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## **New York City Puts Hospital Error Data Online**

*By Sarah Kershaw*

The New York City Health and Hospitals Corporation, the nation's largest public health system, plans to begin publicly releasing data today on infection and death rates at its 11 [hospitals](#), in response to widespread concern about deadly, preventable and costly hospital-acquired conditions and pressure to crack open the shrouded culture of many hospitals.

The city's move, driven by Mayor [Michael R. Bloomberg](#)'s effort to make public health a centerpiece of his administration and by the hospital corporation's recent focus on improving patient safety, is a bold step in an industry that has long resisted transparency, experts said.

In posting the safety and performance information on the hospital corporation's Web site, [www.nyc.gov/hhc](http://www.nyc.gov/hhc), the public hospitals, which treat 1.3 million patients a year, are far ahead of the industry, health care experts and consumer advocates said.

"It does focus on the underbelly of health care," Alan D. Aviles, president of the Health and Hospitals Corporation, said in an interview. "But if you want to make improvements, you have to acknowledge the underbelly."

The Web site allows the public to see the overall death rate, the rate of deaths after heart attacks, preventable bloodstream infections and [pneumonia](#) cases, among other measures, at the 11 hospitals.

"Others will draw courage from them," said Jim Conway, senior vice president at the Institute for Healthcare Improvement, a national advocacy and research group. "They are exposing themselves to considerable scrutiny."

Some of the information on the Web site has been reported to the state and federal governments, but has not been easily accessible to the public. Public reporting of other data, including a hospital's mortality rate, is not required.

In 19 states, hospitals are required to report some information to the public about hospital-acquired conditions like bloodstream infections and bedsores.

A law passed this year in New York requires hospitals to report rates of certain types of infections to the State Health Department, which will issue hospital "report cards" in 2009.

Consumer groups and other experts say that because of resistance from the state's powerful hospital industry, compliance with the new disclosure law has lagged behind similar efforts in other states.

But state health officials said there was no pressure from hospitals to slow down the effort, and they said they were working as quickly as possible to collect data from every institution and standardize the information so accurate comparisons can be made.

“We are not wasting a minute of this time,” said Rachel Stricof, director of the State Health Department’s hospital-acquired infection reporting program.

The Greater New York Hospital Association, a trade group that represents 300 hospitals, has endorsed public reporting on infections, and applauded the city’s move.

Still, some in the industry warn that publishing performance data while many hospitals and states are using different ways to measure success or failure could confuse consumers and unfairly portray some hospitals.

Health experts said hospitals had resisted making such data public — or even providing it to employees — in part because of concern that it would feed malpractice suits.

But Mr. Aviles said the hospital corporation’s use of its data to compare the performance of its hospitals was an important part of its effort to reduce errors.

The federal [Centers for Disease Control and Prevention](#) projected that 1.7 million patients nationwide would get an infection during a hospital stay this year, and that of those, 99,000, or about 270 per day, would die. The centers estimate the cost of treating such infections at more than \$30 billion a year.

City hospital officials said they were still working on a cost analysis, but using national estimates they said that the average cost of treating a bloodstream infection could range from \$3,700 to \$29,000 and that treating another common hospital-acquired condition, ventilator-associated pneumonia, can add an estimated \$40,000 to a hospital bill.

According to the Committee to Reduce Infection Deaths, a state consumer advocacy group, New York hospitals spend more than \$2 billion a year treating preventable infections.

In tightening the pressure on hospitals to reduce infection rates, the Bush administration announced last month that [Medicare](#) would no longer pay the extra costs of treating preventable errors and conditions.

Because detailed public data are still scarce, comparing city hospitals’ infection and mortality rates to those statewide and nationwide is difficult. Where comparisons are possible, the city uses federal standards to gauge infection rates against state and national averages, officials said.

Federal agencies are coordinating an effort to develop national reporting standards and criteria, which would provide hospitals and states with a set of consistent measures for errors and hospital-acquired infections, industry experts said.

While the new data available on the Web site includes some measures of mortality rates, it was not possible for the city hospitals to report the number of deaths caused by hospital-acquired conditions, a complicated assessment that should take into account patients' medical histories, Mr. Aviles said.

A patient with a weak immune system, for example, may be at high risk of developing an infection, which would be harder to fight off; an elderly patient may be more likely to die from an infection than a younger patient.

Industry groups say that determining whether a condition was acquired in the hospital can be difficult, and that medical records can be confusing for those trying to collect comprehensive data. For example, it may be unclear whether a patient's bedsore was acquired in the hospital, was made worse to the point of serious infection in the hospital, or was possibly a misdiagnosed skin abrasion.

Among the states that mandate reporting of hospital data, Pennsylvania, Michigan, Florida and Vermont are leading the push for accountability, experts said. A bill in New Jersey to require that hospitals make infection rates and other information public was passed by the Legislature and is before the governor.

But regardless of whether state laws require it, a small but growing number of hospital systems and individual hospitals, including the Hospital for Special Surgery in Manhattan, have begun to voluntarily give consumers some information about quality of care that was closely held for years, experts said.