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Kevin Kavanagh and Daniel Saman | Hospital infections are underreported

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Written by Kevin T. Kavanagh and Daniel M. Saman

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You may not like the mining industry, but if it was run like our health care system, you would never hear of an accident and the miners would be charged for their own rescue. This metaphor was made more relevant by the recent Office of Inspector General (OIG) report which revealed that only one in seven hospital errors are reported to the facility's administration.

A functioning public reporting system is desperately needed, as Kentucky's current reporting system is broken. Preliminary data from the State Department of Public Health revealed only two reports of infection outbreaks by all Kentucky hospitals during 2011. Reporting of outbreaks is mandatory and this data validates how grossly under reported this epidemic really is.

Similar to the current testimony in Frankfort on the need for transparency of deaths occurring with children in foster care, the public has the right to know the rates of infections at their health care and long-term care facilities. The federal government has formed a standardized framework for reporting that requires only a few infections to be reported. However, a comprehensive statewide system that involves all types of infections is needed to create change in the health care industry.

Also, public reporting is one of the main strategies that drive improved health care quality. Similar to standardized school testing, the public's knowledge of how a community hospital is doing forces internal improvement. And in health care this improvement is desperately needed, as health care-acquired infections account for nearly 100,000 annual deaths in the United States, which equates to almost 1,400 deaths in Kentucky. It's not all bad news, as marked reductions in infection rates have been observed in Tennessee and Pennsylvania after enacting their public reporting initiatives.

The health care industry has fought the term "Never Events" by advocating that these events can't be prevented. But more and



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more we are realizing they can be. MRSA, the hard-to-treat deadly staph infection, should not occur in clean surgical cases and neither should the deadly infections that can arise from treatment catheters inserted into large veins (CLABSI).

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