The following term was not found in PubMed: Apr;115.


Initial impact of Medicare's nonpayment policy on catheter-associated urinary tract infections by hospital characteristics.

Schuller K¹, Probst J², Hardin J³, Bennett K⁴, Martin A⁵.

Author information

Abstract

AIMS AND OBJECTIVES: The goal of this study was to evaluate the trend in urinary tract infections (UTIs) from 2005 to 2009 and determine the initial impact of Medicare's nonpayment policy on the rate of UTIs in acute care hospitals.

BACKGROUND: October 2008 commenced Medicare's nonpayment policy for the additional care required as a result of hospital-acquired conditions, including catheter-associated urinary tract infections (CAUTIs). CAUTIs are the most common form of hospital-acquired infections.

METHODS: Rates of CAUTIs were analyzed by patient and hospital characteristics at the hospital level on a quarterly basis, yielding 20 observation points. October 2008 was used as the intervention point. A time series analysis was conducted using the 2005-2009 Nationwide Inpatient Sample datasets. A repeated measures Poisson regression growth curve model was used to analyze the rate of CAUTIs by hospital characteristics.

RESULTS: The annual rate of CAUTIs continues to rise; however the annual rate of change is starting to decline. The change in rate of CAUTIs was not significantly different before and after the policy's payment change. The results of the adjusted time series analysis show that various hospital characteristics were associated with a significant decline in rate of CAUTIs in quarters 16-20 (after the policy implementation) compared to the rate in time 1-15 (before the policy implementation), while other characteristics were associated with a significant increase in CAUTIs.

CONCLUSIONS: Medicare's nonpayment policy was not associated with a reduction in hospitals' CAUTI rates. The use of administrative data, improper coding of CAUTIs at the hospital level, and the short time period post-policy implementation were all limitations in this study.

Copyright © 2013 Elsevier Ireland Ltd. All rights reserved.
KEYWORDS: Catheter-associated urinary tract infections; Hospital-acquired infections; Medicare's nonpayment policy; Patient safety; Quality of care

Comment in
Letter to the editor regarding: the effectiveness of medicare's non-payment of hospital-acquired conditions policy. [Health Policy. 2014]

PMID: 24361201 DOI: 10.1016/j.healthpol.2013.11.013

[PubMed - indexed for MEDLINE]