Health Watch USA Newsletter

www.healthwatchusa.org **July 12, 2009**

2009 Conference on Healthcare Transparency and Patient Advocacy

The Nov. 13th, 2009 Healthcare Conference's agenda can be viewed on www.healthconference.org. A large array of nationally renowned speakers will present at this conference whose main theme is healthcare reform.

For more information download the conference's brochure at:
http://www.healthconference.org/2009conference_downloads/HCTPA_Brochure.pdf

Register now for the Nov. 13th, 2009 Conference at www.healthconference.org

---

New Web Tool for comparison of hospital quality posted by USA Today

Hospital Mortality and Readmissions for Pneumonia, Heart Faliure and Heart Attacks
http://www.usatoday.com/news/health/2009-07-09-hospital-deaths_N.htm

---

Healthcare Acquired Infections

Op Ed in Courier Journal regarding healthcare acquired infections.
(Original Article) http://www.courier-journal.com/apps/pbcs.dll/article?AID=2009907090317
(HWUSA Release) http://www.healthwatchusa.org/Op-Eds_HWUSA_PDF/2009-2-MRSA-HAI-L.pdf

CDC Sends States Template for HAI Control. (Below are excerpts from the template).

"In response to the increasing concerns about the public health impact of healthcare associated infections (HAIs), the US Department of Health and Human Services (HHS) has developed an Action Plan to Prevent Healthcare Associated Infections (HHS Action Plan). The HHS Action Plan includes recommendations for surveillance, research, communication and metrics for measuring progress towards national goals. Three overarching priorities have been identified:"

- "Progress towards 5 year national prevention targets (e.g.,50% to 70% reduction in bloodstream infections);"
- "Improve use and quality of the metrics and supporting systems needed to assess progress towards meeting the targets; and"
- "Prioritization and broad implementation of current evidence based prevention recommendations."

"Timely and accurate monitoring remains necessary to gauge progress towards HAI elimination. Public health surveillance has been defined as the ongoing, systematic collection, analysis, and interpretation of data essential to the planning, implementation, and evaluation of public health practice, and timely dissemination to those responsible for prevention and control. Increased participation in systems such as the National Healthcare Safety Network (NHSN) has been demonstrated to promote HAI reduction. This, combined with improvements to simplify and enhance data collection, and improve dissemination of results to healthcare providers and the public are essential steps toward increasing HAI prevention capacity."

"The HHS Action Plan identifies targets and metrics for five categories of HAIs and identified Ventilator associated Pneumonia as an HAI under development for metrics and targets (Appendix 1):"

- "Central Line associated Blood Stream Infections (CLABSI)"
- "Clostridium difficile Infections (CDI)"
- "Catheter associated Urinary Tract Infections (CAUTI)"
- "Methicillin resistant Staphylococcus aureus (MRSA) Infections"
- "Surgical Site Infections (SSI)"
- "Ventilator associated Pneumonia (VAP)"

The document can be view below:

http://www.healthwatchusa.org/downloads/20090710-State_HAI_Planning_Template%20--%20CDC.pdf

SHEA has also issued guidelines and now states that agencies differ on the use of active surveillance cultures. SHEA also points out the need by stating that a "substantial portion of MRSA colonized patients will develop MRSA infections. And that in "One study of persons in whom MRSA colonization had been identified during a previous hospital stay reported that the risk of developing an MRSA infection, such as bacteremia, pneumonia, or soft tissue infection, within 18 months after detection of MRSA colonization was 29%." *

http://www.journals.uchicago.edu/doi/full/10.1086/591061

* Huang S, Platt R. Risk of methicillin-resistant Staphylococcus aureus infection after previous infection or colonization. Clin Infect Dis 2003;36:281-285.
http://www.ncbi.nlm.nih.gov/pubmed/12539068?dopt=Abstract

More Information on Tobacco:

If you are worried about free radicals and take antioxidants, you should know that children exposed to secondhand smoke have lower levels of antioxidants.
http://www.hhs.gov/news/healthbeat/2009/06/20090630a.html

Children living around secondhand smoke may have lasting damage for decades even after the children leave the home -- Gina Lovasi of Columbia University :
http://www.hhs.gov/news/healthbeat/2009/07/20090709a.html

Health Care Reform: Topic of our Nov. 13th, 2009 Conference.

Those calling for a single payer system are under fire by as it is becoming more evident that Candian and English systems have problems, especially regarding wait times. This will be the topic of presentation by Nadeem Esmail from the Frazier Institute.

AP Reports that European Health Care Systems are in trouble with cost overruns with 15,000 people with cancer dying prematurely and that these deaths could have been avoided if they were diagnosed and treated earlier.

> http://finance.yahoo.com/news/Europes-free-staterun-health-apf-1220371928.html?x=0&sec=topStories&pos=main&asset=&ccode=
>
> http://www.ecancermedicalscience.com/tv/?play=187

Actual wait times can be viewed on government websites. A sign that this is a concern for the citizens.

Ontario Wait Time Statistics. Average wait times: General Surgery 103 days Knee Replacement 187 days
http://www.health.gov.on.ca/transformation/wait_times/wait_mn.html

England Hospital Waiting Times/List Statistics UK
www.performance.doh.gov.uk/waitingtimes/index.htm

Advocates for a single-payer system will also be present at our 2009 conference and is the specific topic of Dr Garrett Adams. Arguments in favor of for-profit medicine are countered with the drawbacks of a money driven system where there is little competition. One article published in the New Yorker was particularly disturbing, comparing healthcare systems in different communities. Lets hope most communities function similar to the good example and not the bad one.

http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande?currentPage=all

Regardless of what system is eventually adopted, it needs to be centered on the patient. Blending the two forms needs to be done with caution since this may be too expensive to implement without proper utilization control.

It is not that each system does not have its advantages and disadvantages but the key is to weigh these and determine the magnitude of the effect on patient care.

Kevin T Kavanagh, MD
Health Watch USA

To view previous newsletters go to: http://www.healthwatchusa.org/newsletters.htm

To subscribe to this newsletter, go to: http://www.onlineent.org/lists/?p=subscribe&id=2