



Intravenous literature: Lee, G.M., Hartmann, C.W., Graham, D., Kassler, W., Linn, M.D., Krein, S., Saint, S., Goldmann, D.A., Fridkin, S., Horan, T., Jernigan, J. and Jha, A. (2012) Perceived impact of the Medicare policy to adjust payment for health care-associated infections. *AJIC: American Journal of Infection Control*. 40(4), p.314-319.

Abstract:

Background - In 2008, the Centers for Medicare and Medicaid Services (CMS) ceased additional payment for hospitalizations resulting in complications deemed preventable, including several health care-associated infections. We sought to understand the impact of the CMS payment policy on infection prevention efforts.

Methods - A national survey of infection preventionists from a random sample of US hospitals was conducted in December 2010.

Results - Eighty-one percent reported increased attention to HAIs targeted by the CMS policy, whereas one-third reported spending less time on nontargeted HAIs. Only 15% reported increased funding for infection control as a result of the CMS policy, whereas most reported stable (77%) funding. Respondents reported faster removal of urinary (71%) and central venous (50%) catheters as a result of the CMS policy, whereas routine urine and blood cultures on admission occurred infrequently (27% and 13%, respectively). Resource shifting (ie, less time spent on nontargeted HAIs) occurred more commonly in large hospitals (odds ratio, 2.3; 95% confidence interval: 1.0-5.1; P = .038) but less often in hospitals where front-



line staff were receptive to changes in clinical processes (odds ratio, 0.5; 95% confidence interval: 0.3-0.8; $P = .005$).

Conclusion - Infection preventionists reported greater hospital attention to preventing targeted HAIs as a result of the CMS nonpayment policy. Whether the increased focus and greater engagement in HAI prevention practices has led to better patient outcomes is unclear.



