

Federal crackdown hits hospitals in pocketbook for facility-related infections, injuries

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Infections and injuries sustained at hospitals have hurt millions of patients. Now those injuries are hurting hospitals' bottom lines.

Last week, the federal government announced it will cut payments to 721 hospitals for having high rates of infections and other patient injuries in 2013.

Erlanger Health System and Hutcheson Medical Center, the area's two public hospitals, both made the list.

An analysis released by Kaiser Health News called the move "the toughest crackdown yet on medical errors." The report shows one out of every seven hospitals in the nation will have its Medicare payments lowered by 1 percent over the next year -- a total of \$373 million, Medicare estimates. Erlanger and Hutcheson will be in the

How they scored

Penalties for hospital-acquired conditions:

Medicare is penalizing hospitals with high rates of potentially avoidable mistakes that can harm patients, known as "hospital-acquired conditions." To determine penalties, Medicare ranked hospitals on a score of 1 to 10, with 10 being the worst, in three categories: 1. Central-line-associated bloodstream infections, or CLABSIs. 2. Catheter-associated urinary tract infections, or CAUTIs. 3. Serious complications, which is based on eight types of injuries, including blood clots and falls. Hospitals with a score above 7 will be penalized.

CHI Memorial Health Care System -- No Penalty

Serious complications score -- 1

CLABSI score -- 10

CAUTI score -- 9

company of some of the country's most renowned hospitals, such as the Cleveland Clinic in Ohio and Brigham and Women's Hospital in Boston.

The penalty system was created under the Affordable Care Act. The goal was to rein in health costs and slowly shift payment models from straight fee-for-service toward health outcomes. The law also penalizes hospitals for high rates of patient readmissions.

The penalties for "hospital-acquired conditions" include infections caused by central line catheters, which doctors use to pump fluids and medicines into patients' veins; infections from urinary catheters; and "avoidable" medical injuries like blood clots, bedsores, surgical tears and broken bones from falls in the hospital. The study looked just at Medicare patients, who are mostly 65 or older.

Erlanger officials said the penalty will cost the hospital about \$1 million. The hospital has put a renewed focus on these measures, said chief quality officer Dr. Woods Blake, and more up-to-date statistics will reflect that when they are released.

"We have a push for everyone hospitalwide to be engaged on this issue, from the board all the way to the bedside," Blake said.

The penalties are hitting academic medical centers and public hospitals -- Erlanger is both -- especially hard. Roughly half the nation's academic hospitals were penalized, as were a fourth of public hospitals, the Kaiser report found.

"It is a challenge for academic teaching institutions because we take all comers," Blake said, noting that Erlanger is a Level 1 trauma center and a stroke center.

"Many of these people are not well when they come in, and in many cases we see high rates of comorbidities," which means a patient has two or more diseases or conditions, he said.

Hutcheson CEO Farrell Hayes said he and his staff question whether the numbers are accurate. The hospital was "just a whisker" past the threshold to warrant a penalty, he said.

But Hayes said infection control has become "a big focus" of the hospital in recent years.

"A lot of it is training, and really focusing on these issues," Hayes said. "We've really put forth a big effort. I think when the next report comes out you will see much better numbers."

Total score -- 6.525

Erlanger Health System -- Penalty

Serious complications score -- 10

CLABSI score -- 8

CAUTI score -- 10

Total score -- 9.35

Hutcheson Medical Center -- Penalty

Serious complications score -- 10

CLABSI score -- 1

CAUTI score -- 10

Total score -- 7.075

Parkridge Health System -- No Penalty

Serious complications score -- 4

CLABSI score -- 7

CAUTI score -- 9

Total score -- 6.6

Source: Kaiser Health News

Dr. Kevin Lewis, chief medical officer at CHI Memorial, said that while the hospital was not penalized this year, "you have to be on your guard."

"We're never really satisfied, because at the end of every statistic is a patient," he said, adding that this year Memorial set a goal to cut its rate of hospital-acquired infections in half within two years. "The incentives are tied to the right thing, which is doing right by the patient."

SHIFT IN APPROACH

Hospitals have struggled to lower chronic infection and injury rates for years, especially after a 1999 U.S. Institute of Medicine report called "To Err is Human" revealed that as many as 100,000 people died across the nation each year from preventable medical errors.

But the ACA added new pressure to the fight. Hospital-acquired infections were no longer par for the course.



That new pressure, health experts say, could help decrease massive waste in health care spending while significantly improving patient outcomes.

Over the past three years, hospital readmission rates -- the number of Medicare patients who return to the hospital less than a month after being discharged -- have fallen 17 percent, a report from the U.S. Department of Health and Human Services released earlier this month showed.

The drop translates to 50,000 lives and \$12 billion saved just through hospital improvements, the federal agency said.

"People can debate these penalties all they want, but they are working to move the numbers," said Lewis.

Local hospitals say different quality programs have grown in importance over the past two years. For example, Blake said Erlanger recently created a team that makes regular rounds to determine whether patients with urinary catheters still need them. Cutting down on unnecessary catheters can greatly reduce the number of infections.

If there is an infection, a team investigates, asking whether the catheter was inserted carefully, how it was cleaned and any other related factors that may have contributed to infection. A new computer system more closely tracks hospital-acquired infections.

"Last year we improved 20 percent with catheter-associated infections," Blake said.

Memorial also has reinstated a policy to reduce catheter use. Falls are reported and investigated daily in the hospital's updated protocol. There are "Wound Wednesdays," where the health care workers will take turns surveying each other's patients' skin more carefully to check for signs of infection.

And as Medicare plans to add more types of injuries and infections to its criteria soon, Lewis said hospitals will have to strategize even more.

"This is just the beginning of what's going to be a fairly large and complex system of rewards and penalties around patient and safety and outcome," said Lewis. "I think we're seeing the tip of the iceberg."

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