



Health Watch USAsm Newsletter

www.healthwatchusa.org Dec. 15, 2018

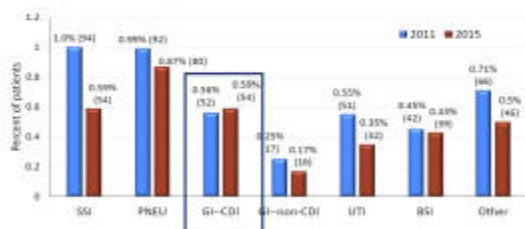
Member of the National Quality Forum and a designated "Community Leader" for Value-Driven Healthcare by the U.S. Dept. of Health and Human Services



Healthcare Worker Safety, Prevention of NICU MRSA & Safety of Infectious Disease Medical Devices - HICPAC 2018. Public Comments from Dr. Kevin Kavanagh, Health Watch USAsm, at the Nov. 15 & 16, 2018 CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) meeting. Comments were given regarding the prevention of MRSA in the NICU along with the protection of healthcare workers and safety of infectious disease medical devices. It was stressed that we need to lower the rate of endemic infections from MRSA and if we only react when there is an outbreak, then we will not meet the 2020 reduction goals. In addition, there needs to be a

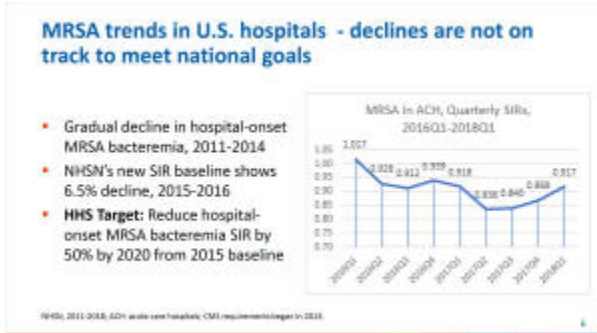
national standardized reporting system for healthcare workers' acquisition of and infections from multi-drug resistant organism. Finally, It was also proposed that the CDC should incorporate information found on Clinical Trials. Gov and the FDA's MAUDE database in evaluating infectious disease medical devices. View on Youtube: <https://youtu.be/HOFCJxV2Rek>

Healthcare-associated infection (HAI) prevalence surveys, U.S. hospitals, 2011-2015



According to the CDC - C. Difficile Infections Have Not Decreased. Only a small decrease was observed in total bloodstream infections and MRSA infections rates are not on track to meet the 2020 goals of a 50% reduction. [\(Click on Picture to Enlarge\)](#)

The United States is NOT on Target for Meeting the Dept. of Health and Human Services' 2020 Goals of in HAI Reduction of C. Difficile and MRSA Infections.



MRSA Bloodstream Infections Have Plateaued after a Small Decrease. [\(Click on Picture to Enlarge\)](#)

MDROs Transmitted Early, Readily, and Frequently Between Patient and Room.

Babcock H. "Study findings showed that multidrug-resistant organisms, or MDROs, are transmitted "early, readily, and frequently" between patients and hospital rooms, suggesting that terminal cleaning may be inadequate to prevent patients from getting infections from the environment, researchers reported in Infection Control & Hospital Epidemiology. -- Healio.com"

<https://www.healio.com/infectious-disease/nosocomial-infections/news/in-the-journals/%7Bc3841797-f51c-412c-af92-0721f75cdc79%7D/mdros-transmitted-early-readily-and-frequently-between-patient-and-room>

The CDC reaffirmed their recommendations to place MRSA and known MRSA carriers in contact precautions. "CDC recommends the use of Contact Precautions (CP) in inpatient acute care settings for patients known to be colonized or infected with epidemiologically important Multidrug-Resistant Organisms (MDROs) including Methicillin-Resistant Staphylococcus aureus (MRSA)."

<https://www.cdc.gov/mrsa/healthcare/clinicians/index.html>

CPs need to be implemented for all dangerous pathogens. A summary presentation regarding this policy and some of the research integrity problems which swayed us away from using CP for these two dangerous pathogens can be viewed at: <https://youtu.be/k-fXApc3IA>

The Quality of Studies Evaluating Antimicrobial Stewardship Interventions: A Systematic Review

Clinical Microbiology and Infection: "Overall quality of antimicrobial stewardship studies is low and has not improved over time. Most studies do not report clinical and microbiological outcome data. Most studies (675/825, 82%) were non-experimental... Studies conducted in the community setting were associated with better quality." [https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X\(18\)30728-6/fulltext#.W_e3y5SS2t4.twitter](https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(18)30728-6/fulltext#.W_e3y5SS2t4.twitter)

[https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X\(18\)30728-6/fulltext#.W_e3y5SS2t4.twitter](https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(18)30728-6/fulltext#.W_e3y5SS2t4.twitter)



Patients Have Few Remedies For Spiraling Health-care Costs, But Here Are a Few Tips

"It is fair to say that all of us have had experience with skyrocketing health-care costs and are astonished that this situation is allowed to continue. Policymakers seem to have an insurmountable inertia. The conclusion: The United States spends almost twice as much on health-care than other developed nations but has similar health-care utilization. Although, commonly blamed, this is not the patient's fault." Lexington Herald Leader OpEd:

<https://www.kentucky.com/opinion/op-ed/article222240450.html>

BROKEN RECALLS Hidden dangers: Patients, Doctors Not Informed of Defective Implants

By Spencer Woodman: "Flaws found in hundreds of medical devices trigger safety alerts or recalls by manufacturers each year. Too often these vital warnings fail to reach patients and doctors." <https://www.icij.org/investigations/implant-files/hidden-dangers-patients-doctors-not-informed-of-defective-implants/>

Ignored As An Election Issue, Deaths From Medical Errors Have Researchers Alarmed

Forbes -- Leah Binder: "Nurses – our first line of defense in hospitals – do not believe we have made enough progress reducing medical errors, with 35 percent giving their own workplace an unfavorable rating for patient safety. Medication errors are a persistent problem, and researchers are now investigating a new category of safety concerns: diagnostic errors that affect at least 12 million patients a year, with 4 million suffering serious harm." <https://www.forbes.com/sites/leahbinder/2018/11/09/ignored-as-an-election-issue-deaths-from-medical-errors-have-researchers-alarmed/>

The Commonwealth Fund, The New York Times, Harvard T.H. Chan School of Public Health. Being seriously ill in America today. <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2018/10/CMWF-NYT-HSPH-Seriously-Ill-Poll-Report.pdf> [Download Report](#)

Sales Reps May Be Wearing Out Their Welcome In The Operating Room

Patients getting wheeled in might not realize that salespeople working on commission are frequently present and sometimes even advise the clinical team during surgery. <https://www.npr.org/sections/health-shots/2018/11/23/659816082/sales-reps-may-be-wearing-out-their-welcome-in-the-operating-room>

Government Investigation Finds Flaws In the FDA's Orphan Drug Program "The GAO uncovered inconsistent and often incomplete reviews early in the process of designating medicines as orphan drugs and recommended "executive action" to fix the system. In some cases, FDA reviewers failed to show they had checked how many patients could be treated by a drug being considered for orphan drug status; instead, they appeared to trust what drugmakers told them." <https://khn.org/news/government-investigation-finds-flaws-in-the-fdas-orphan-drug-program/>

Why are More Americans Than Ever Dying From Drug Overdoses?

The Guardian: "Pharmaceutical companies aggressively lobbied doctors to prescribe new formulations such as OxyContin, which they claimed could provide effective pain relief with no real addiction risk even to long-term patients. As a result, medical opioid consumption more than tripled, soaring far beyond levels seen in other countries.

Today, the US medical sector ranks second in the world for opioid use..."

<https://www.theguardian.com/us-news/ng-interactive/2018/nov/29/usdrug-overdose-epidemic-opioids-crisis-getting-worse>

What a Massive Database of Retracted Papers Reveals About Science Publishing's 'Death Penalty'

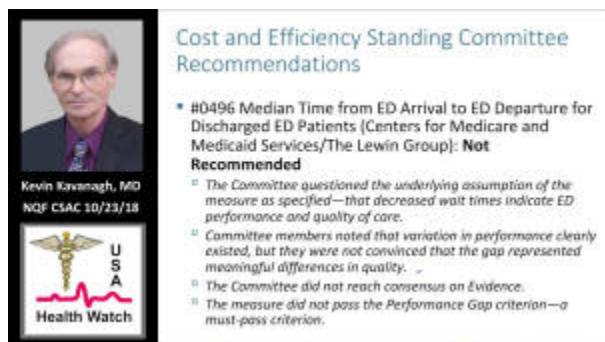
Brainard J, You J. Science. "His experience is consistent with findings reported by Joshua Krieger and colleagues at Harvard Business School in Boston in 2017. They showed that more prominent authors of papers retracted for fraud or misconduct often face greater penalties—in the form of fewer citations to their previous work—than do less prominent authors."

<https://www.sciencemag.org/news/2018/10/what-massive-database-retracted-papers-reveals-about-science-publishing-s-death-penalty?platform=hootsuite>

Retraction Watch Searchable Database: <http://retractiondatabase.org/RetractionSearch.aspx?>

Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis

JAMA Int. Medicine: "physician burnout may jeopardize patient care; reversal of this risk has to be viewed as a fundamental health care policy goal across the globe. Health care organizations are encouraged to invest in efforts to improve physician wellness, particularly for early-career physicians." <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2698144>



Kevin Kavanagh, MD
NQF CSAC 10/23/18

Cost and Efficiency Standing Committee Recommendations

- #0496 Median Time from ED Arrival to ED Departure for Discharged ED Patients (Centers for Medicare and Medicaid Services/The Lewin Group): **Not Recommended**
- The Committee questioned the underlying assumption of the measure as specified—that decreased wait times indicate ED performance and quality of care.
- Committee members noted that variation in performance clearly existed, but they were not convinced that the gap represented meaningful differences in quality.
- The Committee did not reach consensus on Evidence.
- The measure did not pass the Performance Gap criterion—a must-pass criterion.

NQF CSAC Did Not Recommend Reapproval of a Metric for Quality Measurement of ER Wait Times.

View YouTube Video: <https://youtu.be/E1hJbgShM9k>

View full NQF Presentation (Time Line Starts --7:20 to 7:45) <http://nqf.commpartners.com/se/Meetings/Playback.aspx?meeting.id=768962>

NQF #0496: Median Time from ED Arrival to ED Departure for Discharged ED Patients (The Lewin Group/CMS were sponsors). The National Quality Forum's (NQF) Standing Committee recommended to not renew the NQF quality measurement on Emergency Room wait times. This recommendation was upheld by the NQF Consensus Standards Approval Committee (CSAC). However, several members felt this quality measurement should be renewed. This abbreviated video contains some of their comments.

Points argued for not approving the metric were that:

- 1) It was not risk adjusted.
- 2) There is not good evidence that it measures quality, just patient satisfaction.
- 3) Other metrics measure ER wait times.

The main points argued for approving the metric were that:

- 1) Not having good evidence to show that the metric has validity in measuring quality is not applicable, since it would be very hard to ethically design a randomized control trial on ER Wait times. Who would consent to be in such a study?
- 2) That patient satisfaction should be given equal weight to quality in the assessment of metric validity.
- 3) Risk adjustment for the acuity of hospital patients was not needed, since the hospital can staff according to the acuity profile of the patients they serve.
- 4) The other metrics measuring ER wait times are being withdrawn.

Final CSAC recommendation was to not renew the metric. NQF is a CMS contractor to develop and evaluate criteria to measure healthcare quality.

Health Watch USA 2018 Fall Conference

12th Annual Patient Safety Conference held on Oct. 4th in Lexington, KY.



My family's experience

2012

- My father was badly burned in Kansas
- Local hospital delayed transfer to burn center
- He died 11 days later

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The Importance of Transparency and Full Disclosure of Adverse Events

Melissa Clarkson, PhD, discusses her family's experiences with the healthcare legal system and gag clauses, along with the importance of full disclosure of adverse events and support of the injured patient and family. Health Watch USA Conference Oct. 4, 2018.

YouTube Video: <https://youtu.be/LZxDsOp3rao>

FDA Warning

FDA News Release
FDA updates warnings for fluoroquinolone antibiotics on risks of mental health and low blood sugar adverse reactions

The FDA first added a Boxed Warning for fluoroquinolones in July 2006 for the increased risk of tendinitis and tendon rupture. In February 2011, the risk of worsening symptoms for those with myasthenia gravis was added to the Boxed Warning. In August 2013, the agency required updates to the labeling to describe the potential for irreversible peripheral neuropathy (serious nerve damage).

In 2016, the FDA **enhanced** warnings about the association of fluoroquinolones with disabling and potentially permanent side effects involving tendons, muscles, joints, nerves and the central nervous system. Because the risk of these serious side effects generally outweighs the benefits for patients with acute bacterial sinusitis, acute bacterial exacerbation of chronic bronchitis and uncomplicated urinary tract infections, the FDA determined that fluoroquinolones should be reserved for use in patients with these conditions who have no alternative treatment options.

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The Dangers of Fluoroquinolone Antibiotics

Jonathan Furman presents on the adverse effects of fluoroquinolones and the shortcomings of FDA oversight. Adverse events include, tendon rupture and psychological dysfunction. The frequency of these events has caused the FDA to issue black box warnings and recommend restricting fluoroquinolones usage -- Health Watch USA Conference. Oct. 4, 2018.

YouTube Video: <https://youtu.be/gclD4WjBMRo>



The Importance of Communication To Avoid Adverse Events

Rebecca Krall, PhD. Discusses what happens when an asplenic patient is bitten by a dog: A caregivers's perspective on healthcare communication issues. Health Watch USA Conference. Oct. 4, 2018.

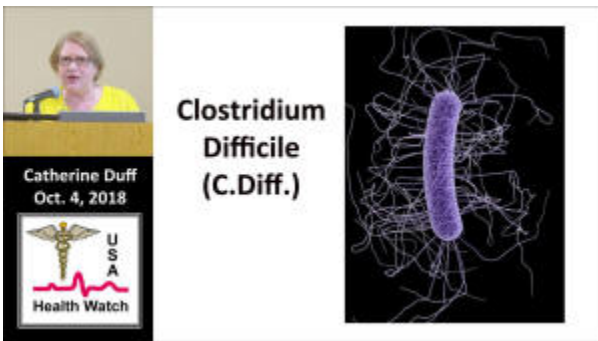
YouTube Video: <https://youtu.be/hlNGum9y2bc>



The Importance of Nursing To Assure Patient Safety

Christine Pontus, MS, RN, reviews the literature and discusses the importance of nursing to assure patient safety. The negative impact of inadequate RN staffing on several key patient outcomes has been documented in the peer reviewed literature. Nationally, unions and associations representing RNs have been advocating for safe staffing legislation at state and federal levels.

YouTube Video: <https://youtu.be/nkDEe2L-8h4>



Fecal Transplantation - Current Status, FDA Policy & A Patient Advocate's Story

Catherine Duff, President and Founder of The Fecal Transplant Foundation, tells a harrowing story of how a family administered fecal transplant saved her life and started her down the road of fecal transplant advocacy and FDA policy advisor. -- Health Watch USA Conference, Oct. 4, 2018.

The Fecal Transplant Foundation: <http://thefecaltransplantfoundation.org>

YouTube Video: <https://youtu.be/u1c5T3j4OOE>

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