Health Watch USA^{sm} Newsletter

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Member of the National Quality Forum and a designated "Community Leader"
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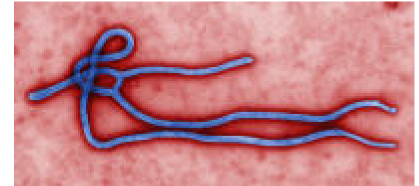


Health Watch USA In The News: 10 Things Your Doctor Won't Tell You About Hospital Infections

By Rosemary Black, Everyday Health: "One concern is that we do not have a coordinated healthcare system and uniform improvement or adoption of protocols has not taken place," Kavanagh explains." Some hospital systems, such as the Veterans Administration, may have very low rates of MRSA, and others may be much higher. Kavanagh stresses, "One cannot over emphasize the importance of checking with your doctor and Hospital Compare before choosing an inpatient facility." http://www.everydayhealth.com/things-your-doctor-wont-tell-about-hospital-infections/

Health Watch USA's Testimony on the New Kentucky Regulation for Mandatory Reporting of Dangerous Organisms.

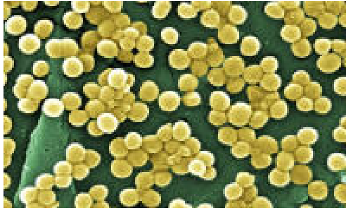
Kentucky regulation KAR 902.2.020 on reportable disease surveillance was approved by the Administrative Regulation Review Subcommittee on Jan. 13th, 2015. The final step will be for Governor Beshear to sign the regulation. To View Health Watch USA's testimony (2.2 mins) go to: http://www.healthwatchusa.org/HWUSA-Presentations-Testimony/20150113-KY-House-Senate/20150113-kavanagh.htm

To View the KAR 902.2.020 go to: http://www.healthwatchusa.org/HWUSA-Presentations-Testimony/20150113-KY-House-Senate/20141217-902KAR2_020-Revised-Comments.pdf

Kentucky Legislative panel must support more hospital reporting of infection outbreaks

Healthcare Facilities Reporting of Dangerous Infections. "Kentucky could stand much improvement in this area. Despite years of assurances from the health care industry that all is well, we learned in October that Kentucky has the third-highest rate among the 50 states of bloodstream infections caused by the deadly Staph bacteria MRSA. I wish I could tell you that all will be well and Kentucky soon will emerge at the top of a desired list, but more needs to be done along with much-needed support given to the state and local health departments."
Lexington Herald Leader - OpEd Health Watch USA. Jan. 13, 2014. http://www.kentucky.com/2015/01/12/3638563/legislative-panel-must-support.html?sp=/99/349/589/

CDC Releases New Data on Healthcare Associated Infections



Kentucky infection statistics. Kentucky has the third worse in MRSA bloodstream infections in the 50 states with a huge increase in MRSA (27%). C. Difficile infections (deadly G.I. bacteria) are virtually not changed. Below is a Table which shows how the United States has missed all 5 Year goals (MRSA and C. Difficile are for only 2 years of data). Download Full Report Download Kentucky State Statistics

Infection type	HHS goal & year baseline was set	National SIR v. National baseline in CDC report	National SIR in 2013 (note: baseline year SIR is 1.0)
Central line associated bloodstream infection (CLABSI)	50% decrease 2008	46% lower than baseline	0.54
Catheter-associated urinary tract infection (CAUTI)	25% decrease 2009	6% higher than baseline	1.06
Surgical site infection (SSI), Abdominal hysterectomy	25% decrease 2008	14% lower than baseline	0.86
SSI, Colon surgery	25% decrease 2008	8% lower than baseline	0.92
MRSA bacteremia*	30% decrease 2011	8% lower than baseline	0.92
C. *difficile* infections (lab identified)*	25% decrease 2011	10% lower than baseline	0.90

*2013 was the first year these infections were reported; SIRs for these are compared to only 2 years of progress rather than 5 years.

Is Funding on Infections Too Much Based Upon Emotions?

Ebola Response Reveals Double Standard In U.S. Health Care
Forbes: "But we as a health care community must also invest the same level of passion and concern to stop the spread of C. diff and other hospital-acquired infections."
http://www.forbes.com/sites/robertpearl/2014/12/11/ebola-double-standard/

The same phenomenon also appeared to happen with HIV funding compared to other resistant diseases. http://www.pbfluids.com/2011/07/must-read-article-on-funding-for.html

Quashing Stubborn Hospital Infections Relies on Genetic Sequencing

Whole gene sequencing is being used to track surveillance organisms in a facility to determine the site of origin.
http://www.scientificamerican.com/article/quashing-stubborn-hospital-infections-relies-on-genetic-sequencing/Quashing

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'America's Bitter Pill' Makes Case For Why Health Care Law 'Won't Work'

Steven Brill on NPR, stated about Obamacare: "It gave tens of millions more people in this country the opportunity to have health care." "The bad news is .... that the taxpayers are paying for tens of millions of new customers to pay the same exorbitant prices and fees that everybody else has been paying......nothing has been done to curb the marketplace of exorbitant bills"
http://www.npr.org/blogs/health/2015/01/05/375024427/americas-bitter-pill-makes-case-for-why-health-care-law-wont-work

Critiquing The USA Healthcare System

JAMA: "This indicates that among developed countries, there is no positive association between health care expenditures and life expectancy." "However, there is a statistically significant correlation (−0.40) for the 25 lower-income US sates, but in the direction opposite to the usual assumption ($P < .05$) (ie, higher expenditures are correlated with lower life expectancy).." Thus, in poor states patients have more severe disease at an earlier age which is more expensive to treat. http://jama.jamanetwork.com/article.aspx?articleid=1918556

A decade of investment in infection prevention: A cost-effectiveness analysis

"Reductions in index admission ICU costs were $174,713.09 for CLABSI (central line bloodstream infections) and $163,090.54 for VAP (ventilator assisted pneumonia). The ICERs (incremental cost-effectiveness ratios) were $14,250.74 per LY (Life Year) gained and $23,277.86 per QALY (Quality Life Year) gained." " It is generally assumed that an ICER (less than) $50,000 is cost-effective and that an ICER greater than $100,000 is not"
http://www.ajicjournal.org/article/S0196-6553%2814%2900966-3/fulltext

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