



Health Watch USA Newsletter

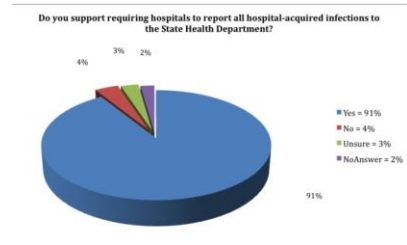
www.healthwatchusa.org March 3, 2011

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 - House Bill 291 Filed by Representative Burch and Senate Bill 72 Filed by Senator Harper-Angel

Both Bills had good support in the assigned committees. However, the Senate Bill's committee (Veterans, Military Affairs and Public Safety) was unable to meet in the short session. The Bill was heard in the House and both Dr. Kavanagh and Kentucky Hospital Association witnesses testified. The testimonies can be viewed using the link below:

<http://www.healthwatchusa.org/con2/20110210-HW-MTG/kavanagh.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 Above Pie Chart to Enlarge](#)

MRSA Cases on the Rise in Illinois

MRSA is a reportable disease in Illinois, but NOT in Kentucky. (Kentucky's reporting system is broken with only four outbreaks reported by all the acute care facilities between Oct. 1, 2009 and Sept. 31, 2011 .

<http://www.nwherald.com/2011/02/14/mrsa-cases-on-rise-throughout-state/a3a0v7v/>

New ARHQ study Confirms, if you need to get sick do so in Michigan. Rate of Ventilator Associated Pneumonia Cut by 70%

"Hospital staff in Michigan intensive care units (ICUs) cut by more than 70 percent the rate of pneumonia in patients who are on ventilators by using a targeted quality improvement initiative funded by the Agency for Healthcare Research and Quality (AHRQ). This reduction in the rate of ventilator-associated pneumonia was sustained for the duration of the study's follow-up, a period of up to two and a half years."

<http://www.ahrq.gov/news/press/pr2011/cuspvappr.htm>

Peter Pronovost House Appropriation Committee Testimony on Healthcare Acquired Infections - April 2009

"Our successful work in Michigan applied the model to reduce one type of HAI - central line associated blood stream infections (CLABSI) -- a type of infection that kills between 30,000 and 62,000 people a year and results in nearly 3 billion in excess costs. Prior to our study, little was known regarding how many of these infections were preventable."

"...we reviewed empiric data and selected five key procedures that would most likely prevent these infections. We compiled these procedures into an easy to follow checklist."

"Within three months of implementing the interventions, the median rate of infection in the 103 participating ICU_ plummeted to 0, and has stayed at 0 for 4 years. These infections were reduced by 66%."

http://web.jhu.edu/old/old-gcpa/government/federal/images/pdfs/Pronovost_HC_Delivery.pdf

Personal Bankruptcy is Linked to Healthcare Costs

"Harvard researchers say 62% of all personal bankruptcies in the U.S. in 2007 were caused by health problems—and 78% of those filers had insurance."

http://www.businessweek.com/bwdaily/dnflash/content/jun2009/db2009064_666715.htm

New York Times Questions Medscape's Impartiality "A Prescription for Fear"

<http://www.nytimes.com/2011/02/06/magazine/06FOB-Medium-t.html>

New Spore Forming Bacteria Contaminating Alcohol Wipes

The bacterial in question is *Bacillus cereus*. This is a highly resistant spore forming bacteria. It is resistant to heat and antiseptics. Thus, alcohol will not necessarily kill it. Sort of the Jurassic Park issue that nature adapts.

<http://www.ecolab.com/PublicHealth/BCereus.asp>

However, it was reported that in this case the FDA knew of the issue as early as July 2009 and apparently little was done to address the problem.

Of interest is that if the healthcare provider washed his hands using the office alcohol rubs, it would probably not have killed this bacteria. A similar bacterial is *C. Diff*. The only reliable way to kill *C. Diff* spores is bleach.

Report of the Bacterial Contamination:

http://www.msnbc.msn.com/id/41694606/ns/health-infectious_diseases/#

The State of Maine Issued its MRSA Prevalence Report

Below is a link to the Maine HAI report. At the end of the report is the Maine MRSA Prevalence study.

http://www.mainequalityforum.gov/2011_Final_HAI.pdf

The hospital admission rates for MRSA in patients who were hospitalized in the last 6 months varied from 5.9% to 25.1%.

The hospital admission rates for MRSA in patients who were in a nursing facility in the last 6 months varied from 0.0% to 40.7%.

CMS Issues Proposed Rule on Medicaid Non-Payment of Healthcare Acquired Conditions

This rule was a major national initiative which had as one of its origins in HW USA's 2008 conference which was co-sponsored by Consumer Union. Afterwards, Consumer Union and other nonprofits around the nation took up this initiative and along with advocacy efforts in Washington, DC it became part of the healthcare reform law.

http://www.ofr.gov/OFRUpload/OFRData/2011-03548_PI.pdf

Hospital Billing Data May Not Be Accurate in Identifying Infections.

Hospital Coders may have difficulty in identifying *C. Diff*, MRSA and Urinary Catheter Associated Infections. "Simply put, hospital coders are not diagnosticians or clinicians;

they choose diagnoses to list to justify the hospital payment requests, on the basis of a limited review of provider documentation and summaries of major test results.”

<http://www.ncbi.nlm.nih.gov/pubmed/20426577>

<http://www.extendingthecure.org/blog/hospital-acquired-infections-why-coding-matters>

<http://www.extendingthecure.org/blog/administrative-codes-infection-surveillance-use-caution>

The above, combined with the problems of ICD-9 capturing when using the current Hospital Billing system (see below), indicates that the incidence of these Healthcare Acquired Conditions are probably underestimated.

Section II G.11.c. P 23914 of the May 4, 2010 Federal register

Processing of 25 Diagnosis Codes and 25 Procedure Codes on Hospital Inpatient Claims

"We have received repeated requests from the hospital community to process all 25 diagnosis codes and 25 procedure codes submitted on electronic hospital inpatient claims. Hospitals can submit up to 25 diagnoses and 25 procedures; however, CMS' current system limitations allow for the processing of only the first 9 diagnoses and 6 procedures. While CMS accepts all 25 diagnoses and 25 procedures submitted on the claims, we do not process all of the codes because of these system limitations. We recognize that much valuable information is lost by not processing the additional diagnosis and procedure codes that are reported by hospitals."

This capture problem should be fixed as of 1/1/2011, but only for Hospitals using the 5010 Electronic Billing System. This format will not be required until Jan 1, 2012.

<http://www.visioncare.net/Blogger/index.php/?archives/6-5010-Electronic-Claims-Format.html>

HW USA Meeting Feb. 16th

Speaker Kerry O'Connell, Activist, discussed the Colorado HAI Public Reporting Bill.

Kerry stated that the Colorado initiative started with one state employee with a budget of under \$50,000 and that currently, there are three state employees with a budget of under \$200,000.



HW USA Meeting March 16th

Speaker: Barry P. Chaiken, MD, MPH, FHIMSS has over 20 years experience in healthcare information technology, patient safety, clinical transformation, and public health. During his career, he worked with the National Institutes of Health, U.K.'s National Health Service, McKesson,



and BearingPoint.

<http://www.docsnetwork.com/about>

To attend contact Kevin T Kavanagh, MD 606-875-3642

HW USA Meeting April 20th

Speaker Helen Haskell - Founder of Mother's Against Medical Error

To attend contact Kevin T Kavanagh, MD 606-875-3642



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

To present a topic at the conference E-Mail a 300 word abstract and your resume to contact-mail@healthwatchusa.org .