

Most Common Hospital Acquired Inpatient Conditions

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In the recent study, HMC identified the top hospital-acquired conditions and established how much additional care each of the conditions required. Hospital-acquired conditions have resulted in nonpayment from Medicare and Medicaid. In the future, private insurers likely could decline covering these costs as well.

HMC listed the conditions in order of prevalence. Because of the higher volume of some of the conditions—such as decubitus ulcers or bedsores—these were more expensive overall for a hospital to treat, even if the per-patient cost was lower:

- **Decubitus ulcers** were found to be the most prevalent hospital-acquired condition, and they were the second most expensive condition—costing a facility an average total of roughly \$536,900 annually. A patient acquiring a bedsore required on average \$9,200 in extra care.
- **Postoperative pulmonary embolism and deep vein thrombosis (DVT)** together formed the second most prevalent category, and the most expensive—costing a total of \$564,000 each year. Both required \$15,500 more in care expense per patient.
- **Accidental puncture and laceration** was the third most prevalent category, and the fifth most costly—averaging a total of \$248,100 per hospital. A patient with either required \$8,300 in additional healthcare dollars.
- **Post operative respiratory failure** was the fourth most prevalent hospital-acquired condition and the third most expensive, at \$261,000 per hospital. An patient acquiring this condition in the hospital required an additional \$21,900.
- **Infections** related to medical care made up the fifth most prevalent hospital-acquired condition, and the fourth most expensive category—costing \$252,600 per hospital annually on average. Each patient with infection acquired in the hospital required \$24,500 in additional care.

"While the statistics paint a gloomy picture, virtually all these condition are preventable," she says. "With the proper focus on how physicians or diagnosis related groups are actually the drivers of these off quality results, big changes can happen." Overall, hospitals must follow best practices, analyze the root causes of their off quality issues, and engage providers in improving processes, she adds.