

PHELPS PHARMACEUTICA



Volume 4, Issue 1

January, 2007

PMHC Pharmacy

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For its part, the CDC is turning up the heat by issuing recommendations to state health departments that are considering mandatory reporting of healthcare-associated infections. According to Consumers Union, 15 states already have disclosure laws. Three states are considering them. Nevada and Nebraska require hospitals to keep infection records and report them to the state, but do not disclose the data to the public. That means most states don't track infection data at all.

Consumer groups are pushing to have public disclosure of hospital acquired infection rates in every state. The idea is that if there were public accountability, hospitals would do a better job of consistently following established, proven guidelines for preventing needless deaths and illnesses caused by infections. No hospital would want to be known as having one of the highest rates of infection. An example, if it were disclosed that we're in the top 80th percentile of having the most hospital acquired infections, we'd be headline news.

It would also give patients information they can use to make better health-care choices. When needing a hos-

It's Coming, Folks...

According to statistics one of every 20 patients contracts an infection when in a hospital. The CDC says healthcare-associated infections "account for an estimated 2 million infections, 90,000 deaths (averaging 250 deaths daily) and \$4.5 billion in excess health costs annually." **The estimated death toll from hospital infections exceeds deaths attributable to AIDS, breast cancer and automobile accidents combined.**

Beyond the human toll, the economic costs related to hospital infections are staggering. For instance, a serious bloodstream infection can add as much as \$57,000 to a patient's hospital bill. Infections erode hospital profits as hospitals are rarely paid fully for the added weeks or months of care when patients get infections.

In 2002, with data supplied by the British National Health Service, newspapers in England began publishing the names of hospitals with high infections rates. By 2004, every hospital in Great Britain was required to display its infection rate in a prominent place where patients could see it.

The pressure is also on in the USA to make information on hospital infection rates more accessible to the public. **Possibly within two years hospital-acquired infection rates will be publicly reported in many states.**

Sooner or later,
Infection Rates
will be published



pital for surgery, they would be able to find which hospital in their area has the lowest hospital-acquired infection record, and opt to go there.

However, the hospital industry argues infection rates can vary between hospitals. They contend it's unfair to compare their infection rates with hospitals that treat a healthier patient population. Also, public reporting systems must be uniform in the way they collect and document information, to tell the true story when the infection report cards are published.

There are always going to be infections, but **according to one study 95% of hospital acquired infections are preventable.** A simple preventative measure such as hand washing is one of the most effective ways to reduce hospital infections, and we don't appear to be doing a very good job of this. According to the National Quality Forum, studies have shown that hand washing compliance rates are generally less than 50%. One study showed nurses only washed their hands 50% of the time between patient contacts, while physicians were worse weighing in at only 30%. This should perhaps be our first order of business, **to increase hand washing compliance.**

The Answer Is:

An activity that is a JCAHO patient safety goal, takes 15 seconds to complete, is done before donning gloves and after removing gloves, before and after patient contact, and before and after restroom



Medical Jeopardy

The Question Is:
What is hand washing?

So, What Can We Do?

- * We can seek improvements in IV catheter use.
- * Comply with pre-surgical best practices.
- * Comply with urinary catheter best practices.
- * Comply with ventilator best practices.
- * Form an antimicrobial stewardship committee (a marriage of infection control and antimicrobial management) to police antibiotic usage.
- * Look at antibiograms periodically at medical staff meetings.
- * Improve day-to-day infection control. We can do simple things like discourage the wearing of neckties (neckties carry bacteria) and wipe the stethoscope with alcohol before using it.
- * And above all, **increase our hand washing compliance.**

There is a brochure produced by PMHC which is included in the patients' admit packet describing *Four Things You Can Do To Prevent Infection*, but I am proposing we **get the patient involved even further**. Signs in each room might read something to the effect "if the clinical person or caregiver did not wash their hands upon entering the room, please remind them to do so."

Where There's An Infection – There's A Lawyer?

If safety, cost, and public disclosure aren't enough to motivate us to reduce infections, we have trial lawyers. Smoking is gone. So is asbestos. The infection control problem has all the hot-button essentials of a successful class-action lawsuit: 2 million helpless victims a year, copious evidence that infections are preventable, and a consistent pattern of failure to act. A sobering thought indeed.

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Infection threatens security

Shoddy infection control is poor preparation for an avian flu epidemic and poor homeland security. How can hospitals that lack the discipline and staff training to stop ordinary bacterial infections from spreading patient to patient by touch possibly contain avian flu, which can be spread by touch but also by droplets when patients sneeze or cough? How could hospitals contain a bioterrorism pathogen such as smallpox, which can spread invisibly in the air?



"I see your lawyer stopped by."

In Summary

I believe it is just a matter of time before we are mandated to disclose our hospital infection rates to the public. The sooner we act, the sooner we will be prepared for it. We should look at this impending mandate as an opportunity to tighten our infection control practices, and to set prudent and effective antibiotic stewardship policies. When this does become a reality, we will have statistics which will set us apart from the other hospitals in our service area. We can trumpet this information as well as realizing benefits from our positive outcomes.

