

## Nursing homes should be required to report C. diff infections just like hospitals do

One myth of the globalized market is that place doesn't matter. Distance learning and the gig economy depend more on Internet connections than work sites or the human touch.

Such notions go out the window at nursing homes. Even when managed by large corporate chains, they are intrinsically local. Like hospitals, nursing homes can be hot zones for the deadliest infection in our health care system, *Clostridium difficile*, or C. diff.

But unlike hospitals, nursing homes do not have to report cases and fatalities tied to C. diff infections, or CDIs. That needs to change. Doing so will overcome a tragic flaw in state laws, including Ohio's, that ignore the importance of place in measuring, treating, and preventing diseases at nursing homes.

Making data on CDIs at each nursing home available to the public will allow consumers to choose facilities more wisely and reward the places with healthier, safer conditions.

Antibiotic-resistant CDIs were declared an urgent threat to public health by the Centers for Disease Control and Prevention in 2013. A 2011 study estimated that CDIs kill about 29,000 Americans each year.

About 90 percent of deaths from CDIs occur among seniors age 65 and over, many in long-term care settings. That's important to Ohioans, with the highest percentage of residents in nursing homes of America's most populous states.

But Ohio's regulations on "performance measures to be reported" in health care settings mention C. diff only in the context of hospitals. Ohio mandated C. diff reporting in hospitals 10 years ago, after a major outbreak in Cleveland in 2002.

Reporting of CDIs in nursing homes and state policies to ensure public disclosure are more than 21st-century disease-fighting strategies. They are essential to ending the C. diff epidemic.

Nearly half a million Americans contract CDIs each year, 90 percent of them associated with hospitals, outpatient clinics, and long-term care facilities.

If the ins and outs of C. diff, or its name, are lost on you, that's part of why it's a quiet killer.

C. diff is named for bacteria that other germs in the gut usually keep in check. Commonly prescribed antibiotics can disrupt that symbiosis, permitting C. diff to mushroom, causing bloating and painful diarrhea and potentially shutting down the intestine.

A CDI can kill a patient, as it did kindergarten teacher Peggy Lillis in 2010, in just a few days. Its transmission can occur through feces and food, as well as spores on surfaces that go untreated with chlorine-containing bleach solutions, ultraviolet light, or peroxide, which can wipe out the microbes.

Federal requirements mandate that Medicare-certified hospitals report data on CDIs. The Medicare website for "Hospital Compare" is a helpful tool. Americans looking for similar, basic information for long-term care facilities, home to more than a million senior citizens, are left wanting.

The online Medicare evaluation tool for long-term care, called "Nursing Home Compare," contains no reporting on CDIs. Only a few states require any C. diff reporting in long-term care, and Ohio is not one of them. This loophole in long-term care reporting can be grievous in cases of C. diff, since the epidemic actually requires extra vigilance.

Earlier this year, the American Journal of Infection Control published an eye-opening article about the prevalence of C. diff in long-term care settings in New York City. One alarm bell in the article is that 19 percent of residents had C. diff in their bowels but weren't showing symptoms.

In addition to preventing patients' misery from C. diff outbreaks, the public has an interest in pre-empting higher costs to taxpayers from preventable cases of C. diff in nursing homes.

The Affordable Care Act now reduces Medicare and Medicaid reimbursement to hospitals with high readmission rates from preventable infections such as C-diff. But the absence of reporting for long-term care facilities in states like Ohio inhibits such a crucial and overdue measure of accountability for the spending of public dollars.

Knowing which long-term care facilities are succeeding, or failing, at C. diff prevention and eradication is essential to the well-being of millions of Americans age 65 and over. For them and the rest of us, the information gap on CDIs is a life-or-death issue. Whether lawmakers in Ohio and other states take the steps to fill it is a measure of their genuine commitment to public health.

*Christian John Lillis is executive director of the Peggy Lillis Foundation, which advocates strategies to stop Clostridium difficile infections. A C. diff infection claimed the life of his mother, Peggy. Julie Reagan is assistant professor of health policy and management at Georgia Southern University's Jiann-Ping Hsu College of Public Health. The opinions expressed in this article are not necessarily those of her institution.*

To view article: [http://www.cleveland.com/opinion/index.ssf/2016/09/nursing\\_homes\\_should\\_be\\_require.html](http://www.cleveland.com/opinion/index.ssf/2016/09/nursing_homes_should_be_require.html)