



Health Watch USAsm Newsletter

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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

The Standardized Infection Ratio (SIR) - A confusing method to aid consumers in judging hospital infections - HW USA Article.

Abstract: The derivations of the standardized infection ratio (SIR) are reviewed in this report. To be most understandable to the consumer, the SIR National Benchmark of 1.0 should reflect what is obtainable. The SIR is a tool intended to be used by consumers in value purchasing to compare differences between facilities and thus should not adjust for these differences. Ideally, factors used in risk adjustment should solely be based upon patient characteristics. Thus, facility specific adjustments (i.e., medical school affiliation, major teaching institution and unit bed size) should be used with caution in calculating the SIR and their use made clearly transparent to health-care consumers.

Using data downloaded from the US Department of Health and Human Services' website, Hospital Compare, we observed an average SIR for central line blood stream infections of 0.568 and an SIR at the peak of the distribution curve approximating 0.35. A suggested methodology to calculate an obtainable SIR is to set the National Benchmark of 1.0 at the location of the distribution curve's peak. The curve's peak is more reflective of higher performing facilities. The SIR needs to reflect the expected performance of facilities, which are using up-to-date methods of infection control. The remainder of the facility SIRs can then be adjusted accordingly.

It is recommended that the obtainable SIR be calculated every other year using data from the most recent 3 years. This enables the SIR to be reset as the control of health care associated infections progressively improves.

Redefining the Standardized Infection Ratio to Aid in Consumer Value Purchasing. Journal of Patient Safety. Published Ahead of Print: Jan. 31, 2013. http://journals.lww.com/journalpatientsafety/Abstract/publishahead/Redefining_the_Standardized_Infection_Ratio_to_Aid.99836.aspx



When Hospitals Become Killers -- Op-Ed WSJ.

CRE is a deadly infection that is becoming more common in the United States. It kills up to 40% of those it infects. "The outbreak (CRE) was finally contained by implementing tougher standards," said the NIH researchers—standards tougher than CDC guidelines."

<http://online.wsj.com/article/SB10001424127887324156204578273674102866886.html>

Infectious Disease Outbreaks in Kentucky for 2012 - Reported to the State Health Department

Only one case of MRSA and no cases of C. Difficile were reported in Acute Care Hospitals. One case of the deadly bug CRE was also reported.

Click on Picture to Enlarge

<http://www.healthwatchusa.org/publications/2013-Documents/20130204-KY-Outbreak-Data-2012-Redone.JPG>

Organism	Hospital	LTCF	Correctional	Total
			Healthcare Facility	
B. pertussis	1	0	0	1
C. difficile	0	1	0	1
CRE (Klebsiella Pneumoniae)	1	0	0	1
GI illness, unspecified	1	33	0	34
Influenza	0	13	1	14
Legionella	0	1	0	1
MRSA	1	0	0	1
Norovirus	2	27	0	29
Norovirus, suspected (unconfirmed)	0	5	0	5
Respiratory illness, unspecified	0	1	0	1
Unknown Cause	0	5	0	5

One in Five Hospital Based Doctors Report Unsafe Workloads

<http://health.usnews.com/health-news/news/articles/2013/01/28/1-in-5-hospital-docs-reports-unsafe-workloads-study>

Employers May Choose to Pay The Penalty Than Give Their Employees Insurance

<http://mcgladrey.com/Tax-Alerts/New-health-care-act-presents-financial-issues-for-both-employers-and-employees>

Readmission Penalty Hits Safety Net Hospitals.

<http://www.medscape.com/viewarticle/778021>

CMS Releases Final Rule on Reporting Gifts Given To Doctors from Drug Companies and Device Manufacturers.

SUMMARY: This final rule will require applicable manufacturers of drugs, devices, biologicals, or medical supplies covered by Medicare, Medicaid or the Children's Health Insurance Program (CHIP) to report annually to the Secretary certain payments or transfers of value provided to physicians or teaching hospitals ("covered recipients"). In addition, applicable manufacturers and applicable group purchasing organizations (GPOs) are required to report annually certain physician ownership or investment interests. The Secretary is required to publish applicable manufacturers' and applicable GPOs' submitted payment and ownership information on a public website.

View Final Rule: <http://www.healthwatchusa.org/publications/2013-Documents/20130204-KY-Outbreak-Data-2012-Redone.JPG>

63% of doctors are deeply concerned that this data will be publically available on a searchable database. <http://www.reuters.com/article/2013/02/04/mmis-sunshine-act-svy-idUSnPNY53470+160+PRN20130204>

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