



Health Watch USA Newsletter

www.healthwatchusa.org Dec. 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

Full Disclosure of Medical Errors - HW USA's Op-Ed

Published in Herald Leader on Dec. 5th, 2011. One of the main points. Without full disclosure there may be an inhibition of administration's ability to effectively oversee its staff.

<http://www.kentucky.com/2011/12/05/1983746/dont-tell-culture-a-plague-on.html>

The Expanding Epidemic of C. Difficile

HW USA participated in the following comprehensive news article regarding the challenges in confronting the expanding epidemic of C. Difficile hospital infections.

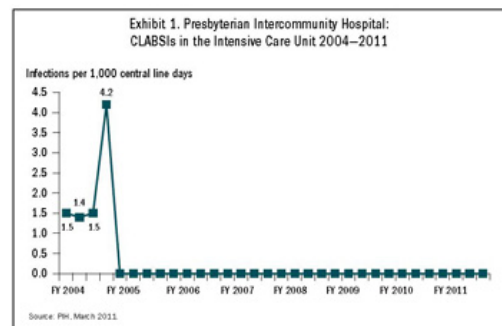
Gut Reaction, Clostridium difficile puts hospitalists to the test. From: The Hospitalist, December 2011

http://www.the-hospitalist.org/details/article/1409015/Gut_Reaction.html

Eliminating Central Line Infections and Spreading Success at High-Performing Hospitals

The Commonwealth Fund's new report outlines the progress that has been made in the prevention of Central Line Associated Bloodstream Infections (CLABSI).

Facilities are now reporting excellent results in prevention. **(Click on Right Hand Picture to Enlarge)** "ICUs participating in the Keystone Project reduced infections on average from 2.5 infections per 1,000 line days in 2004 to .83 infections per 1,000 line days in 2009. Further, 60 percent of the ICUs evaluated prevented central line infections for a year or more, and 26 percent went without infections for at least two years."



The fatality rate for patients with a CLABSI is almost 20%.

<http://www.healthwatchusa.org/publications/201112-Doucments/20111200-CLBSI-HighPerformingHospitals.pdf>

Non-Risk Adjusted Data

Differences in mortality, length of service, and the cost of medical care between HAI and non-HAI cases in Pennsylvania cannot be explained on the basis of increased disease-specific severity at the time of admission.

Peng MM, Kurtz S, Johannes RS. Adverse outcomes from hospital-acquired infection in Pennsylvania cannot be attributed to increased risk on admission. *Am J Med Qual.* 2006 Nov-Dec;21(6 Suppl):17S-28S.
<http://www.ncbi.nlm.nih.gov/pubmed/17077415>

Public Reporting

Reductions in mortality observed in Pennsylvania was associated with Intensive Public Reporting of hospital outcomes

<http://www.ncbi.nlm.nih.gov/pubmed/18658101>

Study Indicates that Most Reportable HAIs are Preventable

Umscheid et al. has concluded in the journal of Infection Control and Hospital Epidemiology that most of these infections are preventable:

<http://www.ncbi.nlm.nih.gov/pubmed/21460463>

"As many as 65%-70% of cases of CABS (Catheter Associated Bloodstream Infections) and CAUTI (Catheter Associated Urinary Tract Infection) and 55% of cases of VAP (Ventilator Associated Pneumonia) and SSI (Surgical Site Infections) may be preventable with current evidence-based strategies. CAUTI may be the most preventable HAI. CABS has the highest number of preventable deaths, followed by VAP."

Vancomycin Prophylaxis -- May Not Be Always Good.

Data from the VA System Finds that Giving Vancomycin to MRSA-negative patients increases the risk of a surgical site infection.

<http://www.ncbi.nlm.nih.gov/pubmed/21768763>

Private Rooms Found to have a Lower Infection Rate

Study finds "an 11% increase in the risk of *Clostridium difficile* infection, a 10% increase in the risk of methicillin-resistant *Staphylococcus aureus*, and an 11% higher risk of vancomycin-resistant *Enterococcus* infection with each exposure to a new hospital roommate"

http://www.cmaj.ca/site/earlyreleases/14dec11_private-rooms-a-choice-between-infection-and-profit.xhtml

Measurement of MRSA Bacteremia May Not Produce Significant Results.

Important information regarding the UKs experience of surveillance of MRSA Bacteremia as opposed to infections. Bacteremia was noted to be too uncommon in some institutions to monitor for improvement in MRSA control.

<http://www.ncbi.nlm.nih.gov/pubmed/21978609>

Clinician Sued for Enforcing Contract Prohibiting Online Reviews By Patients

Medscape Dec. 2, 2011:

<http://www.medscape.com/viewarticle/754664?sssdmh=dm1.739841>

Medical Overusage

1) Medtronic (the world's largest maker of medical devices) agrees to \$23.5 Million Settlement in Kickback Case. http://www.nytimes.com/2011/12/13/business/medtronic-agrees-to-23-5-million-settlement-in-kickback-case.html?_r=1&adxnnl=1&adxnnlx=1323885915-NeJQ9lxWXJ/c27UEMdbYoQ

2) How Doctor's Die -- Not always using technology to prolong live.

<http://zocalopublicsquare.org/thepublicsquare/2011/11/30/how-doctors-die/read/nexus/>

3) ABC News reports that foster kids are 13 times more likely to receive 'mind-altering' psychotropic drugs than other children. Read more:

<http://abcnews.go.com/Health/doctors-put-foster-children-risk-mind-altering-drugs/story?id=15064560>

<http://www.dailymail.co.uk/news/article-2069367/Keonte-12-tells-Congress-drugged-4-years-foster-care.html>

4) Medicare Buys Unneeded Anti-Psychotic Drugs for Nursing Homes.

\$116 million was paid by Medicare in the first half of 2007 for atypical anti-psychotics for nursing home residents.

<http://www.bloomberg.com/news/2011-11-30/medicare-buys-unneeded-anti-psychotic-drugs-for-nursing-homes.html>

5) Over Prescribing of Pain Killers, kill 40 Americans every day.

<http://content.govdelivery.com/bulletins/gd/USHHS-1a87b0>

HW USA 2011 Conference - Presentations Available Online. (Click On Picture to Enlarge)

The following conference presentations are available online: <http://www.healthwatchusa.org/conference2011/>

