

Pa. Pushes Hospitals to Fess Up About Infections

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In the wake of what appears to be underreporting of nosocomial infections, a Pennsylvania state agency is poised to use its leverage to force hospitals to divulge more accurate and full information.

This summer, the Pennsylvania Health Care Cost Containment Council issued a report to the public showing that there were 11,668 confirmed hospital-acquired infections among 1.5 million discharges from 173 general acute care hospitals in 2004. The infections were associated with 1,793 deaths, 205,000 extra hospital days, and \$2 billion in charges.

Pennsylvania is the first state to make such numbers public.

As firm as the numbers may sound, however, the data are rife with omissions and invalid reports, and several hospitals reported

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ed no infections at all, said Marc Volavka, executive director of the council, which is a state-funded, independent agency. What was reported may only be the tip of the iceberg, Mr. Volavka said in an interview.

Since January 2004, hospitals in Pennsylvania have been required to submit quarterly data to the council on surgical site infections in orthopedic surgery, neurosurgery, and surgery related to the circulatory system; device-related infections, including urinary tract infections from Foley catheters; ventilator-associated pneumonia; and bloodstream infections from central lines. Starting in 2006, hospitals will have to submit data on all hospital-acquired infections.

The council has the authority to release data on a hospital-by-hospital basis, but so far, it has not. "As we started down this uncharted path, we said from the beginning that it would take time for Pennsylvania's hospitals to become accustomed to this reporting process," said Mr. Volavka in a statement, adding that many facilities had been given "lenient time frames and extensions."

"Unless reporting gets more accurate and more complete, the council will start to use [its] authority" to name names, he said. Doing that now could potentially harm hospitals that are complying with the reporting guidelines, according to Mr. Volavka. For instance, 17% of hospitals in the state (29 facilities), which account for only 25% of the admissions, reported more than half of the total infections. Sixteen hospitals reported no infections at all.

There was also a glaring discrepancy between the number of infections reported to the state (11,668) and the number billed to payers: 115,631. The council said the higher number indicates there may have been more hospital-acquired infections

than were reported to the state.

On the basis of the \$29,000 that insurers actually paid for each infected patient, compared with \$8,300 for an inpatient without an infection, the council estimated that third-party payments for the 11,668 infections amounted to nearly \$350 million.

In a statement, Carolyn Scanlan, president and CEO of the Hospital & Health-system Association of Pennsylvania, said the council's data on third-party payments was somewhat misleading because they

"made no distinction between infection-related costs and those costs associated with the patient's entire time in the hospital."

Ms. Scanlan also defended hospitals' response to the council's requirements, noting that the number of infections reported had increased each quarter. She said the increase in reporting indicates that hospitals are becoming more familiar with reporting requirements.

The Centers for Disease Control and Prevention has said that 5%-10% of hospi-

talized patients will acquire an infection, Mr. Volavka pointed out. So, while the numbers reported in Pennsylvania jibe with that CDC estimate, "it frankly ought to be a wake-up call to health care professionals and to purchasers and consumers who ultimately are paying the bill," he said.

If the Pennsylvania data were extrapolated nationally, the figures indicate that at least 100 people per day die from nosocomial infections, at a cost of about \$50 billion a year. ■

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