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Medical Benchmarking Is Deadly

BY BETSY MCCAUGHEY
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Maureen Daly cried when she heard the official reaction to the report released last week by New York State on infection rates in hospitals. The State Health Commissioner, Dr. Richard Daines, said the report shows that "New York hospitals' results are clearly just fine: they typically fall within the national range. Some areas were a little higher or lower, but nothing leaps out at you as an area of concern."

Just fine? Not to Ms. Daly, who lost her mother to a hospital infection in 2004. Her healthy, 64-year-old mother went in for a minor shoulder repair. While hospitalized, she was so ravaged by multiple infections that she left a quadriplegic on a feeding tube and died shortly afterwards. "No one should have to go through what happened to my mother," Ms. Daly said.

Thinking that it's okay to have infections as long as they do not exceed the national average leads to complacency, and explains why at least 100,000 die each year in America from infections contracted in the hospital. Benchmarking is deadly. The only acceptable number of infections is zero.

One type of infection measured in the New York report is central line associated blood stream infections, which are fatal 25% of the time. Hospital patients in intensive care are commonly medicated through a tube inserted into their artery. The risk is that bacteria will invade the tube and enter the blood stream. Rigorous hygiene, including clean hands, sterile drapes, and careful cleaning of the insertion site with chlorhexidine soap, are needed to keep bacteria away from the tube. Beth Israel Medical Center in New York City reports that it hasn't had a central line blood stream infection in the cardiac intensive care unit in nearly 1,000 days.

The chief of infection control at Beth Israel, Dr. Brian Koll, explains that the key to eradicating these infections is using a checklist that doctors and nurses must follow every time a central line is inserted. Implementing the checklist cost $30,000 a year and prevented infections that, according to Koll would have cost $1.5 million to treat.

Peter Pronovost, who developed the checklist at Johns Hopkins and proved "it is possible to nearly eliminate" central line bloodstream infections, warned against using national averages as a benchmark. Richard Shannon, who reduced central line blood stream infections 95% at Allegheny Hospital in Pennsylvania, also deplores any goal except zero. "Who volunteers to have a family member get one of those infections?" he asked. Central line infections should never happen.

That is why the federal Medicare program for the elderly and disabled calls central line infections, urinary tract infections, and certain surgical infections "never events." Starting this October, Medicare will stop reimbursing hospitals for treating these infections. Hospitals will be barred from billing patients for what Medicare doesn't pay.

Astoundingly, New York State refuses to follow Medicare's example. New York's Medicaid program for low-income patients will continue to pay for treating infections deemed "never events" by the federal government. That policy removes an incentive for hospitals to be careful, pushes up costs, and puts patients at risk. New York's Medicaid program, the largest in the nation with an annual budget of $47 billion, should be setting an example for other states. Hospitals will not lower infection rates until their biggest customers, Medicare and Medicaid, demand it.

Such economic incentives are needed urgently. Thomas Valuck, medical officer for Medicare, cites a recent survey from the patient safety group Leapfrog showing that 87% of hospitals in America fail to consistently follow proven steps to prevent infections.

That's alarming, because the dangers from lax hygiene are increasing. The superbug MRSA (short for methicillin-resistant Staphylococcus aureus) has become almost a household name because of recent attention from the press. But another germ, Clostridium difficile, or "C. diff," killed more patients in British hospitals last year, and the same virulent strain is invading hospitals in North America. Alcohol-based hand cleaners do not kill the germ, and patients who touch surfaces contaminated with this germ and then touch their own lips or their food ingest the germ.

As the director of infectious diseases at Stamford Hospital in Connecticut, Michael Parry, says, "MRSA is child's play" compared with the newer infection threat, C. diff. All the more reason Medicare and Medicaid should use their economic clout to persuade hospitals to improve.

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