



## Hospitals Could Save Millions By Eliminating Five Hospital-Acquired Conditions

*Janice Simmons, for HealthLeaders Media, March 11, 2010*

An average 200-bed hospital could save approximately \$2 million annually if it eliminates common but high-cost hospital-acquired conditions among inpatients, according to the Healthcare Management Council, Inc. (HMC), a Needham, MA-based company focusing on hospital and healthcare performance improvement.

The information was compiled using federal Agency for Healthcare Research and Quality (AHRQ) indicators and recent proprietary cost-benchmarking information, according to Shelley Burns, HMC's director of knowledge management. HMC has reviewed the performance of hundreds of facilities ranging in size from 75 beds to more than 800 beds.

"The cost of quality is what we call it, but bringing that number [together] for our folks to see lets us align the financial side of the house and the clinical side of the house so they can work together [on this issue]," Burns says.

In the recent study, HMC identified the top hospital-acquired conditions and established how much additional care each of the conditions required. Hospital-acquired conditions have resulted in nonpayment from Medicare and Medicaid, Burns adds. In the future, private insurers likely could decline covering these costs as well.

HMC listed the conditions in order of prevalence. Because of the higher volume of some of the conditions—such as decubitus ulcers or bedsores—these were more expensive overall for a hospital to treat, even if the per-patient cost was lower:

- **Decubitus ulcers** were found to be the most prevalent hospital-acquired condition, and they were the second most expensive condition—costing a facility an average total of roughly \$536,900 annually. A patient acquiring a bedsore required on average \$9,200 in extra care.
- **Postoperative pulmonary embolism and deep vein thrombosis (DVT)** together formed the second most prevalent category, and the most expensive—costing a total of \$564,000 each year. Both required \$15,500 more in care expense per patient.
- **Accidental puncture and laceration** was the third most prevalent category, and the fifth most costly—averaging a total of \$248,100 per hospital. A patient with either required \$8,300 in additional healthcare dollars.
- **Post operative respiratory failure** was the fourth most prevalent hospital-acquired condition and the third most expensive, at \$261,000 per hospital. An patient acquiring this condition in the hospital required an additional \$21,900.
- **Infections** related to medical care made up the fifth most prevalent hospital-acquired condition, and the fourth most expensive category—costing \$252,600 per hospital