

## **Failing to safeguard patients**

By **BETSY McCAUGHEY**

First published: Friday, July 11, 2008

If you took your car in for an oil change, and the garage dented the door panels while putting the car on the lift, would you pay for the repairs? Of course not.

Astoundingly, when a patient contracts an infection in the hospital, the hospital charges for the antibiotics, surgery and extra days needed to treat the infection.

Starting Oct. 1, Medicare, the federal health program for people 65 and older, will stop paying hospitals for several types of obviously preventable infections, so preventable that Medicare authorities call them "never" events. That means they should never happen.

Hospitals will be barred from billing patients for what Medicare doesn't pay. It's a long overdue change.

Medicare's indifference to quality and safety gave hospitals little incentive to be careful. Paying to treat preventable infections pushed up costs and put patients at risk.

Hospital infections kill more than 100,000 people in the U.S. each year. That's more than AIDS, breast cancer and auto crashes combined.

Now here's the shocking news. 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 contracted in the hospital.

That's bad for taxpayers and even worse for patients, but definitely pleasing to the hospital lobby.

Not surprisingly, the Greater New York Hospital Association, a lobbying organization, applauds the state's decision as sensible. Kenneth Raske, head of the hospital association warns against "going whole hog on matters that are controversial in relation to the science."

Controversial? Hardly.

The evidence is compelling that the infections Medicare will no longer pay to treat are preventable.

Thomas Valuck, medical officer for Medicare, explains that the evidence is solid. He cites several hospitals around the country that have totally eradicated one of the deadliest "never" infections, central line blood stream infections.

When very sick patients are 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 and sterile drapes, are needed to keep the bacteria away from the tube. Valuck cited a recent survey from the patient safety group Leapfrog showing that 87 percent of hospitals fail to consistently follow the proven steps to prevent infections.

New York's experience proves that hospitals committed to eradicating infections can do it. Beth Israel Medical Center in New York City reports that it has hasn't had a central line bloodstream infection in the cardiac intensive care unit since Nov. 25, 2005. Think of the number of families that have left the hospital grateful rather than grieving, as a result.

Dr. Brian Koll, chief of infection control at Beth Israel, 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. It costs the hospital only \$15 extra per line to prepackage the supplies needed at bedside, including the sterile drape and chlorhexidine skin cleaner, so that there are no excuses for short cutting the checklist.

At Beth Israel, implementing the checklist cost \$30,000 extra a year and prevented infections that, according to Koll, would have cost \$1.5 million to treat.

Medicare officials announced last week that the list of "never" infections will expand next year to include ventilator-associated pneumonia. That's fair.

Like central line infections, these pneumonias are preventable by following a checklist on how to treat patients who need breathing devices. New York City's public hospitals already have reduced ventilator associated pneumonias by 78 percent, by rigorously adhering to such a checklist.

We have the knowledge to prevent infections. What has been lacking at many hospitals is the will. Medicare's new policy will provide this incentive.

The outrage is that New York state's Medicaid program, the largest in the nation with an annual budget of \$47 billion, is bowing the hospital industry instead of protecting patients. Hospitals will not lower infection rates until their biggest customers, Medicare and Medicaid, demand it.

New York taxpayers are footing the bill for infections that could be prevented. And patients are paying with their lives.

Betsy McCaughey is chairwoman of the Committee to Reduce Infection Deaths (<http://www.hospitalinfection.org>) and a former New York lieutenant governor.

All Times Union materials copyright 1996-2009, Capital Newspapers Division of The Hearst Corporation, Albany, NY