

The impact of healthcare-associated infections in Pennsylvania 2009

Article summary:

A 2009 comparison of patients who contracted healthcare-associated infections (HAI) while hospitalized in Pennsylvania and those without a HAI found higher mortality and readmission rates, longer lengths of stay, and higher estimated average Medicare payments.

A report published by the Pennsylvania Health Care Cost Containment Council (PHC4) provides data on 1,939,111 patients treated in Pennsylvania hospitals during 2009 and the rate of HAIs. Of these patients, 23,287 (1.2%) contracted at least one HAI during their hospitalization. The largest percent of these HAIs were surgical site infections (24.8%) followed by urinary tract infections (UTI; 22.2%). A comparison of patients who contracted an infection while hospitalized and those without an HAI found higher mortality (9.4% vs. 1.8%) and readmission rates for an infection (29.8% vs. 6.2%), longer lengths of stay (21.6 days vs. 4.9 days), and higher estimated average Medicare payments (\$20,471 vs. \$6,615). However, it is important to note that some of the differences in outcomes between patients with and without a HAI may be due to other factors, such as the complexity of the medical needs of the patient that resulted in hospitalization. Of the Medicare patients who acquired an infection during their hospital stay, 29.5% were readmitted within 30 days for an infection, with the estimated Medicare payments for these readmissions totaling more than \$24.6 million. In comparison, 8.7% of Medicare patients without an HAI were readmitted within 30 days for an infection. Long-term acute care hospitals have the highest percent of hospitalizations in which the patient acquired an infection (9.74%), with UTIs being the most common category of HAI in this type of facility (2.97%). Patients of both genders, all ages, and all races/ethnicities are affected by HAIs. However, UTIs were the most common type of infection acquired by patients in the oldest age group studied (85 years of age and older) and Medicare patients were much more likely to acquire UTIs than patients covered by other payers. The report states that high-quality care may lessen the need for patient readmission.

Pennsylvania Health Care Cost Containment Council, 2011. The impact of healthcare-associated infections in Pennsylvania 2009. Harrisburg, PA.

<http://www.phc4.org/reports/hai/09/>