



Health Watch USAsm 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



Journal of Patient Safety Appoints Dr. Kevin T. Kavanagh as Associate Editor.

Journal of Patient Safety (ISSN 1549-8417; online ISSN 1549-8425) is dedicated to presenting research advances and field applications in every area of patient safety. While Journal of Patient Safety has a research emphasis, it also publishes articles describing near-miss opportunities, system modifications that are barriers to error, and the impact of regulatory changes on healthcare delivery. This mix of research and real-world findings makes Journal of Patient Safety a valuable resource across the breadth of health professions and from bench to bedside.

Editorial Board: <http://journals.lww.com/journalpatientsafety/pages/editorialboard.aspx>

JAMA-Internal Medicine: How I Was Prescribed an Unnecessary Antibiotic While Traveling to a Conference on Antibiotic Resistance

(Article By HW USA) "As a physician, I had always assumed that patients were the ones who pressured physicians for an unnecessary antibiotic prescription. I found out that this is not necessarily the case when I recently became ill while attending, ironically enough, an infectious disease conference on antibiotic-resistant bacteria sponsored by the US Department of Health and Human Services." <http://archinte.jamanetwork.com/article.aspx?articleid=1892183>

Healthcare Reform

Preliminary Results of Undercover Testing of Enrollment Controls for Health Care Coverage and Consumer Subsidies Provided Under the Affordable Care Act "GAO also stated income at a level to qualify for income-based subsidies to offset premium costs and reduce cost sharing. For 11 of these 12 applications, which were made by phone and online using fictitious identities, GAO obtained subsidized coverage. For one application, the marketplace denied coverage because GAO's fictitious applicant did not provide a Social Security number as part of the test." <http://www.gao.gov/products/GAO-14-705T>

Infectious Disease

Resistant 'Nightmare Bacteria' Increased Fivefold in Southeastern U.S.

"The rate at which hospitals are recognizing cases of CRE — the form of antibiotic resistance that is so serious the CDC dubbed it a "nightmare" — rose five times over between 2008 and 2012." <http://www.wired.com/2014/07/cre-fivefold/>

Increase In Funding For Tracking and Reporting of Drug Resistant Bacteria.

On July 25th, the Senate Labor, Health and Human Services, Education, and Related Agencies (LHHS) subcommittee of the Committee on Appropriations released its detailed report on health-related spending for fiscal year (FY) 2015. The panel provided an increase of \$44 million or 11.3% for the U.S. Centers for Disease Control and Prevention (CDC) National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), which includes full funding at \$30 million for the new CDC-led Detect and Protect Against Antibiotic Resistance initiative, sustained funding at \$30 million for Advanced Molecular Detection, and an increase from \$18 million to \$32 million or 77% for the National Healthcare Safety Network and related implementation of the Antibiotic Use and Resistance (AUR) reporting module. HW USA was part of the coalition which advocated for this increase in expenditures (See coalition's letter of support).

http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Federal_Funding/Related_Links/NHSN_Support_Subcommittee_5_14_2014.pdf

Patient Safety

The Leapfrog Group Releases 2013 Hospital Survey Results

There was record hospital participation with 37% of hospitals (1437 facilities) filling out the survey.

[Read full Report From The Leapfrog Group & Castlight](#)

- Surprisingly high variance in predicted survival rates for high-risk procedures across hospitals, as well as in hospital-acquired injury and infection rates. For example, the predicted mortality rate varies five-fold for esophagectomies; six-fold for abdominal aortic aneurysm (AAA) repair; and 131 out of 1,302 reporting hospitals have hospital-acquired injury rates of over one in 1,000, which is considered alarmingly high.
- Strong adoption of Leapfrog's Never Events policy, with 80 percent of hospitals committing to abide by Leapfrog's five principles when a Never Event occurs in their facility.

US Senate HELP Committee on Patient Medical Errors

US Senate Hearing on Patient Safety and Medical Errors places the Journal of Patient Safety (1) center stage with its reporting that as many as 440,000 preventable deaths from medical errors. The JPS article was the basis for a major part of the chairman's introduction and for the first presentation by the article's author, John James, PhD. Medical errors may cost society nearly 1 trillion dollars each year from direct costs and reduced productivity. In addition by some estimates medical errors are now the third leading cause of death in the United States.



July 17, 2014 HELP Committee Video Link. <http://www.help.senate.gov/hearings/hearing/?id=478e8a35-5056-a032-52f8-a65f8bd0e5ef>

(1) James JT. A new, evidence-based estimate of patient harms associated with hospital care. J Patient Saf. 2013 Sep;9(3):122-8. doi: 10.1097/PTS.0b013e3182948a69.

Johnson & Johnson Pulls Power Morcellators Out of Hospitals

http://www.washingtonpost.com/business/economy/johnson-and-johnson-pulls-power-morcellator-a-controversial-surgical-device/2014/07/30/738e9956-1829-11e4-9e3b-7f2f110c6265_story.html?wpisrc=nl_politics

Maryland Hospitals May Not Be Reporting All Adverse Events

Baltimore Sun: "Are they grossly underreported? Shamefully, no one knows," said Dr. Peter J. Pronovost, a leading patient safety expert at Johns Hopkins Hospital. "If you added up all the adverse events in hospitals, they would probably be about the third leading cause of death. The public should be screaming that we deserve better." <http://www.baltimoresun.com/news/maryland/sun-investigates/bs-hs-medical-errors-20140726,0,477185,full.story>

New Study Confirms Dangers with Uterine Morcellation

A study published in JAMA found that one patient in 370 may have an occult cancer which could be spread by morcellation. <http://jama.jamanetwork.com/article.aspx?articleid=1890400>

Institute of Medicine Chairman Calls For End of the 510K Approval Process for Medical Devices.

"so that the current 510(k) process, in which the standard for clearance is substantial equivalence to previously cleared devices, can be replaced with an integrated premarket and postmarket regulatory framework that effectively provides a reasonable assurance of safety and effectiveness throughout the device life cycle," "It's not clear that the 510(k) process is serving the needs of either industry or patients, and simply modifying it again will not help,"

http://www.medscape.com/viewarticle/828688?src=wnl_edit_specol&uac=123591HV

A Law Passed in Missouri Creates Healthcare Providers Who Did Not Complete/Pass a Licensure Exam.

Forbes: Leah Binder, CEO of The Leapfrog Group: "...even though Missouri legislators are so concerned about the primary care shortage that they willingly subject their citizens to harmfully unqualified and unproven assistant physicians, they don't see the need to remove restrictions that needlessly prevent Missouri nurses from delivering care. Indeed, Missouri imposes more restrictions on these nurses than almost any other state." <http://www.forbes.com/sites/leahbinder/2014/07/22/defying-the-ama-some-politicians-lower-standards-for-practicing-medicine/>

Medscape: "A controversial new law in Missouri will allow medical school graduates who haven't yet passed their final credentialing exam to treat patients in underserved primary care settings." "After that, they could treat patients without direct supervision in settings 50 miles away and will be able to prescribe Schedule III, IV, and V drugs." <http://www.medscape.com/viewarticle/828255>

None of these providers have passed Step III of the licensure exam. Here is what Step III is designed to do:

"...whether you can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings."

<http://www.usmle.org/step-3/>

Upcoming Events:

Aug 20, 2014 - 2:00 PM ET (Lexington, KY): Alicia Budd (CMS/CCSA) will discuss Over Adobe Connect the new Centers for Medicare and Medicaid Services (CMS) regulations on value purchasing and Hospital Acquired Conditions for the 2014 IPPS. In other words, what are the current financial incentives that Medicare is using to promote quality in our hospitals and to prevent unplanned adverse events from happening to patients. To attend please send an email to healthwatchusa@gmail.com



Sep. 9, 2014: Dr. Peter Pronovost on the Jack Pattie Show - WVLC am.

"Dr. Pronovost has earned several national awards, including the 2004 John Eisenberg Patient Safety Research Award and a coveted MacArthur Fellowship in 2008, known popularly as the "genius grant." He was named by Time magazine as one of the world's 100 "most influential people" for his work in patient safety. He regularly addresses Congress on the importance of patient safety, prompting a report by the U.S. House of Representatives' Committee on Oversight and Government Reform strongly endorsing his intensive care unit infection prevention program."

http://www.hopkinsmedicine.org/anesthesiology_critical_care_medicine/research/experts/research_faculty/bios/pronovost.html

When: Sep. 9, 2014, 9:00 to 10:00 Eastern Time. The program can be listened to by going to <http://www.wvlkam.com/> and selecting the "Listen Live" button in the upper right hand corner of the page.

HW USA Annual Patient Safety Conference



Nov. 7, 2014: Health Watch USA's Annual Health Policy Conference, Lexington, KY. Continuing Education Credits for physicians, nurses, social workers and physical therapists will be offered. This year's conference will focus on patient safety, advocacy, healthcare associated infections and multi-resistant drug organisms. (A working agenda can be viewed at

<http://www.healthconference.org/agenda.htm>

In the Conference's Patient Advocacy Section, we have a number of nationally renowned speakers, including Past Surgeon General Joycelyn Elders, MD, Kathy Day, RN, and Karen Meyers, JD. In addition, the following presentations will deal with full disclosure.

- Patient Advocate David Anton will present on how a lack of transparency can inhibit the correction of medical errors that are found on CMS Surveys. (David Anton is the patient advocate who was involved in the CMS, Cleveland Clinic, VA Secretary Appointment Issue.) <http://www.modernhealthcare.com/article/20140607/MAGAZINE/306079939/-cleveland-clinic-cases-highlight-flaws-in-safety-oversight>
- Dr. Steve Kraman, will give an update on the full disclosure initiative. Dr. Kraman was one of the first to start the full disclosure initiative back in the late 1990's. It has since been adopted by Stanford University and the University of Michigan and found to lower malpractice costs.
- James Anderson, will give the morning keynote address on disclosure of adverse events. Mr. Anderson is on the Board of Directors for the Institute for Healthcare Improvement (IHI) & Former President and Chief Executive Officer, Cincinnati Children's Hospital. About the James M. Anderson Center for Health Systems Excellence.

In the Conference's Adverse Events and Healthcare Associated Infections Section, Dr. Richard Wild, Chief Medical Officer CMS Atlanta Region will present on the CMS initiative on decreasing Hospital Acquired Conditions (HACs). Representative Tom Burch, Kentucky House Health and Welfare Committee Chairman and Dr. Kraig Humbaugh, Director of the Kentucky Department for Public Health (KDPH) Division of Epidemiology Planning will present on the revised Kentucky regulation for reportable diseases, including CRE. Dr. Kevin Kavanagh will present on the prevention of surgical site infections, and Dr. Raul Nakamatsu will present the Louisville, VA experience of universal surveillance to control MRSA.

Conference registration is \$50. To register go to: <http://www.healthconference.org/payment-fax-check.htm>

Full conference agenda can be viewed at: <http://www.healthconference.org/agenda.htm>

For more information go to: www.healthconference.org Registration is now open

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