

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – The publication titled “Hospital Outpatient Prospective Payment System” (March 2011) is now available in print format from the Medicare Learning Network®. This fact sheet is designed to provide education on the Hospital Outpatient Prospective Payment System (OPPS) including background, ambulatory payment classifications, how payment rates are set, and payment rates under the OPPS. To place your order, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html> on the Centers for Medicare & Medicaid Services (CMS) website, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

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NEW INFORMATION TO IMPROVE PATIENT SAFETY AT AMERICA'S HOSPITALS

Note: This article was updated on July 25, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

This article is informational in nature and of interest to all providers who serve Medicare beneficiaries.

What You Need to Know

This article alerts providers that they may review and share data about Hospital Acquired Conditions (HACs) with their Medicare patients. The Centers for Medicare & Medicaid Services (CMS) is making this important new data about the safety of care in America's hospitals available on the “Hospital Compare” website at <http://www.healthcare.gov/compare> on the Internet. This site contains information on more than 4,700 hospitals across the nation.

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Background

HACs are serious conditions that often result from improper procedures during inpatient care.

The data released on the “Hospital Compare” website shows the number of times an HAC occurred for Medicare Fee-For-Service patients between October 2008 and June 2010. **The numbers are reported as number of HACs per 1,000 discharges, and are not adjusted for hospitals’ patient populations or case-mix.**

Independent data from the Institute of Medicine (IOM) show that as many as 98,000 people die in hospitals each year from medical errors that could have been prevented through proper care. Although not every HAC represents a medical error, the HAC rates provide important clues about the state of patient safety in America’s hospitals. In particular, HACs show how often the following potentially life-threatening events take place:

- Blood infections from a catheter placed incorrectly in a patient or from a catheter that is not kept clean properly;
- Urinary tract infections caused by a urinary catheter;
- Falls and injuries during a hospital stay;
- Transfusions through mismatched blood types;
- Severe pressure ulcers (or bed sores that develop while a patient is in the hospital);
- Air bubbles in the bloodstream;
- Objects accidentally left in the body after surgery (such as a sponge, gauze, or a surgical instrument); and
- Signs of uncontrolled blood sugar for patients with diabetes.

CMS reports HAC rates for these 8 measures because they incur high costs to the Medicare program or because they occur frequently during inpatient stays for Medicare patients. Furthermore, HACs usually result in higher reimbursement rates when they occur as complications for an inpatient stay because they require more resources to care for the patient with the complication. Lastly, CMS considers HACs to be conditions that could have reasonably been prevented through the use of evidence-based guidelines for appropriate hospital inpatient care.

CMS has gathered data on HAC rates from hospitals since 2007. Since 2008, Medicare has denied additional reimbursement for cases for which HACs were presented as secondary diagnoses during a patient’s hospital stay.

Rates for the 8 HAC rates reported on “Hospital Compare” vary among hospitals. The most common HAC reported was injury from a fall or some other type of trauma.

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Over 70 percent of hospitals reported at least one fall or trauma during the reporting period, and more than 50 percent reported at least 2 occurrences. The rarest HACs reported were transfusions through mismatched blood types and air bubbles in the bloodstream. More than 95 percent of the hospitals had no occurrences of these HACs.

Rates for infection were also relatively common, with about 45 percent of hospitals reporting at least one blood or urinary tract infection developed during the hospital stay.

Although HACs were rare, there is still room for improvement. While 19 percent of hospitals had no occurrences of HACs, 81 percent had at least one HAC; 62 percent had 2 different types of HACs.

In addition to information about HACs, “Hospital Compare” reports 25 inpatient and 5 outpatient process of care measures, readmission and mortality rates for certain conditions, three children’s asthma care measures, and 10 measures that gauge patient satisfaction with hospital care. The site also features information about the volume of certain hospital procedures and conditions treated for Medicare patients and what Medicare pays for those services.

Additional Information

- To review the HAC data please visit <http://www.healthcare.gov/compare> on the Internet. Select “Visit the Website” next to “Compare Hospitals”. Then click the link in the “Hospital Spotlight” section.
- CMS is working with the members of the Hospital Quality Alliance—a national private-public partnership of hospitals, consumers, providers, employers, payers, and government agencies—to make HAC data accessible to the public in meaningful, relevant, and easily understood ways to encourage healthcare quality improvement. CMS is working with the Alliance and consumers about how to include HAC data in the main report of “Hospital Compare”. For now, HAC data are available through a downloadable file linked to the “Hospital Compare” website and on data.medicare.gov (<http://data.medicare.gov/dataset/Hospital-Acquired-Condition-Calculations/sjdk-f65s>).
- You can also view archived data on the CMS Hospital Compare website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalCompare.html> on the Internet.
- CMS is also working with its Quality Improvement Organization (QIO) contractors to give hospitals the resources to eliminate HACs as much as possible. QIOs have been working with providers across the country since 2008 to reduce rates

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of hospital-associated infections, slow rates of pressure ulcers in nursing homes and hospitals, and improve safety and reduce infections for surgical patients. More information about QIOs' efforts is online at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html> on the CMS website.

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