

The impact of hospital-acquired conditions on Medicare program payments.

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<https://psnet.ahrq.gov/issue/impact-hospital-acquired-conditions-medicare-program-payments>

In 2008, the Centers for Medicare and Medicaid Services (CMS) [stopped paying](#) for many preventable [hospital-acquired conditions](#) (HACs). However, according to this matched case-control study, HACs still result in numerous downstream financial effects, costing CMS an estimated \$146 million per year. This study evaluated costs related to the index hospitalization and 90 days following discharge of six HACs—severe pressure ulcers, fractures, catheter-associated urinary tract infections, venous catheter-related infections, surgical site infections, and post-surgical venous thromboembolism. Severe [pressure ulcers](#) and orthopedic surgical site infections resulted in an average increase in payments of more than \$20,000 across the episode of care. The extra costs are largely related to CMS index outlier payments, as well as payments for readmissions and post-acute care. A previous AHRQ WebM&M [perspective](#) by Dr. Peter Lindenauer discussed the business case for patient safety.