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www.CriticalCareRoundtable.org

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.

Roundtable News

The Roundtable is looking forward to next week's **Congressional Breakfast and Washington Outreach Day on Tuesday, March 8th in Washington, DC**. Participants will have the opportunity to engage with key Congressional staff and hear their insights on the health care landscape and the new Republican majority's health care agenda for the next two years. Following the breakfast, we will be meeting directly with Members of Congress and their staff to help raise the profile of critical care medicine on Capitol Hill and garner support for the Critical Care Assessment and Improvement Act of 2011. Please contact sskubikowski@CriticalCareRoundtable.org or call (202)466-8700 with any questions.

Capitol Hill Events and Updates

HSGAC Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security Hearing: "New Tools for Curbing Waste and Fraud in Medicare and Medicaid"

The Senate Homeland Security and Governmental Affairs Committee, chaired by Joe Lieberman (I-CT), will hold a Federal Financial Management, Government Information, Federal Services, and International Security Subcommittee hearing, "New Tools for Curbing Wasted and Fraud in Medicare and Medicaid." Witnesses to be announced.

Date: Wednesday, March 9th
Time: 2:30 p.m.
Location: 342 Dirksen Senate Office Building

House Homeland Security Subcommittee on Emergency Preparedness, Response, and Communications Hearing: "Ensuring Effective Preparedness and Response - An Assessment of the FY2012 Budget Request for the Federal Emergency Management Agency"

The House Committee on Homeland Security's Subcommittee on Emergency Preparedness, Response, and Communications will hold a hearing entitled "Ensuring Effective Preparedness and Response - An Assessment of the Fiscal Year 2012 Budget Request for the Federal Emergency Management Agency." Witnesses to be announced.

Date: Wednesday, March 9th
Time: 9:30 a.m.
Location: 311 Cannon House Office Building

Trust for America's Health Briefing: "New National Medical Countermeasures Strategy"

Trust for America's Health (TFAH) has convened three leading experts in public health preparedness from ASPR, FDA and BARDA to discuss the new national strategy for Medical Countermeasures (MCMs), products used during an emergency disease outbreak or disaster (such as an anthrax vaccine, pandemic flu diagnostics and other necessary materials). Each representative will discuss their agency's role in the new strategy, which represents an unprecedented collaboration among some of the leading agencies responsible for responding to public health emergencies and potential bioterrorist activities. Please RSVP to Jackie Britz at jbritz@tfah.org.

Date: Wednesday, March 9th

Time: 10:00 a.m. – 11:30 a.m.

Location: American Public Health Association, 800 I Street NW. Washington, D.C. 20001

Witnesses: George Korch, (acting) Principal Deputy Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS)
Luciana Borio, Senior Advisor for Medicine and Public Health and Acting Director of the Office of Counterterrorism and Emerging Threats, Food and Drug Administration
Richard Hatchett, Deputy Director and Chief Medical Officer, Biomedical Advanced Research and Development Authority (BARDA)

Federal Activity

"Federal Healthcare Report Reveals Plenty of Room for Improvement," Nurse.com, March 1, 2011

Unacceptably high disparities remain in healthcare quality based on race and ethnicity, socioeconomic status and other factors, according to data from a pair of annual reports for Congress. The reports, issued by the Agency for Healthcare Research and Quality, use a group of credible core measures to measure healthcare quality for the nation. The data come from more than 200 healthcare measures in areas of quality such as effectiveness, patient safety, timeliness, patient-centeredness, care coordination, efficiency, health system infrastructure and access. To view the National Healthcare Quality Report and the National Healthcare Disparities Report, please click [here](#).

News and Reports

"ICU visitation: How much is too much for very ill patients?" KHOU.com Channel 11 News Houston, March 3, 2011

Many hospitals have strict visitation policies for ICUs. But are those policies helping the patients or punishing their families? In light of recent studies and new federal regulations, 11 News found that a shift is under way in how some hospitals think about the rights of patients and their visitors. The notion that too much visitation can hurt an ICU patient is now being challenged. Some hospitals in Houston are opening up ICUs as never before, and a new federal regulation is prompting even more openness in intensive care.

"End-of-life decisions can take a toll on surrogate decision-makers," Los Angeles Times, February 28, 2011

People who have to make treatment decisions for a seriously ill family member, including whether to continue or withdraw life support, may suffer emotional consequences as a result, according to a study published Monday in the *Annals of Internal Medicine*. The study showed that the decision-making process was likely to be less stressful for the surrogate if he or she was aware of the patient's preferences because of a living will or other such document or because of prior conversations with the patient.

“Expensive Hospital Care May Not Save More Lives,” Reuters, March 1, 2011

Hospitals that spend the most on their very sickest patients don't always see a benefit from the extra spending, a new study shows. The study looked at how much money 309 U.S. hospitals spent to care for patients with a life-threatening illness called sepsis in which the immune system responds so dramatically to infection that a number of organs start to fail. Patients with sepsis usually need highly sophisticated - and expensive - treatments such as breathing machines. The report in the *Annals of Surgery* found higher-quality facilities also spent 22% less on trauma patient care, possibly due to fewer patient complications.