

From the San Antonio Report:

Medicare Penalizes 5 Local Hospitals Over Patient Safety Issues



by [Roseanna Garza](#) February 7, 2020




The federal government is cutting Medicare payments to five San Antonio hospitals as a penalty for high rates of infections, injuries, and other illnesses acquired after patients are admitted, including blood clots, bedsores, and post-surgical wounds.

Methodist Hospital and Legent Orthopedic and Spine, formerly Cumberland Surgical Hospital, are being penalized for the first time since the Centers for Medicare and Medicaid Services (CMS) began the program that cuts payments to hospitals with the highest numbers of infections and patient injuries and high readmission rates. The [Hospital-Acquired Conditions Reduction Program](#) stemmed from the Affordable Care Act.

Meanwhile, University Health System (UHS) is facing its sixth year of penalties for high numbers of hospital-acquired infections, Christus Santa Rosa Medical Center is being penalized for the fifth year in a row, and Southwest General Hospital is facing its fourth year of penalties.

The penalties will cost the hospitals 1 percent of Medicare payments for admitted patients in the next fiscal year, causing some hospitals to lose hundreds of thousands of dollars of revenue. Since the program began, 1,865 of the nation's 5,276 hospitals have been penalized for at least one year, [according to a Kaiser Health News analysis](#).



In a statement to the *Rivard Report*, Southwest General Hospital officials said the health care provider "is taking actionable steps to address and improve" its standing in these programs.

"A new leadership team has recently started and has begun to implement new processes and procedures to enhance the quality of care we provide to the patients of South San Antonio," said Gina Acosta, director of business and physician operations at Southwest General, located on San Antonio's South Side.

CMS on Jan. 29 announced penalties for 786 hospitals across the nation, including 75 in Texas, in an attempt to encourage better care without taking the extreme step of removing a hospital from Medicare and Medicaid programs.

In Texas, 132 hospitals were evaluated for potential financial penalties, which have been controversial since their inception. The hospital industry has protested the penalties, saying the program's design creates an arbitrary cutoff for which institutions are punished, because the bottom quarter of hospitals - those with the highest rates of infection and injury - are automatically docked, even if their records have improved from the previous year.

Lisa McGiffert of advocacy coalition Patient Safety Action Network (PSAN) said that while hospitals may say that they have made improvements over time, the penalties mean those facilities are in the bottom 25 percent in the nation when it comes to preventing serious infections and illnesses.

“It could be that they are doing better than the year before, but all the other hospitals in the country are doing much better than they are,” McGiffert said, noting that this should be “of particular concern for hospitals that have been on the list year after year.”

UHS will pay about \$960,000 in penalties after paying \$973,000 last year. Leni Kirkman, senior vice president of strategic communication and patient relations, said that while the hospital system is “very disappointed with this penalty,” it has made significant progress over the past year and a half to improve infection rates.

Kirkman also noted that UHS comprises academic medical centers, often caring for the most seriously ill and injured patients, and community hospitals often transfer these patients to them because some services are only available UHS. They are also the group of patients most likely to develop infections, she said, noting UHS “absolutely [agrees] that people should expect the highest quality of care in every hospital.”

“Our goal will always be for University Hospital to be among the top-performing hospitals of all types,” Kirkman said.

McGiffert said her research confirms that a large percentage of hospitals with “university” in their names draw penalties, “but it is still concerning because these hospitals are where people are learning to be doctors.”

“I understand that hospitals are a chaotic place; there is a lot going on, especially in some of those hospitals that are trauma centers. But you can’t forget those basic practices,” McGiffert said. “What are these hospitals doing to teach new doctors to put preventing harm as a priority, instead of just focusing on saving lives?”

A report published in January 2019 by the Agency for Healthcare Research and Quality (AHRQ) found the rate of hospital-acquired conditions among patients 18 and older declined 13 percent from 2014 to 2017, based on preliminary 2017 data. The reductions represent a decrease of 910,000 hospital-acquired infections, \$7.7 billion in costs saved, and an estimated 20,500 fewer deaths in 2015, 2016, and 2017, according to the AHRQ report.

Dr. Kenneth Davis, Christus Santa Rosa Health System's chief medical officer, said in a statement that the 2020 penalties are based on data collection and reporting for hospital-acquired infections concluded at the end of December 2018. He said the penalties do not "reflect the work accomplished by [Christus] associates in the past year to address these shortcomings as noted by CMS."

The American Hospital Association said in a [statement](#) that the Hospital-Acquired Condition Reduction Program "needs to reform to more effectively promote improvement" and "needs better measures that accurately reflect performance on important issues."

Davis said that since Christus Santa Rosa Health System was first penalized in 2016, there has been a "dramatic improvement in [hospital-acquired] infection prevention rates as well as other measured patient safety indicators," including rates of post-operative respiratory failure, sepsis, and pressure ulcers.

McGiffert said that while old data is being used to determine the lowest-performing quarter of hospitals, a lot of the delay is "meant to accommodate hospitals and give them time to check the data."

"This particular program is meant to be a sort of look back for a complete period of time that will be used to adjust the hospital's [Medicare] rates in the future," McGiffert said.

Christus Santa Rosa officials have pointed to other ways of assessing a hospital's quality of care, such as Medicare's [Hospital Compare tool](#), which ranks hospitals on a five-star rating system based on [57 reporting measures](#), including patient experience, effectiveness of care, and mortality rates.

The Hospital Compare overall rating for Christus Santa Rosa's flagship adult hospital in the South Texas Medical Center is two stars on the five-star scale. UHS also received an overall two-star rating, Methodist Hospital received a three-star rating, and Southwest General Hospital received a one-star rating.

Neither Cumberland Surgical Hospital nor Legent Orthopedic and Spine is listed on the Hospital Compare site. Hospitals are required to report on Medicare-reimbursed procedures only.

McGiffert said the good thing about the rating system is that it is based on a composite score and made up of a number of different measures, including patient reviews. "The scores used to determine Medicare penalties are designed for professional staff to use them to manage their infection control practices," she said.

Lubbock-based pulmonologist and Texas Medical Association board trustee Dr. Cynthia Jumper said she "admires any system that ... tries to improve patient safety and patient outcomes," but the "punitive damages [hospitals incur for hospital-acquired infections] are difficult."

"We can't prevent every hospital-acquired infection no matter how hard we try," Jumper said. "We have bacteria on us as humans, and your skin is the biggest barrier [to infection]. I have to pierce [a person's skin] every time I put a tube in, which puts them at risk. Doctors can strive for and do everything they can to prevent infection, but people will always get infections if we continue to do invasive medicine."

Methodist Hospital officials said a task force in each of its facilities meets daily to assess the factors that place patients at risk of infection. The officials said Methodist also added an executive-level position to support hospital-based infection prevention specialists.

"We are yielding significant results as a part of these efforts across our system, including up to a 50 percent decrease in [hospital-acquired infections] over the last year," Dr. Paul Hancock, chief medical officer of Methodist Healthcare, said in a statement. "We have seen continuous improvement in reducing hospital-acquired infections over the past few years and again in 2019."

Officials from Methodist Hospital and UHS said improvements at the hospitals will be evident in future reporting.