



Health Watch USA Newsletter

www.healthwatchusa.org April 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

Department of Health and Human Services Announces Initiative to Markedly Reduce Healthcare Acquired Conditions

What has been shown to be possible. Hospital Acquired Conditions are Not Inevitable. Evidence shows that the vast majority of vascular catheter infections, pressure sores and ventilator associated pneumonia can be eliminated.

Join the Partnership for Patients today

<http://www.healthcare.gov/center/programs/partnership/join/index.html>

The two goals of the new Partnership for Patients are to:

- (1) Keep hospital patients from getting injured or sicker. By the end of 2013, to decrease instances of patients acquiring preventable conditions while in hospitals by 40 percent compared to 2010.
- (2) Help patients heal without complication. By the end of 2013, to decrease preventable complications during a transition from one care setting to another, so that the number of patients who must be re-admitted to the hospital would be reduced by 20 percent compared to 2010.

Achieving these goals holds potential to save both lives and money. The combined efforts of this partnership could save 60,000 American lives and reduce millions of preventable injuries and complications in patient care over the next three years. It also could save as much as \$35 billion to the healthcare system, including up to \$10 billion in Medicare savings.

CMS Posts Data on Hospital Acquired Conditions

CMS has publically released data for Hospital Acquired Conditions. Vascular Catheter Associated Urinary Tract Infections, Catheter Associated Bloodstream Infections, Falls

and Trauma, Stage III & IV Pressure Ulcers and Foreign Objects Retained After Surgery are Reported.

You will need to copy and paste the link below into your browser to download the Excel file.

<http://www.cms.gov/HospitalQualityInits/downloads/Hospital-Acquired-Condition-Calculations-for-IQR-2011.zip>

Med Page Today Coverage of the Data:

<http://www.medpagetoday.com/PublicHealthPolicy/Medicare/25816>

As discussed in the HW USA March 1st, 2011 Newsletter, there may well be problems with capturing of the data and thus incidences of the conditions may be underrepresented and comparisons between facilities may not be valid.

The data is very useful for comparison of a single facility over time and the incidence of some of these events such as Vascular Line Blood Stream Infections, Stage III & IV Pressure Sores and Falls should be close to zero.

AHRQ Lists Hospitals Participating in CUSP:

AHRQ released data on Kentucky's participation with CUSP, a program designed to reduce Central Line Associated Blood Stream Infections (CLABSI). <http://www.ahrq.gov/qual/onthecusprpt/onthecusp.pdf>

A news report in August 2010 stated that 39 Kentucky hospitals committed to participate in CUSP for two years. <http://www.wkyt.com/news/headlines/101922173.html>

However, participation has dropped from 39 to 33 hospitals. Download report:

<http://www.ahrq.gov/qual/onthecusprpt/onthecusp.pdf>

Commonwealth Fund Posts Website to Compare Hospital Quality

Comparative Health Performance Data on "Why Not The Best? Website"
Readmission Rates, Mortality and Other Measures

<http://www.whynotthebest.org/>

Pneumonia 30 day mortality Rates Posted

<http://whynotthebest.org/reports/measure/10081/102763|102759|102751|102755|102761|102756|102753|102752|102757|102762|102760|102754|102758>

Health Affairs: Hospital Errors May Occur in One Out of Three Patients, 90% of Errors Would Not Have Been Identified Using an AHRQ System

<http://content.healthaffairs.org/content/30/4/581.abstract>

<http://www.reuters.com/article/2011/04/07/us-hospital-errors-idUSTRE7360PU20110407>

<http://www.bloomberq.com/news/2011-04-07/hospital-errors-occur-10-times-more-than-reported-study-finds.html>

New Research On MRSA in New England Journal of Medicine (NEJM)

Two new studies published in the NEJM on MRSA.

#1. The first is the National Veteran's Affairs (VA) results and supports the use of active surveillance cultures. <http://www.nejm.org/doi/full/10.1056/NEJMoa1007474>

This report found that after implementing a multifaceted MRSA prevention program that included active detection and isolation (ADI), MRSA transmission and MRSA-associated healthcare-associated infections decreased significantly across the entire national VA system of hospitals.

This is an expanded report of the data HW USA obtained through Senator McConnell's office in May of 2010 <http://neverevents.org/downloads/MRSA-VA-Data-20100518-Redacted.pdf>

#2, The second is a study of 18 ICUs which did not show an effect with surveillance cultures. <http://www.nejm.org/doi/full/10.1056/NEJMoa1000373>

The STAR*ICU Trial was a randomized trial but in HW USA's opinion the study had suboptimal compliance of the staff with contact precautions. It should be noted that the two studies also dealt with a different population of patients. For example, the lack of a statistically significant effect seen in the STAR*ICU study could be from the suboptimal compliance with contact precautions but it could also be that VA patient had less visitors and, thus, less chance of having MRSA brought into the facility. Never-the-less the VA results are outstanding. The VA results also confirm those observed by the Northwestern University Study.

<http://www.ncbi.nlm.nih.gov/sites/entrez/18347349>

Neither Study specifically addresses the subpopulation of patients who are to undergo surgery. HW USA feels that there is ample evidence that in this population surveillance cultures are indicated.

Superbug is Spreading in Southeast Asia with Some Bacteria (Cholera) Untreatable

<http://www.guardian.co.uk/world/2011/apr/07/superbug-gene-rife-delhi-water>

187,000 Deaths from Adverse Events Each Year -- No fault Insurance to Cover Expenses

<http://content.healthaffairs.org/content/30/4/590.abstract>

New Study Funded by Robert Wood Johnson Shows Higher Nurse Staffing Lowers the Infection Rates

<http://inqri.blogspot.com/2011/03/new-study-shows-higher-nurse-staffing.html>

[http://journals.lww.com/lww-](http://journals.lww.com/lww-medicalcare/Abstract/2011/04000/Nurse_Staffing_Effects_on_Patient_Outcomes_.13.aspx)

[medicalcare/Abstract/2011/04000/Nurse_Staffing_Effects_on_Patient_Outcomes_.13.aspx](http://journals.lww.com/lww-medicalcare/Abstract/2011/04000/Nurse_Staffing_Effects_on_Patient_Outcomes_.13.aspx)

Commonwealth Fund - 72% feel Healthcare Needs an Overhaul

<http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2011/Apr/Call-for-Change.aspx?omnicid=20>

Grassley Proposes Bill for CMS to Post Physician Billing Data on the Website USAspending.gov

<http://www.ama-assn.org/amednews/2011/04/04/gv110404.htm>

MedPac Recommends Medicare be Allowed to Precertify CT and MRI Scans

Reported in AMA Member Communications - April 8, 2011. This is a significant change in policy and would take congressional approval. Medicare under current law is prohibited from regulating the practice of Medicine. Projected savings are almost 1 billion dollars over 10 years.

<http://www.cq.com/login?jumpto=%2Fdoc%2Fhbnews-3847802>

Blue Cross Blue Shield Anti-Trust Investigation

Some insurance companies are allegedly trying to pay more. HW USA predicted market pressure to increase insurance rates as early as last year. The provision in the healthcare reform law of limiting insurance profits to 15% to 20% of premiums has distorted the payment incentives.

http://online.wsj.com/article/SB10001424052748704474804576222804064289720.html?mod=WSJ_hp_MIDDLENexttoWhatsNewsThird

<http://www.legalhie.com/health-plans/antitrust-risks-what-att-and-blue-cross-have-in-common/>

"However, the investigation in Michigan revealed that Blue Cross did not always demand just the lowest price but rather, it offered to pay hospitals more as long as competing insurers were charged more for health care services"

Possibly, wanting to pay more so they can raise their premiums and increase the \$\$\$ amount of their profit. Remember that the healthcare reform law restricts the overhead plus profit to 15% to 20% of the premium.

Accountable Care Organizations to Have Lower Pay if Savings Target is Missed

<http://www.commonwealthfund.org/Content/Newsletters/Washington-Health-Policy-in-Review/2011/Apr/April-4-2011/ACO-Surprise.aspx>

Consumer Union's Patient Video

http://www.safepatientproject.org/2011/03/video_advice_on_staying_safe_i.html

2011 HW USA 5th Annual Conference

This year's topic is Healthcare Acquired Infections, although other issues involving transparency or patient advocacy can be presented. The date is Nov. 11, 2011 and is being held at the Embassy Suites.

Initial confirmed speakers are:

- a. John Santa, MD, Director of the Health Ratings Center for Consumer Reports.
- b. Maryn McKenna best selling author of SUPERBUG: The Fatal Menace of MRSA
- c. Dr. Joycelyn Elders, Past US Surgeon General
- d. Dr. Marvin Feit. Editor of the Journal of Social Work in Public Health

We also have exhibits which are FREE for non-profits who provide two registrations. The cost for attendance is \$50 and \$25 for students.

The conference's website can be viewed at www.healthconference.org.

As with previous years' conferences, CME credits are planned to be available for RNs, MDs, JDs, Social Workers and Human Resource Managers.

If you would like to give a 25 minute presentation at the conference, please submit a 300 word abstract for consideration to contact-mail@healthwatchusa.org

April 20th

Speaker Helen Haskell -
Medical Error

To attend contact Kevin
606-875-3642



HW USA Meeting

Founder of Mother's Against
T Kavanagh, MD

HW USA Meeting May 18th

Rosemary Gibson - Best Selling Author of "the Wall of Silence" and "The Treatment Trap"

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

