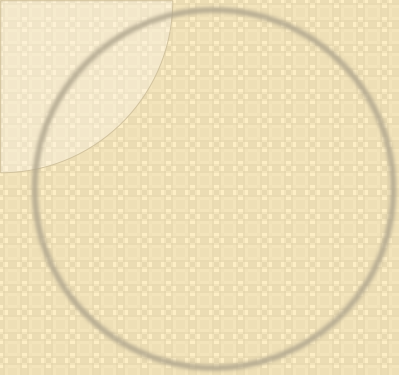
# Transparency

- ◎ 27 States require public reporting of Hospital Infection Rates.
- ◎ 22 States require use of NHSN (National Healthcare Safety Network).
- ◎ 20 States have issued reports.

Sources: “Progress Toward Eliminating Healthcare-Associated Infections.” Arlington, VA , Sept 23<sup>rd</sup> to 24<sup>th</sup>, 2010 &

Maximizing Infection Prevention in the Next Decade: Defining the Unacceptable Thomas R. Frieden, MD, MPH From the Centers for Disease Control and Prevention, Atlanta, Georgia

<http://www.journals.uchicago.edu/doi/full/10.1086/656002>



# Transparency

- ◎ The director of the CDC's HAI prevention program, Dr. Srinivasan, recently stated that the, “CDC does believe that increased transparency, public reporting of healthcare-associated infections is an important part of a comprehensive effort to prevent healthcare-associated infections and eliminate these infections ...”

Media Telebriefing on State Healthcare-Associated Infection Data    May 27, 2010, 12 PM

<http://www.cdc.gov/media/transcripts/2010/t100527.htm>

# Transparency

- “State initiatives on public reporting of healthcare-associated infections play an important role in the Federal effort to prevent healthcare-associated infections.”

Don Wright, MD, MPH

Deputy Assistant Secretary for Healthcare Quality,  
Office of the Assistant Secretary for Health, U.S.  
Department of Health and Human Services.

# Transparency

- ⦿ In response to the question, “What will really cause a change (in hospital safety)?” Dr. Mark Chassin replied: *“That the pressure will have to come from the public in the same way that public pressure created environmental protection laws. Someone needs to call attention to patient safety the way Rachel Carson warned of environmental disaster in (the book) Silent Spring.”*

Keeping an Eye on Hospital Safety  
Columbia Journal Review Sept 2, 2010

[http://www.cjr.org/campaign\\_desk/keeping\\_an\\_eye\\_on\\_hospital\\_safety.php](http://www.cjr.org/campaign_desk/keeping_an_eye_on_hospital_safety.php)

# Transparency

- In England – Mandatory Public Reporting. Even have a home MRSA testing kit which citizens can buy.
- In France – Mandatory Public Reporting.

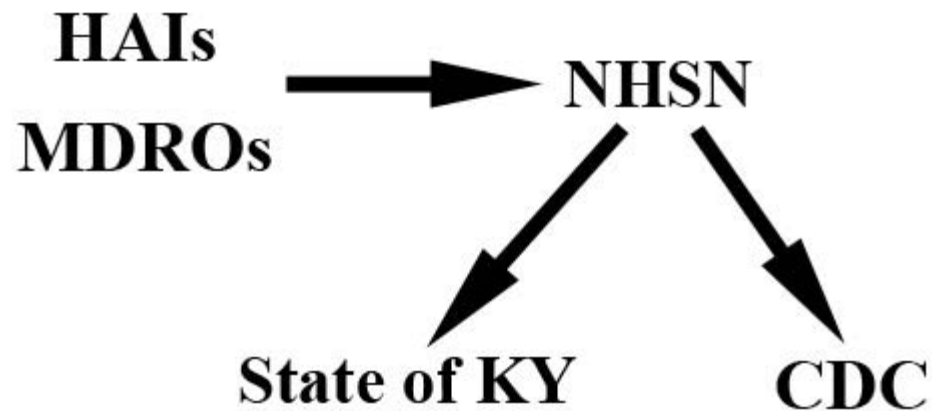
Source: Prevention of Methicillin-Resistant *Staphylococcus aureus* Infection: Is Europe Winning the Fight?

<http://www.journals.uchicago.edu/doi/pdf/10.1086/655997>

# Public Reporting - Kentucky

- Arguments For -What is measured is managed, what is publically managed is managed well.
  - Single Non-duplicative standardized reporting system - NHSN.
  - People have the right to know.
  - Address community and facility risk factors
  - Allows longitudinal comparisons
  - Produces baseline data for grants.
  - CDC needs accurate information to address this epidemic --- production of antibiotics, etc.
  - Kentucky State Health Dept Needs Accurate Data.
  - If risk-adjusted, allows for facility comparisons.

# Public Reporting - Kentucky



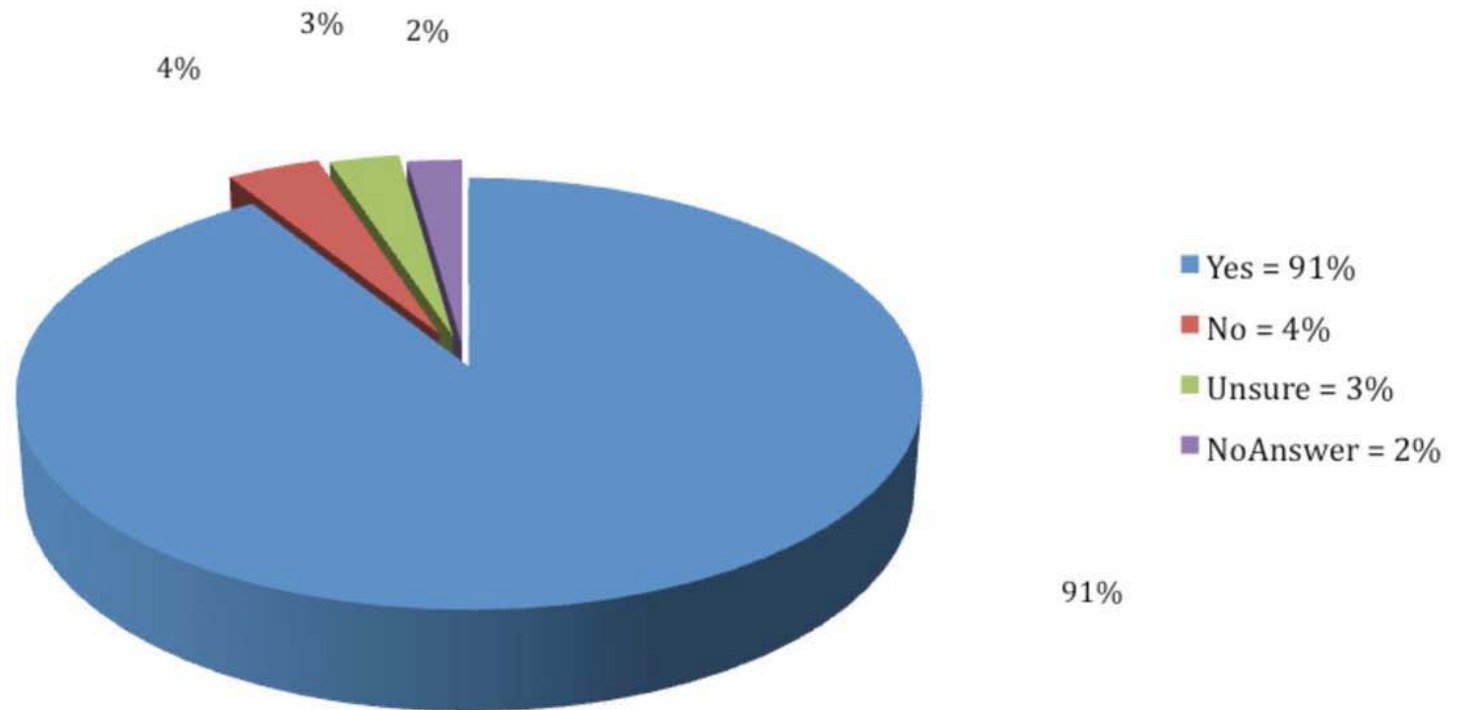
**CDC - State Comparisons**

**State KY - Health Dept. Initiatives  
& Public Reporting**



# Transparency

**Do you support requiring hospitals to report all hospital-acquired infections to the State Health Department?**



**2011 Poll by Senator Harper-Angel**

# Health Watch USA

- Websites.
  - [www.healthwatchusa.org](http://www.healthwatchusa.org)
  - [www.neverevents.org](http://www.neverevents.org)
  - [www.healthconference.org](http://www.healthconference.org)
- Newsletter – Go To [www.healthwatchusa.org](http://www.healthwatchusa.org) to subscribe.
- Meetings Once a Month plus Yearly Conference.

# Conference on Healthcare Transparency & Patient Advocacy

Nov. 11, 2011 at the Embassy Suites in Lexington, KY



5<sup>th</sup> Annual Conference  
Value Purchasing and  
Patient Advocacy

## Conference for Healthcare Transparency & Patient Advocacy

*Healthcare Acquired Conditions*



Kentucky ranks 45<sup>th</sup> in a country with below average health care for industrialized nations.  
(Commonwealth Fund 2009 State Healthcare Scorecard)



Kentucky's 5<sup>th</sup> Congressional District has the lowest life expectancy in the nation. (The Measure of America — Social Science Research Council)

November 11, 2011  
Embassy Suites, Lexington, KY

**John Santa, MD:** Director of the Health Ratings Center for Consumer Union.

**Maryn McKenna:** Best selling author of “SUPERBUG: The Fatal Menace of MRSA”.

**Representative Tom Burch:** Chairman of the Kentucky House Health and Welfare Committee.

**Patty Skolnik:** Patient Advocate and Founder of Citizens for Patient Safety.

**Dr Joycelyn Elders:** Past US Surgeon General.

**Dr Marvin Feit:** Editor of the Journal of Social Work in Public Health.

To Register Go To: [www.healthconference.org](http://www.healthconference.org)