PITTSBURGH BUSINESSTIMES

# Insider's View

## Deadly bugs still thrive in hospitals — 'getting to zero' remains worthy goal

**by Karen Wolk Feinstein**

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In a report released Feb. 24 by the Pennsylvania Health Care Cost Containment Council, there is good news and bad news for Pennsylvanians.

According to PHC4, nearly 2,000 fewer Pennsylvanians contracted an infection while hospitalized in 2010 than in 2009.

The bad news is that 21,711 Pennsylvanians became infected at the hands of health care providers during their hospital stays in 2010. And, as in 2009, such patients still spent more than five times as many days in the hospital, were four times more likely to be readmitted within 30 days, and five times more likely to die in the hospital.

Not only do hospital-acquired infections and errors put patients at risk, but they also increasingly put hospital bottom lines at risk. Infections once had the potential to add to the bottom line; they required more days in the hospital, more care, more supplies — all of which were reimbursable.

Current efforts at both the state and federal levels are directed at limiting or eliminating payment for HAIs. Pennsylvania withholds hospital payments for infections contracted by patients whose insurer is Medicaid, CHIP or other state-run programs. For several years now, the Center for Medicare and Medicaid Services has been withholding payment pay for some HAIs, including catheter-associated urinary tract infections, central line-associated bloodstream infections and select surgical site infections.

Under the federal health reform law, Medicare will take even stronger steps. Beginning in 2013, 6 percent of Medicare payments to hospitals — rising to 9 percent in 2015 — will be tied to public reporting of errors and the provision of safer care, focused especially on infections and preventable readmissions. These ongoing developments make transparency and improvement in this area vital for the financial viability of hospitals.

We can take some solace in the fact that few states are as forthright in monitoring HAIs as Pennsylvania. Only 26 states — including Pennsylvania — enter data into the Centers for Disease Control and Prevention's National Healthcare Safety Network — a national patient and health care worker safety surveillance system. And, yet, official data reveal only part of the problem.

A study released last month by the Department of Health and Human Service's Office of the Inspector General found hospital staff across the country failed to log information about 86 percent of adverse events, including HAIs and other patients safety problems, in their reporting systems.

We know medical care can be delivered without infections. This work is challenging but doable, as previous demonstrations have proven credible and reliable. Vigilant error reporting will provide the data to measure and monitor the efficacy of individual improvements.

Improvement efforts can be targeted for maximum results to a few infections. The PHC4 data indicate focusing precisely on urinary tract and surgical site infections could eliminate most HAIs in general acute care hospitals. And, in specialized long-term care hospitals, eliminating urinary tract and gastrointestinal infections would drop their HAI rates by more than half. Then, improvement methods, like lean techniques taught at PRHI, can be directed to the specific requirements for reducing specific infections. Leaders can focus their frontline teams on a limited set of strategic behaviors to yield rapid and dramatic improvements.

Hospitals must use data like those in the recent PHC4 report to fight infections, and accept that "getting to zero" is a worthy motivational goal. Perhaps most important is the oversight of our health care facilities by the PHC4, whose meticulous data collection and reliable reports show Pennsylvanians how far we've come, but also how far we need to go.

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