



Hospital Leaders Use Interactive Response Technology to “Click” their Agreement on Causes of Multidrug Resistance Organisms, and Debate Solutions

July 2011, Beijing -- Over 100 Chinese hospital leaders, top government officials and healthcare industry executives gathered July 30 and 31, 2011 at the 2nd Annual International Healthcare Leadership (IHL) symposium in Beijing to discuss one of the world’s most challenging public health issues: Multidrug-Resistant Organisms. The conference, designed to create a high level dialogue among key healthcare leaders on the role of Public Health Policy and Healthcare Management, was hosted by **David P. ROYE, Jr., MD**, CEO of IHL. The conference was co-organized by China Hospital CEO Magazine, Columbia Global Centers/East Asia-Beijing and Pricewaterhouse Coopers, and was sponsored by Merck and Pricewaterhouse Coopers.



*David P. Roye, Jr., MD
CEO and Founder
International Healthcare Leadership*

Dr. ROYE described to speakers and guests that the IHL symposium was one of the non-profit organization’s initiatives to provide opportunities for healthcare leaders to exchange ideas, strategies and best practices. “As we face common concerns in our respective healthcare systems, we can share evidence-based knowledge across countries to benefit all,” stated Dr. Roye. IHL is focused on advancing the use of public health scientific measures and evaluation tools to improve healthcare policy, infrastructure and hospital management.

The conference opened with an expert panel discussion on the current healthcare reform in China. The panel was moderated by **Professor Geng XIAO, PhD** of Columbia Global Centers/East Asia-Beijing and panel members included **Professor Lan XUE, PhD** of Tsinghua University and **Professor Gordon LIU, PhD** of Peking University. They presented a cogent summary of how the reforms will impact urban and rural health care delivery and necessitate change to cultural norms. The panel also discussed the challenges the central and provincial government will face in financing the proposed changes. Included in this discussion were:

- The proper role and balance of public and private components in healthcare.
- The acknowledged significant improvement in coverage, but lack of quality.
- The complexity and long term nature of China’s healthcare reform and funding.
- The challenge of hospital reform and proper and practical incentive system.
- The basic objective of healthcare, cash or cure (for profit, or public benefit).



*Lan XUE, PhD
Professor and Dean
Tsinghua University*

Course Moderators, **Lisa SAIMAN, MD, MPH**, Hospital Epidemiologist at NewYork-Presbyterian Morgan Stanley Children’s Hospital and **Katharina JANUS, PhD, MBA**, Professor of Healthcare Management, Ulm University, Germany followed the panel discussion with a case



*Lisa SAIMAN, MD, MPH
Hospital Epidemiologist
New York Children’s Hospital*

presentation that illustrated the complexity and urgent public health implications of antibiotic resistance. During this presentation a hypothetical situation was described of a patient arriving at a hospital with a leg fracture after a car accident, and the audience was asked to “vote” on how their hospitals would have handled the patient through the use of an



*Katharina JANUS, PhD, MBA
Healthcare Management
Ulm University Germany*

interactive response technology using handheld devices called “clickers.” Audience members answered questions by clicking their handheld device

and the summary data was instantly projected for the group to see. In the case study, scenarios were outlined in which the patient experienced adverse reactions due to inappropriate dosages of antibiotics and mismanagement of central line insertions – resulting in the patient’s hospital stay increasing from an anticipated one week to a stay of 22 days. Participants “clicked” in agreement that similar scenarios have occurred at their leading hospitals.

Presenters from China, Geneva, Germany, Singapore and the United States shared facts and figures



*Didier PITTET, MD, MS, CBE,
World Health Organization*

describing the alarming growth rate of incidents of people affected with conditions that can not be treated with traditional antibiotics. While the complexity of the situation is compounded by many factors that cause infections and encourage the spread of infections, overuse of antibiotics was agreed upon as the leading cause of resistant organisms.

Professor Didier PITTET, MD, MS, CBE, Infection Control program of the World Health Organization outlined that the prevalence of Healthcare-Associated Infections was 5.1-

11.6% of the population in developed countries and twice that in developing countries. **Paul CHANG, MBBS, MPH, CPHQ, FACHE**, Managing Director, Asia Pacific Office, Joint Commission International described the effect in financial terms, “Multidrug resistance organisms are clearly associated with significantly increased hospital costs.”



*Paul CHANG, MBBS, MPH, CPHQ, FACHE
Asia Pacific Joint Commission*

Defining the problem, **Michael GUSMANO, PhD**, Co-Director of the World Cities Project at the International Longevity Center- USA, described antimicrobials as “a drug, chemical or other substance that either kills or slows the growth of microbes. Antimicrobial resistance is resistance of microorganisms to respond to antimicrobial treatment. These infections prolong illness and increase the risk of death.” He went on to declare that “50% of antimicrobials are inappropriately prescribed in

the US.” China has one of the highest rates of antibiotic resistant diseases and the overuse of antibiotics is a direct contributor to this current situation.

“There was no disagreement that this is a serious global problem,” stated **David GOLDFARB, MD**, Professor of Medicine and Chief of Nephrology, NYU Langone Medicine Center. “There was a lot of discussion, however, on recommended approaches to address the concerns.” Dr. GOLDFARB discussed the situation in hemodialysis units where infections are prevalent and prevention of infections is possible through changing the administration of medications. “China leads the US in using fistulas instead of catheters to avoid the most important cause of bacteremia in dialysis patients.”

Other areas where infections can occur due to instrumentation such as a central line-associated bloodstream infection was discussed by **Laura FORESE, MD, MPH**, Senior Vice President, Chief Operating Office of New York-Presbyterian - New York City’s biggest hospital. In her presentation she shared that “Infection Control and Prevention” was one of the hospital’s top strategic goals. Dr. FORESE described hospital-wide initiatives to reduce the start and spread of infections including: Management Report cards, Central Line Checklist, Hand Hygiene programs and Patient Safety Fridays where hospital management tours areas each Friday morning to educate and trace safety issues.

Professor PITTET agreed that hand washing initiatives have shown a positive impact on the reduction of infections and that 128 countries are running hand hygiene campaigns in their hospitals. “Education, and commitment are simple ideas,” described Professor PITTET, “but it is difficult to change behavior and create a culture of hand washing.” Hospital CEO’s were presented that their responsibility is to invest in state-of-the-art, aggressive infection control initiatives, and provide proper education to staff. Changing the behavior of the physicians who prescribe antibiotics was agreed to be a leading cause, but perhaps the most difficult challenge. While education is key, changing practice patterns from one that has relied on antibiotics to one that is wary of antibiotics is difficult. **Hufeng WANG**, Professor, Department of Health Policy and Management, Renmin University, stated “Different forces impact the

irrational use of antibiotics in China.” He outlined policy modifications that would be necessary to change including new prescription guidelines, increased government regulation and surveillance, and education for consumers to change their expectations from feeling their doctor visit was not complete without a prescription. He also recognized that incentives are built into the current healthcare system for physicians to prescribe more medications instead of less.



Hufeng WANG, Professor, Department of Health Policy and Management, Renmin University

Other policy changes discussed included surveillance and data collection; and the possibility to make data public on hospitals and/or physicians regarding incidence and prevalence of post-surgical infections and compliance with

guidelines.

“The questions that remained at the end of the two-day conference were how healthcare reform will address many of the issues discussed and which of the many different payment models for physicians will be adopted,” said Dr. JANUS. Attendees were engaged in the discussions and appreciative of the mix of perspectives. Dr. ROYE’s closing remarks encouraged the discussion to continue and pledged IHL’s efforts to provide more opportunities.

All participants in the IHL symposium became eligible to join the IHL alumni network for access to a leadership network that will contribute to the advancement of change.