



# Health Watch USA<sup>sm</sup> Newsletter

[www.healthwatchusa.org](http://www.healthwatchusa.org) Mar. 6, 2014

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



## Health Watch USA's Testimony on Healthcare Associated Infection Public Reporting Bill HB 460.

House Bill 460 is designed to set up a comprehensive state reporting system for healthcare associated infections and multi-resistant drug organisms. The Bill would require reporting from all types of facilities and utilizes the NHSN reporting system. Health Watch USA's testimony in support of the Bill, along with a PDF of the slides and

post-presentation letter can also be viewed from the following link. In addition, from this linked page there are links to videos of the opposing testimony.

<http://www.healthwatchusa.org/HWUSA-Presentations-Testimony/20140306-KY-House/Kavanagh/20140306-kavanagh2.htm>

[Read Follow Up Response Letter Sent To The Committee](#)      [Rebuttal Testimony on March 13, 2014](#)

## Mandatory Reporting of Healthcare Acquired Infections in Kentucky Op-Ed

"These are clear examples of why our health-care system has been ineffective in addressing health-care associated infections. The people in whom we place our trust appear to have thrown us under the bus in a cloud of secrecy. The lack of a comprehensive, transparent statewide reporting system places us all at risk and may set us back some 200 years to a time when devastating epidemics of untreatable bacteria ravaged civilization."

<http://www.kentucky.com/2014/03/13/3136695/mandate-reporting-of-ky-health.html>

## Lack of Standardization of Prevention Protocols May Contribute To Emergence of Multi-Resistant Drug Organisms.

"Facilities vary significantly in their approach to preventing MDR-GNB (Multi Drug Resistant Gram Negative Bacteria) transmission. Although practices for MRSA and VRE are relatively standardized, emerging pathogens CRE and other MDR-GNB have highly varied definitions and management. This confusion makes communication difficult, and varied use of isolation may contribute to emergence of these organisms." <http://www.jstor.org/stable/info/10.1086/675600>

This study lends support to the The Government Accountability Office (GAO) that found that “a few of (CDC’s strongly recommended practices) were required by CMS or the accrediting organizations’ standards” but that it was “not reasonable to expect CMS or accrediting organizations to require additional practices without a prioritization.” The GAO concluded that the “lack of department-level prioritization of CDC’s large number of recommended practices had hindered efforts to promote their implementation.” <http://www.gao.gov/products/GAO-08-28> 3



### **Rosemary Gibson and Dr. Kevin Kavanagh on Medical Overuse**

This 30 minute radio show stressed the overuse of antibiotics, cardiac stenting and CT Scans. Click on the following link to listen to the program.

<http://www.healthwatchusa.org/HWUSA-Presentations-Meeting/20140311-Gibson-TreatmentTrap/20140311-Gibson-Kavanagh.htm>

For more references on Medical Over usage go to: <http://www.medicaloveruse.org/>

### **CDC Links C. Difficile in Children to Antibiotic Overuse**

CDC Press Release: "According to preliminary CDC data, an estimated 17,000 children aged 1 through 17 years get C. difficile infections every year. The Pediatrics study found that there was no difference in the incidence of C. difficile infection among boys and girls, and that the highest numbers were seen in white children and those between the ages of 12 and 23 months."

<http://www.cdc.gov/media/releases/2014/p0307-severe-diarrheal-illness.html>

"Prevention efforts to reduce unnecessary antimicrobial use among young children in outpatient settings should be prioritized. "

<http://pediatrics.aappublications.org/content/early/2014/02/25/peds.2013-3049>

### **Antibiotic Overuse -- Kentucky is Number One (CDDEP) -- Excerpts from CDC Vital Signs**

26% of C. Difficile can be prevented with reducing high-risk antibiotic usage by 30%. Especially, fluoroquinolones,  $\beta$ -lactams with  $\beta$ -lactamase inhibitors, and extended-spectrum cephalosporins.

Doctors in some hospitals prescribe 3 times as much as doctors in other hospitals.

About 1 out of 3 times, prescribing practices to treat urinary tract infections and prescriptions for the critical and common drug vancomycin included a potential error – given without proper testing or evaluation, or given for too long.

Although antibiotics save lives (for example, in the prompt treatment of sepsis, a life-threatening infection throughout the body), they can also put patients at risk for a Clostridium difficile infection, deadly diarrhea that causes at least 250,000 infections and 14,000 deaths each year in hospitalized patients.

Decreasing the use of antibiotics that most often lead to C. difficile infection by 30% (this is 5% of overall antibiotic use) could lead to 26% fewer of these deadly diarrheal infections. These antibiotics include fluoroquinolones,  $\beta$ -lactams with  $\beta$ -lactamase inhibitors, and extended-spectrum cephalosporins.

Patients getting powerful antibiotics that treat a broad range of infections are up to 3 times more likely to get another infection from an even more resistant germ.

Source CDC Vital Signs: <http://www.cdc.gov/vitalsigns/antibiotic-prescribing-practices/>

### **Deaths Linked to Cardiac Stents Rise as Overuse Seen**

"Unnecessary stents cost the U.S. health care system \$2.4 billion a year, according to Sanjay Kaul, a cardiologist and researcher at Cedars-Sinai Medical Center in Los Angeles. Patients who received them are living with risks including blood clots, bleeding from anti-clotting medicine and blockages from coronary scar tissue, any of which can be fatal, Kaul said. "

[http://www.bloomberg.com/news/2013-09-26/deaths-linked-to-cardiac-stents-rise-as-overuse-seen.html#disqus\\_thread](http://www.bloomberg.com/news/2013-09-26/deaths-linked-to-cardiac-stents-rise-as-overuse-seen.html#disqus_thread)

### **Mapping America's Coronary Stent Hot Spots**

"Bloomberg News ranked regional health-care markets by three measures: the number of PCI procedures for every 1,000 Medicare enrollees; how often they are performed for every 1,000 angiography scans of coronary arteries; and the number per 1,000 cases of diagnosed ischemia — or reduced cardiac blood flow. " Eastern Kentucky is a hot-spot for Cardiac Stent Usage

<http://go.bloomberg.com/multimedia/mapping-coronary-stent-hot-spots/>

### **Antibiotic OverUsage -- Kentucky Now in the Number One Spot.**

<http://www.cddep.org/resistancemap/use/all#.Ux5VCIWhYtc>

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### **Health Watch USA Meeting on The Importance of Bacterial Surveillance 7:00 PM ET on Mar. 19th, 2014.**

Speaker: Sumanth Gandra MD, MPH. Post doctoral Fellow at the Center for Disease Dynamics and Economic Policy, Washington, DC. Abstract. Multi-drug resistant organisms (MDROs) account for a significant proportion of healthcare associated infections in the US. Compared to drug susceptible organisms, MDRO infections are associated with increased morbidity, mortality and healthcare costs. Preventing MDRO infections is an important infection control activity in healthcare facilities. In this

presentation, published literature on infection control measures to prevent MDRO transmission and infections is reviewed, with a special focus on the role of active surveillance for MRSA and other MDROs.

To request attendance at this meeting send an email to: [healthwatchusa@gmail.com](mailto:healthwatchusa@gmail.com)

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