



Fighting Deadly Hospital Infections

**Maryland and Virginia: Major differences found
among hospitals within each state
in preventing infections**

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www.stophospitalinfections.org

Each year, an estimated 2 million people develop a hospital-acquired infection, and almost 100,000 of them die. In addition to these unnecessary deaths, complications from these virulent infections require medical treatment that results in longer hospital stays, more serious complications and ultimately, billions of dollars in higher health care costs to patients and taxpayers.

Consumers Union recently analyzed Maryland and Virginia hospitals' practice of providing surgical patients the appropriate antibiotics to prevent hospital-acquired infections, using the new patient-care data made available by the Department of Health and Human Services on its "Hospital Compare" website
<http://www.hospitalcompare.hhs.gov>

Unfortunately, the Medicare data just tells patients how well a hospital 'tries' to prevent infection through these 'best practices.' What consumers really need is simple, clear, information -- the percentage of patients in a specific hospital who acquire infections in that hospital. Consumers Union is currently advocating for state and national (HR 1174) reporting laws that would provide this infection rate information to patients. Both Maryland and Virginia legislatures have passed laws supported by Consumers Union to reveal the infection rates of their hospitals, but no reports have been issued to date.

Our analysis of the data available from the Medicare website found that both Maryland and Virginia performed close to, or slightly above, the national average in providing patients with 1) antibiotics an hour prior to the incision, 2) providing the appropriate antibiotics, and 3) stopping the drugs within 24 hours of surgery so as to minimize side effects.

	Maryland	Virginia	National Average
% of surgery patients who received preventative antibiotics one hour before incision	86%	78%	77%
% of patients who received the appropriate preventative antibiotics for their surgery	92%	86%	90%
% of surgery patients whose preventative antibiotics are stopped within 24 hours after surgery	68%	74%	72%

While the cumulative effort in taking steps to prevent infections in surgical patients in Maryland and Virginia hospitals appears commendable, **the clear disparity between the top hospitals and the bottom hospitals in the proper use of preventative antibiotics presents a different picture.** We found:

- **Major differences among hospitals in providing antibiotics one-hour prior to surgery:** According to the Medicare website “Hospital Compare,” in Maryland there was a 32 percent difference between the best and worst rated hospitals at providing antibiotics an hour before surgery. In Virginia, there was a staggering 73 percent difference between the best and worst rates. The worst hospital in Maryland gave the preventative drugs prior to surgery to 65 percent of patients; while the worst Virginia hospital gave the drugs to only 24 percent of surgery patients.
- **Major differences among hospitals in dispensing the appropriate antibiotics:** The disparity between the best and worst rates in Maryland for this category was 39 percent; in Virginia it was 50 percent. In Maryland, the worst hospital dispensed the appropriate drugs only 61 percent of the time; in Virginia, the worst hospital dispensed the drugs only 50 percent of the time.
- **Major differences among hospitals in stopping antibiotics within 24 hours of surgery to avoid complications/reactions:** In Maryland, there was an 81 percent difference between the best and worst rates in this category. In Virginia, the difference was 75 percent. The worst hospital in Maryland stopped the drugs in only 15 percent of patients, while the worst Virginia hospital stopped them in 25 percent of patients.

	Maryland – difference between best and worst rates [in percentage points]	Virginia – difference between best and worst rates [in percentage points]
% of surgery patients who received preventative antibiotics one hour before incision	best: 97% worst: 65% difference: 32	best: 97% worst: 24% difference: 73
% of patients who received the appropriate preventative antibiotics for their surgery	best: 100% worst: 61% difference: 39	best: 100% worst: 50% difference: 50
% of surgery patients whose preventative antibiotics are stopped within 24 hours after surgery	best: 96% worst: 15% difference: 81	best: 100% worst: 25% difference: 75

Medicare website (<http://www.hospitalcompare.hhs.gov>) to determine how their hospital ranks in providing preventative antibiotics before elective surgery. Ideally, this kind of comparison will inspire local hospital managers and the professionals who work there to demand better quality of care.

The following table shows that certain hospitals were fairly consistent in scoring among the best — or the worst — of the hospitals in their state in these three categories.

	Best Hospitals (ranked among the top hospitals in at least 2 out of the 3 categories)	Worst Hospitals (ranked among the poorest hospitals in at least 2 out of the 3 categories)
Maryland	- Good Samaritan Hospital - Fort Washington Hospital -Saint Joseph Medical Center -Saint Mary’s Hospital -University of Maryland Medical Center	-Atlantic General Hospital -Maryland General Hospital
Virginia	-Bon Secours-DePaul Medical Center -Sentara Leigh Hospital -Sentara Bayside Hospital	-Augusta Medical Center -Johnston Memorial Hospital -Norton Community Hospital

Our analysis shows that the large disparity among hospitals in the same state for trying to prevent infections in surgical patients underscores the need for all consumers in the nation to have access to each hospital’s actual rate of infection data. Public reporting of this data will enable patients to choose the best care possible by allowing them to see which hospitals are doing better than others at curbing infection rates. Likewise, it provides incentives to the hospitals and the professionals working there to improve their infection control programs to achieve lower infection rates, therefore improving the quality of patient care.

While the Medicare “Hospital Compare” website does allow for some analysis of hospitals trying to prevent infections, it only tells us whether hospitals follow certain best processes, rather than the outcome of the care and how the patients do after the treatment. A hospital could do well on the three antibiotic processes, but have a poor hand-washing/gown changing policy that results in a higher rate of infection.

What consumers need is a bottom-line number: the percentage of patients who get hospital-acquired infections. Consumers Union is working for the passage of state laws and the federal H.R. 1174, the Healthy Hospitals Act of 2007, sponsored by Rep. Tim Murphy (R-PA), Rep. Henry Waxman (D-Calif.) and others, to give consumers this valuable information. Nineteen states now require publishing hospital infection rates. For more information about Consumers Union’s work on hospital infection prevention, go to www.StopHospitalInfections.org.