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Capitol Hill Watch

New Pennsylvania Analysis on Cost of Hospital-Acquired Infections Released; House Energy and Commerce Committee To Review Issue

Pennsylvania hospital patients who contracted a hospital-acquired infection in 2004 accrued costs seven times higher and were seven times more likely to die than patients who did not acquire infections, according to a report by the [Pennsylvania Health Care Cost Containment Council](#), the [Washington Post](#) reports. The report, which will be presented at a [House Energy and Commerce Committee](#) hearing on Wednesday, examines data on patients with commercial health insurance from 180 hospitals. Pennsylvania is one of six states that have enacted laws requiring reporting by hospitals of hospital-acquired infections (Connolly, *Washington Post*, 3/29). For 2004, the report finds:

- 1,119 patients contracted hospital acquired infections, and 288,444 patients did not;
- Insurers paid hospitals an average of \$60,678 for patients with hospital-acquired infections, compared with \$8,078 for patients without infections;
- The average length of stay for patients with infections was 21.2 days, compared with 3.4 days for patients without infections; and
- 10.7% of the patients with infections died, compared with 0.7% of the patients without infections ([Washington Post graphic](#), 3/29).

For the first nine months of 2005, hospitals reported 13,711 cases of hospital infections, the report finds. Marc Volavka, executive director of the Pennsylvania Health Care Cost Containment Council, said the increase in cases from 2004 to 2005 can be attributed to improved disclosure. Nationwide, hospital-acquired infections increased U.S. health care costs by an estimated \$25 billion for 2005, according to the report.


Comments From Officials

Volavka, who is scheduled to testify before the House committee on Wednesday, said, "It is not a fact that people must get hospital-acquired infections. The goal ought to be the prevention of every single hospital-acquired infection" (Goldstein, [Philadelphia Inquirer](#), 3/29). Committee Chair Joe Barton (R-Texas) said he will push for increased disclosure of hospital data. "We don't know which hospitals are safe and successful any more than we know how much they charge," Barton said, adding, "Consumers should have the right to find out just how well their hospitals perform." CMS Administrator Mark McClellan said the federal government is working with 1,300 hospitals to voluntarily report on a Web site the steps they are taking to reduce errors. The Web

site will allow patients to know how often hospitals follow clinical guidelines, McClellan said.

Comments From Hospitals

Hospital officials said the report does not account for the fact that patients at some hospitals are older, sicker or already infected when they are admitted. Paula Bussard, a senior vice president at the [Hospital & Healthsystem Association of Pennsylvania](#), said the report "is not a comparison of like patients." In written testimony prepared for the hearing, Richard Shannon, chief of medicine at Allegheny General Hospital, said, "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." After Shannon implemented policies aimed at reducing infections -- including standardizing procedures and investigating every infection within 24 hours -- in Allegheny's intensive care unit, the annual number of infections decreased from 49 to three and the annual number of related deaths dropped from 19 to one (*Washington Post*, 3/29).

 The report is available [online](#).