

Pennsylvania Hospitals face fines over infection data

By Luis Fabregas
TRIBUNE-REVIEW

Thursday, September 15, 2005

The state department of health said Wednesday it could start fining hospitals that fail to report deadly hospital infections.

The health department, which licenses all state hospitals, said it will review data from the Pennsylvania Health Care Cost Containment Council showing which hospitals are not meeting a state law to report infections.

"We're going to make it part of our regulatory requirement," said Richard McGarvey, a health department spokesman. "If they're not meeting our requirements, they have to correct the problem."

The move by the health department follows a landmark report earlier this year that said hospitals in Pennsylvania are underreporting infections patients didn't have when they were first hospitalized.

The report, published by the cost containment council, said hospitals in 2004 tallied 11,688 infections. It also said the number could be much higher because many hospitals -- including large facilities that treat the sickest patients -- submitted minimal information about infections.

Hospitals have been required since January to report infections to the Harrisburg-based council.

Yesterday, the largest hospital group in the state said it encourages hospitals to submit infection data to the council and supports the publication of usable data. But before the health department imposes sanctions, it ought to define what standards the hospitals will have to meet, said Paula Bussard, a senior vice president at the Hospital & Healthsystem Association of Pennsylvania in Harrisburg.

"To be able to say that someone is compliant or not compliant there has to be a standard, and right now there is no standard," Bussard said. "The department of health can't sanction if there isn't a standard."

The council has not yet determined what information it will supply the health department or when it will do so, according to Marc Volavka, its executive director. Since it published the infection report in July, the council has been mulling ways to force hospitals to comply with its rules.

"Since the council does not have any regulatory authority over a hospital's license and they (the health department) do, it's absolutely appropriate that we tell them who is in

compliance and who isn't," Volavka said. "The council wants to see all hospitals doing a very good job of reporting."

Hospitals will learn more about the plan through a letter Volavka will send to chief executives at 180 hospitals.

"Our belief is that such a letter would not be received as antagonistic, but would serve as a timely notice to hospitals that have not yet made a decision about reporting," said Cliff Shannon, who sits on the council board and heads the Churchill-based SMC Business Council, a nonprofit trade association. "At the same time, it should also be a sign that there's going to be trouble if they don't comply."

The letter will also tell hospitals of another move that could rile them: the possibility of making public hospital-specific infection rates. Until now, the council has refrained from doing that because it believes not all hospitals are up to speed in the relatively new process of submitting data.

In addition, infection rates might be higher at hospitals that typically treat sicker, older patients who are more likely to develop infections.

Consumer groups say the more the public knows about infections, the more pressure will be applied to hospitals to do a better job.

"The public should know which hospitals are not reporting (infections)," said Lisa McGiffert of Consumers Union, a national nonprofit campaigning for public reporting of infection data. "People need to be aware of what's happening in their hospitals."

It is unlikely that a citation or a fine -- which could range from \$50 to \$500 -- will result in a hospital losing its license. The health department has never revoked a hospital's license, McGarvey said.

But it should prod hospitals into complying in order to keep a clean licensing record. Hospitals with deficiencies are typically asked to submit a plan of corrective action.

"Usually when we cite a facility, they correct a problem," McGarvey said.