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Local hospitals get good report card

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A new federal report card finds that hospitals in the Twin Cities did better than medical centers across the country in preventing costly bloodstream infections that increase the risk of death for patients in intensive care.

Last month, the federal government quietly posted on a website new data about hospital infections that are linked to "central lines" used for very sick patients.

Doctors use these implanted catheters to provide critical fluids and medications, but central lines also can make patients vulnerable to infection.

The new report card from the U.S. Department of Health and Human Services represents the first time that consumers in Minnesota and elsewhere have had a chance to see these infection scores for particular hospitals, said Lisa McGiffert of Consumers Union, a group that has tracked the infection issue nationally.

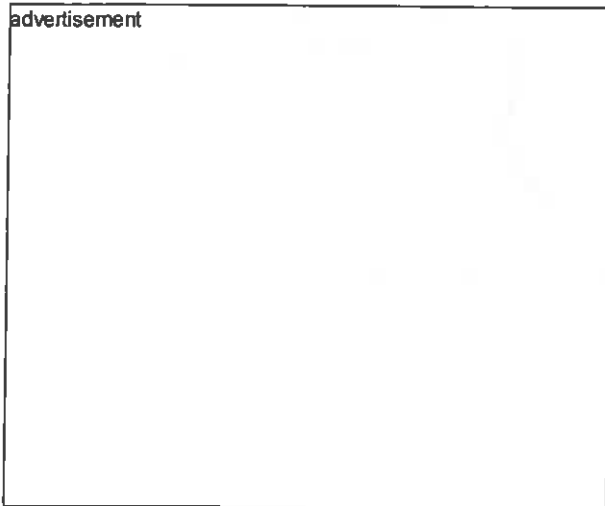
"This is a milestone for patient safety," McGiffert said. She added, however, that

the above-average scores for local medical centers could suggest an overly rosy picture because of a quirk in the report card system.

Consumers Union is the nonprofit advocacy arm of Consumer Reports, a national magazine that in January praised Children's Hospital of St. Paul for having one of the nation's best track records in preventing infections linked to central lines among pediatric patients.

Children's has gone nearly 900 days without a central-line-associated bloodstream infection in its pediatric intensive care unit. The

hospital has created teams of health care professionals who specialize in inserting and maintaining central lines in ways that reduce the chance of infections, said Patsy Stinchfield, director of infection prevention and control at Children's Hospitals and Clinics of Minnesota.



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"Every hospital in the United States is working on this goal of getting to zero hospital-associated infections," Stinchfield said.

The new federal data were posted last month on the government's Hospital Compare website at hospitalcompare.hhs.gov. The website includes information about the quality of hospital care on a variety of measures from mortality rates to the use of medical-imaging equipment.

Among the 18 hospitals within a 25-mile radius of downtown St. Paul, only eight treated enough ICU patients with central lines for the government to generate a score.

St. Joseph's Hospital in St. Paul and Hennepin County Medical Center in Minneapolis had the worst scores locally, although they still were better than the national benchmark. Whereas the benchmark score for all U.S. hospitals was set at 1, the score for St. Joseph's Hospital was 0.89 while the score for Hennepin County Medical Center was 0.87.

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Boyd Wilson, the director for infection control and prevention at HealthEast, cautioned consumers about making comparisons between scores at individual hospitals.

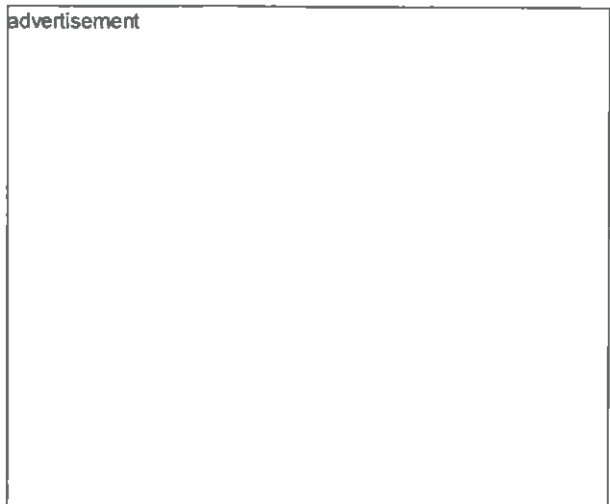
The government's scoring system might not properly adjust for the sickness of patients treated, Wilson said, adding that numbers reported to Hospital Compare are not audited by an external source. Another limitation, he said, is that current scores are based on just three months of data, a time period when St. Joseph's had two central-line associated bloodstream infections in its ICUs.

The hospital works hard to prevent all infections, Wilson said, but he suggested the Hospital Compare scores would be more meaningful when they cover a longer period of time.

"I don't think you can look at this alone to get a picture of quality," Wilson said. "This data can be reported in different ways, so you have to be careful."

Hennepin County Medical Center made similar arguments.

"We work to ensure the safest care for



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central lines, and our staff is committed to reducing infections," said Christine Hill, an HCMC spokeswoman, in a prepared statement. "In order to make this a valid hospital-to-hospital comparison, more data and analysis is required."

But the National Quality Forum, a health care group based in Washington, D.C., said the methodology Hospital Compare used allows for comparisons between hospitals. That's why the group has endorsed the government's measure for bloodstream infections, said Helen Burstin, the senior vice president of performance measures at the National Quality Forum.

"It very much is a strong measure," Burstin said.

In 2001, there were an estimated 43,000 bloodstream infections associated with central lines in the United States, according to the U.S. Centers for Disease Control and Prevention. By 2009, the estimated total had fallen to 18,000, representing up to 6,000 lives saved and \$1.8 billion in avoided health care costs during the eight-year period.

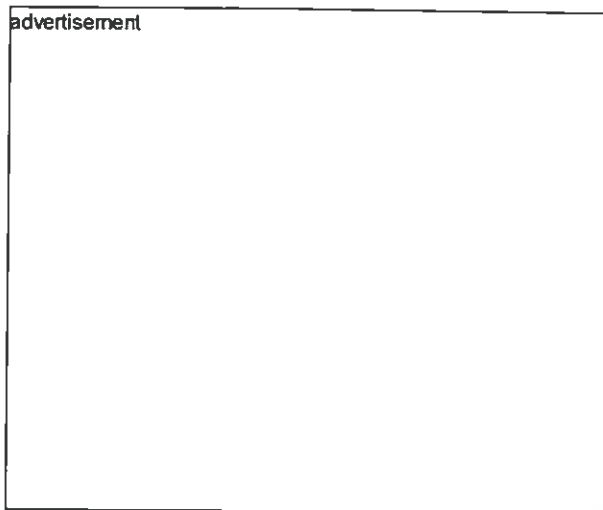
Even so, the federal government set a goal in 2009 to reduce the number of these infections even further - by 50 percent over five years.


NO INCIDENTS AT REGIONS

Hospitals have cut the number of infections over the past decade through meticulous attention to aseptic techniques, said Dr. Dan Foley, medical director for United Hospital in St. Paul. The new federal report card shows United Hospital had a score of 0.48, while Regions Hospital had none of the bloodstream infections linked to central lines.

"The complications from these infections can be exceedingly devastating," Foley said. "Is it logical to think we will prevent every one? No. But whenever you get one, it can lead to mortality and certainly will lead to...a much longer hospital stay."

McGiffert of Consumers Union cautioned that the new report card compares how hospitals performed during the first quarter of 2011 against a national benchmark set between 2006 and 2008. That comparison could make some scores for hospitals look better than they really



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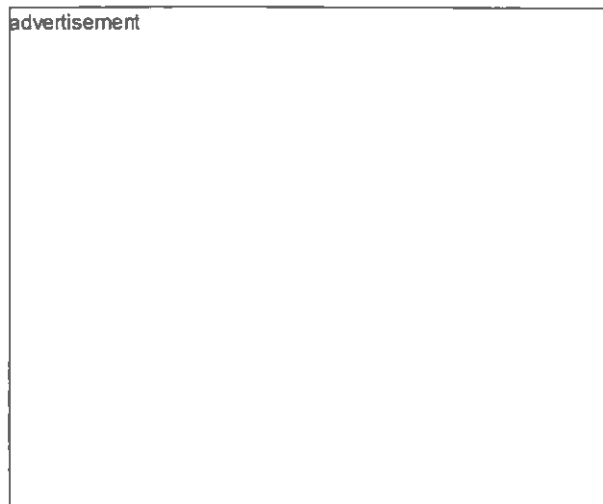
are, McGiffert said, because infections were more common across the industry a few years ago.

Consumers should look at the data, she said, and challenge hospitals that aren't significantly lower than the national benchmark by asking: "Why aren't you closer to zero?"

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