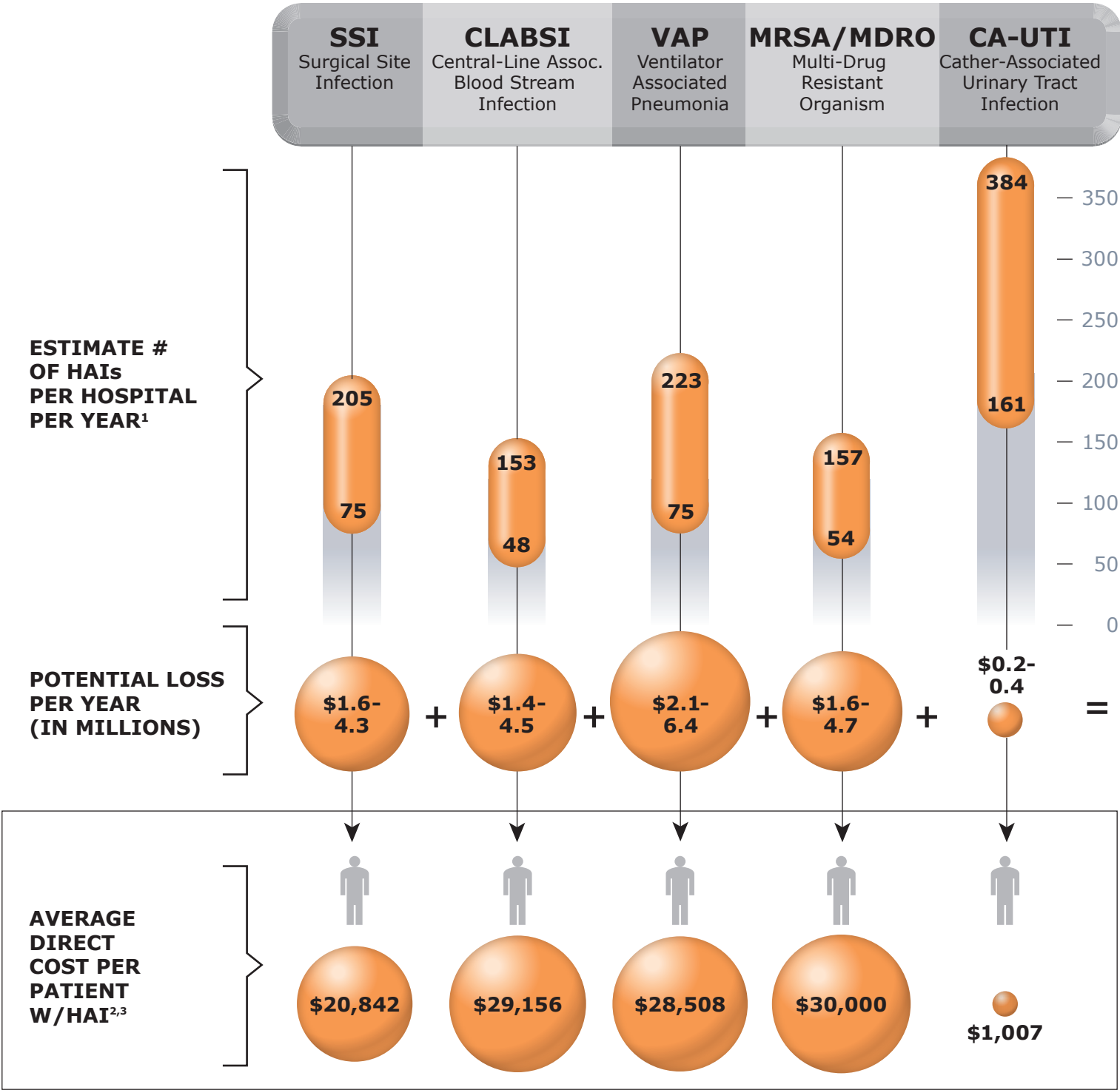


# Impact Of Preventable Infections On An Average 300 Bed Hospital



## HAIs are a Major Focus of Healthcare Reform

- FY09** CMS included 3HAIs in its list of hospital-acquired conditions (HAC) "no pays" <sup>4</sup>
- FY12** HHS expected to add HAIs for public reporting, placing **2%** of CMS payments at risk <sup>4</sup>
- FY13** HAI performance benchmark established, placing an additional **1%** of all CMS payments at risk (1.5% by FY15) <sup>4</sup>
- FY15** HAI performance penalty for hospitals in top quartile incidence rates, placing an additional **1%** of all CMS payments at risk <sup>4</sup>

**\$6.9M – \$20.2M**  
Potential loss per year due to Preventable HAIs

By FY 2015, up to **4.5%** of hospitals' CMS payments will be "at risk" due to HAI performance...

## References

<sup>1</sup>CareFusion MedMined HAI Surveillance Database, June 2010

<sup>2</sup>Scott, Douglas, CDC: "The Direct Medical Cost of HAIs in U.S. Hospitals and the Benefits of Prevention", March 2009

<sup>3</sup>De Lissovoy G, et al., "Surgical site infection: incidence and impact on hospital utilization and treatment costs," Am J Infect Control 2009 Jun;37(5):387-97. \* MDRO (Multi-Drug Resistant Organisms) include MRSA, C. difficile, VRE, etc. MDRO often cause other infections (e.g., SSI, BSI, VAP, UTI); MDRO statistics reflect CDC estimates for methicillin-resistant Staphylococcus aureus (MRSA) only.

<sup>4</sup>Patient Protection and Affordable Care Act (PPACA) of 2010, Sections 3001, 3008 and 3011; CMS IPPS FY11 Proposed Rule, April 19, 2010.

Note: Hospitals penalized for failure to report under RHQDAPU "pay for reporting" are excluded from VBP; Total CMS Payment at Risk does not include impact of lost reimbursement due to incremental cost to treat HACs not present on admission (POA).