Health Watch USA℠ Newsletter

www.healthwatchusa.org Jan 20th, 2015

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

Viewpoint: a response to "Screening and isolation to control methicillin-resistant *Staphylococcus aureus*: sense, nonsense, and evidence"

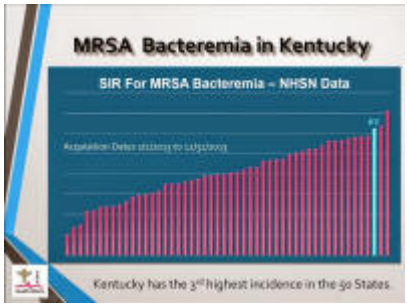
Abstract

Keywords

Health Watch USA Responds to a Published Commentary Regarding MRSA Surveillance.

"Surveillance and isolation for the prevention of methicillin-resistant Staphylococcus aureus (MRSA) has become a controversial topic, one that causes heated debate and appears to be surrounded by both politics and industrial conflicts-of-interest. There have been calls from numerous authors for a movement away from rigid mandates and toward an evidence-based medicine approach. However, much of the evidence can be viewed with an entirely different interpretation. Two major studies with negative findings have had an adverse impact on recommendations regarding active detection and isolation (ADI) for MRSA. However the negative findings in these studies can be explained by shortcomings in study implementation rather than the ineffectiveness of ADI. The use of daily chlorhexidine bathing has also been proposed as an alternative to ADI in ICU settings. There are shortcomings regarding the evidence in the literature concerning the effectiveness of daily chlorhexidine bathing. One of the major concerns with universal daily chlorhexidine bathing is the development of bacterial resistance. The use of surveillance and isolation to address epidemics and common dangerous pathogens should solely depend upon surveillance and isolation's ability to prevent further spread to and infection of other patients through indirect contact. At present, there is a preponderance of evidence in the literature to support continuing use of surveillance and isolation to prevent the spread of MRSA." Abstract and Provisional PDF: http://www.aricjournal.com/content/4/1/4/abstract

New rule will improve reporting of antibiotic-resistant infections in health-care facilities, which are getting worse in Kentucky



"FRANKFORT, Ky. — Kentucky will have a new weapon, in the form of data, to fight infections acquired in hospitals and other health-care facilities, with legislative approval of a regulation that changes the way antibiotic-resistant infections such as MRSA and C. difficile are reported." "Kavanagh said afterward that the regulation is needed to reverse the apparent increase in hospital infections, based on the CDC data from 38 of the state's 93 hospitals. 'We are going in the wrong direction, with Kentucky 27 percent worse than it was two years ago,' he noted. 'This regulation will help with that.' "
http://kyhealthnews.blogspot.com/2015/01/new-rule-will-improve-reporting-of.html

Major Study Brings Into Question the Utility of Daily Bathing With Chlorhexidine.

Since June of 2013, the use of daily bathing of chlorhexidine has been adopted as opposed to surveillance in a number of institutions around the United States. This adoption was prompted by the REDUCED MRSA Study which was published in the NEJM. http://www.nejm.org/doi/full/10.1056/NEJMoa1207290

Published on Jan. 20, 2015, a major study in JAMA also found this intervention did not work.
http://jama.jamanetwork.com/article.aspx?articleid=2091544

Chlorhexidine Bathing and Health Care–Associated Infections,
JAMA. Published online January 20, 2015. doi:10.1001/jama.2014.1840

"In this pragmatic trial, daily bathing with chlorhexidine did not reduce the incidence of health care–associated infections including CLABSIs, CAUTIs, VAP, or *C difficile*. These findings do not support daily bathing of critically ill patients with chlorhexidine."

The REDUCE MRSA study had major changes in metrics recorded in www.clinicaltrials.gov after the trial completion date and did not report all of the data (from CAUTIs and CLABSIs). Thus, Health Watch USA feels there may have been a breach in research integrity that lead to the rapid adoption of this questionable protocol. We have written about this study in our current publication and our concern in the changes in metrics in Antimicrobial Agents and Chemotherapy. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4023793/

Health Watch USA feels this may be an example of why the United States' infection disease efforts are falling behind Europe and other nations. And why we were so unprepared for the Ebola epidemic.

Safe Doctors, Unsafe Patients: A Tale of Two Infections

Forbes: "Call it a tale of two infections. It's the story of how hospitals have blocked transmission of a dangerous infection that patients can give doctors, while a hospital-caused infection that can kill patients continues to be widely tolerated."
http://www.forbes.com/sites/michaelmillenson/2015/01/18/safe-doctors-unsafe-patients-a-tale-of-two-infections/

USA Today Story on CRE -- The Deadly Bacteria:

"The reported cases of CRE are "probably the tip of an iceberg" of infections transmitted by duodenoscopes, Patrick says. "But we don't know how big that iceberg is."..... In each case, the culprit was a bacteria known as CRE, perhaps the most feared of superbugs, because it resists even "last defense" antibiotics — and kills up to 40% of the people it infects."
http://www.usatoday.com/story/news/2015/01/21/bacteria-deadly-endoscope-contamination/22119329/

Dozens of Drugs are Based on Flawed Studies

MedScape: "A committee of the European Medicines Agency (EMA) has recommended suspending the sale of roughly four dozen generics for conditions such as diabetes, depression, and hypertension because their approvals were based on flawed clinical studies conducted in India, the agency announced today.:
http://www.medscape.com/viewarticle/838662

National Patient Safety Foundation Calls For More Healthcare Transparency

"Defining transparency as “the free flow of information that is open to the scrutiny of others,” this report offers sweeping recommendations to bring greater transparency in four domains: between clinicians and patients; among clinicians within an organization; between organizations; and between organizations and the public"
https://npsf.site-ym.com/?shiningalight

John Hopkins Reports That U.S. Hospitals Profit When Patients Develop Bloodstream Infections.

HealthManagement.org "Johns Hopkins researchers report that hospitals may be reaping enormous income for patients whose hospital stays are complicated by preventable bloodstream infections contracted in their intensive care units.
See more at: http://healthmanagement.org/s/u-s-hospitals-profit-when-patients-develop-bloodstream-infections

More nurses are better for patients. Why is it so hard to get hospitals to hire them?

“All the shortage of care at the bedside has to do with how much hospitals want to pay nurses, and whether they want to use their resources on something else.”
http://www.bendbulletin.com/nation/webextras/2782309-151/storyline-why-its-so-hard-to-get-hospitals

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Future Health Watch USA Meetings:

- Feb. 18, 2015 at 6:30 PM ET. Speaker: Michael L. Millenson, a contributor to Forbes Online, will present on "The Bizarre Case of the Business Case for Patient Safety".
- Mar. 18, 2015 at 7:00 PM ET. Speaker: Helen Bukumez on Medical Devices / Patient Advocacy
- Apr. 15, 2015 at 7:00 PM ET. Speaker: LF Muscarella PhD presenting on Deadly Bacteria (CRE) spread by Medical Endoscopes.
  http://www.usatoday.com/story/news/2015/01/21/bacteria-deadly-endoscope-contamination/22119329/

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