
Abstract:

A complete understanding of the financial impact of patient safety interventions must consider the economic incentives of both payers and providers within the current fee-for-service payment model. This study evaluated the impact of a central line-associated bloodstream infection (CLABSI) initiative on costs, reimbursements, and margins for 1 Hawaii hospital and its payers. Intensive care unit patients (January 2009-December 2011) who developed a CLABSI were compared to matched controls. Mean hospital cost, reimbursement, and margin was $222,692 versus $80,144 (P = .01), $259,433 versus $72,543 (P < .01), and $54,906 versus $6506 (P < .01), respectively. Although hospitals and payers reduce costs by preventing CLABSI, hospitals also would decrease their margins, which creates a perverse incentive to have more line infections. An optimal reimbursement system must reward hospitals and payers for preventing harm rather than treating illness. This study highlights the critical role that health care payers have as patient safety advocates, financial sponsors, and facilitators.