



## **Rx: Health Care Reform FYI #48**

**Subject:** *Healthier Hospitals: Eliminating Preventable Healthcare-Associated Infections*

**From:** *Rep. Tim Murphy (PA-18)*

**The problem:** The Centers for Disease Control and Prevention reports that health care-acquired infections contribute to 90,000 deaths in the United States<sup>1</sup> each year adding over \$50 billion in annual medical costs.<sup>2</sup> Most of these infections are preventable. Information on healthcare-associated infection rates is not collected nor available to the public in most states.

### **Healthcare-associated infections lead to higher costs for taxpayers, families and businesses:**

- Health care-associated infections include surgical site infections, ventilator associated pneumonia, central line related (IV) blood infections, urinary tract infections, methicillin-resistant Staphylococcus aureus (MRSA) and additional infections transmitted to patients when there is inadequate adherence to clean sanitation and patient safety procedures that would otherwise prevent infectious disease.
- Central Line-Associated Blood (CLAB) infections increased costs by nearly \$27,000 per patient according to a study of 2 Intensive Care Units (ICUs). The hospital's estimated cost to reduce infections by sanitizing hands and hospital equipment was approximately \$18,000 in the first year and \$8,000 per year thereafter. Preventing one infection would recoup the costs of patient safety improvements for a full year.<sup>3</sup>
- Pennsylvania is the only state requiring full public reporting of healthcare-associated infection rates. Medicare costs for patients who contracted an infection while hospitalized is 5 times higher than for patients without these infections. For Medicaid patients, costs are 14 times higher.<sup>4</sup>

### **Hospitals have successfully reduced infections:**

- Hospitals and other health care providers have been able to drastically reduce infection rates by implementation of clean techniques, including:
  - Strict adherence to handwashing before and after contact with any patient;
  - Sterilizing all equipment used with patients;
  - Clean up before and after patient procedures;
  - Use of antibiotics before and after surgery;
  - Pre-testing patients on admission to evaluate presence of infection; and
  - Use of infection control boards at hospitals to monitor and manage procedures.

<sup>1</sup> Centers for Disease Control. CDC Advisory Committee Offers Guidance to States on Developing Systems for Public Reporting of Healthcare-Associated Infections. February 2005.

<sup>2</sup> Connolly, Cici. Data Show Scourge of Hospital Infections. Washington Post. 2005.

<sup>3</sup> Shannon, Richard. Economics of Central Line-Associated Bloodstream Infections. American Journal of Medical Quality. November 2006.

<sup>4</sup> Pennsylvania Health Care Cost Containment Council. Reducing hospital acquired infections: the business case. Pennsylvania Health Care Cost Containment Council Issue Brief. 2005.

- Allegheny General Hospital in Pennsylvania reduced the rate of central line-acquired infections from nineteen to almost zero within 90 days through staff training on infection control. Hospital savings over 3 years were estimated at over \$2 million and 47 lives were saved.<sup>5</sup>
- A major teaching hospital in St. Louis reported a reduction in central line acquired infection rates through a 10-page educational program with mandatory tests for all staff. The estimated cost savings from this educational program was up to \$1.5 million.<sup>6</sup>
- Mercy Health Center in Oklahoma has performed 400 surgeries without any infections by tracking infections and administering antibiotics immediately to surgical patients.<sup>7</sup>

**Health care prevention of infections remains a problem:**

- To reduce infections, it is recommended patients receive antibiotics before surgery and 24 hours after. One study of about 3,000 acute-care hospitals nationwide found more than 44 percent of patients did not receive antibiotic doses within the recommended time frame; nearly 10% did not receive initial medication until four hours after surgical incisions were made.<sup>8</sup>
- One study of 120 nurses reports that 70% do not adhere to handwashing and sterilization procedures.<sup>9</sup>
- Another study found that while such factors as diabetes or obesity played a role in the risk of contracting certain surgical wound infections, healthcare-associated factors such as hand-washing practices played a bigger role.<sup>10</sup>
- When information is not disclosed the public cannot make informed choices regarding clinics and hospital quality, nor can they be active partners in preventive infection control.

**Recommendations:**

- Establish a Medicare pilot program to provide financial incentives to hospitals from the savings gained from reducing healthcare-associated infections to zero.
- Require uniform and accurate public reporting of health care-associated infections by hospitals and ambulatory surgical centers so the public and health care providers can work to reduce healthcare-associated infections, enhance informed consumer choice of health care quality providers, reduce health care costs and save lives.
- For further information on this legislation to eliminate preventable healthcare-associated infections, please contact my office at (202) 225-2301.

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<sup>5</sup> Shannon, Richard. M.D. Testimony before the U.S. House Energy and Commerce Subcommittee on Oversight and Investigations. Hospital Acquired Infections. The Conspiracy of Error and Waste in Healthcare. March 29, 2006.

<sup>6</sup> Warren et al. CHEST 2004; 126:1612-1618

<sup>7</sup> Bratzler, Dale. Use of Antimicrobial Prophylaxis for Major Surgery: Baseline Results From the National Surgical Infection Prevention Project. Archives of Surgery. 2005.

<sup>8</sup> Bratzler, Dale. Et. al. Use of Antimicrobial Prophylaxis for Major Surgery. Archives Surgery. 2005;140:174-182.

<sup>9</sup> O'Boyle CA, Henly SJ, Larson E. Understanding adherence to hand hygiene recommendations: the theory of planned behavior. American Journal Infection Control. 2001; 29(6): 352-360.

<sup>10</sup> Hollenbeak, Christopher. Et. al. Factors Associated With Risk of Surgical Wound Infections. American Journal of Medical Quality. Supplement to Vol. 21, No. 6, Nov/Dec 2006