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The Critical Care News Summary is an update from the Roundtable on Critical Care Policy. For further information on the Roundtable, please visit our website at www.CriticalCareRoundtable.org.

Capitol Hill Events and Updates

Pandemic and All-Hazards Preparedness Act Reauthorization

As we mentioned yesterday, The House Energy & Commerce Committee overwhelmingly approved the bipartisan Pandemic and All-Hazards Preparedness Reauthorization Act of 2011 (H.R. 2405), which would protect against pandemics and attacks by reauthorizing programs that provide key resources to states, health departments and hospitals to reinforce preparedness efforts. The bill, [introduced by Congressman Mike Rogers](#) (R-MI), also incorporates provisions endorsed by the Roundtable to enhance the nation's ability to care for the critically ill and injured in the aftermath of a public health emergency.

The bill's Roundtable-endorsed provisions would prioritize critical care within the federal government's medical preparedness goals and improve resource awareness before, during and after an incident. More specifically, H.R. 2405 would add the critical care system to the National Health Security Strategy's medical preparedness goals, thereby ensuring that critical care is included in federal, state and local planning efforts to increase preparedness for public health emergencies. It would also require the inclusion of medical surge capacity in the periodic evaluation of the nation's preparedness capabilities, enabling an efficient and effective medical response during an emergency.

Earlier this year, Congresswoman Baldwin introduced the bipartisan Critical Care Assessment and Improvement Act of 2011 (H.R. 971) along with Congressman Erik Paulson (R-MN) and fellow Committee Member Leonard Lance (R-NJ), from which these provisions were drawn.

The Roundtable on Critical Care Policy applauds Congresswoman Baldwin, Chairman Upton, Ranking Member Waxman, Congressman Rogers and the rest of the Committee for working in a bipartisan manner to incorporate these important provisions into the bill and for improving our federal disaster preparedness efforts by prioritizing critical care within this legislation.

The Senate Committee on Health, Education, Labor, & Pensions (HELP) is still in negotiations regarding their version of the PAHPA reauthorization language, but we anticipate a draft of the bill is forthcoming.

Senate Health, Education, Labor and Pensions Committee: Full committee hearing on “Health Reform and Health Insurance Premiums: Empowering States to Serve Consumers”

The Senate Committee on Health, Education, Labor and Pensions will hold a full committee hearing entitled “Health Reform and Health Insurance Premiums: Empowering States to Serve Consumers.” The hearing will take place in Room 430 of the Dirksen Senate Office Building. Witnesses are to be announced

Date: Tuesday, August 2nd
Time: 10:00 a.m.
Location: 430 Dirksen Senate Office Building

Senate Finance Committee: Full committee hearing on “Dually Eligible Beneficiaries: Improving Care While Lowering Costs”

The Senate Committee on Finance will hold a full committee hearing titled “Dually Eligible Beneficiaries: Improving Care While Lowering Costs.” Witnesses are to be announced.

Date: Wednesday, August 3rd
Time: 10:00 a.m.
Location: 215 Dirksen Senate Office Building

Federal Activity

Department of Health and Human Services

Recently, the Department of Health and Human Services (HHS) launched the Partnership for Patients initiative, intended to dramatically improve patient safety across the country by engaging stakeholders from both the private and public sectors to reduce healthcare acquired conditions and hospital readmissions. In an effort to assist and facilitate learning among hospital leaders, clinicians, healthcare providers, consumers, purchasers, health plans and states, HHS has requested the National Priorities Partnership (NPP), convened by the National Quality Forum, to launch the “Partnership for Patients – National Priorities Partnership Patient Safety Webinar Series.” This Series will bring together thought leaders in the field of patient safety, members of the NPP and other partners to discuss strategies for getting started and sustaining meaningful execution of change.

The series’ 4th webinar, “Infections in the Intensive Care Units,” will be held on August 3rd from 2:00pm – 4:00pm EST. The session is intended to provide an overview of infections in the intensive care unit, and provide practical tools that hospitals and clinicians can use to reduce infections in care settings. Peter Pronovost, MD, PhD, Medical Director, Johns Hopkins, University School of Medicine, will be the featured speaker. To register for the webinar, please click [here](#).

News and Reports

“Integrating Social Media into Emergency-Preparedness Efforts,” *The New England Journal of Medicine*, July 27, 2011

Social media are changing the way people communicate not only in their day-to-day lives, but also during disasters that threaten public health. Engaging with and using emerging social media may well place the emergency-management community, including medical and public health professionals, in a better position to respond to disasters. The effectiveness of our public health emergency system relies on routine attention to preparedness, agility in responding to daily stresses and catastrophes, and the resilience that promotes rapid recovery. Social media can enhance each of these component efforts.

[“New Emergency Care Programs Focus On Quality-Of-Life Issues,” Kaiser Health News, July 25, 2011](#)

In the controlled chaos of an hospital emergency department, ensuring that patients are pain-free and can make informed choices about their care often takes a back seat to assessing and stabilizing them and moving them through the system as fast as possible. But now some experts say that providing palliative care – which focuses on patients' quality-of-life issues – can and should be a priority in emergency departments, and they're putting together a program to help hospitals better address those issues.