washingtonpost.com

Infections Take Heavy Toll on Patients, Profit

Hospitals Urged to Boost Prevention

By Ceci Connolly
Washington Post Staff Writer
Wednesday, March 29, 2006; A03

Pennsylvania patients who contracted an infection during a hospital stay in 2004 rang up charges that were seven times higher than patients who did not develop an infection, complications that cost insurers and individuals an extra $614 million, according to a state analysis being released today.

Patients with hospital-acquired infections spent many more days in the hospital, underwent more extensive procedures and were seven times more likely to die, deaths that many experts say were largely preventable. Though the findings were from a single state, industry analysts said the problem of hospital-acquired infections is universal.

"When people check into the hospital, they hope and expect to leave better off than when they arrive," said House Energy and Commerce Committee Chairman Joe Barton (R-Tex.). "But some of the millions of Americans who pick up infections each year are lucky to check out, and a few never do."

Doctors, nurses and patients' relatives have long known the risks of contracting an infection while in a hospital. But there has been little quantifiable data available on the cost of those infections, from a financial or a medical perspective. The average hospital payment for a Pennsylvania patient who did not have an infection was $8,078, compared with $60,678 for patients who did, according to the report by the Pennsylvania Health Care Cost Containment Council.

Pennsylvania is the first state to require hospital reporting of infections; five other states have similar laws but have not yet collected or published results.

In a hearing scheduled for today, Barton said he will press for more public accountability. "We don't know which hospitals are safe and successful any more than we know how much they charge," he said. "Consumers should have the right to find out just how well their hospitals perform."

In Pennsylvania, for instance, the 180 hospitals that reported infection data billed for an additional $2.3 billion. They actually collected $614 million for those cases because most insurance companies have negotiated discounts.

Hospital representatives, stressing that they are dedicated to reducing medical errors such as preventable infections, said the council's analysis fails to account for the fact that some patients arrive older, sicker or possibly with a preexisting infection. The council's report "is not a

comparison of like patients," said Paula Bussard, a senior vice president at the Hospital & Healthsystem Association of Pennsylvania.

But some physicians said the medical profession for too long has accepted a certain number of infections as inevitable. When chief of medicine Richard Shannon discovered that more than half of the patients in Allegheny General Hospital's intensive care unit who developed a bloodstream infection from an intravenous tube died, he said, he set a goal of zero infections.

By standardizing procedures and investigating every single infection within 24 hours, Allegheny cut the annual number of infections from 49 to three and reduced related deaths from 19 to one. Shannon had similar success in slashing infections related to ventilators from 45 to eight.

"To those that argue that their patients are sicker, I say then all the more reason to perfect your processes, as no critically ill patient gets better with a superimposed hospital-acquired infection," he stated in written testimony prepared for the House hearing.

"We have enough data to know it's possible to be infection-free even in a challenging environment like an intensive care ward," said Paul O'Neill, the former Treasury secretary who has become a leading proponent of health-care reforms. "We shouldn't be accepting this as a necessary phenomenon of getting medical care."

On the surface, the financial incentives appear skewed toward treating more complex cases, such as those involving an infection, because most insurers pay more for the additional medicines, equipment, specialists and days in the hospital. But Shannon found that although the hospital bills more for those cases, its profit falls or vanishes entirely.

For the 54 cases his staff handled involving an intravenous tube known as a central line, the average payment was $64,894, yet the average costs were $91,733.

"Not only were we harming patients, but look at what this is doing to the bottom line," he said in an interview. He speculated that most hospitals do not realize it is possible to virtually eliminate infections and they "don't understand the economic imperative to do so."

The federal government has teamed up with 1,300 hospitals nationwide to voluntarily report on the Internet steps they are taking to reduce errors, said Mark B. McClellan, administrator of the Centers for Medicare and Medicaid Services. The goal is to let consumers know how often hospitals follow proven techniques, such as giving patients a prophylactic antibiotic within one hour of surgery, he said.

Nancy Foster, who oversees quality initiatives at the American Hospital Association, said anecdotal reports suggest the voluntary program is "driving down rates of infections." But only one hospital in the District -- Georgetown University Hospital -- participates in the effort, and the CMS Web site does not include any information on numbers of infections.

© 2006 The Washington Post Company