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Medicare policy to hold hospitals more responsible

BY DELTHIA RICKS

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Efforts to protect patients from infectious superbugs lurking in hospitals have gotten a boost from a new Medicare policy that denies payment to facilities for costs to treat patients who have been harmed.

Now hospitals must foot the bill.

Medicare's policy, which is being hailed by advocates for people who have been infected in hospitals, encompasses several types of frequently-occurring infections. Additionally, the government is refusing to pay for other hospital "misadventures," such as injuries that occur while patients are confined. Forcing hospitals to pay, government health officials said, should spur greater vigilance and help lower infection and injury rates.

Microbes are the most common cause of harm to hospitalized patients. The U.S. Centers for Disease Control and Prevention estimates 1.7 million people are infected in hospitals annually and about 100,000 people die as a direct result.

By comparison, the Agency for Healthcare Research and Quality, the federal agency charged with improving health care quality and safety, has found that about 32,000 patients are injured annually in hospitals, often from medication errors. Patients can be overdosed, underdosed or given the wrong drug.

Advocates who are trying to stamp out microbes that colonize on bedrails, medical equipment and surgical suites say the new policy is a move in the right direction.

"It's great that Medicare is taking this step," said Maureen Daly, volunteer coordinator at the Manhattan-based Committee to Reduce Infection Deaths, or RID. The advocacy organization, founded by former New York Lt. Gov. Betsy McCaughey, conducts teaching programs in hospitals to help them reduce the presence of pathogens that can infect and sometimes kill vulnerable patients.

"It's the hospital that will be losing money on these conditions because the patient cannot be charged," Daly said, referring to Medicare's rule. "But while I applaud these steps, they don't go far enough because they don't include infections like the one that killed my mom."

Daly said her mother died after being infected by a veritable zoo of organisms - most significantly, MRSA, or methicillin-resistant *Staphylococcus aureus*, a prolific bug that challenges hospital infection-control departments worldwide.

"My mom simply fell on ice at a restaurant" and injured her shoulder, Daly said. "She was admitted to the hospital as a healthy 63-year-old woman and wheeled out as a quadriplegic on a feeding tube."

Daly said her mother died about 3 1/2 months later. The lethal infection occurred at the Hospital for Joint Diseases Orthopedic Institute in Manhattan, which has since merged with NYU Medical Center.

The Medicare policy cites urinary tract infections, device-related central line infections and certain post-cardiac surgical infections as those for which the government will no longer reimburse hospitals. RID estimates that hospital-acquired infections cost hospitals \$30 billion a year.

Hospitals already are taking steps to protect patients.

Dr. Jack Soterakis, vice president for medical affairs at St. Francis Hospital in Roslyn, said patients there

receive central-line intravenous catheters impregnated with antibiotics to prevent infection. Central line catheters can be left in the body for relatively long periods of time and usually are placed in a subclavian vein, just below the collarbone. The device may be placed in a patient who needs frequent drawing of blood samples, for example, or in someone requiring intravenous feeding.

"We follow CDC guidelines and these guidelines include full barrier technique" at the time of insertion, Soterakis said, referring to gloves, gowns and masks that are donned by medical personnel who conduct the insertion under antiseptic conditions.

McCaughey, a longtime advocate for antibiotic-impregnated central lines, said not enough hospitals use them. She has written guidelines for consumers recommending that they demand an antibiotic-impregnated device should they need one.

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