

## Medicare to halt payments for eight common medical mistakes

LAURAN NEERGAARD; The Associated Press (Tacoma News Tribune) February 19th, 2008

WASHINGTON – It's a new way to push for patient safety: **Don't pay hospitals when they commit certain errors**. Medicare will start hitting hospitals where it hurts in **October**, and other insurers are following suit. That has the nation's hospitals exploring innovative programs to prevent injury and infection: Hand-washing spies. Surgical sponges that sound an alarm if left in the body. Even a room sterilizer that promises to wipe out bacteria left lurking on bedrails.

"Money talks," says Dr. Steven Gordon, infectious disease chief at the Cleveland Clinic Foundation. "Every hospital CFO, this gets their attention."

And patients' first sign that something is changing might involve lessening of a big indignity: Today, one in four hospitalized patients is outfitted with a urinary catheter. The tubes trigger more than half a million urinary tract infections a year, the most common hospital infection. Yet many patients don't even need catheters – they're an automatic precaution after certain surgeries – and many who do have them for days longer than necessary. Why? The University of Michigan reported the first national study of catheter practices last month, finding nearly half of hospitals don't even keep track of who gets one. Fewer than one in 10 hospitals does a daily check to see if the catheter is still needed, a simple but proven infection-reducing system. **With those infections topping Medicare's do-not-pay list, Gordon says hospitals already are beginning to get choosier about who needs catheters, and to take them out faster.**

Even when a hospital makes a preventable error, it still can be reimbursed for the extra treatment that patient will now require. Some errors can add \$10,000 to \$100,000 to the cost of a patient's stay. **Beginning Oct. 1, Medicare no longer will pay those extra-care costs for eight preventable hospital errors**, including catheter-caused urinary tract infections, injuries from falls, and leaving objects in the body after surgery. **Nor can hospitals bill the injured patient** for those extra costs. Next year, Medicare will add three more errors to the no-pay list. Ventilator-caused pneumonia and drug-resistant staph infections are top candidates.

Medicare, which insures about 44 million seniors and disabled people, estimates the move will save the government about \$190 million over five years. It also sparked a movement: Private insurance giants like **Aetna** are moving to make hospitals absorb the cost of serious errors. Pennsylvania last month said it would follow Medicare's example and stop **Medicaid** payments, too. The **American Hospital Association is urging members to voluntarily quit billing for treatment of serious errors**, and hospitals in a number of states, from Minnesota to Vermont, have announced they will.

One question is whether making hospitals literally pay for mistakes will spur greater improvements. Some novel attempts are already under way:

- A standard mop-and-bucket cleaning leaves bacteria in hospital rooms. So the Wellmont Health System in Kingsport, Tenn., is testing a portable machine that sterilizes a closed room by spewing out vaporized hydrogen peroxide.
- Nurses count surgical sponges to make sure they're all out before a patient is sewn up, but every hospital occasionally misses some. In University of Michigan operating rooms, doctors are testing sponges tagged with bar code-like radiofrequency chips. Wave a wand and a beep sounds if a sponge is still in the wound.
- In U-Michigan's hospital halls, physician assistants are assigned to spy to tell if fellow workers wash hands both when entering and exiting patient rooms.

## **the no-pay list**

WASHINGTON – On Oct. 1, Medicare will stop paying hospitals for the care they must provide to treat eight preventable injuries:

- Urinary tract infections from catheters.
- Bloodstream infections from using catheters.
- Falls.
- Bed sores, or pressure ulcers.
- Objects left in a patient during surgery.
- Blood incompatibility, giving a dangerously wrong blood type.
- An infection after heart surgery called mediastinitis.
- Air embolism, an air bubble in a blood vessel.

Hospitals and private insurers are coming up with their own no-pay lists using the Medicare list.