Hundreds of Hospitals Face Reduced Medicare Payments

One quarter of the nation’s hospitals face reduced Medicare payments in October as a penalty for having high rates of Healthcare-Acquired Conditions (HACs). Among newly penalized HACs are high rates of Central Line-Associated Bloodstream Infections (CLABSI). Also under new federal scrutiny are Catheter-Associated Urinary Tract Infections (CAUTI) and avoidable patient safety problems such as bedsores, hip fractures and blood clots.

Federal law now requires that all U.S. hospitals with HAC scores in the bottom 25% be docked 1% of their Medicare reimbursement, starting Oct. 1, 2014. The initial list for those reduced payments includes 761 hospitals.

The new penalties are the toughest ever levied by the federal government for infections and injuries it considers preventable. The reduced payments are estimated to total about $330 million per year. Progress in reducing HACs is widely considered to be insufficient so far. For example, the CDC estimates that in 2011, 1 in 25 patients suffered a catheter-related infection while in a U.S. hospital and 75,000 of those patients died.

Additional conditions will be included in the HAC scores over the next few years, including surgical site infections and infection rates from C. diff and MRSA. The penalties are being assessed as part of patient-safety improvements in the Affordable Care Act.

AVA Conference to Feature Cadaver Lab and Other Events for Clinicians

The first-ever vascular access cadaver lab will be held for clinicians attending the upcoming annual meeting of the Association for Vascular Access (AVA). AVA 2014 will be held Sept. 7-10 at the Gaylord National Resort and Convention Center, in National Harbor, MD. The cadaver lab provides a unique hands-on opportunity to practice vascular access techniques and to receive an in-depth review of anatomy on cadaveric specimens. The lab will be held Monday evening, Sept. 8 in Potomac D, Second Level.

Also at AVA, events for clinicians include:

- “You Can’t Afford Not to Understand Affordable Care” showcase with presenter Leslie Schultz, AN, PhD, CPHQ. 3:30 p.m., Monday, Sept. 8, in Potomac 1-2.

- Dinner Symposium – “Chlorag‘ard® Technology: Reducing a Triad of Associated Complications.” Kamna Giare-Patel, MS, AN, and Rebekah Limato, BS, ART are the speakers. 7 p.m., Monday, Sept. 8, in Potomac C, Second Level.
Breakfast Symposium – “Preserving Vascular Real Estate: Location is Important for the Renal Patient.” The speaker is Peter Wayne, M.D. 7 a.m. Tuesday, Sept. 9, in Potomac C, Second Level.

The following are some of the posters being presented featuring Teleflex vascular-access technology:

“Catheter technologies: Is eluting technology or non-eluting technology more effective in preventing thrombus accumulation?” by Kamna Giare-Patel, M.S., RN, et al. This study evaluated the effectiveness of three types of technologies on PICCs in a clinically simulated ovine model as compared to uncoated PICCs.

“Are antibiotic-resistant ‘superbugs’ a real challenge to antimicrobial central venous catheter performance?” by Nisha Gupta, Ph.D., et al. The research compared the in vitro effectiveness of three antimicrobial CVCs against various gram-positive and gram-negative “superbugs.”

“Are PICCs with eluting technology more effective against antibiotic-resistant bacteria than non-eluting technology?” by Nisha Gupta, Ph.D., et al. The authors compared the antimicrobial effectiveness of three different types of commercially available PICCs against six antibiotic-resistant bacteria (superbugs).

“Can PICC technologies prevent catheter colonization by CLABSI-causing pathogens?” by Nisha Gupta, Ph.D., et al. Researchers compared the antimicrobial effectiveness of three different types of commercially available PICCs against 12 common pathogens responsible for causing CLABSIs.

For more on AVA's Annual Scientific Meeting, visit www.eventscribe.com/2014/ava/

Updated SHEA/IDSA Guidelines Recommend Use of Antimicrobial CVCs

Updated guidelines from the Society for Healthcare Epidemiology of America (SHEA) and Infectious Diseases Society of America (IDSA) state that antiseptic- or antimicrobial-impregnated CVCs should be used in adult patients in the following circumstances:

- When patients have limited venous access and a history of recurring CLABSI
- When “patients are at heightened risk of severe sequelae from a CLABSI (e.g. patients with recently implanted intravascular devices, such as a prosthetic heart valve or aortic graft)”

The guidelines note that some antiseptic/antimicrobial catheters have been shown to reduce CLABSI risk in all these circumstances.

The updated SHEA/IDSA guidelines are consistent with recommendations from both the CDC and the Infusion Nurses Society (INS). Information about the effectiveness of ARROW® antimicrobial CVC and PICC catheters, which are leaders in these device categories, can be found at www.chloragard.com and www.chlorhexidinefacts.com.

New Study: Vascular Positioning System Improves Patient Safety, Reduces Costs

A newly published, peer-reviewed study shows that an advanced vascular positioning system improved patient safety when it was used for PICC insertion. Those same patient safety improvements also reduced costs at Presence Saint Joseph Medical Center (Joliet, Ill.), where the study was conducted. The study is titled “Successfully Eliminating Chest Radiography by Replacing It with Dual Vector Technology and an Algorithm for PICC Placement.”

The prospective, non-randomized research – by Constance Girgenti, BSN, RN, VA-BC and Elizabeth Donnellan, RN, BSN, VA-BC – was published in the June 2014 issue of the Journal of the Association for Vascular Access (JAVA). It reports that catheter placements using the system were 100% accurate with patients who had normal heartbeats. On the basis of this data, Presence Saint Joseph issued a policy stating that confirmatory X-rays could be eliminated for those patients.

The positioning system used in the study was the ARROW® VPS G4™ Vascular Positioning System. It combines intravascular electrocardiogram (ECG), intravascular Doppler ultrasound, and a unique software algorithm to determine when the catheter tip has reached its intended destination: the lower third of the superior vena cava at the heart’s cavoatrial junction (SVC-CAJ). The system signals a steady Blue Bullseye to the operator when an accurate placement has been made.

The positioning system was used with 31 patients selected from the hospital’s PICC patient population. One of the
patients was dropped from the study because of technical difficulties. Of the remaining 30 patients, 25 had normal sinus rhythm (a normal heart rate). A steady Blue Bullseye was obtained for all 25 of those patients.

Five patients in the study were diagnosed with atrial fibrillation. A steady Blue Bullseye was obtained for three of those patients. Presence Saint Joseph does require confirmatory X-rays for patients with atrial fibrillation when the positioning system is used. This result was nonetheless noteworthy, the authors said, because some other positioning technologies cannot be used with patients who have an abnormal sinus rhythm.

By eliminating many confirmatory chest X-rays, the system may help patients in several ways:

- Reduced radiation exposure
- Avoidance of treatment delays
- Reduced costs

The excellent results with the positioning system have continued after the study, according to lead author Girgenti, who said Presence Saint Joseph plans to extend use of the system to CVCs in the near future.