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Initial impact of Medicare's nonpayment policy on catheter-associated urinary tract infections by hospital characteristics.

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Abstract

AIMS AND OBJECTIVES: The goal of this study was to evaluate the trend in **urinary tract infections** (UTIs) from 2005 to 2009 and determine the **initial impact** of **Medicare's nonpayment policy** on the rate of UTIs in acute care **hospitals**.

BACKGROUND: October 2008 commenced **Medicare's nonpayment policy** for the additional care required as a result of **hospital-acquired** conditions, including **catheter-associated urinary tract infections** (CAUTIs). CAUTIs are the most common form of **hospital-acquired infections**.

METHODS: Rates of CAUTIs were analyzed by patient and **hospital** characteristics at the **hospital** level on a quarterly basis, yielding 20 observation points. October 2008 was used as the intervention point. A time series analysis was conducted using the 2005-2009 Nationwide Inpatient Sample datasets. A repeated measures Poisson regression growth curve model was used to analyze the rate of CAUTIs by **hospital characteristics**.

RESULTS: The annual rate of CAUTIs continues to rise; however the annual rate of change is starting to decline. The change in rate of CAUTIs was not significantly different before and after the **policy's** payment change. The results of the adjusted time series analysis show that various **hospital** characteristics were associated with a significant decline in rate of CAUTIs in quarters 16-20 (after the **policy** implementation) compared to the rate in time 1-15 (before the **policy** implementation), while other characteristics were associated with a significant increase in CAUTIs.

CONCLUSIONS: **Medicare's nonpayment policy** was not associated with a reduction in **hospitals'** CAUTI rates. The use of administrative data, improper coding of CAUTIs at the **hospital** level, and the short time period post-**policy** implementation were all limitations in this study.

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KEYWORDS: Catheter-associated urinary tract infections; Hospital-acquired infections; Medicare's nonpayment policy; Patient safety; Quality of care

Comment in

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