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## Medicare gets stricter on hospitals

It is stopping reimbursement for medical errors

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Medicare will no longer reimburse hospitals for surgical mistakes like leaving gauze inside patients, transfusing the wrong blood or allowing air bubbles to enter blood vessels.

The Texas Hospital Association, speaking on behalf of more than 500 Texas hospitals, said Monday they have no problem with those payment guidelines going into effect Oct. 1, 2008. Such mistakes, they say, should never happen.

But the association does have a problem with Medicare's decision not to reimburse for five other conditions. The association says fractures and dislocations, urinary tract infections, bedsores and

two infections related to heart surgery either sometimes happen in the course of treating a more serious ailment or they often originate before the patient enters the hospital.

They cite pressure ulcers – or bedsores – as an example. Starr West, director of policy analysis for the Texas Hospital Association, said such ulcers are common among elderly patients, whose skin is frail and who often are admitted from nursing homes.

"Many are bed-bound or wheelchair-bound," Ms. West said, adding that the likelihood of bedsores increases in those circumstances.

Urinary tract infections are almost certain to occur when doctors insert a catheter, which is used in patients having trouble urinating, she said. Many clinicians believe urinary tract infections are inevitable if a catheter is used for more than three days, and prevention guidelines are still debated. Ms. West said there's also a chance the

#### TAKING CARELESSNESS OUT OF HEALTH CARE

Under new Medicare guidelines, the government will no longer pay hospitals for treating the following problems:
Object left behind after surgery

- Injuries during hospitalization (fractures, burns, etc.)
- Pressure ulcers (bedsores)
- Air embolism (gas bubble in the circulatory system)
- Blood type incompatibility
- Urinary tract infections related to catheter use
- Infection related to use of vascular (vein) catheter
- Infection after coronary artery bypass graft surgery

SOURCE: Centers for Medicare & Medicaid Services

patient may have checked into the hospital with such an infection.

Medicare's refusal to cover the problem could create more health care expense, she said.

"Trying to accurately code for urinary tract infections that are present on admission may lead to excessive urinalysis testing for patients entering the hospital," Ms. West said.

## **Payment reform**

The new Medicare payment guidelines were implemented as part of a three-year effort to reform Medicare's hospital payment system, said Herb Kuhn, acting deputy administrator for the Centers for Medicare & Medicaid Services.

Medicare paid 19.4 cents of every health care dollar in 2006, according to the agency's annual report, up from 17 cents in 2005.

An alarming amount of that money is being spent on hospital errors, the agency says. The federal Centers for Disease Control and Prevention recorded 1.7 million health care-associated infections in 2002, the year of the most recent data.

The study found that 98,987 people died in a hospital from a health care-associated infection that year: Of those, 36,000 died from pneumonia, 31,000 from bloodstream infections, 13,000 from urinary tract infections, 8,000 from surgical site infections and more than 11,000 from other infections.

"Medicare's historic indifference to quality meant that hospitals providing the best care and hospitals with high infection rates were paid the same, a policy that put patients at risk and pushed up health care costs," said Betsy McCaughey, co-founder of the Committee to Reduce Infection Deaths, a New York City patient advocacy group.

### **Critic's view**

Ms. McCaughey said she would like an even tougher policy from Medicare.

"If you bring your car in for an oil change and the garage puts a dent in the fender, the garage has to pay to fix it," she said. "The same should be true for infections you get in the hospital."

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