HEALTHCARE ASSOCIATED INFECTIONS

Impact on The Community

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This presentation is the express opinion of Dr. Kevin T. Kavanagh, MD, MS, FACS

THE PROBLEM HEALTHCARE ASSOCIATED INFECTIONS

- Economic direct toll on the Medicaid Budget and State Health Insurance Premiums.
- Risk of Spreading Infections to the Community.
 Many Community MRSA Infections are Healthcare Associated - Community Onset.

Source: Klevens et al. JAMA 2007 298(15): 1763-71 http://www.ncbi.nlm.nih.gov/pubmed/17940231

SIZE OF PROBLEM - CDC & AHRQ

In Hospitals alone this is the size of the problem:

- Hospital Associated Infections (HAI) affect approximately one in twenty hospitalized patients.
- Cost: 30 Billion dollars from Hospital Associated Infections.
- Nearly 100,000 deaths in the United States each year from Hospital Associated Infections.
- In Kentucky: 23,000 infections with almost 1,400 deaths at a cost of approximately \$400,000,000.
 (State Plus Private Funds)

In the Community, data is limited and much is not known.

IMPACT OF INFECTIONS

The State Budget is a Shrinking Pie. The more that is spent on healthcare the less that is available for other agencies.

- Total State Expenditures: 28.4 Billion (2012)
- Budget for Medicaid: 6.2 Billion (2012)
- Budget Department of Education: 4.7 Billion (2012).

Kentucky and Private Industry Cannot Afford This Epidemic.

HEALTHCARE ACQUIRED INFECTIONS

 Healthcare Acquired Infections are one of the Top Ten Causes of Death in the United States.

http://www.cdph.ca.gov/programs/hai/pages/default.aspx
http://www.oregon.gov/OHA/OHPR/docs/HCAIAC/Materials/Binder_Materials/HCAIAC
_Charter.pdf?ga=t

• 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 Epidemiol2010;31:S1-S3 http://www.journals.uchicago.edu/doi/full/10.1086/656002

MANY ARE PREVENTABLE

- Central Line Infections -CLBSI 82% Reduction. (1)
- Ventilator Associated Pneumonia -VAP 70% Reduction.⁽²⁾
- MRSA Cardiac Surgery, Almost Eliminated. (3)
- Patient Falls Should be Zero.
- Pressure Ulcers Stage III and IV should be almost zero.
 - (1) Pronovost P, Needham D, Berenholtz S, et al., An intervention to decrease catheter-related bloodstream infections in the ICU. N Engl J Med. 2006 Dec. 28;355(26):2725-32. http://www.ncbi.nlm.nih.gov/pubmed/17192537
 - (2) AHRQ. Rates of Pneumonia Dramatically Reduced in Patients on Ventilators in Michigan Intensive Care Units http://www.ahrq.gov/news/press/pr2011/cuspvappr.htm
 - (3) Walsh EE, Greene L, Kirshner R. Sustained reduction in methicillinresistant Staphylococcus aureus wound infections after cardiothoracic surgery. Arch Intern Med. 2011 Jan 10;171(1):68-73. Epub 2010 Sep 13. http://www.ncbi.nlm.nih.gov/pubmed/20837818

PILLARS FOR CONTROL

Four Pillars of Control - CDC, SHEA, APIC, IDSA

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

Oct. 9, 2010 White Paper: Moving toward Elimination of healthcare-associated infections: A call to action. http://www.apic.org/Content/NavigationMenu/GovernmentAd-vocacy/RegulatoryIssues/CDC/AJIC_Elimin.pdf

DATA FOR ACTION

- "Lastly, tracking infections is key. These findings demonstrate the vital need to continue to monitor drug-resistant bacteria. If we want to stop resistant bacteria in their tracks, we have to know where to begin and how we are doing."
 - Dr. Arjun Srinvasan, MD, Associate Director Division of Healthcare Quality Promotion, CDC.
- Medical Reports about Drug-Resistant Infections: May 29th, 2011

http://blogs.cdc.gov/safehealthcare//?p=1450

DATA FOR ACTION HEALTH DEPT. & COMMUNITY

- To design interventions you need to know what bacteria to target and a baseline to compare the results to.
- To write grants.
- To know which bacteria to target with antibiotic development.
- To motivate the community to change behavior.
 - -- Hand Washing.
 - -- Cleaning public restrooms and facilities.
- For example: MRSA and C. Difficile are handled differently.

LIMITED DATA IS AVAILABLE

- KY Health Dept. Only Outbreaks are Reportable
 - -- Only Four Outbreaks Have Been Reported by all hospitals between Oct. 2009 and Sept. 2010. No MRSA or C. Difficile Infections.
- CMS Billing Data, Not all Events Captured.
- Research Studies Often Use Limited Surveys.
- National Healthcare Safety Network.
 - -- Central Line Infections in ICU.
 - -- Some Surgical Site Infections in 2012.

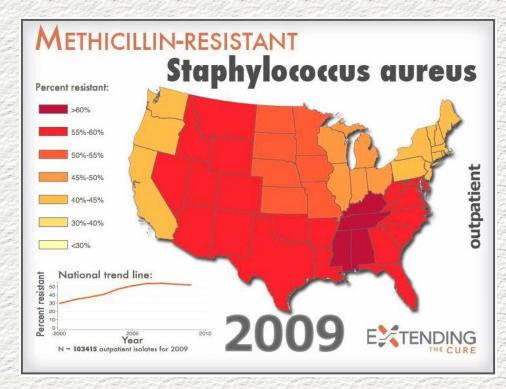
DATA - WHAT WE KNOW MOST COMMON INFECTIONS

- Methicillin-resistant Staphylococcus aureus (MRSA) - Can cause skin infections. Severe cases can cause blood infections, lung infections.
 - Community Associated
 - Healthcare Associated (Community & Hospital onset)
- Clostridium Difficile Spore forming bacteria which can cause a life-threatening GI infection. Very hard to kill.

DATA - WHAT WE KNOW MRSA INCIDENCE

MRSA - 5% of patients in a Boston ER are carriers (Dr. Gupta, VA Hospital, May 2011).

In Kentucky over 60% of Outpatient Staph Cultures are MRSA.



Approximately 25% to 30% of the population are colonized with Staph aureus bacteria (not necessarily MRSA).

Annals of Emergency Medicine

http://www.healthleadersmedia.com/content/QUA-261460/MRSA-Infects-5-of-ED-Patients Center for Disease Dynamics, Economics & Policy http://www.cddep.org/resistancemap/methicillin-saureus

DATA - WHAT WE KNOW MRSA IMPACT ON PATIENTS

- Most Common or Second Most Common Infection.
 - Both Community Associated and Healthcare Associated MRSA are Important.
- MRSA kills about 18,000 people annually. (Infectious Diseases Society of America)
 - -- Approximates the number that die of AIDS each year. http://www.avert.org/usa-statistics.htm
- MRSA causes severe disability in a far greater number.

DATA - WHAT WE KNOW MRSA IMPACT - SCHOOLS

- One reported outbreak in a Kentucky high school last year.
- Most common in locker rooms and involves sports.

DATA - WHAT WE KNOW C. DIFF IMPACT - ?????

C. Difficile is also very common.
 It has been reported that Kentucky has the
 6th highest rate of C. Difficile infections in
 the nation at 21.8 infections per 1000
 patients.

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

PREVENTION PRACTICES

- Clean high contact surfaces
 - -- Illinois School System http://www.idph.state.il.us/health/infect/MRSA_School_Recs.htm
- Cover Sores & Wounds
- Wash Hands
- Do Not Share Personal Items (towels, razors, soap, clothing)

PREVENTION

- Two of the most common Superbugs
 - -- MRSA Alcohol kills.
 - C. Difficile Not killed with Alcohol rubs, and Resistant to Ammonia - Forms Spores. (need Clorox Bleach). Restrooms are important.
- How Many Children in Kentucky Were Treated For C. Difficile? -- Unknown (This is why we need reporting.)
- CDC Recommendations

http://www.cdc.gov/mrsa/prevent/schools.html

ILLINOIS RECOMMENDATIONS

- Clean and disinfect environmental surfaces and athletic equipment that has been in contact with potentially infectious wound drainage, blood, or non-intact skin utilizing an EPA-registered disinfectant cleaner that meets the requirements of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard or a 1:10 dilution of household chlorine bleach (1 part bleach in 9 parts water, prepared daily).
- Use an EPA-registered low-level disinfectant² (e.g., quaternary ammonium solution), 1:100 dilution of household chlorine bleach, or a general purpose cleaner to clean environmental surfaces and athletic equipment that is in contact with intact skin. Mats and other high-use equipment should be cleaned before and after each practice and several times a day throughout a wrestling tournament.

http://www.idph.state.il.us/health/infect/MRSA_School_Recs.htm

COMMUNITY & PHD - MRSA

- England: Over-the-Counter Home Testing Kits.
- Norway: Tests MRSA Contacts in Community. http://www.cbsnews.com/stories/2009/12/23/tech/main6014559.shtml

The percentage of Staph infections caused by MRSA is between 5 to 10% and dropping in many European Countries. Both England and France Have Public Reporting of MRSA.

Source: Prevention of Methicillin-Resistant Staphyloccus aureus Infection: Is Europe Winning the Fight? http://www.journals.uchicago.edu/doi/pdf/10.1086/655997

"Hospital-acquired MRSA carriage was common at discharge to home health care and was frequently prolonged. Transmission occurred in nearly 20% of household contacts and was associated with older age and participation in health care of the index patient."

Arch Intern Med. 2009; 169(15):1372-1379 www.ncbi.nlm.nih.gov/pubmed/19667299

INCENTIVES - PUBLIC REPORTING

- "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.

INCENTIVES - PUBLIC REPORTING

- "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 ..." -- Dr. Srinivasan, Director of CDC's HAI prevention
 - program.
- Media Telebriefing on State Healthcare-Associated Infection Data, May 27, 2010.
 - http://www.cdc.gov/media/transcripts/2010/t100527.htm

INCENTIVES - PUBLIC REPORTING WHY IT IS NEEDED

 Healthcare Industry Response Less Than Stellar.

The following should be close to zero:

- Central Line Infections (Deep Blood Vessel Medication Tubes).
- Ventilator Associated Pneumonia (Lung Infection from Breathing Tubes).
- Heart Surgery Infections.

INCENTIVES - PUBLIC REPORTING WHY IT IS NEEDED

CUSP (Comprehensive Unit-based Safety Program):
National effort to prevent central lineassociated bloodstream infections (CLABSIs)
and catheter-associated urinary tract
infections (CAUTIs).

- In Aug. 2010, WKYT reported that 39 Kentucky Hospitals were participating in CUSP. http://www.wkyt.com/news/headlines/101922173.html
- In April 2011, AHRQ Reported that 33 Kentucky Hospitals were participating in CUSP. http://www.ahrq.gov/qual/onthecusprpt/onthecusp.pdf

University of Kentucky had the highest reported rate in Kentucky of Vascular Line Infections according to CMS data. They are not listed as a participant in CUSP.

HUMAN NATURE - WE DO BETTER

• Dr. Daniel Varga, Chief Medical Officer, St. Joseph Health System, has pointed out: "You manage what is measured and you really manage what you measure and publically report."

Testimony before House Health and Welfare Committee Feb. 10th, 2011 http://www.healthwatchusa.org/HWUSA-Presentations-Testimony/20110210-KY-House/varga/varga.htm

SCHOOL SYSTEMS PUBLICLY REPORT

- In Kentucky, Standardized Test Results are Reportable by School Systems to the State and the Public.
- In Kentucky, Hospital Acquired Conditions and Infections are Not Adequately Tracked or Made Public.

KY CDC GRANT

 Outbreaks are Reported
 June 22, 2011: KY Using CDC Definition of Outbreak (Above a baseline).

If a hospital has baseline ongoing MRSA infections, the public needs to know.

• Other definitions are used by other States Illinois -- Clusters of MRSA infections (i.e., two or more laboratory-confirmed cases during a 14-day period) should be promptly reported to the local health department http://www.idph.state.il.us/health/infect/MRSA_School_Recs.htm

NOT BURDENSOME

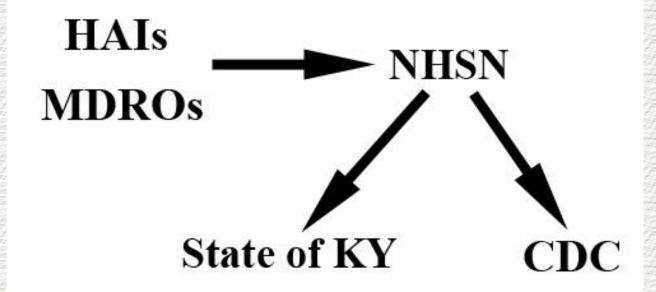
- The Hospital Industry is profitable.
- It is the strongest sector in our economy.
- The so called "Burden" is small compared to the community benefit.

Lexington hospitals building to be the best - 2009 (Lexington Herald Leader, Dec. 13, 2009)

Norton Healthcare profits withstand recession ... (Courier Journal, Jun. 26, 2010)
Note: Norton Very Profitable and 100% Transparent

 Summary of hospital finances available at: www.ahd.com

STANDARDIZED & NOT DUPLICATIVE



CDC - State Comparisons

State KY - Health Dept. Initiatives
& Public Reporting

WHAT IS AN INFECTION?

- Healthcare systems treat and bill patients for infections.
- Treatment Indications should be standardized, in order to do this, the Healthcare System has to know what an infection is.

NON-PAYMENT FOR HAC

 Only 18.8 million dollars have been recouped Nationwide by Medicare's non-payment for HAC policy between Oct. 2008 and Sept. 2009.

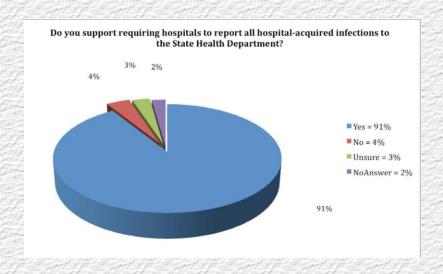
Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2010B, Aug 16) Federal Register. 75(157),50096-50098.

http://www.healthwatchusa.org/downloads/20100816-FY2011_Final_IPPS_rule_HACs.pdf

OVERALL REASON

- Kentuckians Have the Right to Know The MRSA Incidence in Their Facilities and Their Community.
- Kentuckians Overwhelmingly Want Data to Be Available to the Health Depts.

Poll: Senator Harper-Angel, Feb. 2010



PUBLIC REPORTING

• Doug Leonard, President of the Indiana Hospital Association, said the industry needs to "embrace transparency. Sometimes we don't like the results of that, but I think transparency is good for us and good for the public." -- Courier Journal, June 12, 2011