

Kevin T Kavanagh, MD, MS, Health Watch USA

# PUBLIC REPORTING OF HEALTH CARE ACQUIRED INFECTIONS

The information in this presentation is the express opinion of Kevin T. Kavanagh, MD and Health Watch USA. Oct 20, 2010

# Cost of Hospital Acquired Infections - United States

- 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>

- 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)

# Cost of Hospital Acquired Infections - Kentucky

- Based upon the population
- 23,000 hospital acquired infections each year that cause nearly 1400 deaths.
- The costs to Kentucky's healthcare system is between 392 to 462 million dollars each year

# Kentucky

- MRSA bacteria are responsible for a large percentage of hospital-acquired staph infections – The most common HAI in many facilities.

<http://www.nlm.nih.gov/medlineplus/ency/article/007261.htm>

- C. Diff is also prevalent. It has been reported that Kentucky has the 6<sup>th</sup> highest rate of C. Diff infections in the nation at 21.8 infections per 1000 patients.

<http://www.ama-assn.org/amednews/2009/images/gprca0601a.pdf>

# Paradigm Shift in Thinking

- 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>

# The Four Pillars of Control

- White Paper Released by the CDC, IDSA, APIC, SHEA, CSTE and ASTHO.

## Four Pillars of Control

- Adherence to Evidence Based Prevention Practices
- Align Incentives
- Innovation Research
- Data for Action

Nov 9, 2010 White Paper: Moving toward Elimination of healthcare-associated infections: A call to action. [http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC\\_Elimin.pdf](http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC_Elimin.pdf)

# Pillar - Align Incentives

- ◎ **Payment Incentives** – Medicaid Not Paying for HAC. A major initiative by HW USA in early 2008. Joining with Consumer Union, this became federal law in the new healthcare reform bill.
- ◎ **Oversight and Accreditation** – KRS 216B.185 which greatly reduces Kentucky's ability to accredit hospitals.
- ◎ **Public Reporting** -- Kentucky does not require the reporting of individual HAI to the state. <http://cdc.gov/hai/HAIstatePlans.html>

# Current Status of Public Reporting

- 28 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>



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# PUBLIC REPORTING WHAT OTHERS HAVE STATED

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# Friedell Committee

- Has Called for Public Reporting of Healthcare Acquired Conditions.

Dennis C. Urge hospitals to reduce dangerous infections.  
Lexington Herald Leader . Aug 30, 2010.

# Office of Healthcare Quality

## US Dept HHS

- “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

# Joint Commission

- 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)

# Centers for Disease Control

- 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>

# Endorsing Organizations for Public Reporting of HAI

- APIC – Association for Professionals in Infection Control and Epidemiology
- SHEA – Society for Healthcare Epidemiology of America
- IDSA – Infectious Diseases Society of America
- CSTE – Council of State and Territorial Epidemiologists

[http://www.healthwatchusa.org/mrsa/pdf\\_downloads/20090722-Experts\\_Public-Reporting-HAIs.pdf](http://www.healthwatchusa.org/mrsa/pdf_downloads/20090722-Experts_Public-Reporting-HAIs.pdf)

# White Paper – CDC, APIC, SHEA, IDSA & CSTE

- “The combined tools of healthcare payment, oversight and accreditation, and public reporting are emerging ways to increase adherence to HAI prevention practices.”

Nov 9, 2010 White Paper: Moving toward Elimination of healthcare-associated infections: A call to action.

[http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC\\_Elimin.pdf](http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC_Elimin.pdf)

# Public Reporting

- 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>



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# WHY DOES THE STATE NEED TO DO THIS?

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# White Paper – Pillar Data for Action CDC, APIC, SHEA, IDSA & CSTE

- “Measurement can also provide institutions and the public with information for comparisons across facilities and regions to better understand current risks for HAIs as well as risks over time.”

Nov 9, 2010 White Paper: Moving toward Elimination of healthcare-associated infections: A call to action.

[http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC\\_Elimin.pdf](http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC_Elimin.pdf)

# White Paper – Pillar Data for Action

## CDC, APIC, SHEA, IDSA & CSTE

- “Public health departments, working with HAI prevention experts, need to establish and to maintain strong programs in HAI elimination.”
- “Data also allow public health officials to identify local and regional facilities requiring improvement.”

Nov 9, 2010 White Paper: Moving toward Elimination of healthcare-associated infections: A call to action.

[http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC\\_Elimin.pdf](http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC_Elimin.pdf)

# Role of Health Dept. –Pillar Data for Action

- Community Surveillance
- Track Infections – Must meet Dept. HHS goals
- Kentucky does not track individual HAIs, it only requires reporting of outbreaks.

“Individual HAIs are presently not reportable to public health officials in Kentucky” -- State of Kentucky’s Plan of Action filed with the CDC to address HAI.

<http://cdc.gov/hai/HAIstatePlans.html>

# Kentucky Should Require Public Reporting of HAI

- MRSA infection rates are improving in States with Public Reporting on the books.
- A CDC recent report showed a 17% to 28% decrease in MRSA infections when hospitals from 9 metropolitan areas were surveyed. All areas were from states that had public reporting laws on the books with the exception of Atlanta, home of the CDC.  
<http://jama.ama-assn.org/cgi/content/abstract/304/6/641>

# Detractors: Let the Feds Do It. –BUT

- Billing data is not as complete as the NHSN (National Healthcare Safety Network) data.
- Billing data is not as standardized as the NHSN data.
- Billing data may not capture all events.
- State and Local Health Departments are key in HAI control. They need to receive complete and detailed data in order to plan effective interventions.

# And the Federal Program to use NHSN

- ⦿ Not a Requirement – Tied to payment for a 2% increase in Medicare Reimbursement.
- ⦿ Central Line Bloodstream Infections in ICUs – Jan. 1, 2011.
- ⦿ Surgical Site Infections – Jan. 1, 2012.
- ⦿ No requirements for MRSA or C. Diff reporting. Or reporting of other bacteria.

# State Reporting

- ⦿ Not duplicative if the same system is used - NHSN.
- ⦿ States can more easily assure validity of information.
- ⦿ States can use the information for their Health Departments to focus on prevention and to alert the public.



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# MECHANISM OF IMPLEMENTATION

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# Detractors: Standardization is Lacking & Costs too Much -- BUT

- More than 3000, out of the approximately 5000 Acute Care Facilities, report using the National Healthcare Safety Network (NHSN).
- This is a standardized reporting service provided free to facilities by the CDC.
- The cost (lives, disability and dollars) of each infection is too costly to NOT do effective prevention and public reporting.

# Detractors: Standardization is lacking & costs too much -- BUT

- ◎ “The U.S. Department of Health and Human Services has a number of supporting programs, such as the Centers for Disease Control and Prevention’s National Healthcare Safety Network and the Agency for Healthcare Research and Quality’s Patient Safety Organization Network of Patient Safety Databases, which facilitate collecting and reporting standardized data on healthcare-associated infections. These systems are in increasingly common use by healthcare providers and facilities and by State health agencies.”

Don Wright, MD, MPH

# Integrated Healthcare

- Hospital's medical staff is no longer independent.
- Hospital Governance and Quality Issues.
- New Payment System – Insurance Company takes the Event Occurrence Risk, the Provider takes the Outcome Risk. Kentucky Medicaid needs to implement a new payment methodology.

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# IT CAN BE REVERSED

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# HAI can be reversed – Pillar Use Evidence Based Practices

- ⦿ Europe starting to reverse the epidemic.
- ⦿ Bundled approaches of hand hygiene, universal surveillance cultures and contact precautions have been shown to be very effective. (National Veterans Administration Data & Northwest University.)
- ⦿ Use of Check Lists to reduce central line catheter infections have been shown to be very effective.