

Tracking Hospital Infections

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With all the awards, and self-promoting banners displayed by hospitals these days, it is hard to tell what is real, and too easy to ignore all of the accolades.

However, Norton Healthcare's award from the National Quality Forum (NQF) is the real thing and a stunning accomplishment, especially when given to only one hospital system in the nation. The NQF includes over 400 providers, purchasers and consumer organizations and has been awarded the contract from the Department of Health and Human Services to develop quality measures for federal payment incentives. In other words, the NQF not only advocates for quality but has enormous influence on making it happen.

One of the many accomplishments of Norton Health Systems is in “transparency,” the placement of up-to-date information on quality for all the public to see. Norton Healthcare posted hundreds of NQF measurements on the web, including information on treatment of catheter and ventilator associated infections. In addition, Norton posted the antibiotic resistance of the bacteria they treat.

The need for accurate data cannot be overstated. Data on infections is vital to address epidemics, to direct research, to develop antibiotics and for the state to receive grants and devise prevention protocols.

Kentucky's reporting system is duplicative and broken. Facilities currently can make the same report to the Centers for Disease Control and Prevention, the Health Department and to the hospital's Patient Safety Organization. Some infections must be reported to multiple entities, such as the CDC and Kentucky's Health Department. Outbreaks of health care associated infections are reportable in Kentucky. However, only four “outbreaks” were reported by all the hospitals in Kentucky over a year's time. As of December, the definition of an “outbreak” was not agreed upon, which makes data collection and grant funding difficult.

The recent outbreak of a new superbug in California, one which has infected 256 patients and is resistant to almost every antibiotic, is nothing short of scary. This bacteria kills 50 percent of the individuals it infects.

In response to this epidemic, Dr Arjun Sinrivasan of the CDC stressed: "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."

On March 31, 2011, Medicare made publicly available on its website hospital billing data regarding catheter associated urinary tract infections, vascular catheter infections, severe pressure ulcers, falls and other measures. However, problems may exist with the data. Medicare was not capturing all diagnoses that were submitted, and personnel trained in the coding of data for billing, not staff trained in medicine, identified the diagnoses.

Even with these possible shortcomings, the data can be used to track a single facility's performance over time. Some of the reported events, such as pressure ulcers, falls and vascular catheter infections, should be very rare events regardless of the size of the facility. In other words, these events should be close to zero.

Knowing the actual number of events is important; otherwise we degrade every incident, which represents a person, into a statistic, a percentage. To induce change, Hospital Boards and communities need to look at the data and be able to envision people, along with the preventable lives lost through disability or death.

The National Healthcare Safety Network is a standardized system run by the CDC which is provided free to the states. Twenty-two states are using this single system to provide standardized data on health care-acquired infections and multiple-drug-resistant bacteria.

Kentucky has only two choices: The health industry can report to different entities and have incomplete data available to the public, state and CDC; or it can report to one source and have standardized comparable data which will help all Kentuckians and direct federal and state efforts to address this epidemic.

The latter is what Senate Bill 72 and House Bill 291 attempted to do. The problem of hospital-acquired infections and conditions is too big, too important and has gone on far too long to depend solely upon hospitals to correct the problem. If all health care systems followed Norton Healthcare's lead, the safety and quality of

health care delivered to the citizens of Kentucky would be substantially elevated. As the new mega-health care system is formed in Louisville, the governing body of this system, the Hospital Board, needs to make sure that Norton's achievements are advanced, not only in the new megacorporation but throughout Kentucky.

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