

Hospital infection may cost \$473m

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Report recommends public release of data

By Stephen Smith, Globe Staff | August 9, 2007

Potentially lethal infections contracted during hospital stays could be causing up to \$473 million in medical costs annually in Massachusetts, according to a state report released yesterday that recommends publicizing hospitals' infection rates for such common surgeries as hip and knee replacements.

National studies estimate that 90,000 patients a year die because of infections they catch while in hospitals or other medical facilities, with deadly germs gaining entry through surgical incisions and catheters and sometimes transmitted by doctors and nurses who fail to wash their hands.

After years or scant attention, infections have become central to the growing movement to improve patient care and to make the operations of hospitals more transparent.

"Hospital-acquired infections have been an issue for a long time, but it's time to step up the action and to get as close to eliminating hospital-acquired infections as possible," said Dr. Ron Goodspeed, president of Southcoast Hospitals Group. "It certainly is unpleasant for the patient and, depending on the infection, may become a lethal event. And they're very costly to the healthcare system."

Goodspeed estimated that a single case of pneumonia related to a ventilator can add \$30,000 to the cost of treating a patient.

The report, mandated as a part of healthcare reform legislation, offers 135 recommendations for preventing the spread of germs, suggests a list of infection rates that should be released to consumers, and provides a detailed portrait of the financial impact of healthcare-associated infections.

Relying on a variety of sources, the report estimates that infections acquired in Massachusetts healthcare facilities add costs ranging between about \$200 million a year to more than twice that amount for things such as extended hospital stays and the cost of medications and surgeries.

"There's very little literature on the personal cost of these infections," said Dr. Lisa Hirschhorn of JSI Research and Training Institute Inc., the private research firm the state hired to prepare the report. "That's the unknown and unspoken cost."

The report recommends that the state order hospitals to provide data on infections related to hip and knee replacements, as well as central venous catheters inserted in intensive-care patients. The catheters are typically placed in the arm or neck and threaded to big veins near the heart. They remain in place for days or weeks and can be used to deliver chemotherapy or thick mixtures of liquid food. They can also deliver dangerous germs deep into the body.

The 30-member advisory panel that issued the report chose to target infection rates related to those procedures because they are conducted commonly enough to allow for reliable hospital-to-hospital comparisons, said Hirschhorn and Dr. Alfred DeMaria, director of communicable disease control for the state.

Information on other infection rates would be sent to the Department of Public Health for review, but would not be released publicly yet, although that could change as the agency and hospitals become more accustomed to gathering and analyzing data.

State Public Health Commissioner John Auerbach said that while his agency has the power to mandate the reporting of infection rates, "our preference at this stage would be for hospitals to voluntarily provide this information," Auerbach said. "We don't want to overburden the hospitals with a heavy-handed regulatory

requirement."

Goodspeed and another hospital president said yesterday that they are prepared to provide the information, saying it demonstrates their commitment to correcting a healthcare problem that was ignored for too long.

Christine Schuster, president of Emerson Hospital in Concord, said that hospitals across the state have already begun to track infection rates internally and that, increasingly, administrators are accepting that they need to make their operation more transparent in order to foster patient trust.

"At first, you might think, 'Oh, my gosh, I don't want to put my numbers up there.' But let's be honest: There's a tsunami coming out there regarding public reporting and transparency," Schuster said. "You can stand on the shore and get washed away, or you can get on board."

One way to reduce infections is by ensuring that intensive care units and other wards are staffed adequately. Patricia Healey, a veteran intensive care nurse at Brigham and Women's Hospital, said that if nurses are overwhelmed, they may miss the subtle signs that an infection has taken hold.

"And if you don't take care of subtleties," Healey said, "the patients die from these things."

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