Health Watch USA[SM] 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

PRESENTATION: Health Watch USA Presents at Kentucky House Health And Welfare Committee on Changes in Our Healthcare System and Healthcare Acquired Infections

Below is a link to Health Watch USA's presentation (pre-gavel) to the KY House, Health and Welfare Committee. The presentation was not successfully recorded, so it has been re-recorded.

- Mp4 (Computers & I pad) http://www.healthwatchusa.org/HWUSA-Presentations-Testimony/20130215-KY-House/20130214-kavanagh2.htm

- Flash (Most Computers and Android Phones) http://www.healthwatchusa.org/HWUSA-Presentations-Testimony/20130215-KY-House/20130214-kavanagh.htm

Tough CDC Recommendations to Prevent the Spread of the Superbug CRE

CDC continues to recommend that facilities follow the CDC guidance for preventing the spread of CRE in healthcare settings (http://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html). Facilities should:

- Ensure that the patient is on Contact Precautions.
- Reinforce and evaluate adherence to hand hygiene and Contact Precautions for healthcare personnel who come into contact with the patient (e.g., enters the patient's room).
- Since clinical cultures will identify only a minority of patients with CRE, screen epidemiologically linked patient contacts for CRE colonization with stool, rectal, or perirectal cultures. At a minimum, this should include persons with whom the CRE patient shared a room but could also include patients who were treated by the same healthcare personnel. A laboratory-based screening protocol is available here: (http://www.cdc.gov/HAI/pdfs/labSettings/Klebsiella_or_Ecoli.pdf).
- Should the patient be transferred to another healthcare facility, ensure that the presence of CRE colonization or infection is communicated to the accepting facility. An example transfer form is available here (http://www.cdc.gov/HAI/toolkits/InterfacilityTransferCommunicationForm11-2010.pdf).

- Dedicate rooms and staff to CRE patients when possible. It is preferred that staff caring for CRE patients do not also care for non-CRE patients.
- Remove temporary medical devices as soon as they are no longer needed.

Op-Ed: More scrutiny on spread of infections; health care industry resists surveillance

Lexington Herald Leader. Feb. 11, 2013. Healthcare Industry Resists Surveillance.
http://www.kentucky.com/2013/02/12/2513076/ky-voices-more-scrutiny-on-spread.html
View Op-Ed References http://www.healthwatchusa.org/HWUSA-References/editorial/20130211-hai-infections-mrsa-c-difficile.htm

Most Hospitals have not Shown a Statistical Improvement in Healthcare Acquired Infections Since Five Years Ago

http://www.thestreet.com/story/11839503/1/cdc-report-shows-national-decline-in-number-of-hospital-infections.html

CDC HAI report for 2011: http://www.cdc.gov/hai/national-annual-sir/index.html

- A 41 percent reduction in central line-associated bloodstream infections since 2008, up from the 32 percent reduction reported in 2010. Progress in preventing these infections was seen in intensive care units (ICU), wards, and neonatal ICUs in all reporting facilities. A central line is a tube that is placed in a large vein of a patient's neck or chest to give important medical treatment. When not put in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause serious bloodstream infections. CDC estimates that 12,400 central line-associated bloodstream infections occurred in 2011, costing one payer, the Centers for Medicare & Medicaid Services (CMS), approximately $26,000 per infection.
- A 17 percent reduction in surgical site infections since 2008, up from the 7 percent reduction reported in 2010.This improvement was not evident for all procedure types, and there is still substantial opportunity for improvement across a range of operative procedures.
- A 7 percent reduction in catheter-associated urinary tract infections since 2009, which is the same percentage of reduction that was reported in 2010. While there were modest reductions in infections among patients in general wards, there was essentially no reduction in infections reported in critical care locations.

The Anti-Patient Safety Quote of the Year

At the end of the program, during Q&A, one of the QIOs stood up, mike in hand, and told the group, “I’ll tell you why we don’t want outside advocates! They make us feel like we’re under a microscope. They take notes and ask questions. We might get sued because they see everything we do wrong. We don’t need someone documenting problems and second-guessing us, so we don’t want them there!”
http://aphablog.com/2013/02/17/hospital-providers-come-to-advocates-defense/

Employers Must Offer Family Care, Affordable or Not

http://www.nytimes.com/2013/01/01/health/employers-must-offer-family-health-care-affordable-or-not-administration-says.html

Los Angeles Times: Feb 12, 2013

A family of four making $92,000 a year will qualify for subsidies when purchasing health insurance in 2014. http://www.latimes.com/business/la-fi-tax-return-health-20130212,0,5667200.story

Price for Hip Surgery Ranges from $11,100 to $125,798. 37% of Treating Facilities and Doctors Could not Give a Price.

http://media.jamanetwork.com/news-item/study-finds-difficulty-obtaining-pricing-varying-costs-for-total-hip-replacement/

Kentucky Uninsured 28% and Climbing

http://www.courier-journal.com/article/20130212/PRIME07/302120089/Kentucky-uninsured-28-percent-climbing-poll-finds

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