

# Overcoming Financial Challenges by Improving Quality of Care and Patient Satisfaction:

## *Killing Infectious Bacteria with CuVerro® Copper Alloy Surfaces*



Hospital Acquired Infections (HAIs) can cost U.S. healthcare providers billions of dollars annually and negatively affect the reputation of providers, leading to reduced admissions. An estimated 1.7 million HAIs occur annually, resulting in approximately **100,000 deaths**.<sup>1</sup> The annual direct hospital cost of HAIs is estimated at **\$45 billion**.<sup>2</sup> For a typical 250-bed hospital, it is estimated that the direct costs to treat HAIs are **\$21 million**.<sup>3</sup> As part of the Affordable Care Act, healthcare providers are becoming more accountable for these costs as the Centers for Medicaid and Medicare Services (CMS) institute an increasing number of government payment penalties and reporting requirements. Addressing these financial challenges by improving quality of care and patient satisfaction can be as simple as creating a cleaner built environment with CuVerro® bactericidal copper alloy surfaces.

### CMS Penalties Are on the Rise<sup>4</sup>

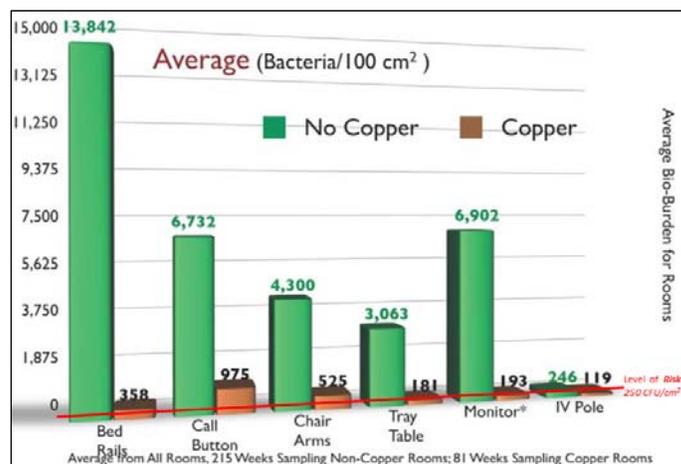
Specifically, the Hospital Value-Based Purchasing Program (HVBP) will increase penalties to a hospital's reimbursement for Medicare and Medicaid patients by +50% (vs. 2013) to 1.5% of base operating Diagnosis Related Group payment amounts for 2015. A hospital will incur this penalty if it fails to meet the HVBP criteria, of which 60% of the weighted value includes infection Outcome Measures and Patient Experience of Care. This penalty will increase to 2% by 2017. Under the Hospital Acquired Conditions Reduction Program, hospitals that rank in the lowest performing quartile of hospital-acquired conditions (HACs) will be penalized 1% of what otherwise would have been paid under the inpatient prospective payment systems (IPPS). In addition, hospitals will be penalized 3% for readmissions metrics and 1% for non-reporting of infection data to the National Healthcare Safety Network.

HVBP Infection Outcome Measures Added	
Infection	Penalty Year
CLABSI	2015
CAUTI	2016
SSI	2016
MRSA	2017
HACs Reduction Program Measures Added	
Infection	Penalty Year
Central Line Catheter	2015
CLABSI/CAUTI	2015
MRSA	2015
SSI	2016

In 2013, 1,427 hospitals received reduced payments.<sup>5</sup> Killing bacteria is becoming a zero tolerance mandate and will improve the bottom line.

### Bio Burden Levels Matter

In establishing a hygienic standard for hospital cleanliness, researchers consider a concentration of less than 250 colony forming units per 100cm<sup>2</sup> on a surface immediately after terminal cleaning as an acceptable benchmark to reduce patient acquisition of infectious bacteria.<sup>6</sup> CuVerro bactericidal copper alloy surfaces exhibit significantly lower levels of bacteria compared to typical healthcare surfaces including plastic, wood, and stainless steel (*see chart below*).<sup>7</sup>



Lowering the bio burden creates a cleaner surface, which reduces the risk of transmission of infectious bacteria.

### Reduce Healthcare Costs: The Business Case

**Direct Costs to Treat HAIs** – For a typical 250 bed hospital, the estimated annual direct cost to treat HAIs is **\$21 million**. This is based on the increase in the length of stay of a patient who acquires an infection while in the hospital versus a patient who leaves the hospital without an infection and a 5%<sup>8</sup> HAI incidence rate.

	Average Length of Stay	% In-Hospital Mortality	Average Charge
Without HAIs	5.2 days	1.5%	\$9,377
With HAIs	24.4 days	9.0%	\$52,096

Agency for Healthcare Research and Quality – August 2010. Adult Hospital Stay with Infections due to Medical Care.<sup>9</sup>

**CMS Penalties and Non-Reimbursement** – For a typical 250-bed hospital with 2015 Medicare IPPS reimbursement of \$50 million the total annual penalty payment at risk is almost **\$4 million** (*see chart next page*).<sup>10</sup>

