



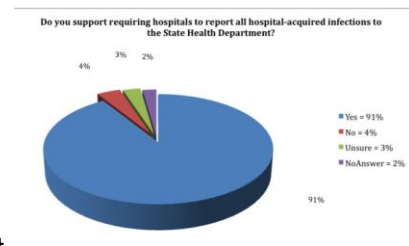
# Health Watch USA Newsletter

[www.healthwatchusa.org](http://www.healthwatchusa.org) Jan 15, 2011

Member of the National Quality Forum and a designated "Community Leader" for Value-Driven Healthcare by the U.S. Dept. of Health and Human Services

## Public Reporting of Healthcare Acquired Infections - Senate Bill 72 Filed.

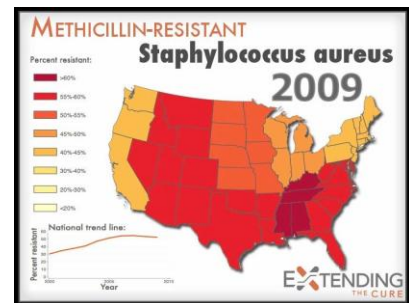
Senate Bill 72 would require the public reporting of Healthcare Acquired Infections in the State of Kentucky. The Bill was filed by Senators Harper-Angel and Pendleton. <http://www.lrc.ky.gov/record/11RS/SB72.htm>



Over 90% of constituents in Senator Harper Angel's District felt that Hospital Acquired Infections should be reported to the Ky Health Dept. [Click on Picture to Enlarge](#)

## Hospital Acquired Infections - From the Centers for Disease Dynamics, Economics & Policy

Kentucky is one of the four states that has the highest percentage of Staph Aureus which is MRSA. Results were taken from Staph Cultures at State Laboratories. [Click on Picture to Go To the CDDEP Website for More Information](#)



View Video <http://www.cddep.org/resistancemap/methicillin-saureus>

## Cost of Health Errors Online Calculator from GE Healthcare - It is sobering for Kentucky

<http://nextlevel.gehealthcare.com/self-assessment-tools/cost-of-errors-tool.php>

## **Study Finds, the Longer a Patient is in a Hospital Waiting for Surgery, the More Likely the Patient is to Develop an Infection.**

Operation: Number of Days Waiting for Surgery, Rate of Infection

CABG: 0 days, 5.73%; 1 day, 6.68%; 2 to 5 days, 9.33%; 6 to 10 days, 18.24%;

Colon resections: 0 days, 8.43 %; 1 day, 11.86%; 2 to 5 days, 15.79%; 6 to 10 days, 21.62%

Lung resections: 0 days, 10.17%; 1 day, 14.53%; 2 to 5 days, 15.53%; 6 to 10 days, 20.56%

The mean increase in cost for all procedures with delays: CABG, from \$25,164 to \$42,055; colon resections, from \$13,660 to \$25,307; and lung resections, from \$18,519 to \$25,054.

Source: "In-Hospital Delay of Elective Surgery for High Volume Procedures: The Impact on Infectious Complications," Journal of the American College of Surgeons, abstract only, Volume 211, Issue 6, December 2010, [http://www.journalacs.org/article/S1072-7515\(10\)01007-0/abstract](http://www.journalacs.org/article/S1072-7515(10)01007-0/abstract)

## **New Surgical Insurance Offers Coverage For Poor Results.**

Poor outcomes can cause devastating effects on life and result in poverty. A new type of insurance offers some protection against the financial impact of these adverse events.

<http://pqasb.pqarchiver.com/greenvilleonline/access/2133864851.html?FMT=ABS&date=Sep+09%2C+2010>

## **Massachusetts finds that Large Medical Systems Charge a Higher Price for Their Care.**

Our examination identified several factors that we believe should be considered when analyzing cost drivers and pursuing cost containment. We found:

A. Prices paid by health insurers to hospitals and physician groups vary significantly within the same geographic area and amongst providers offering similar levels of service.

B. Price variations are not correlated to (1) quality of care, (2) the sickness of the population served or complexity of the services provided, (3) the extent to which a provider cares for a large portion of patients on Medicare or Medicaid, or (4)

whether a provider is in an academic teaching or research facility. Moreover, (5) price variations are not adequately explained by differences in hospital costs of delivering similar services at similar facilities.

C. Price variations are correlated to market leverage as measured by the relative market position of the hospital or provider group compared with other hospitals or provider groups within a geographic region or within a group of academic medical centers.

D. Variation in total medical expenses on a per member per month basis is not correlated to the methodology used to pay for health care, with total medical expenses sometimes higher for risk-sharing providers than for providers paid on a fee-for-service basis.

E. Price increases, not increases in utilization, caused most of the increases in health care costs during the past few years in Massachusetts.

F. Higher priced hospitals are gaining market share at the expense of lower priced hospitals, which are losing volume.

G. The commercial health care marketplace has been distorted by contracting practices that reinforce and perpetuate disparities in pricing.

Download report: <http://www.healthwatchusa.org/publications/201101-Documents/20100316-Mass-Hosp-Charges.pdf>

## **Joint Commission Releases Data on the Root Causes of Sentinel Events.**

Hospital Leadership was found to be a factor in 584 of 927 events in 2008, 636 of 936 events in 2009, and 432 of 664 events in the first three quarters of 2010. The governing body or board of the hospital is held by CMS to be ultimately responsible for the quality and performance of the institution.

[www.jointcommission.org/assets/1/18/SE\\_RootCauses\\_2004\\_3Q2010.pdf](http://www.jointcommission.org/assets/1/18/SE_RootCauses_2004_3Q2010.pdf)

## **Only 8000 Individuals in the US Have Signed Up for the High-Risk Pools.**

The cost of private insurance is one of the reasons for this increase.

[http://www.washingtonpost.com/wp-dyn/content/article/2010/12/27/AR2010122702343.html?wpisrc=nl\\_politics](http://www.washingtonpost.com/wp-dyn/content/article/2010/12/27/AR2010122702343.html?wpisrc=nl_politics)

## **Medicare & Medicaid Going Broke ??**

Medicare and Medicaid; by 2020 Medicaid and Medicare is expected to comprise 31 percent of the total Federal Budget.

[http://finance.yahoo.com/focus-retirement/article/111761/is-2011-the-beginning-of-the-end-for-medicare?mod=fidelity-livingretirement&cat=fidelity\\_2010\\_living\\_in\\_retirement](http://finance.yahoo.com/focus-retirement/article/111761/is-2011-the-beginning-of-the-end-for-medicare?mod=fidelity-livingretirement&cat=fidelity_2010_living_in_retirement)

## **Date for Health Watch USA's 2011 Conference has been set --- Please reserve it on your calendar.**

The date for the 2011 Conference on Healthcare Transparency and Patient Advocacy has been set for Nov 11, 2011 (Easy to remember 11/11/11) Place is Embassy Suites, Lexington Kentucky.

To suggest a topic for presentation send an E-Mail to [contact-mail@healthwatchusa.org](mailto:contact-mail@healthwatchusa.org)

To present a topic at the conference E-Mail a 300 word abstract and your resume to [contact-mail@healthwatchusa.org](mailto:contact-mail@healthwatchusa.org) .