

Hospital-Acquired Conditions, Never Events, and the Oncology Nurse

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Hospital-acquired conditions, including medical errors, continue to be a leading cause of morbidity and mortality in the United States and contribute significantly to the escalating costs of health care (Centers for Medicare and Medicaid Services [CMS], 2008b; National Quality Forum, 2006a). The Agency for Healthcare Research and Quality (2008) reported that as many as one in 25 patients suffers injuries from medical errors and that preventable healthcare-related conditions cost the economy \$17 billion–\$29 billion each year.

In response to such escalating problems, CMS (2008a) no longer will reimburse hospitals for additional expenses incurred from conditions identified on a list it developed. Other health insurance companies are expected to follow. Oncology nurses play an important role in promoting safety and evidence-based practice to prevent hospital-acquired conditions and the associated negative financial implications.

Hospital-Acquired Conditions and Reimbursement

In 2005, Congress passed the Deficit Reduction Act, which required adjustment in Medicare Diagnosis-Related Group (DRG) reimbursement for specified hospital-acquired conditions (CMS, 2008a). A hospital-acquired condition is a preventable condition that occurs after a patient's admission. More specifically, the Deficit Reduction Act defined hospital-acquired conditions as conditions that (a) are high cost, high volume, or both; (b) result in the reassignment

of cases to DRGs that have higher payments; and (c) could have been prevented with evidence-based practice (CMS, 2008a). CMS and healthcare systems jointly review a patient's medical chart to determine whether primary and secondary healthcare problems were present on admission. The payment provision for hospital-acquired conditions applies only to acute, inpatient hospitals with prospective payment systems and does not apply to cancer hospitals, children's inpatient facilities, critical access hospitals, long-term care hospitals, and other selected systems (CMS, 2008b). In July 2008, CMS announced a new inpatient prospective payment rule that denies coverage for the hospital-acquired conditions listed in Figure 1 (CMS, 2008b). The new payment rule began for patient discharges after October 1, 2008.

The CMS list of hospital-acquired conditions includes some, but not all, never events. A never event is a term used to refer to events that should never happen in a hospital and, if they do, can cause serious injury or death to a patient (CMS, 2008a). The National Quality Forum (2006b) identified a list of never events (called serious reportable adverse events) and categorized them as (a) surgical events, (b) product or device events, (c) patient-protection events, and (d) care-management events, environment effects, and criminal events. Examples of never events include wrong-site surgery,

death or disability associated with an intravascular air embolism, and death or disability associated with a medication error.

Role of Oncology Nurses

Oncology nurses can play a significant role in hospital-acquired conditions by (a) performing accurate, detailed assessments to assist in determining whether a patient's condition was present on admission; (b) implementing the National Quality Forum's (2006a) *Safe Practices for Better Health Care* to prevent never events; and (c) using evidence-based practice guidelines to prevent hospital-acquired conditions.

On admission, oncology nurses should perform a detailed history and physical examination to identify any primary or secondary diagnoses present. In addition to obtaining a patient history for medical diagnoses, oncology nurses should assess and document signs and symptoms of potential problems. For example, when a nurse assesses and documents that a patient complains of burning, urgent, and frequent urination, that may result in a further workup and diagnosis of a urinary tract infection (UTI). If the symptoms are not caught at the time of admission, not only would the patient's treatment be delayed, but the condition may later be coded as a hospital-acquired condition and the hospital would not receive reimbursement

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Digital Object Identifier: 10.1188/08.CJON.979-981